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RESEARCH

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# What motivates general practitioners of the future: qualitative study of Irish trainees

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## Abstract

**Background** There is a worldwide shortage of general practitioners (GPs). The aim of this study is to explore the perspectives of GP trainees and to understand their motivators and career priorities to inform future GP workforce planning.

**Methods** A qualitative study, consisting of one-to-one, semi-structured interviews was conducted with GP trainee participants and data were analysed thematically. Every GP trainee currently enrolled in vocational training nationally was invited to participate. 'Social Cognitive Career Theory' and 'Sociocultural Theory' were used as theoretical frameworks to inform the interview guide and its analysis.

**Results** Seventeen GP trainees were interviewed. One meta-theme was identified from interviews: 'Sustainable work as part of a fulfilling life'. This meta-theme of sustainability threads through each of the five related subthemes: Family, stability and support, burnout aversion, role-modelling, and well supported portfolio careers in practice.

**Conclusion** Understanding priorities and motivators of GP trainees will inform future healthcare planning, in particular, the type of role to which trainees aspire and the type of health service they in which they will work.

**Keywords** General practice trainees, Career choice, Recruitment and retention, Primary care workforce, Health professions education, Primary health care.

## Introduction

The shortage of General Practitioners (GPs) is a worldwide problem [1–3]. GPs are the first point of contact for patients in most countries, providing a gatekeeping role to other clinical services [4]. In 2022, the International Health Policy Survey of Primary Care Physicians, conducted across ten higher income countries, reported a primary care workforce 'crisis', in which experienced GPs intend to retire early and younger GPs planning to work elsewhere [5]. Europe's aging population, with its

increased burden of multimorbidity and non-communicable diseases, have put additional pressures on systems and frontline workers [6]. In Ireland, for example, the ratio of GPs to the population is lower than the EU average placing more strain on the discipline [7, 8]. Over 29 million consultations take place in general practice in Ireland annually [8]. The Economic and Social Research Institute estimate that an additional 521 GPs and 1,500 community-based nurses are needed to meet government policy for universal Irish primary care [9, 10].

Internationally, reasons for the erosion of GP workforce include GPs working part-time, practitioners retiring due to 'burnout', and aging GP workforce [3, 11, 12]. Additionally, an ageing population demographic, COVID-19 and mass migration caused by war in Europe have all contributed to increased demand for healthcare services. During

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the COVID-19 pandemic, Canadian GPs retired at twice the rate compared to the past and more than six million Canadians (one in five) cannot find a GP [13]. Attempts to improve healthcare access in Canada have included walk-in clinics, physician assistance and nurse practitioners, however this progress is slow [14]. Similarly, in Ireland, the Irish College of General Practice (ICGP) estimate that one quarter of the GP workforce will retire within 10 years [15]. In response, general practice training places have been increased by 70% over the past six years [15]. Future policy planning requires understanding of GP trainees' perspectives, particularly for recruitment and retention of GPs [16]. To the authors' knowledge, this is the first study to explore why trainees in Ireland chose a career in general practice. The aim of the study is to explore the career perspectives, motivating factors and career aspirations of GP trainees. Specific objectives include:

1. To deepen understanding of factors for choosing general practice.
2. To explore what the 'ideal career' in general practice is like.
3. To inform workforce planning by identifying solutions to the current GP shortage.

## Methods

### Study design

The study was designed using qualitative methodology, employing one-to-one semi-structured interviews and reporting, which followed the Consolidated criteria for Reporting Qualitative research (COREQ) guidelines and in accordance with the principles of the Declaration of Helsinki [17, 18] (see appendix 1). Ethical approval was granted by the University of Limerick Health Sciences Research Ethics Committee (Approval reference:2023\_12\_31\_EHS). Guidance on qualitative research was obtained from Moser and colleagues (2018) to capture trainees' personal experiences and insights [19]. Bandura's Social Cognitive Career Theory (SCCT) and Vygotsky's Sociocultural Theory were employed as lenses through which to understand the qualitative data. SCCT is a model of career development based on how personality and social cognitive variables (individual self-efficacy, risk aversion etc.) influence the formation of vocational interests and career goals [20]. Sociocultural Theory is underpinned by how people interact, collaborate and learn from mentors, that catalyses trainees to professionally flourish [21]. The theories were used to design the interview topic guide and as a lens to understand the data, particularly relating to shaping our understanding of how trainees pursue their career goals, explore their self-efficacy and capabilities combined with exploring their environmental/personal influences.

