fibrillation: a commentary from general practice. *Br J Gen Pract* 1995; **45:** 153-158.

General practice research

Sir,

I congratulate the *Journal* on its recent focus on general practice research, in editorials by O'Dowd and Gray (October *Journal,* pp.515 and 516, respectively) and in a discussion paper by Owen (October *Journal,* p.557). These three items cover a wide range of issues and some points require elaboration. Gray mentions the development of research general practices. Although this is to be commended, the comment is made that this development will assist 'those who have already acquired research skills'. The acquisition of research skills is a difficult task. In both New Zealand and the United Kingdom, funding for research by general practice registrars is far less than for their hospital colleagues who can fit in research with their service work. Many newcomers to research in general practice find that research is 'simple but not easy' and are often surprised at the amount of work required to produce one data-based article.

What is appropriate training for general practice research? Gray mentions both an MD thesis and membership of the Royal College of Physicians, with the implication that these could be research degrees. The latter would be of limited value in internal medicine research let alone general practice research. Although the MD has higher status in some universities than a PhD, in others the reverse is the case. The argument that an MD thesis will be better than a PhD thesis because the candidate has not been supervised is flawed. In Auckland, New Zealand, the MD is currently being reviewed because of concerns over standards. My preference is for a supervised degree (whatever it may be called) so that the candidate can experience supervision and have a benchmark on which to base his or her role as supervisor when the time comes.

Masters degrees in general practice have the potential for providing all these ingredients as an introduction to research. For candidates who proceed straight to a doctorate some course work should be essential. The content should include clinical epidemiology which would satisfy some of the concerns expressed by Owen. I have worked in Canada where clinical epidemiology was developed by David Sackett and others, and I was impressed by the family medicine and internal medicine registrars' understanding of positive predictive values in settings with a low prevalence for serious disease (that is, in general practice). Clinical discussion would often include comments such as 'what is the prior', meaning what is the pretest likelihood of disease for the symptom(s). A group of experienced clinicians can usually put approximate figures on this to help with the diagnostic process. An understanding of this is essential in making sense of general practice and enhances the science rather than destroying the art.

Thus, my preference for appropriate training for general practice research is supervised degrees with some course work in clinical epidemiology.

BRUCE ARROLL

Research Unit
Royal New Zealand
College of General Practitioners
The University of Auckland
Private bag 92019
Auckland, New Zealand

Patient choice of general practice

Sir,

I was interested in the study by Thomas and colleagues that assessed the outcome of making it easier for patients to change general practitioner (November *Journal,* p.581). I was a single-handed practitioner from 1948 to 1984 and in the second half of my practice life had the maximum number of patients on my list, having started from scratch. It was apparent to me that the special intimate relationship of trust between doctor and patient was the essential source of the attraction of patients to my practice rather than to neighbouring group practices.

Quite a few patients still communicate with me on a basis of friendship to this day.

NORMAN BLOCH

6 Hocroft Avenue
London NW2 2EH

Health checks for elderly patients: request for information

Sir,

We are evaluating the effectiveness of health checks for people aged 75 years and over, introduced into general practice in 1990, and want to make contact with individuals and agencies with expertise in this area. We realize that many professionals and some elderly people themselves have concerns about the appropriateness of these checks and there is little agreement on models of best practice.

We would be grateful if readers could contact us with their experiences of screening among people aged 75 years and over and with their views on good practice. The opinions of general practitioners, community nurses, health visitors, social care workers, hospital clinicians and community organizations reflecting the views of elderly people will, through this project, help redefine the current screening programme.

We can be contacted at the address below or by fax, 0171 281 8004 or e-mail, m.gould@ucl.ac.uk.

STEVE ILIFFE

MAIRI M GOULD

University College London Medical School
Department of Primary Health Care
Whittington Hospital
Archway Site
Highgate Hill
London N19 5NF

Country doctors wanted

Sir,

I am researching for a book on village characters and for another on countrywomen. These books will trace the lives and experiences of some 12–20 key members of village and country communities throughout the British Isles. Along with characters such as the postman, squire, policeman, priest, butcher and baker, I wish to include a country doctor or two.

I would like to hear from or about any elderly, retired or still working doctors (men or women) with long experience of or colourful tales to tell about village and country life and changing work practices. If anyone knows such a person with interesting tales or would like to volunteer themselves, I would be pleased for them to contact me at the address below or telephone 01428 682567. All assistance will be duly acknowledged.

BRIAN P MARTIN

4 Upper Birtley
Brook, Godalming
Surrey GU8 5LB