

attractive to those drawn to primary care in their medical school career but who perhaps also have specialist interests that are often associated with secondary care medicine. However, the undergraduate curriculum seems devoid of any introduction to GPwER, limiting future consideration. As final-year medical students trained in both Welsh and English institutions it is apparent that even during GP placements little information is provided about extended roles and the training available after CCT.

The shortage of GP and allied healthcare professionals is a serious problem.¹ The *NHS Long Term Plan* includes prioritising the increase of community-based health interventions, reducing those carried out in secondary and tertiary centres, stressing the need for more GPs, particularly with extended roles.² The duration of each clinical rotation does not necessarily correlate to the future uptake of that specialty. Therefore, increasing the awareness of GPwERs should be considered in medical schools to try to attempt to address the growing need for more GPs.³

As the number of junior doctors engaging in general practice training pathways remains low compared with other specialties,⁴ ensuring medical students are well equipped with the knowledge of job possibilities in primary care should be a medical education priority. Minor issues including the transition in name from GP with a specialist interest to GPwER are likely to deter students from exploring potential careers in general practice because of sparse and ambiguous information that is difficult to source in a time-critical period of training. This highlights that the devil is often in the detail as a 10-minute 'GPwER GP-student appointment' may help inspire and recruit desperately needed GPs. Heightened awareness of GPwER among medical students is unlikely to solve the staffing crisis but may be a crucial element in a concerted effort to bolster the future primary care workforce.

Emily Appadurai,
Cardiff University Medical School, Cardiff.
Email: AppaduraiEH@cardiff.ac.uk

Bryony Thomas-Noy,
Keele University Medical School, Keele.

Marina Arulanandam,
Llandaff Surgery and Vale University Health Board, Cardiff.

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Another marker of underlying pathology

The recent discussion regarding the utility of the inflammatory markers erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), and plasma viscosity^{1,2} is very interesting as we have often noted them to be normal despite underlying pathology.

In our local laboratory, serum globulin is presented as part of the liver function test panels calculated by subtracting the albumin concentration from the serum total protein. We have found raised levels of total globulin to be a very useful marker of underlying blood-borne virus (BBV) infections, monoclonal gammopathy of unknown significance (MGUS), and multiple myeloma. In our two South East London practices (total population approximately 15 000) we reviewed two late diagnoses of HIV and myeloma and noted a chronically raised globulin that had been overlooked. We therefore invited patients who had a raised globulin result in their latest liver function tests from the last 3 years for a blood-borne virus screen (HIV, hepatitis B, and hepatitis C) and myeloma screen (protein electrophoresis and immunofixation). The search and recall found that across both practices 223 patients had a raised globulin of >35 g/L with no known cause in the last 3 years. Consenting to the further blood tests were 173 patients. Subsequently 39/173 (22.5%) patients were found to have underlying pathology: seven new cases of myeloma were detected, one of which required immediate treatment, and 15 patients were found to have previously undiagnosed HIV, hepatitis B, or C. The other

17 patients have been diagnosed with MGUS and are now being followed up. Interestingly, most of the above patients had normal CRP and ESR where it had been tested. We believe that this overlooked marker of underlying inflammation deserves further investigation and its utility highlighting. We have noted that there is a trend to remove globulin from routine biochemistry liver profiles as part of demand management and on cost grounds. This could potentially result in missed opportunities to diagnose cases earlier.

Christopher J Ward,
GP, Southwark CCG, London.
Email: christopherj.ward@nhs.net

Kirsty Cuthill,
Consultant Haematologist, King's College Hospital, London.

Martin Crook,
Honorary Professor in Biochemical Medicine, Guy's Hospital, London.

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The challenges of understanding differential attainment in postgraduate medical education

I have two questions about this article's differential attainment in postgraduate medical education.¹ One is the pluralism of evaluation; the other is the fairness of evaluation.

Regarding the pluralism of evaluation, the way mentioned in the article to evaluate achievement is examination. Is this theoretical or practical examination? In addition to theory and practice, should students' achievements