### Setting and recruitment

GP training in Ireland is provided through fourteen regionalised training schemes, under the auspices national GP training body, the Irish College of General Practitioners (ICGP) [22]. Ireland's GP training typically spans for four years (or three years for those who have recognition of prior training/learning). This study population included trainee doctors, from years 1–4, enrolled in Irish postgraduate general practice training programmes at the time of recruitment. Trainees were recruited by an invitation via email to the administrator of each postgraduate training programme in the jurisdiction ( $N=13$ ), who subsequently emailed trainees in their programmes ( $N=1,044$ ). Further strategies to boost recruitment of all trainees in all years of training, included social media posts (done by researcher AE) and one oral presentations delivered to the local general practice training scheme by AE. Those interested in participating were asked to email their contact details and any queries about the study to the research team. Prior to interview, participants were sent a participant information letter (Appendix 2). Every participant provided their written (and verbal) informed consent before partaking in the study (Appendix 4).

### Data collection

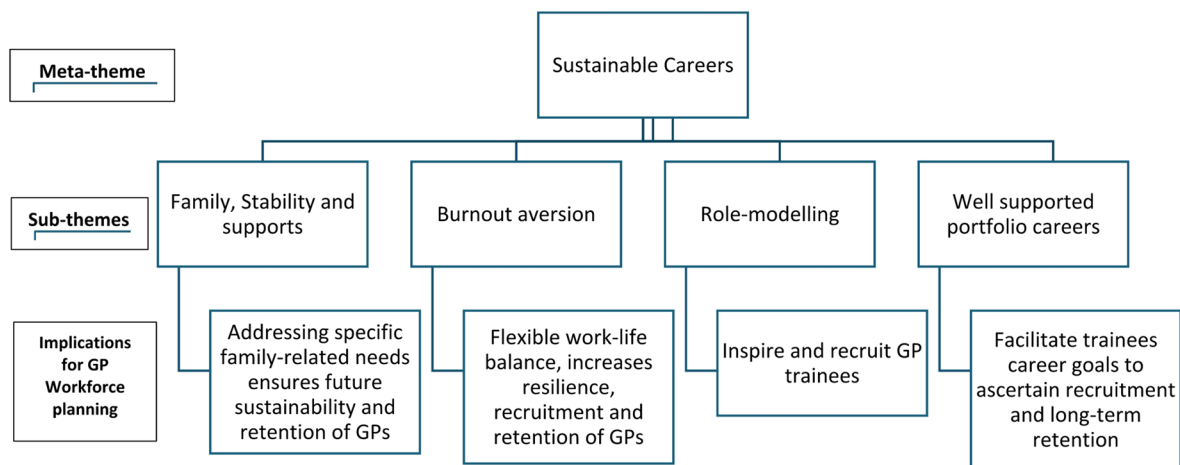
The semi-structured interview guide was devised by the research team, which included a GP trainee (AE), and two clinical academics in the department of general practice (AOR, PH). Interviews were conducted individually with trainees. Interview questions were designed to allow free discussion, to elicit trainees' personal experiences and to gain a deeper understanding of their perspectives (Appendix 3). Two pilot interviews were conducted and these helped to further refine the interview topic guide. The interviews were conducted online between December 2023 and April 2024 by AE (the principal investigator), were recorded via Microsoft Teams and transcribed using pseudonyms to ensure participant confidentiality. After the first three interviews were conducted, data was analysed by the team, whereby important and interesting points were identified, and questions were refined to explore them further. This back and forth technique between sampling, data collection and analysis gave the researchers scope to explore themes relating to the research question [19].

### Data analysis

An inductive approach to thematic analysis was deemed the most appropriate as it allowed an open approach to interpreting the data. After researcher AE gathered the interview data, transcripts were shared with PH and AOR. To ensure transparency, the research team met throughout the data analysis process. PH and AOR

