"... the CSA was the first session I have done where all my patients spoke English, where they only attended for one problem, and where general practice was reduced to a picturesque Dr Finlay-like entity."

Learning to be a fox again

Coming from an immigrant community, there has always been huge pressure on not losing one's roots. Many apocryphal tales, anecdotes, and fables are told in this regard, and one in particular that sticks in my mind is that of the fox who lost his walk. The story, as it goes, was of a fox who used to be the envy of the other animals for his unique walk. One day, the fox saw a man who, rather than walking on four legs, walked on just two. Keen to maintain his reputation of being the best walker, the fox attempted to walk on two legs, though, try as he might, the fox could not replicate the walk of man. Defeated, the fox tried to return to his own walk only to realise he had forgotten what it looked like and that is why the fox today has the funniest walk of all the animals.

Many of us whose neighbourhoods are plagued with *Vulpes vulpes* see nothing funny about how fleet of foot the fox is, or how deftly he empties poultry from the garden; nevertheless, the story of the fox's walk was particularly resonant to me, having finally completed the Clinical Skills Assessment (CSA).

When we started off practising as trainees, we were individuals with our many voices and ways of consultation, but by the end we were an indistinguishable, homogeneous consultation machine. The CSA was challenged by judicial review last year for a perceived institutional bias against minorities. Judge Mitting rejected the challenge, stating that:

'I am also satisfied that the Clinical Skills Assessment is a proportionate means of achieving that legitimate aim [of assessing future practitioners] *... No better means of testing those skills has yet been devised than the Clinical Skills Assessment.'*[1]

While I don't dispute that the CSA has its uses (there's nothing quite like an exam to focus one's mind on the finer points of the menopause), I worry what it does to my consultation. Working in a particularly deprived and diverse area of London the CSA was the first session I have done where all my patients spoke English, where they only attended for one problem, and where general practice was reduced to a picturesque *Dr Finlay*-like entity. Eliciting patients' ideas about their illness leads not to transcendent consultations but to complaints to the trainer that this new doctor seems so lost as to what he is doing, that he has to ask his patients what they think is wrong with them.

Whereas in many localities trainees may be urged to delay taking the CSA until they have enough experience, in mine we are gently nudged into taking it early lest we lose those textbook consultation skills that seem ill at home in modern-day East London.

In preparing for the CSA, most trainees will abandon their own natural consultation and give precedence to whatever consultation model will secure them a pass. As Frantz Fanon, African-Caribbean psychiatrist, philosopher, revolutionary, and writer, said:

'The oppressor, through the inclusive and frightening character of his authority, manages to impose on the native new ways of seeing, and in particular, a pejorative judgment with respect to his original forms of existing.'[2]

Although Fanon was writing in the context of colonialism, candidates preparing for the CSA can feel like they are going through a similar process, their individual consultation models subsumed into something new.

Thus, trainees can feel robbed of something important. I hope that unlike the fox I will once again be able to remember my walk.

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DOI: 10.3399/bjgp15X686977

REFERENCES

1. R (BAPIO Action Ltd) v (1) Royal College of General Practitioners; (2) General Medical Council [2014] EWHC 1416 (Admin); [2014] Eq LR 409.
2. Fanon F. *Towards the African revolution.* New York, NY: Grove Press, 1969.