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Clinical and scientific letters

The application game

Gone are the good old days when trainees were chosen for jobs based simply on a handwritten pleading letter and the cut of their jib. There were no Oriel application systems, no interview preparation courses and trainees weren't given impersonal barcodes to identify them – CT1, ST3 etc. I find this notion appealing – it evokes images of long afternoons in wood-panelled rooms hazy with pipe-smoke, as opposed to the modern reality of long evenings in libraries illuminated by strip-lights pressing refresh on a laptop.

Nowadays we have decided that in order to be objective and transparent, our fates must be decided on the basis of numbers. Objectivity and transparency are worthy goals, but it is worth reflecting on the current application systems to assess whether these goals are attained.

Many specialties use a points-based system for selecting candidates. Candidates can rack up points for publications, teaching experience, quality improvement, prizes and previous degrees. On the surface this seems sensible – we want doctors who are intelligent and actively engaged to improve the quality of healthcare and education that we provide. But is that who we are really selecting, or are we just choosing the people who are good at playing the application game?

The economist Charles Goodhart advanced an argument against Thatcher's economic policies, which can be paraphrased as follows: when something becomes a target, it ceases to be a good measure of what it is supposed to measure.[1] The emergency department 4-hour wait is an example of this – intended as a measure of efficiency in emergency departments, but now a better measure of how creative departments can be in defining which patients are in the emergency department at all.

We believe that Goodhart's law applies to points-based selection processes. Points that are awarded for publications are intended to reward people for the intellectual and organisational effort that goes into conducting scientific research. Understandably though, people attempt to 'game' the system by getting a publication with as little work as possible. There are journals that are well known as being soft targets to get published with minimal effort and there is a move to attempt to gain recognition for publications attributable to participation in research collaboratives. This move, by way of example, would see 912 co-authors recognised for a 781 word letter published this year in the *International Journal of Surgery*.[2]

Meritocracy is a good thing, but the modern obsession with measuring merit is creating a landscape of shadows where we never really know who is doing things for the love of it and who is doing them to score the points. What do these points then mean and should we base selection for training positions on them? We passionately believe that this issue threatens the integrity of the profession. It promotes a culture of competition and dishonesty and disincentivises people from pursuing interests that aren't recognised by points, but may be equally important for professional development.

Now, where do we pick up the points for this publication? ■

Conflicts of interest

The authors will be applying for training posts in the coming months.

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2 Collaborative S. Students' participation in collaborative research should be recognised. *Int J Surg* 2017;39:234–7.

'T3 or not T3?': A poetic guide to the thyroid exam

From the end of the bed, is the patient comfortable at rest?
And for the weather are they appropriately dressed?

For a goitre or enlargement, be sure to try and see,
Then check their behaviour, are they tired or fidgety?

Next inspect the hands, for any signs of clubbing,
And feel the radial pulse for excessive lub dubbing.

To use paper or not, for some is a dilemma,
But we all know it helps, when detecting a fine tremor!

Before moving to the face, offer to check BP,
Then feel around the neck, for lymphadenopathy.

Look for dryness of the skin, by now you should know how,
As well as any hair loss, in the outer third eyebrow.

Protruding eyes or lid lag, both can spell some trouble,
Please follow my finger, tell me if you see double?

Stick out your tongue, now swallow some drink,
Any signs of movement, you should stop and think,

Could there be a goitre, or a thyroglossal cyst?
These subtle signs are vital and should not be missed!

But don't trust your eyes, stand behind and have a feel.
It's important to be certain any problems seen are real!

You're halfway through the test now, but hold off on that beer!
You must ensure you don't forget, to palpate the trachea.

Next tap on the chest, for a goitre retrosternal,
Though you only really see this in the Clin Med Journal!

Now get your stethy out, and listen to the gland,
You better keep an ear out for a bruit underhand!

Test next for obstruction, bring their arms upside their head,
Danger signs are wheezy breath, or their face a shade of red.

Look at the peripheries, for pretibial myxoedema,
You're liable to see it, if you look distal to the femur.

Time now for some movements, put their arms up like a chicken,
If you detect some weakness then the plot begins to thicken.

If they find it hard to stand, you will be sure to notice,
This symptom is related, to thyrotoxicosis!

Move down to the ankle and let that tendon hammer bounce,
It will be clear for you to see if the reflex is pronounced!

Summarise your findings, thank the patient – you're plain sailing.
Remember the stages in these rhymes, you've got no chance of failing! ■

Conflicts of interest

The authors have no conflicts of interest to declare.

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