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Entering general practice

Congratulations on publishing Daniel Furmedge's telling short paper.[1] Full marks for his insight and interpretation. He reminded me of my first Claire Wand Fund Prize on 'Postgraduate education for the newly qualified doctor in preparation for entry into general practice.'

That was more than half a century ago. Returning from my 6-year sabbatical in the Army, I was seriously worried that none of my clinical teachers had any personal experience of general practice, and that no mention of the subject was made.

The stigma was real, enormously encouraged by the arrogance of Lord Moran, who had publicly declared that the GP was 'the doctor who had fallen off the ladder of success.'

On one point I disagree with Daniel Furmedge. The GP is essentially a generalist — not a specialist. The specialist is the one who has chosen to wear Lord Moran's blinkers.

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Osteoarthritis

We read with interest the recent 'Top tips in 2 minutes: Osteoarthritis of the knee', which was published in the May issue of the *BJGP*.[1] Although written in an engaging style it is baffling that such an article should appear just 2 months after the published NICE osteoarthritis guidelines and yet contain no reference to them.

While certain pieces of advice contained in the article are consistent with the NICE osteoarthritis guidelines (notably 'don't leave surgery too late'), it also substantially diverges in many places:

- Core treatment is information and advice about the condition; weight loss; exercise (both aerobic and strengthening have been shown to be effective — there is no basis for the emphasis on 'non-impact').
- Glucosamine is not recommended for use within the NHS. While 1500 mg glucosamine sulphate has demonstrated a small benefit over placebo for knee osteoarthritis guidelines, this product does nor currently have an EU licence.
- Topical NSAIDs are recommended.
- Neither viscosupplementation not debridement are recommended ('when symptoms worse than X-ray' is relatively meaningless).
- X-rays not recommended to confirm a clinical diagnosis of knee osteoarthritis guidelines; indicated only in the presence of giving way/locking.
- MRI not currently recommended for diagnosis, even in early osteoarthritis guidelines.

We would encourage readers of *BJGP* seeking Top Tips in 2 minutes on this subject should consult the NICE osteoarthritis guidelines 2-page summary and the accompanying version for members of the public.

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DOI: 10.3399/bjgp08X342011

Top Tips in 2 Minutes for the May issue was compiled in January 2008, a month before the NICE guidelines were published. A correction was published in the June issue with reference to the latest NICE guidance. DOI: 10.3399/bjgp08X302907.

Tooke report

Professor Field commented on the Tooke report in the April Journal.[1] He suggests it is good news for general practice because it emphasises excellence and recommends an extension of GP training to 5 years.

Am I the only GP who qualified in the late seventies or early eighties who is slightly bemused by this?

We were trained by the age old 'rote-regurgitation' system (learn by rote, regurgitate in exams). Most of us attended half-day release in our post-graduate years — only if ward work allowed (quite right too!). There was often little or no departmental teaching. By modern educational standards a poor system.

So why do we need 5 years of training? It must be because we are not good doctors, patients do not value the service we give, and we have not coped with change.

Yet, we are the generation who learnt maths on slide rules (I still have mine!). We have seen massive changes in the practice of medicine, in general practice, including the arrival of practice nurses, computers, contract changes, clinics, and the devolving of clinical work from hospital to general practice. We still have the respect