**Table 1** Participant characteristics (N=17)

Interviewee #	Gender (F: Female M: Male)	< 30 or > 30	Urban/Rural upbringing	Ireland/EU	GP Year	Medical stu- dent GP Place- ment (Long:>14 weeks)
<u>1</u>	F	<30	Rural	Ireland	3rd	No
<u>2</u>	F	>30	Rural	Ireland	1st	Yes
<u>3</u>	M	>30	Rural	Ireland	2nd	Yes
<u>4</u>	M	>30	Urban	EU	4th	No
<u>5</u>	F	>30	Semi-Urban	Ireland	2nd	Yes
<u>6</u>	F	>30	Urban	EU	4th	No
<u>7</u>	M	>30	Rural	Ireland	3rd	Yes
<u>8</u>	F	<30	Rural	Ireland	4th	No
<u>9</u>	M	>30	Urban	Ireland	1st	Yes
<u>10</u>	M	>30	Urban	Ireland	3rd	Yes
<u>11</u>	M	<30	Rural	Ireland	2nd	Yes
<u>12</u>	M	>30	Rural	Ireland	1st	Yes
<u>13</u>	F	<30	Rural	Ireland	2nd	Yes
<u>14</u>	F	<30	Rural	Ireland	3rd	No
<u>15</u>	F	>30	Semi-Urban	Ireland	2nd	Yes
<u>16</u>	M	>30	Rural	Ireland	1st	Yes
<u>17</u>	F	<30	Rural	Ireland	3rd	No

**Fig. 1** Outline of Themes

individually analysed the interview data sets, documented their interpretations and explained why they chose certain themes. The rationale for theme selection and nomenclature, the potential for individual opinion and context to influence the process was declared and resolved. Subsequently, themes and codes were then compared and agreed. This reflexive process addresses subjective bias by ensuring transparency in qualitative research [23]. Mind maps were constructed to illustrate each researcher's understanding of the data, to convey

implicit as well as explicit meaning. This process ensured thematic clarity and overall research comprehension.

## Results

Seventeen GP trainees, from four different national GP training programmes ( $n=17$ ), participated in the study. Interview duration ranged from 50 to 80 min (See Table 1 for participant profiles). Data saturation (i.e. no new themes identified) was achieved by participant 17 (See Fig. 1 for Outline of themes). Table 2 outlines the most relevant quotes to each subtheme.

**Table 2** Summarising each subtheme with associated quotes

<b>Family, stability and support</b>	<p>"I chose GP based on locality and being near family and friends... I think it's good to have their backup and stable support, older colleagues would have said that to me." [Interviewee 13]</p> <p>"Being close to family and friends is great. It's good to have support especially when you are in a tough job." [Interviewee 16]</p> <p>"Having a subspecialty changes up the week so that you don't get decision fatigue or have symptoms of burnout essentially." [Interviewee 6]</p> <p>"Your quality life is extremely important... We need to mitigate burnout at all costs..." [Interviewee 12]</p> <p>"Generations ago, they just didn't imagine it could be any other way but work... I think we're now living in an era where we all need to mind ourselves and our mental health." [Interviewee 14]</p> <p>"Most trainees now want to avoid burnout... you feel so tired and overwhelmed, I just don't think it's particularly good from a mental health point of view for anyone to be working long hours." [Interviewee 17]</p> <p>"I think it's probably the generational shift people... we've so many opportunities now in this current generations to travel and to enjoy life, we want to avoid the risk of burnout and personal difficulties." [Interviewee 16]</p>
<b>Burnout aversion</b>	<p>"The GP who I did my 18 weeks with was brilliant. They were 100% committed to the job, it wasn't just a clock in clock out situation, it was more a way of life for them... To tell you the truth, I wouldn't want that. I would take the hit on my professional life. I would prioritise family or personal life over work commitments." [Interviewee 13]</p> <p>"GP lecturers were good role models. They gave very interesting and knowledgeable lectures, taught good topics. [I] would love to aspire to be them someday." [Interviewee 16]</p> <p>"A great role model for me was the GP in our community growing up... [she] was a good role model of what working in general practice in a rural practise can look like... embedded herself into the community... she'd be walking down the street saluting and chatting to her patients... so lovely and approachable... She was an excellent GP so confident with her medical knowledge. [Interviewee 17]</p>
<b>Role Modelling</b>	
<b>Well supported portfolio careers</b>	<p>"I do something different just to keep things interesting such as occupational medicine." [Interviewee 4]</p> <p>"GPs see a variety of interesting cases, there is never a dull moment... However, I would like to work in academic or teaching part-time to break up the week a bit" [Interviewee 7]</p> <p>"I definitely prefer to be an employee just starting out after my training. But after that, if there was a partnership going, I'd be interested in it." [Interviewee 8]</p> <p>"I have a real interest in sports medicine... I'd love to be involved in a local community." [Interviewee 9]</p> <p>"I'd be a hypocrite if I didn't say I'd rate my personal life ahead of my professional career!" [Interviewee 12]</p> <p>"GP [general practice] keeps you on your toes, and obviously with evidence based medicine, you never stop learning... there's also research that can always be done." [Interviewee 13]</p> <p>"So, if I was to get to my ideal career, I don't think I'd be willing to live somewhere really far away from my family." [Interviewee 15]</p> <p>"GPs are an important part of the community... it's a real privilege to be able to look after people... I know from my own family's experience, how important a good GP is. it's a real honour really, to work as a GP. [Interviewee 16]</p>

