



### FELLOWSHIP BY ASSESSMENT

#### Occasional Paper 50, 2nd edn

Royal College of General Practitioners, London (1995)  
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How to assess the quality of primary care, and how to encourage higher professional standards, have become even more pressing questions than when this Occasional Paper was first published in 1990. The new edition, with four new chapters and 25 extra pages, describes the steady evolution of Fellowship by Assessment during a period of rapid change in health care. For instance, candidates are now expected to review significant events in individual patients, in addition to collecting extensive numerical data. In a more recent change, they need to prepare a workbook to accompany their video-recordings of consultations, to help document how various problem solving and communication tasks have been addressed.

The user's guide by Mike Pringle, which many prospective candidates may find the most helpful chapter, expands on the official lists of criteria. Thus, he discusses the requirements for practice policies on continuity, the provision of telephone advice to patients and the need to measure the actual duration of consultations. An assessor's guide by Paul Davis, aimed at established Fellows making assessment visits, emphasizes the need to do most of the work, extensive as it is, before the day. Some might be encouraged by Adam Price's account of a joint effort by a dozen colleagues in Cornwall. They worked towards Fellowship as a constructive response to new contract demands, finding that they learnt a great deal, while also improving patients care, morale and teamworking in their practices. Maureen Baker and Janet Baily look briefly to the future, suggesting possible new criteria, and outlining a training and support system being established for assessors and the advisers who act as candidates' friends. Finally, there is a bibliography 11 pages long.

In conclusion, the second edition is definitely new and improved, both as a guide for the College member interested in this challenging form of professional development, and perhaps, for the more general reader. Efforts to create a more user-friendly book have generally succeeded, marred slightly by a few signs of awkward splicing, such as some appendices being found halfway through. Two questions remain. Should a document of this sort consider, however briefly, the practice-based assessments of sister colleges, such as those developed in Australia and Canada? And as the direct voice of patients is increasingly emphasized in quality assurance, so should there be a lay influence on the evolution of these methods?

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### PRESCRIBING THE PRICE OF PHARMACEUTICALS

W Duncan Reekie

*Institute of Economic Affairs,  
Health and Welfare Unit, London (1995)  
120 pages. Price £12.00 (pbk) ISBN 025536363X*

This book starts from the premise that drugs are goods just like any other goods, and that the pharmaceutical industry should not be subjected to any controls on either price or promotion activities in a free market economy. The author further argues that, because most drugs are cheap, relative to other goods, they should not be the subject of specific insurance arrangements provided by or subsidized by the State (as is the case in most Western countries). These contentions are asserted within an almost exclusively economic frame of reference. There is no detailed consideration of clinical issues around drug use which will diminish the book in the eyes of many doctors, but this is unlikely to perturb the author as the book appears to be directed most specifically at those who control the system, particularly, the Government and the European Union. Indeed, in one of its later chapters, the book degenerates into a highly specific attack on one particular EU document [COM(93)718].

The book begins with a rather upbeat view of the development of the modern pharmaceutical industry, although it is conceded that the market in pharmaceuticals does have some unusual features even from an economist's viewpoint. Demand is 'inelastic' (i.e. does not vary with the consumer's willingness to pay) and consumers (i.e. patients) 'purchase' indirectly' (i.e. via doctors' prescribing decisions), and in the NHS at least, are price insensitive. However, it is argued, other goods are subject to similar sources of inelasticity (which are not specified) and demand for medicines is rising in a manner not unlike other goods, albeit for reasons not intrinsically linked to economic growth. Thus, it is argued, the pharmaceutical industry is not so very different from other industries and does not need any special regulation to ensure its competitiveness. The Pharmaceutical Price Regulation Scheme (PPRS) is described in some detail, but it is derided as an anachronistic mechanism for controlling an industry which the author believes has no need for such regulation. He appears to miss the point, obvious to most doctors, that intensive regulation of the pharmaceutical industry is at least as much to do with concerns about drug safety as it is to do with concerns about uncompetitiveness.

This book is not addressed to doctors and will be of little interest to those other than medical advisers or academics who have specific reasons for being interested in detailed argument about the political and economic aspects of the management of drug utilization. For these doctors, the book provides an interesting insight into the perspective of the more bullish parts of the pharmaceutical industry and their protagonists, as well as a multitude of interesting and informative graphs and tables.

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