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Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Distance learning package for eye disease

Sir,

One in 14 people consults a doctor with an eye problem each year, two thirds of these consultations being in general practice, accounting for 1.5% of all general practice consultations.^{1,2} There is evidence that the general practice management of eye problems could be improved.³⁻⁵

Our aim was to develop a distance learning package related to eye disease for general practitioners and to evaluate its effectiveness. The package, consisting of videotape material to demonstrate clinical method and physical signs, and an accompanying book concentrating on facts, knowledge and reference material, was developed following an audit of eye problems in 13 general practices. General practitioners and an ophthalmologist developed a consensus of desired knowledge and management patterns for general practitioners. After piloting, the final package was offered to all general practitioners in Wales, outcome measures being knowledge change for each topic covered and a change in theoretical patient management.

A total of 270 Welsh general practitioners (15.6%) enrolled for the distance learning package, of whom 203 (75.2%) completed the course. There was a marked increase in knowledge: mean mark of 54.4% among 270 respondents answering questions before the course compared with a mean mark of 85.5% among 203 respondents afterwards (paired *t*-test, $P<0.01$). Knowledge increased for all six clinical topics: glaucoma, squint, visual problems, wet/dry eyes, acute red eye and ophthalmoscopy. Mean percentage of participants answering questions correctly on glaucoma and squint are shown in Table 1, as examples. There was a significant improvement in theoretical patient management decisions, the mean mark among respondents rising from 66.2% to 78.6% (paired *t*-test, $P<0.01$). These results were sustained at two months.

The package seems to have been successful because it was related to real need, and because it was available in a format which suited the learner. This conflicts

with Rosenthal's statement that general practitioners will need to be kept up to date with the technological advances in ophthalmology, this education being the responsibility of ophthalmologists.⁵ The study has shown that knowledge and skills need to be wider than this, encompassing common and important problems and should respond to the identified needs of general practitioners.

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Exercise on prescription

Sir,

Everyone agrees that exercise is good for people. It reduces the risk of stroke,¹ coronary heart disease² and osteoporosis³ and is beneficial in many other conditions. Advice from general practitioners can influence exercise habits,⁴ but doubts have been expressed about schemes that prescribe exercise.⁵ There are several schemes operating around the United Kingdom such as the Oasis leisure centre project in Hailsham and Pals (practice activity and leisure scheme) in Kirklees. Most exercise sessions take place in leisure centres; such sessions are usually enthusiastically welcomed by the leisure centres because they bring people in at times when business is normally slack. For many people, however, the mention of a leisure centre brings visions of slim bodies and crowded changing rooms, which may put off the very people such schemes are hoping to reach. In addition, transport is often a problem, especially in rural areas where it may be many miles to the nearest leisure centre.

In the summer of 1994 an exercise scheme was started in South Molton. It has proved to be popular, was easy to set

Table 1. Proportion of respondents answering questions on glaucoma and squint correctly before and after the distance learning course.

Topic	Mean % of GPs answering each question correctly	
	Before course (n = 270)	After course (n = 203)
<i>Glaucoma questions</i>		
A	52.2	85.2
B	68.5	89.2**
C	78.1	90.1**
D	62.2	93.1**
<i>Squint questions</i>		
A	33.3	91.6**
B	75.9	93.1**
C	27.8	62.1**
D	50.7	94.1**

Paired *t*-test: ** $P<0.01$.