**Meta-theme: sustainable work as a part of a fulfilling life**

The major finding of this analysis is that GP trainees view career as an important part of life that must be sustainable but cannot take precedence over other aspects of life, including their own health, relationships and families. The decision to choose general practice as a career, the vision of what their future career looks like and implied solutions to the GP workforce shortage all relate to the perceived flexibility of general practice and its capacity to facilitate and provide for a rewarding career as part of a fulfilling life. This meta-theme of sustainability threads through each of the five related subthemes: Family, stability and support, burnout aversion, role modelling and well supported portfolio careers.

**Subtheme 1 – Family, stability and support**

This theme analyses the priority areas for GP trainees both in terms of vision for future career and what motivates their career choices. The regionalised structure of general practice training in Ireland makes it attractive for trainees who can be confident of being placed in the same locality for four years. Participants described choosing training programmes that were proximal to their own or their spouse's family. All participants conceded that while career is important, their personal lives took precedence and to this end, the stability of being placed in one region for four years, with access to family support, was the key deciding factor.

*'Being close to family and friends is great. It's good to have support especially when you are in a tough job...'* (Interviewee 16).

Related to this, participants explain that stability provides an opportunity to get a mortgage and purchase a family home, eliminating rental accommodation expenditure, which would be the norm in other postgraduate career pathways that tend to require movement between regions and to other countries.

Family and sense of place were strong influences on participants' vision for their future career also – 15 out of 17 participants stated their intention to work where they are (or their spouse) originate from, due to lifelong personal connections. Male and female participants with children, wanted to work near their family for convenience, reduced commute cost and time and a more balanced work-life long-term. Having family stability and support are a priority for participants as they provide emotional support when navigating through difficult work-life challenges. Awareness of the stresses associated with general practice is explored further in the next theme.

**Subtheme 2 – Burnout aversion**

In this theme, GP trainees learn from experiences of senior colleagues with burnout and their resolve to avoid it are discussed. The data suggests that, GP trainees are being formally taught or are learning through the 'hidden curriculum' about the dangers of general practice work becoming all-consuming and its negative physical, mental and social sequelae.

*'Generations ago, they just didn't imagine it could be any other way but work... I think we're now living in an era where we all need to mind ourselves and our mental health'* (Interviewee 14).

This quote illustrates how this participants is aware of the importance of being physically and mentally well to be appropriately positioned to care for their patients. Building on the previous theme which conveyed the importance of stability and family, participants identify self-care and strong relationships and family and social networks as key protective factors against burnout.

*'There's more to life than work and you have to look after your family and yourself, because at the end of the day that will help you being a better doctor'* (Interviewee 16).

It seems that a generational shift is at play in relation to priorities: participants described GP trainers who were key pillars of the community and accessible at all hours, whereas they themselves are willing to sacrifice that level of status and indeed wealth in place of clearer boundaries and healthier lives. The underlying implication for the healthcare system is that the GPs of the future require a functioning health system where they are not left to 'pick up the pieces'.

**Subtheme 3 – Role modelling**

This third subtheme reflects the powerful influence and impact of GP role models, of which for most participants, was significant but nuanced. On one hand, several participants shared experiences of spending time with a GP, either on placement as a medical student or later as a GP trainee and being inspired by them. While on the other hand, trainees had the self-knowledge to state that this was not the kind of career and work life that they themselves wanted.

*"The GP who I did my 18 weeks with was brilliant. They were 100% committed to the job, it wasn't just a clock in clock out situation, it was more a way of life for them... To tell you the truth, I wouldn't want that, I would take the hit on my professional life. I*

*would prioritise family or personal life over work commitments... (Interviewee 13).*

The ability of a GP who is diligent, dedicated and admired by his patients and colleagues, to inspire a future doctor is evident, while simultaneously role models helped trainees visualise potential career paths and lifestyle elements they found unappealing. Thus, while GP trainees admire the work of their GP role models, there appears to be a reduced appetite for full-time work and trainees value a more flexible work-life balance. The data suggests that streamlining the work of general practice would make it more attractive for GPs. This might include removing administrative burdens and directing several time consuming, non-clinical tasks to other professionals. There was a strong sense from the data that GP trainer role models were working excessively due to the medicalisation of minor self-limiting illnesses and by the huge administrative task of form-filling from wide-ranging sources. This and other perceived pressures were strong contributors to the idea of portfolio careers, which is analysed in the next theme.

