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Training threatened by its own success

There can be little doubt that GP vocational training has been one of the unalloyed success stories of the NHS in the last three decades. It is hardly surprising that training has raised standards, based as it is on an apprenticeship model that ensures each registrar several hours of one-to-one teaching and mentoring from a highly skilled GP trainer every week.

With the government's well-intentioned GP recruitment drive getting under way, and the sensible introduction of a foundation year into postgraduate medical education, GP vocational training should be enjoying a boom. Demand for more trainers should be ensuring higher status and better incentives to attract new teachers into the burgeoning deanery schemes. However, this does not appear to be happening. Instead, the very nature of vocational training is threatened.

The shortfall in trainer manpower available for the rapid expansion in registrar numbers has resulted in proposals for drastic modifications in teaching and training methods. Within the Leicester, Northants and Rutland deanery, training practices that have hitherto accommodated one or two registrars are being told to prepare for up to six simultaneous registrar placements. This would involve a constant throughput of one full-time career registrar and one foundation year trainee for each qualified trainer in a practice that might also be expected to accommodate medical students and innovative training post registrars.

Such an influx, with a varied skill mix requiring close monitoring to ensure safe service commitment as well as huge educational resources, would inevitably overwhelm the apprenticeship model of training. Proposals have therefore been put forward to adopt an entirely untried method of joint tutorials

and mutual learning among mixed groups of registrars, with the trainer having a more distant, supervisory role.

It is possible that, despite the lack of space and manpower, these methods may have some success, but to replace a well tried and tested method with one that has not been piloted seems foolhardy. The apprenticeship model works because the close trainer-registrar relationship not only facilitates assessment and the acquisition of knowledge and skills, but also encourages the transference of enthusiasm and high professional standards.

It is tragic that the excellent intentions driving these changes may come to destroy one of the cornerstones of high-quality NHS primary care, just because they are being put in place too quickly. If enough time could be made available to recruit and skill the extra GP trainers required, the increase in registrars could be accommodated without losing the essence of an educational system that has served us well. There is a major risk that educational standards will fall and that training will become less attractive at the time when we desperately need trainer numbers to increase.

It is likely that postgraduate deans are as suspicious of the innovations as many trainers, but having accepted the task of implementing the government's plans, they are not in a position to voice their concerns publicly.

Perhaps it is time that trainers and course organisers made their voices heard before irreparable harm is done.

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Non-urgent breast referrals subsequently diagnosed with cancer

The Health Service Circular 1998/242 states that a patient with suspected breast cancer should be seen by a specialist within 2 weeks of their GP requesting an urgent appointment.¹ The introduction of the 2-week wait has raised the question of how appropriate it is for GPs, and not the breast surgeon, to determine urgency, as misclassification might cause treatment delay.

Mayday University Hospital serves a population of approximately 330 000. After discussion with local GPs, it was agreed that urgent suspected cancer referrals should be faxed on a printed pro forma (based upon the published *Guidelines for general practitioners for referral of patients with breast problems*²). The GP may contact the breast unit by any other method to request a non-urgent appointment.

Between 1 January and 31 December 2002, the breast clinic received 2112 referrals; 2059 were GP referrals and 46 originated from the NHS breast screening programme. A total of 172 (8.1%) patients were subsequently diagnosed as having breast cancer. Three of these were from seven internal referrals. Three patients with known cancer were referred for follow-up. Of the remaining 166 patients, 95 (56.9%) were urgent referrals, 34 (20.5%) were non-urgent referrals, and 37 (22.2%) were referrals from the national breast screening programme.

Considering further the 1 in 5 breast cancer diagnoses made at Mayday University Hospital in patients referred non-urgently, the average age of these women was 52.5 years (range = 28–93 years). Twenty-nine (85.3%) were aged 40 years or above. Of these patients, 56% (19 of 34) were considered by a specialist to show features either suspicious of malignancy or