

Future of general practice postgraduate education

Sir,

I read with interest the editorial by Drs Wall and Houghton (*August Journal*, p.311). The effect of the new contract¹ on postgraduate education will have far reaching consequences which are comprehensively discussed in their paper.

The concern the authors express with respect to pharmaceutical industry support of postgraduate education is understandable but I would like to stress that much industry support is not product related. They question the likelihood of a meeting on counselling being sponsored by the pharmaceutical industry, but in January this year a successful meeting was held by Duphar Medical Relations entitled 'Breaking bad news'. The meeting was attended by 86 general practitioners and their response was very encouraging. Section 63 approval was obtained for the meeting but, disappointingly, subsequent meetings have not been approved, owing to technical reasons.

I am sure that symposia of this type will continue to provide a useful contribution to postgraduate education in general practice and in other branches of medicine.

A.M. WHITEHEAD

Medical Department
Duphar Laboratories Limited
Gaters Hill
West End
Southampton SO3 3JD

Reference

1. Department of Health and the Welsh Office. *General practice in the National Health Service. A new contract*. London: Department of Health and the Welsh Office, 1989.

Trainer and trainee workloads

Sir,

The study by Drs Pearson and Goss (*August Journal*, p.320) into the workloads of a trainer and trainee is of great interest. They suggest that directing new patients to the trainee requires the cooperation of receptionists and the patient who has to give some indication of the complaint at the time of booking.

As a trainee in a Scottish new town practice with seven principals, I analysed 1000 of my consecutive weekday surgery consultations. There was a full appointment system and personal lists were encouraged. Over two thirds (71.4%) of these consultations concerned new episodes of illness, and 38.4% were for problems perceived as urgent in that the patient wished to be seen within that

particular half-day. Sixty three per cent of the consultations were for acute conditions of less than one month's duration. Just over one quarter (27.4%) of patients consulting the trainee would probably have seen their own principal if he or she had been available at the patient's preferred time. Few of these patients returned to the trainee, when appropriate, despite specific requests to do so, and I would endorse the suggestion that receptionists should encourage patients who have already seen the trainee to make further appointments with that doctor.¹

From these results, I conclude that the receptionist was the most important member of the health centre staff for determining the clinical workload and experience of this vocational trainee.

IAIN R. WAKEFIELD

20 Clarendon Crescent
Edinburgh EH4 1PU

Reference

1. Adam J, Oswald N. What does a trainee see? *J R Coll Gen Pract* 1985; 35: 230-234.

Effect of small group education on the outcome of chronic asthma

Sir,

Sheldon and Monk have drawn attention (*Letters, October Journal*, p.431) to the issues both of multiple tests of significance and of multivariate analysis. We are disappointed that in their enthusiasm they misunderstood the purpose of the presentation of our results.

We agree that there was a high probability of correlation between the observations in one period with those in the next. We tested that correlation, found it to be present and analysed it further in the form of the Stuart-Maxwell test reported in the paper. However, we did not conduct the more powerful multivariate analysis for two reasons. First, the analysis of variance which we conducted confirmed the null hypothesis so uniformly that it seemed superfluous to present a more complex analysis which would be harder for the reader to relate to the raw data. Secondly, we did not feel that the clinical implications of the raw data justified more complex statistical analysis. One has to interpret the importance of results such as ours from a clinical point of view even if highly significant differences are observed. Our failure to demonstrate significant differences between observations in the same patients over time would make an argument supporting a significant difference as a result of multivariate analysis

implausible.

We feel that Sheldon and Monk have ignored the principle that the statistics should serve the objective of the trial and not the investigators' personal need to produce a significant result. Significant differences are not in themselves enough to reject the null hypothesis.

One could simply take any one of the analysis of variance results as the outcome of our trial, but we chose to present all of those derived from the clinically important variables throughout the study because we were testing an educational intervention the impact of which may have decayed with time. The reader will naturally expect such an outcome and we are satisfied that this is most simply presented by the temporal array of analysis of variance results in our paper.

PATRICK T. WHITE

Kings College School of Medicine and
Dentistry
London SE5 8AX

CATHERINA A. PHAROAH

Policy Studies Institute
London NW1 3SR

H. ROSS ANDERSON

PAUL FREELING

St Georges Hospital Medical School
London SW17 0RE

Patient satisfaction

Sir,

Keeble and Keeble (*July Journal*, p.269) quite rightly draw attention to the numerous problems of defining and measuring satisfaction with the National Health Service and specifically with general practice. Their conclusions — that it might be more appropriate to allow for greater public representation on the decision making bodies — is one for which I have a lot of sympathy. However, they are burying their heads in the sand if they think that, because the results can be challenged on methodological grounds, the results of satisfaction surveys will not become an important way both of evaluating general practice and deciding policy. It would therefore be more sensible to suggest ways in which satisfaction surveys might be improved so as to produce more useful results, rather than be so dismissive.

ROY A. CARR-HILL

Centre for Health Economics
University of York
York YO1 5DD

Sir,

The *Journal* is in danger of falling behind its own times. It is incredible that in their