#### **Subtheme 4 - Well supported portfolio careers**

Most participants aspired to a career with multiple components, including clinical and academic interests. Most agreeing that variety and having a special interest, are necessary for a vibrant career in general practice. The following quote displays an awareness of developing interest along the career continuum.

*'GPs see a variety of interesting cases, there is never a dull moment... However, I would like to work in academic or teaching part-time to break up the week a bit' (Interviewee 7).*

While the job itself is interesting, the academic or teaching time will provide relief from the stresses of being on the 'coalface' of the healthcare system. All participants want to work in tailor-made GP roles, i.e. part-time or work in their 'special interest'. This relates to the earlier subtheme of burnout aversion which they perceive to be more likely in a high-pressured demanding environment. Interestingly, several participants described continuity of care and the resultant lifelong 'doctor-patient relationship' as an important draw to a career in general practice but later they would say their future career intention was part-time, varied work with special interests. This contradiction was not resolved and it may be that they are inspired by the ideals of general practice but have been discouraged by the realities of working in the health system.

All participants aspire to work in a multidisciplinary practice when they graduate, citing time off and supports with

clinical decision making as important factors. There was a preference for a 'safety in numbers' approach, indicating that they are more risk averse than previous generations, who worked typically in single-lead general practices. Participants differed regarding the level of responsibility they aspired to in terms of being a salaried employee or practice principal or partner. The quote below illustrates an awareness of how partnership might be an aspiration but only after they had built up experience.

*'I definitely prefer to be an employee just starting out after my training. But after that, if there was a partnership going, I'd be interested in it' (Interviewee 8).*

Having an onerous caseload was identified as a significant reason for not becoming a single-handed GP. Similarly, participants recognised the danger for rural GPs of being clinically and professionally isolated.

## **Discussion**

### **Summary and comparison with existing literature**

The aim of this study was to understand trainees' vision and motivating factors for a career in general practice, to inform planning for the recruitment and retention crisis. The most important contribution that this study makes to the literature is that trainees identified that work needs to be sustainable as part of a fulfilling life, this concept threads through the entire analysis. The second novel contribution of this study is that trainees value support and stability provided primarily by family and planning for this should be a priority particularly for regions that are harder to attract GPs. Thirdly, GP trainers are critical role models for future GPs: on one hand they inspire and encourage a career in general practice, while on the other, trainees are determined to learn from their trainers' experience and avoid career lifestyles that are all consuming and come at the expense of personal health and family life. The term 'burnout aversion' describes this. Lastly, future GPs aspire to well-supported, portfolio-careers, the implication being that full-time single handed or rural GPs will continue to be a rarity.

As also evidenced by this research, there is ample international research to suggest that a sustainable healthy lifestyle is prioritised over a working career in general practice [24, 25]. Lenoir and colleagues studied GP graduates career trajectories and their decisions influencing GP attrition to elicit potential interventions to encourage GP retention [25]; participants reported heavy workloads with consequent burnout, while others instigated changes to their working hours and settings for a more sustainable career in general practice [25]. Velgan and colleagues explored GP trainees' career intentions, prioritising family and work-life balance [24]. However, they noted the lack of locum cover and long patient lists as an

obstacle [24]. The challenges of working in general practice in Ireland are highlighted by an in depth analysis that objectively studied the typical working day of over 100 GPs, reporting huge patient volumes and variety of challenging tasks [16]. The findings are also reflective of international trends among other healthcare professionals – a systematic review of generational preferences among nurses reported that millennials differed from their older colleagues in their preference for individualised opportunities to have more agency over their working schedules to create better work-life balance [26]. Therefore, as highlighted in this study by current GP trainees, when training as a GP, a sustainable healthy lifestyle is pertinent on the retention and recruitment of GPs in Ireland.

As reported in this study, GP role models are key to addressing recruitment challenges in general practice by inspiring trainees to the career, but they also expose their working lifestyles to them. Vygotsky's (1978) Sociocultural Theory proved useful as it emphasises the importance of social and cultural contexts in shaping cognitive development and potentially, career motivation [21]. Trainees are making decisions about how and where they wish to practice, from what they have experienced from GP role models. GP trainees value the significance of a GP role model, what Vygotsky terms the 'More Knowledgeable Other' [21]. GP role models are frequently cited in the literature [27–29]. An interesting nuance from our data was that, while trainees are certainly inspired by their trainers, they often do not want to emulate them in terms of dedication to the job.

