confident that the posts obtained will necessarily be those with the highest relevance to our speciality. To add to this, we've also been informed that there will be no obligation for hospital-based trainees to attend their VTS educational programmes as the expectation is that their teaching will be provided within their specialist departments. Apparently this arrangement has the backing of the RCGP following their consultation with sister colleges.

We now have the frankly bewildering proposal that doctors specialising in general practice will receive the vast majority of their education and training delivered by colleagues in other specialities. Will such schemes be attractive to high calibre doctors? I very much doubt it. We might have to explain to prospective applicants that, as far as general practice training is concerned, 'fit for purpose' only makes sense if they accept that their purpose in life is to bide their time staffing hospitals.

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The good lie?

Dr Fitzpatrick wrote an interesting piece in the *BJGP* in Nov 2006,[1] making a good point about honesty being the best policy in the public health arena.

In the second part of his article, he then selectively quotes, twice, from a BHF spokesperson, Dr Mike Knapton. I could not see the source of Dr Fitzpatrick's complaints about Dr Knapton's remarks.

Firstly, in relation to a review article about eating oily fish and fish oils,[2] Dr Knapton is quoted as saying, 'people should not stop consuming omega 3 fats or eating oily fish as a result of this study'.

That seems precisely accurate to me. Dr Knapton doesn't seem to be saying that people should START consuming more of these items.

Secondly, in relation to an interventional study[3] that hoped to increase the exercise of young children and thus, produce a lower BMI, Dr Knapton is quoted as saying, 'we know it's crucial to encourage good exercise habits from an early age'.

I would point out that this DOES appear to be good support for this viewpoint — see for example this systematic review by Sallis *et al.*[4] Additionally, in Dr Fitzpatrick's original source for Dr Knapton's quotation,[5] there is the following remark, 'The British Heart Foundation, which part-funded the study, accepted the research was solid'.

I conclude that it is very easy to create a selective impression with quotations and evidence and that there is evidence that Dr Fitzpatrick may have fallen into the very trap about which he warns us.

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Competing interests

I am a friend of Dr Mike Knapton (and he can, in fact, fight his own battles!)

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Author's response

As any quotation is selective, the question is — did my selection of Dr Knapton's statements misrepresent him? I do not believe it did, he has not — to my knowledge — claimed that it did, and nor does Dr Thomas substantiate his implication that it did.

The quotations I used indicate that, in response to specific studies failing to confirm the health benefits of these interventions, Dr Knapton, in his capacity as health advisor to the British Heart Foundation, continues to promote the consumption of omega 3 fats and exercise among schoolchildren. I believe that this accurately represents Dr Knapton's position. It seems from Dr Thomas's letter that he agrees with Dr Knapton's position.

Both Dr Knapton and Dr Thomas are entitled to their prejudices, but my point is that there is no justification for foisting them on the public when they are not supported by scientific evidence.

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The support of obese patients in primary care

The Editorial and two articles[1,2,3] in the September issue of the Journal highlight the current difficulties in encouraging and supporting patients with obesity to reduce weight and maintain the achieved weight. One paper highlighted the effectiveness of a 'fourth level' of support, comparing it to other less supportive levels which were ineffective, but recorded only four out of 28 patients receiving this support.

'Fourth level' support had the characteristics:

- Non-judgemental and sensitive
- Direct and unambiguous
- Provision of personal information
- Provision of explanation and practical advice
- Provision of psychological support
- Group support.

The Thakur practice is an urban practice with a list size of approximately 3500. For the last 2 years patients with BMI >30 or BMI>27 with comorbidity have been offered during consultations with the GP or practice nurse or by publicity in the practice leaflet, free attendance at an