

The case studies were fascinatingly familiar: hierarchical and abusive consultants, compliant registrars and overworked senior house officers. As a general practitioner, I found the book unnerving. The case studies seemed to have been written by the system's victims, like survivors of a tragic accident trying to analyse why it occurred. I wanted to know more about the characters who created the tragedies. Were the survivors helped by recounting their trauma, and did they receive support from the authors?

Pleasingly, the most optimistic studies came from general practice, perhaps evidence of our specialization in people and behaviour. As the authors note, it seems interpersonal skills are the most important predictors of success in managing an organization.

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#### THE APPLICATION OF A GENERAL PRACTICE DATABASE TO PHARMACO EPIDEMIOLOGY Occasional paper 62

*D M Fleming and J Fullarton*

*Royal College of General Practitioners, London (1993)  
21 pages. Price £10.00*

There is a growing need for patient related and morbidity related data from general practice. The Royal College of General Practitioners Birmingham Research Unit has used the advances in computer technology and the structure of the British National Health Service to set up a morbidity related prescribing system in five general practices. Here, they report the evaluation of the feasibility and cost of the system, give an analysis of the morbidity and prescription data and show the possibilities of the system for post-marketing surveillance (that is, monitoring the morbidity experience of patients following the prescription of a drug).

Following an introduction and description of the project, five validation studies are discussed: an audit of computer entries; an internal validation exercise; a comparison with prescribing analyses and cost (PACT) data; a comparison with data from the third national survey (MSGP-3) and a comparison of workload data. The authors conclude that the data are valid but that future programmes will need constant validation.

There are short descriptions of a number of applications, for example, hypertension as an example of morbidity statistics, and diabetes as an example of combined morbidity and prescribing statistics. One application, the protective effects of influenza immunization, is discussed more extensively.

The structure of the health service and the position of general practice in the United Kingdom and in the Netherlands give a unique opportunity to undertake research using morbidity related prescription data. Post-marketing surveillance will become more important in the future. The pharmaceutical industry is to be encouraged to collect these data but research questions should initially come from general practice.

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