Letters

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Editor's choice

Hard chairs

I take a cushion with me when I visit the doctor. It is placed on the very hard plastic seat I now have to sit on. There are no arms to the new type of chair, the frame of which is metal. Without anything to ease myself down on to the seat or push myself up when leaving I have great difficulty as my knee and other joints are in a bad state and painful.

My own doctor and other GPs are opposed to the introduction of this type of chair. The reason for the change is hygiene — as cited by the health centre manager. I don't know why she would wish older, or any other disabled people, to experience this quite unnecessary pain and difficulty when for many, many decades a plain, two-armed chair has not been an extra hazard. Most chairs in the waiting room are now without arms and disliked by patients in general. Welded together, it brings people that much closer.

I feel this quest for hygiene is being taken out of all proportion and yet piles of magazines are available for anyone to leaf through. Surely they carry germs and in any case, germs can be airborne.

My uncle, a doctor in the regular army since WWI, and back from being a POW in Thailand after WWII, was astounded at the introduction of everything being sterilised for babies. (He was happy to see his first baby daughter playing with coal in the then usual coal bucket). His comment was 'People will not have natural immunity to anything soon'. He was CMO, Southern Command, Wilton, at the time of his tragic death.

I would be interested to know where this 'patient's chair' directive came from. I understand they are quite expensive.

Cicely Stanley,

23 Bowhay Lane, Exeter, Devon, EX4 1NZ.

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How much do trainers know about the CSA exam?

Despite the MRCGP having three components, GP trainees spend a lot of time worrying about, and preparing for the CSA. Anecdotal reports from them would suggest that there are significant differences in the amount and quality of support they get from their educational supervisors (ES) which is specifically aimed at this exam. Many ES assume that much of the preparation for it is done on the day release courses.

Despite the high pass rate for the exam in Severn (92% overall pass rate for all attempts in the latest statistics[1]) we thought it would be interesting to find out how much ES actually know about the CSA (most of whom will not have taken it). At a recent ES conference we did a brief quiz to assess knowledge of the structure, cost, and marking criteria for the exam. Forty ES answered the quiz.

The results showed that 25% did not know what CSA stood for, although 90% did know about the exam format, and that it takes place at the RCGP headquarters in London; 63% knew at what stage of GP training the CSA could be taken.

Fifty per cent knew what the CSA cost, but otherwise greatly underestimated the cost. This was particularly true for the cost of re-sits (65% underestimated), and only 15% appreciated that there is a maximum of four times that the CSA can be attempted.

Perhaps more worryingly from the trainees' point of view, less than one-third knew about the marking domains and allocation of marks: obviously important to understand in order to give constructive feedback for CSA preparation.

Lastly, around 60% of ES thought that the pass mark was lower than it is, which was reflected in over-optimistic views about the percentage of candidates who pass the exam!

Overall, the above seems to reflect that ES are not aware of the high costs, lower pass rates, and limited number of re-sit attempts, all of which are obvious causes of concern to candidates, and why it looms so large in their ST3 year.

In terms of helping candidates with CSA preparation, lack of knowledge about how the exam is marked has implications for how effective ES feedback can be. The results of this mini-survey would seem to justify the anecdotal concerns of differences in support that candidates may receive from their ES, and is therefore an area that needs to be addressed.

Tessa Hicks,

GPST3 and Severn Deanery Education Scholar, Severn Deanery School of Primary Care, Swindon.

Jon Elliman,

Associate Postgraduate Dean, Severn Deanery School of Primary Care, 6 Raglan Close, Swindon, SN3 1JR.
E-mail: jon.elliman@googlemail.com

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Should we charge for A&E?

I recently spent 3 weeks in Florence, Italy, in an emergency department at the regional trauma centre where, within a triage system of red, yellow, green, and white: white cases are non-urgent primary care complaints such as coughs, constipation, and earache. Patients over 14 years of age in this category are charged €25 when they have been seen, to discourage patients with non-urgent conditions, encouraging them to seek advice from their GP instead, and recouping the costs of unnecessary attendances.

With A&E attendances in the spotlight and NHS budget constraints such a topic of public debate, are we on the way to charging for some services? Would a charge for unnecessary attendances help to relieve pressure on A&E departments or