include psychological quality, humanistic quality, scientific research, papers, medical ethics, ordinary achievements, and some other things? I think a good doctor should not only get good grades, but also have many excellent characteristics. We know that the purpose of the exam is not for the exam itself, the score itself, and some achievements cannot be measured by the score. Examinations can be used to find deficiencies. For teaching institutions, it is necessary to find ways to improve the quality of training.

As for the fairness of evaluation, how can we guarantee the fairness of students trained and evaluated by different teaching methods? Although there is no evidence that these differences are related to prejudice, will the unfair distribution of the original educational resources lead to bias in evaluation methods, and will the current achievement evaluation system be more conducive to some people, thereby widening the existing gap?

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Author response

Our intended meaning was that, currently in the UK, exams are the existing mechanism by which trainees are assessed in relevant competencies defined by curricula. We would agree that exams are unable to consistently reward or notice qualities such as dispositions of character that are also associated with good clinical care. We considered it beyond our remit in this article to suggest alternative approaches, though certainly the nature and type of assessment most able to identify capability is an interesting question.

We mentioned in the editorial that it is unclear what we should tolerate in terms of 'communicative flexibility' to ensure that people from different cultural groups are not disadvantaged by particular exams. We also agree with you that we should consider how to value broad capabilities and strengths.

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Management of depression and referral of older people to psychological therapies

Frost and colleagues[1] bring up an important — often under-recognised — topic and its associated challenges to our attention.

With the continuity of care allowed, and the knowledge of both a patient's social context and their comorbidities that influence treatment options, there is little doubt that primary care has a central role in the management of older people with depression.

Individualising a treatment plan based on the circumstances of a person is crucial;[2] assumptions on an older person's preferences are likely to be detrimental. Several factors need to be kept in mind when deciding on a treatment strategy: both clinician and patient preferences; manual dexterity; eyesight issues; access to technology; mobility; previous history of anxiety and/or depression (and previous successful treatment options); comorbidities; and polypharmacy.

Exploring all of the above is invariably difficult within the standard 10-minute consultation as the review points out. It is only by investing the time and effort in longer appointments that we can hope to address this often neglected area. Moreover, being attentive to the possibility of depression presenting differently in older people (for example, with somatic symptoms) will help to prevent multiple initial attendances.[3,4] A cursory assessment ending in a prescription for antidepressants is unlikely to be helpful in most instances.

Appropriate services need to exist locally to cater for the needs of the older population. Primary care networks have the potential to help deliver more effective care to patients with mental health problems by locating mental health therapists within primary care and by having practice pharmacists help with medications and pharmacology.[5,6] Patients are likely to appreciate the familiarity and proximity of treatment 'under one roof'. Because of the complex interplay between one's social situation and mental wellbeing, signposting from social prescribers can also help, for example, befriending services, Age UK, U3As, volunteering activities, and bibliotherapy.

Closer cooperation between psychiatry, geriatrics, and primary care can also lead to more effective outcomes.[2] In care home settings, the training of staff by experienced mental health nurses can also increase the confidence in identifying and dealing with mental health issues.[4,7]

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