more quickly. Six months later, the second cycle of the audit has been completed and we have not managed to improve on the results. We are now committed to considering the costly option of replacing our antiquated telephone system before investigating the full potential of the telephone in service provision.

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## Pen torch test in patients with unilateral red eye

Sir,
Chong and Murray describe a simple test which could help distinguish mild from serious non-traumatic eye conditions (letter, June *Journal*, p.259). As they say, a similar study in a general practice setting is needed before extrapolating their results.

However, in practice it is difficult always to identify which cases are non-traumatic prior to examination. It is not uncommon for patients to present with a corneal foreign body, the possibility of which has not been considered by them. Undoubtedly, they would have a positive pen torch test, and this would confound the results. It was surprising not to see evidence of such patients in Chong and Murray's study. Before a similar trial is carried out in general practice this methodological point needs to be clarified.

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## Continuing education for general practice

Sir,
I was interested in the premise put forward in the discussion papers by Stanley, Al-Shehri and Thomas that the postgraduate education allowance arrangements in the United Kingdom may encourage irrelevant or harmful education activity.[1,2] I have been practising in the United States of America for over 14 years and during that time have been obliged to accrue 50 hours per year of approved medical education. With most American practices it is now the rare physician who does not have to achieve these hours as part of state relicensure or professional organization certification. However, it is also the rare physician who is unable to achieve these hours. Millions of dollars are spent by these doctors supporting a continuing medical education industry which aims to help physicians satisfy these requirements. Whether this educational activity has made any difference to patient outcome is unknown in the majority of cases. Indeed, even having a goal of reaching 50 hours per year is contrary to the principles of continuous quality improvement part of the total quality management philosophy currently espoused on both sides of the Atlantic by health care management.

The medical staff of Group Health are funded by a capitation agreement with the cooperative, and as well as providing an annual education allowance of dollars and days, it also pays for an educational department staffed by five administrative assistants and four part time general practitioners. They work both collectively and separately within Group Health's three regional divisions. Of our medical staff of 1100, about 600 are primary care physicians and it is at this group that most educational activities are aimed. Since the educational department is well aware that it is owned by the medical staff, it is responsive to their requests and suggestions, and provides a wide range of educational programmes from encouraging activities at the clinic level to organizing activities involving the whole cooperative. Ownership and responsiveness at a local level and the provision of a wide range of activities catering for individual preferences and learning styles, with the encouragement of informal inter-specialty communications (such as arranging consultant visits and presentations at general practice surgeries), provide a good basis for medical education programmes. Our medical education department is also involved in educational projects arising from our quality assurance and audit activity.

We are successful because our departments have credibility among our medical staff, there is general practitioner involvement in organizing these activities, and we provide good quality continuing medical education without hours or profit being the primary motive.

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### References

1. Stanley I, Al-Shehri A, Thomas P. Continuing education for general practice. 1. Experience, competence and the media of self-directed learning for established general practitioners. *Br J Gen Pract* 1993; **43:** 210-214.
2. Al-Shehri A, Stanley I, Thomas P. Continuing education for general practice. 2. Systematic learning from experience. *Br J Gen Pract* 1993; **43:** 249-253.

## Qualitative research

Sir,
In their wide ranging observations on qualitative research Britten and Fisher do a disservice to a form of research that has produced so much valuable information (editorial, July *Journal*, p.270).

The weaknesses of qualitative research are identified as bias and lack of generalizability. In our experience one interview cannot truly lead to a close relationship. The skill in qualitative research is to remain open to what is being said and not to draw conclusions too early. The interviewer does better to wait for the complete wealth of information to be available. A recognition that interviewing known participants might inhibit their responses may encourage the researcher to cast the net a little wider. It is surely up to the researcher to identify potential pitfalls and work to eliminate them.

Generalization may be perceived as problematic if the boundaries exerted by quantitative research cannot be shaken off. With good interviewing techniques, wise choice of participant, an open mind and appropriate analysis, interviewing even 10 subjects can reveal so much information that, while there might be a slight hesitation in making global generalizations, it is certainly possible to draw interesting conclusions. Validation is usually quoted as of greater concern. The use of 'experts', such as colleagues involved in similar studies, to validate the findings can greatly eliminate such concerns.

To suggest that qualitative researchers are not making their methodologies explicit is a little unfair when standard texts exist and are often referred to in published papers.[1-3]

We feel that qualitative methodology is being damned with faint praise, which is a pity. Until we can rid ourselves of the concept so dear to medical scientists of 'what can we measure?' we will fail to appreciate the significance of this form of study. All research is as good as the researcher and the insights produced by qualitative methods are so valuable for the professional that they should be encouraged with more vigour and conviction.

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