Participants were clear about wanting to be well supported in their clinical work. Having colleagues available to share responsibility and to discuss cases is important to GP trainees. Evidence suggests that the psychological burden of medicolegal risk is likely to be a contributory factor [30]. This has a negative implication for the future of rural general practice which participants perceive to be poorly supported and therefore carries more occupational risk. Bandura's adapted Social Cognitive Career Theory (SCCT) helps to explain some pertinent findings on the reluctance to work in rural practice [31]. Trainees appear to doubt their self-efficacy when working with limited healthcare supports and resources, limiting their ability to reach their goal, which includes personal career ambitions. Trainees suggested having trainee-dedicated rural training programmes and allowing trainees who live in rural areas to work rurally close to their families, which is consistent with international perspectives [32–35].

### Strengths and limitations

The study was a nationally recruited, qualitative study, capturing the experiences and behaviours of current Irish GP trainees, which produced detailed insights into why participants chose a career in GP. It ensured a thorough

and reproducible approach to data analysis and collection. The study provided a nuanced understanding of social and contextual factors influencing GP trainees career decision making. The study setting was restricted to the Republic of Ireland which limits its generalisability. The data collector AE, is a GP trainee and knew some of the participants. While this familiarity may have introduced a degree of selection bias in recruitment, it may also be a strength as in our experience interviewees are more likely to reveal authentic personal experiences to interviewers they know and trust. The majority of participants were located in the same region where the data collector and consequently the study population may not be representative of the national profile. Irish GP trainees were only included in the study, the size of the sample and possible selection bias. Conversely, the risk of potential bias was reduced by immense attention to reflexivity, involving all the researchers on the team.

### Implications and recommendations for future research, policy and practice

The study findings provide healthcare decision makers with important insights into the future GP workforce that must be factored into planning for engaging and responding to the priorities of GP trainees, should be a priority for healthcare planning.

GP Undergraduate and Trainee Education programmes should provide as much exposure to positive GP mentors as is possible. There needs to be a training continuum with undergraduate, GP pre-registration and GP training scheme educators all working together. The positives of GP, as articulated in the voices of these key stakeholders, need to be published and accentuated in public relations materials, as the recruitment and retention of GPs is a significant ongoing challenge, which will impact on communities who will lose their access to local primary healthcare.

Understanding that GP trainees seek sustainable work as part of a fulfilling life can aid in developing effective retention of GPs in Ireland, thus having implications on current policies and new GP contracts. Improving GP training programmes to equip graduates with both clinical and managing skills should be implemented to avoid trainees lack of preparedness for the responsibilities that being a partner holds. Further education should be given to trainees on the financial independence of a General Medical Service (GMS) contract. Future research should explore what components, of the wider healthcare system, should be adapted to attract GP trainees to committing to working more in the healthcare service.

## Conclusion

This research reports the key factors among GP trainees for a career in general practice: having received positive clinical exposure, being able to work close to home and having inspiring GP role models. The current generation of GPs are inspired by but are different to their predecessors. Trainees recognise the dangers of burnout and view a career in general practice as part of a lifestyle that is sustainable, prioritising family, support and stability. Engaging and responding to the needs of a modern general practice workforce should be a priority for healthcare planning.

## Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12875-025-02883-1>.

Supplementary Material 1  
Supplementary Material 2  
Supplementary Material 3  
Supplementary Material 4

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The authors gratefully acknowledge the general practice trainees who participated in the interviews.

## Author contributions

AE led the study and interviewed the participants. AE, AOR and PH were involved in the study design, data analysis and contributed to successive drafts of the paper. All authors have contributed to writing and finalising the paper.

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The authors have non funding to declare.

## Data availability

Research data supporting the results of this manuscript are provided within the research manuscript, literature references and supplementary information files.

## Declarations

### Ethics approval and consent to participate

Ethical approval was granted by the University of Limerick Health Sciences Research Ethics Committee (Approval reference:2023\_12\_31\_EHS). Appendix 1 and 2 highlight participant information leaflet, consent form and ethical approval. Every participant provided their written (and verbal) informed consent before partaking in the study (Appendix 4).

### Consent for publication

Not applicable.

### Competing interests

The authors declare no competing interests.

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