

enormous burden of paperwork in addition to what has been imposed on general practice over the past five years, particularly as the West of Scotland has been piloting summative assessment.

As I took part in this marking exercise, which was a very artificial one, I know that I spent very little time looking through for criteria when marking these papers. If I thought there was a good outcome from the project, and that this could be implemented relatively easily and then re-audited, I gave a passmark. I certainly did not work 1–2 hours as suggested in the discussion, and the 72% response rate reflects just how well local trainers had been trying to help the Department of Postgraduate Medical Education to get summative assessment in place. We are now more interested in outcomes from audit projects, and the majority of practices in one of the Health Board areas are routinely undertaking audit that have positive outcomes.²

This would suggest that considerable help needs to be given to the authors by the trainers to help them overcome false perceptions before a similar exercise is imposed on the profession under the guise of reaccreditation. The philosophy of the discussion paper on reaccreditation by C Salisbury in the same issue of the *BJGP* seems to have a more positive approach.³

PATRICK TRUST

Medical Centre
46-62 Bank Street
Alexandria G83 0LS

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Flashcard health education for British Asians with diabetes

Sir,

We are concerned that Hawthorne and Tomlinson (*May Journal*) have used educational methods traditionally used for pre-literate children¹ and promoted them as particularly applicable to British Asians.² They have taken the need to be

taught by pictures, which is associated with poor education and learning disability, and have extrapolated the results from one ethnic community to the whole group of British Asians; by doing so they reinforce negative racial stereotypes.

There is no doubt that many patients with a chronic illness would benefit from clearer information, especially if given in an empowering and culturally appropriate way. The title emphasizes the pictorial aspect of this education, while the methodology suggests a detailed input by the linkworker, who may have ameliorated the potentially patronizing effect that flashcards can create. Guidelines are available for the use of flashcards in education,^{3,4} but we are not aware whether these were followed. A literature search on educational, social science, psychological, and medical/nursing databases confirmed that the use of flashcards is largely limited to problems of literacy, organic brain damage, or learning disability. The authors do not quote the literacy rate in their paper, and some researchers express caution about the use of pictorial aids with non-literate adults.^{5,6}

'Education demands a lot from health care providers: specific training, teaching skills, good communication, supportive attitude, readiness to listen and negotiate.'⁷ It is possible that the linkworker in this study did all of these things, and that these skills, and not the flashcards, were the reason for the changes described in Hawthorne and Tomlinson's paper. Why do the authors emphasize the flashcards and not the role of the linkworker? We are concerned that the emphasis in this study on pictures and Asians may do more harm than good by seeming to give scientific credibility to a racial stereotype.

SANGEETA PATEL
FRANK SMITH

Division of General Practice and
Primary Care
St George's Hospital Medical School
University of London
Hunter Wing, Cranmer Terrace
London SW17 0RE

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The resuscitation of general practice

Sir,

I think that Dr Anita Goraya (*Connection, May Journal*) has hit the nail on the head when she states, 'It appears that established GPs are getting burnt out and the new bright young things are reluctant to burn in.'¹ The latter part of this statement has been addressed in the London Initiative Zone Educational Centre's programme and the London Academic Training Scheme, at least in London.

It is the first part of this statement that I am interested in. It is well-known that there is a high rate of burn-out among established GPs, and I feel that the way to tackle this would be through a similar project to the London Academic Training Scheme, but aimed at the 50+ age bracket of GPs. The aim would be to challenge the image of the monotonous drudgery of general practice in that a GP joining the scheme would be attached to an academic department of general practice, thus combining their work in their present practice with a day or half-day release in the academic department doing research audit, or simply learning. One would hope that such a scheme would be centrally funded.

Such a scheme would, in my opinion, prevent burn-out and would continue to invest in one of our most valuable resources — established general practitioners. It would also elevate the morale of this group of people and (one hopes) prevent early retirement.

L P DOBSON

Health Centre
Bow Street
Guisborough
Cleveland TS14 7AA

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