

An audit of ENT referrals assessing training needs for general practice trainees

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SUMMARY. Over 500 ENT diagnoses made by general practitioners when referring patients to one ENT department were examined and compared with the diagnoses by the specialist department. A broad grouping of the categories of referral was made and topics highlighted which seemed particularly appropriate for further post-graduate training for general practitioners.

We believe the amount of postgraduate training in ENT currently available to trainees in the UK may be too low and ought to be increased and that this approach offers a logical starting point for constructing educational objectives for such training.

Introduction

THE introduction of vocational training for general practice has led to the development of three-year schemes which differ in their content but have in common two years in hospital posts and one year in general practice. Whilst there is great debate about the content and nature of the general practice year, there seems to have been little study or evaluation of the hospital content of these schemes. Many feel that this should be restricted to those specialties which are relevant to the clinical content of general practice. Others, such as Marinker (1977), feel that the acquisition of clinical competence and confidence with the application of scientific method to clinical problem solving is what matters. They argue that the actual hospital posts undertaken are of less importance than the academic standards and teaching abilities of the hospital.

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However, whatever posts are undertaken, it seems beneficial for trainees and consultants to assess their specialty posts with a view to determining educational objectives. This is especially so in vocational training schemes which place emphasis on defining knowledge, skills, and attitudes as part of efficient education.

Aim

Accordingly we report here a prospective survey of the work of an ear, nose and throat (ENT) department with senior house officers undergoing vocational training for general practice with a view to examining the content of the workload and auditing the accuracy of the referral diagnoses, as a means of determining the knowledge and skills needed in the training of the general practitioner.

Method

The study was conducted in the ENT department of Pilgrim Hospital and in the outpatient clinics of the general practitioner hospitals at Skegness, Spalding, and Holbeach, which serve a catchment population of 150,000 people. There is no other district general hospital nearer than 35 miles.

The department is staffed by a consultant, two clinical assistants (five sessions) and two senior house officers (half time in ENT and half time in ophthalmology). Most outpatient referrals are from general practitioners, a few being from the accident and emergency department and other sources. Referral letters are read by the consultant, and patients are allocated to an appropriate member of staff according to the nature of the problem, appropriate supervision always being available.

During a three-month period (March, April, May 1977) the following data were recorded for all referrals to the ENT outpatient department: name, referral diagnoses, and ENT department diagnoses. These were recorded using a diagnostic index designed so that clinical acumen without special investigation would

suggest the diagnoses. They might of course require confirmation and refinement by special investigation.

Results

In all, 479 patients were seen, 222 by the consultant and 257 by the remaining staff. There were 520 referral diagnoses. The ENT department staff disagreed with 103 (19.8 per cent), agreeing on 417 (80.2 per cent). They made an additional 147 diagnoses (26.1 per cent of their total of 564 (417 plus 147) diagnoses). These two percentages cannot, of course, be added together because several of the diagnoses about which there was disagreement were replaced by additional diagnoses. One hundred and nine patients were referred for hearing aids. They were dealt with entirely by the audiometrist and are excluded from this survey. During a similar three-month period (April, May, June 1977) there were 2,757 referrals to all the specialties in the area except obstetric, of which 434 (16 per cent) were to ENT clinics.

Table 1 lists the commonest referral diagnoses, which together formed 68 per cent of the total number of referral diagnoses. The remaining diagnostic categories each contained 11 or fewer patients. Inspection of the data relating to the 12 commonest diagnoses showed that they fell naturally into four groups as illustrated in Figure 1. They have, therefore, been grouped in this manner in Table 1. In Group A there were relatively few disagreements or additional diagnoses. In Group B there were few disagreements but relatively more additional diagnoses. In Group C there were few ad-

ditional diagnoses but relatively more disagreements. In Group D there were relatively high percentages of both additional diagnoses and disagreements.

Figure 1. Additional diagnoses in relation to categories of referral.

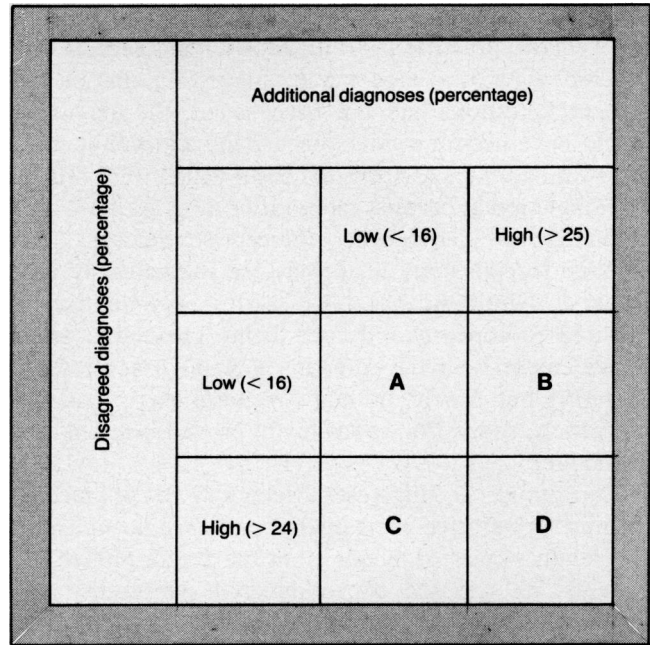


Table 1. Classification of referral diagnoses in ENT and degree of disagreement by staff on one ENT department.

