As usual, I finished with a cartoon. It pictured a patient sitting on the examination couch with a spear through his head and the white-coated doctor saying ‘I’m pretty sure I know what the problem is, but just to be sure I’m ordering a battery of tests.’

It had been a provocative session. I had presented on the exponential increase in test ordering over recent decades, and the consequent costs (real and opportunity) to health systems around the world.1 We had discussed the challenges of managing ‘incidentalomas’, illustrated by a recent patient I had looked after with an angiomylipoma of the kidney identified as a result of a request for a scrotal ultrasound. No word of a lie. And we debated the very real harm that overtesting can inflict on patients, both direct, (for example radiation from CT scans), and indirect (‘tests beget tests beget biopsies beget sepsis’). I had introduced some new terminology to their lexicon — investigation momentum,2 a phrase which will always remind me of a Bruce Willis movie, and the trusty availability heuristic3 (‘My previous GP trainer once picked up an ovarian cancer with a screening Ca125, so I usually add one too’).

So after my humorous flourish, I invited questions to close the 2-hour workshop. One of the GP trainees raised their hand and hesitantly asked ‘But I’m still really worried about missing something.’ A chorus of similar concerns followed. It was apparent that we were going to run late into morning tea.

As a medical educator working in a postgraduate vocational training programme, I have cultivated a strong interest in overtsting, and its counterparts, overdiagnosis and overtreatment.4 This is, in part, a result of directly observing trainee’s practice during external teaching visits, and also scrutinising their test-ordering behaviour using such educational tools as test order form) field and commits numerous

REFERENCES