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Published by The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Printed in Great Britain by Hillprint Ltd, Bishop Auckland, Co Durham DL14 6JQ.

## Research papers this month

## Satisfaction outcomes of a new treatment for somatized mental disorder

Morriss *et al* note that one-third of primary care patients with mental disorders present with physical symptoms that they believe have a physical cause. In this study, the authors examined the effects on patient satisfaction and outcome of a GP training package for somatized mental disorders. The results indicate that training GPs had a clinical benefit for patients with somatized mental disorder, who believe that their symptoms have a partial physical cause.

## The simulated surgery — an alternative to videotape submission

The simulated surgery was developed to examine the consulting skills of GP registrars as an alternative to videotape submission in the consulting skills component of the MRCGP examination. This study by Burrows and Bingham describes the methodology of the examination and reports on the first year's experience. The authors conclude that the simulated surgery is a feasible, valid, and reliable examination of consulting skills.

## Surgery appointments: avoiding undesirable 'extras'

Kendrick and Kerry observe that general practice patients who are seen as 'extras' are usually given less time in the consultation than those with pre-booked appointments. This study aimed to determine whether a predictable relationship exists between the number of available appointments at the start of the day and the number of extra patients who must be fitted in. The results confirm the existence of such a relationship and, consequently, may be used to help plan the appointment system for some years ahead

## Retention of general practitioners entering the NHS from 1991 to 1992

The supply of GPs in the NHS is dynamic, and there are fears that there will be an inadequate number of doctors to meet the needs of the NHS in the future. To identify predictors of retention among young, new entrant GPs, Taylor *et al* studied the two-year retention rates of young GPs. They found that none of the statistically significant predictors of retention suggest any policy remedy to end this phenomenon; rather, the challenge is to learn to deal with the dynamic nature of the GP workforce with a non-crisis mentality.

## The elderly and their beliefs about 'flu vaccination

Despite the effectiveness of influenza vaccination, and that 'flu is a significant cause of death in the elderly, the uptake of this vaccination is low. Cornford and Morgan conducted a qualitative study with patients aged over 75 years to examine their beliefs about 'flu vaccination. The authors found that the evidence that vaccination reduces morbidity, and does not cause colds and influenza, needs stressing.

## The effect of a special nurse on patient knowledge of epilepsy

People with epilepsy often report being given insufficient information and support; however, there is little evidence about how much they know and how they feel. Using a questionnaire survey, Ridsdale *et al* sought to describe social differences in the knowledge of epilepsy and to test the potential effect of a nurse intervention on general practice patients' knowledge and depression levels. The results show that a nurse-run clinic reduced the risk of depression for people with no recent epilepsy attack, but knowledge levels were not effected.

## Primary care groups: managing demand from fundholders

In this study, Tobin and Packham aimed to explore how general practice fundholders in Nottingham manage demand for hospital and community health services and demand for prescribing. They found that consistent approaches to managing demand within limited resources had not been developed. The authors suggest that, given the apparent diversity of attitudes and practices, the larger primary care groups will require strong support to develop the intended commissioning function.

© British Journal of General Practice, 1999, 49, 257-261.

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