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LEADING ARTICLES

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MEDICAL PRACTICE

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Manpower and training

SIR,—Ms Stotter (2 August, p 332) deserves strong support for her plea that surgeons should devote more attention to the manner of their training.

The establishment of the specialist advisory committees in the surgical disciplines arose from concern about the quality of training provided in some registrar posts, and the regular visits of these committees continue to assess critically the educational facilities in each hospital that employs surgical trainees. However, although surgeons necessarily channel the greater part of their care of patients through the actions of their hands, there is no uniform way in which we assess whether the individual has been well taught and has the necessary manual skills. At present we depend on what referees write when candidates apply for their next post, but they rarely shed light on the manner of the applicant's training. I have been repeatedly impressed by how many newcomers, who sounded experienced at their interview for a registrar post, still need to be shown how to perform a reliable repair of an inguinal hernia, and I know that it is essential for the consultant to assess the capabilities of each new registrar by personal assistance at a number of operations. Surgical training requires a delicate balance between close guidance from an experienced assistant and the gradual relinquishment of this supervision as the trainee moves on to solo work.

This process starts at senior house officer level. Bilateral high saphenous ligation, for instance, provides an excellent opportunity for the teacher to demonstrate the basic skills which Ms Stotter rightly specifies, and these can immediately be practised by the trainee on the opposite groin. Once accuracy and delicacy of dissection have been acquired in this shared situation the teacher can withdraw, write a letter in the theatre office, and return to review progress. This planned withdrawal means that at the correct stage of training it is positively wrong for the consultant to be in theatre at 4 am for an appendicectomy, which most registrars, in most circumstances, should have the satisfaction of managing for themselves. On the other hand, it will generally be positively wrong for the consultant not to be present and actively taking part if the patient is, for example, a 2 year old with generalised peritonitis.

These remarks record only what hundreds of consultants already practise, but conversations with successive registrars indicate that such supervision is not universal. Some practical suggestions can be made.

Firstly, time is a consideration. It does take more time to assist a registrar to perform an operation, but assisting an able and interested registrar to tackle a new procedure can be just as enjoyable as doing it oneself. More consultant appointments will clearly allow consultants to devote more time to this essential and rewarding part of their work. From a training point of view the present tendency to move private patients out of NHS hospitals to separate clinics is disastrous.

Secondly, there has been much discussion over the value of log books. If such a book is merely a list of procedures it has minimal value. If it is a diary of a trainee's progress, with notes on clinical aspects of the case, what was learnt at the operation, how much help was given, and what happened to the patient it becomes a realistic record of training received and an invaluable repository of experience. My own diaries have been the basis of most of the spoken and written communications I have made over the past 30 years. The incorporation of the log book in the process of issuing the certificate of completion of training by the specialist advisory committee would also be a valuable step in concentrating attention on the process of training.

Thirdly, it is time that it was a requirement that any reference provided for a surgical trainee should contain a specific note on the candidate's abilities as a practical operator.

We have to ask ourselves why Ms Stotter felt it necessary to write her letter, and to consider whether these suggestions would be useful steps towards giving active tuition in the craft of surgery the prominence it deserves.

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SIR,—You have published a great deal of correspondence, mostly condemnatory, about the DHSS/JCC manpower initiative. There are several aspects that should be considered by those who