	Total number of referral diagnoses	Number of agreed diagnoses	Number (and percentage) of disagreed diagnoses	Number of additional diagnoses	Additional diagnoses as percentage of total hospital diagnoses
<i>Group A</i>					
Recurrent tonsillitis	59	53	6 (10.2)	5	8.6
Epistaxis	54	50	4 (7.4)	0	0
Hoarseness	22	21	1 (4.5)	1	4.5
Nasal fracture	21	18	3 (14.3)	2	10.0
			(4.5-14.3)		(4.5-10.0)
<i>Group B</i>					
Adenoidal hypertrophy	38	36	2 (5.3)	18	33.3
Vasomotor and allergic rhinitis	27	25	2 (7.4)	9	26.5
Otitis externa	12	11	1 (8.3)	5	31.25
			(5.3-8.3)		(26.5-33.3)
<i>Group C</i>					
Perceptive deafness	38	28	10 (26.3)	5	15.2
Possible foreign body in throat	15	6	9 (60)	0	0
			(26.3-60.0)		(0-15.6)
<i>Group D</i>					
Secretory otitis media	37	28	9 (24.3)	17	37.7
Chronic suppurative otitis media	16	11	5 (31.25)	6	35.3
Chronic sinusitis	15	11	4 (27.0)	6	35.3
			(24.3-31.25)		(35.3-37.7)

Discussion

Common sense suggests that the group A diagnoses (recurrent tonsillitis, epistaxis, hoarseness, and nasal fracture) are primarily made on the symptoms the patients volunteer to the doctor, and examination is necessary mainly to plan treatment. The general practitioners did well here.

With the group B diagnoses (adenoidal hypertrophy, vasomotor and allergic rhinitis, and otitis externa) the doctor has to interpret the patient's symptoms and ask additional questions; the examination adds little or is easy. In this group the ENT doctor usually agreed with the general practitioner's diagnosis, but several additional diagnoses were made, suggesting that if the relevant questions had not been asked, the diagnoses would have been missed. Some of the additional cases of otitis externa arose through cases which were originally diagnosed as chronic suppurative otitis media.

The group C diagnoses (perceptive deafness and possible foreign body in throat) are suggested by volunteered symptoms but fairly skilful examination is required to confirm or refute them. There was often disagreement with the referring general practitioner's diagnosis but few additional diagnoses were made in this group, suggesting room for improved examination technique.

The group D diagnoses (secretory otitis media, chronic suppurative otitis media, and chronic sinusitis) are usually suggested by questions the doctor puts to the patients, as opposed to volunteered symptoms, and require fairly skilful examination and sometimes x-rays for confirmation or refutation. The general practitioner diagnoses were often disagreed with and many additional diagnoses were made in this group, suggesting failure to ask relevant questions and room for improved examination technique.

The incidence of ENT diseases in general practice has been thoroughly researched (RCGP *et al.*, 1974). If the common cold and acute sore throat are excluded, seven per cent of the episodes of disease seen in general practice are due to ENT problems, these corresponding to the diagnostic categories commonly seen in our clinics.

In all, the results suggest that there is a need for postgraduate training in ENT for the future general practitioner particularly in the techniques of ENT history taking and examination. However, implicit in this argument are several assumptions which should be stated:

1. We have assumed that the weaknesses of the trainees correspond with those of general practitioners who have not undergone postgraduate ENT training.
2. We have assumed that the ENT department's diagnoses were correct where they disagreed with the general practitioner's diagnoses. We have no evidence to support this contention, but it seems likely.

3. Some of the illnesses may have remitted and others may have begun during the time interval between the patients seeing their general practitioners and attending the hospital (usually two to eight weeks).

At present two types of postgraduate experience are available: attachment to ENT clinics or senior house officer posts. Further research is needed to demonstrate the relative strengths and scopes of each. We believe that consultants need senior house officers in post for at least six months for the smooth running of their departments but this is unnecessarily long for ENT and the combination with ophthalmology or some other specialty is probably better. This format provides the equivalent of three months' hospital ENT experience (eight per cent of the vocational trainee's hospital time) which compares well with the seven per cent exposure to comparable ENT in general practice and the 16 per cent share of specialist outpatient referrals.

Conclusion

We have tried to demonstrate the need for postgraduate training by specialists in certain aspects of ENT for doctors intent on doing general practice, but note with disquiet that of 142 vocational training schemes in England and Wales in 1975 only 35 offered senior house officer posts in ENT, a further 21 offering ENT outpatient attachment.

We hope that we have also shown how a small non-teaching district general hospital ENT department can apply scientific method to determining educational objectives as well as providing training in a specialty relevant to general practice, thus marrying the opposing views described in the introduction.

References

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Addendum

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