

# LETTERS

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## Preparing GPs for working with drug users

Sir,  
We agree with Trevor Stammers (September *Journal*) that many GPs need training in basic skills and strategies to work with patients who abuse drugs and other substances.<sup>1</sup> While provision of such training may not attract many GPs to traditional educational events, we do believe that it may be effective locally, and we describe a partnership between a local community drug service worker and a GP Tutor.

In West Dorset, GPs felt poorly prepared to respond to the increasing demands made by patients who have problems due to illicit drug use. We, at the Postgraduate Training Centre, offered local GPs an eight-hour programme of training, entitled 'Working with drug users in general practice.'

We believe that all training should aim towards giving participants role legitimacy and boosting confidence and competence. In dealing with an issue that has been left out of basic training and has often been the cause of problems, it is not appropriate to run courses that are too short (on the basis that the subject covered only represents a small proportion of GPs' work), nor it is appropriate to broaden the scope of the course to include other dependencies in order to justify the time spent. We therefore decided to exclude alcohol and nicotine dependence from our course.

The course consisted largely of small group work with the learners identifying their learning needs and the course presenters working to meet these. Many of the participant GPs had negative feelings about drug users and admitted uncertainty and lack of confidence in working with this patient group. This was taken as the starting point for the teaching.

Other key points in the success of the teaching have been:

- Spreading the teaching over at least one month allowing participants to integrate the theory within their own practice and test it there
- An emphasis on the negotiation of realistic treatment goals as this is of great importance in working with this patient group, and
- The advocacy of a model of shared care for this patient group, and a clearer understanding by both GPs and drug service workers of each other's roles and skills.

The first course was run over four two-hour evening meetings; subsequently we have varied the format with two longer day-time sessions. The course was approved for postgraduate educational allowance and was supported by the local GP educational trust and the Dorset Health Commission.

Members of the initial courses have now formed a local special interest group that meets quarterly for peer support, case discussion and further learning.

The course evaluation shows that it meets the needs of busy GPs who do not wish to become experts, but who feel poorly prepared for part of their everyday work. About 40 local GPs (over 30%) have now taken part in the training and most are continuing to work with a number of patients with drug-related problems in their practices, very often in partnership with our local community drug agency.

We believe that this model would be readily transferable to other districts, and that a similar model could be used to establish special interest groups in other clinical areas.

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## References

1. Stammers T. Managing drug abuse. [Letter.] *Br J Gen Pract* 1996; 46: 552.

## Video-recorded consultations

Sir,  
We read with interest Cromarty's paper (September *Journal* p525) as TC is currently analysing interview data from a project which used very similar methodology. In this study, general practitioners and TC watched video-recordings of consultations between themselves and smokers prior to participation in a semi-structured interview. We agree that the use of video-recorded consultations may be an effective aide-memoire in an interview situation, but wish to highlight some of the limitations we discovered when evaluating the use of video-recordings.

In this study it proved impossible to recruit a representative sample of GPs. GPs who responded to a survey<sup>1</sup> were systematically selected and asked to participate.<sup>2,3</sup> This was an onerous task as 57% of survey respondents (70/123) refused to allow video-recording of their consultations.<sup>3</sup> Furthermore, younger GPs and those working in teaching and training practices were over-represented in the final sample.<sup>3</sup> During the course of the study we monitored the characteristics of the patients that had been recruited. Patients' consent for the video-recording of their consultations was sought in accordance with Southgate's guidelines,<sup>4</sup> patients' clinical problems were recorded by their GPs, and demographic details were obtained from patients' medical records.