



## Research Update

### Making the grade

New family physicians' scores on standardized clinical licensing examinations are associated with their performance on measures of resource use and quality of care during the first 18 months of practice, a new study has found. It was conducted in Quebec and published recently in the *Journal of the American Medical Association* (1998;280:989-96).

The study found that physicians with higher exam scores referred more patients for consultation, prescribed fewer inappropriate medications to elderly patients, prescribed more disease-specific medications relative to symptom-relief drugs and referred more women 50 to 69 years of age for mammography screening. These results were statistically significant and translated into large numbers of patients receiving substantially different care. Most strikingly, if patients of physicians with the lowest scores had experienced the same rates of consultation as the patients of high-scoring physicians, about 3000 more patients would have been referred by the 614 physicians studied.

"We thought these results were very good news for the licensing bodies that use these exams for very high-stakes decisions," explains principal author Dr. Robyn Tamblyn. "But in another respect we wondered if there shouldn't have been a stronger relationship than there was."

Tamblyn says the study developed because of a long-standing concern about whether licensing examinations truly measure what it takes to be a physician. Until 8 to 10 years ago, pencil-and-paper tests — either multiple-choice or short-answer patient-management problems — were the norm for exams, and their use continues in many jurisdictions. However, a movement in Canada and the US

aims to institute standardized means of clinical assessment. In Quebec, Tamblyn and her colleagues worked to bring in the first mandatory clinical licensing exam in 1990. A few years later, a second examination was introduced. Tamblyn points out that Quebec was at the forefront of a bold new approach in educational measurement. "But the fact is that we didn't have any information on whether the examinations were actually predicting what people are doing in practice."

The study by Tamblyn and her associates looked at family physicians who passed the exam from 1991 to 1993 and how they stacked up on 3 measures of resource use and 2 mea-

asures of quality of care; it drew on data from the Quebec health insurance database. "This is a very small selection of indicators in primary care," admits Tamblyn. Her team is following these physicians and an additional cohort for 4 to 7 years to determine whether the trends continue to hold. As well, they are expanding their study to encompass 22 indicators of practice quality and to include physicians in other provinces. The results may lead to re-evaluation and refinement of licensing examinations in the provinces involved. "These are very difficult decisions to make — 'you practise, you don't' — without outcomes data," says Tamblyn. — *C.J. Brown*

### In the news . . .

#### New strain of HIV

A new, rare strain of HIV-1 has been isolated from a woman in Cameroon and subsequently identified in a few other HIV-positive people in the African country (*Nature Med* 1998;4:1032-7). Designated YBF 30, the strain differs from the most common M strains and from the unusual O (outlier) strains. According to an accompanying editorial, "there is nothing to suggest that an HIV-1 O or YBF 30 virus could not generate a pandemic." The discovery of the strain also raises more questions about the origins of HIV: whether it spread from simian species to humans, whether technological or lifestyle changes affected its emergence in humans, or whether the disease actually began in humans and was transmitted to monkeys.

#### More evidence for Gulf War syndrome

A large proportion of US Air Force personnel who served in the Gulf War have chronic fatigue, mood or cognitive afflictions, or musculoskeletal problems, a new study has found. It adds more evidence to the case for Gulf War syndrome (*JAMA* 1998;280:981-8). The case-control study compared Gulf War veterans with a larger group of personnel who did not serve in the Persian Gulf. Among those who served, 39% had mild to moderate illness and 6% had severe illness, compared with 14% and 0.7%, respectively, of nondeployed personnel. There was no link between symptoms and exposure to biologic or chemical agents or to a particular disease. The study likely underestimates the prevalence of illness in Gulf War veterans because many severely ill personnel declined to participate, fearing job consequences, and because many affected personnel have already left the military.