renal damage and hypertension, not to mention approximately 2500 deaths per year in the UK[6] — in the US NSAIDs caused more deaths than asthma and melanoma put together. *Bandolier* comments, 'when you are in a hole, stop digging'.[5] It maybe that those patients are not stupid — the desire to have co-proxamol is based on *n*-of-1 trials that they have tried for themselves, and many are sure that this is a better analgesic than others. The logic of banning co-proxamol is probably less than that of banning NSAIDs, and may relate more to the politics that surround Dr David Kelly's suicide and the lack of pharmaceutical company pressure than anything else.

Prescribing in almost all areas is driven psychosocially — whether it is for benzodiazepines, pain relief, chemotherapy or for hypertension. Bodies that advise GPs need to provide substantial discussion on these aspects, or expect their advice to continue to be ineffectual.

Chris Gunstone
General Practitioner, Burton upon Trent
E-mail: gunstone@talk21.com

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Assessing general practice

It was good to see so much useful debate in the June issue of the Journal around the area of general practice assessment. Wass provides a balanced and thoughtful editorial stressing the importance of underpinning change with clear research evidence.[1] She points to the potential threats posed by the pace of change and also by the risk of politically driven agendas. The future of the MRCGP is discussed with the suggestion that will face 'radical change'.

It appears inevitable that part of this change will see a change in emphasis towards workplace assessment and Swanick and Chana[2] provide a comprehensive review of the issues surrounding this. They persuasively argue for the benefits of local assessment but point out concerns that exist around reliability. It is hard to disagree with their suggestion that dealing with this will require the professionalisation of GP teachers. It is important that all stakeholders should realise that the cost and complexity of this task is not to be underestimated.

Simpson and Ballard's[3] paper on the oral examination for the MRCGP demonstrates that even experienced examiners, undergoing regular development and appraisal, cannot always be relied upon to test the competencies being assessed. This problem is likely to be even more acute for GP trainers, many of whom will have received little or no training in assessment methodology. This can be addressed given adequate education, time and remuneration, but it is not clear that all trainers will welcome an increasing role in assessment. One fear has to be that political pragmatism will result in a botched compromise, with the collection of competencies being exactly the sort of reductionist box-ticking exercise that Wass warns against.

Jewell[4] provides a timely reminder that 'Modern general practice implies expertise in areas beyond purely medical competence'. He particularly points to the importance of shared decision-making skills and the ability of GPs to practice within a defensible ethical framework. For all its faults, the present MRCGP has not shied from addressing these higher competencies. It can be argued in fact that the exam has been responsible for positive, measurable change in performance in these areas.

It is inevitable that the exam will change in response to the drive for workplace assessment, but it is essential that new assessment methods can be shown to have clear advantages over those already in use. There is a fairly large baby that risks being thrown out with the bathwater.

Roger Tisi

GP Principal, Essex
Course Organiser, Southend VTS
Member of Panel of Examiners RCGP
E-mail: roger@tisi.fsnet.co.uk

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Dirty magazines

Authors' response

I thank Dr Jenkinson, for his expressed interest in the study.[1] Most of the magazines he refers to are naturally not common reading in Norway. However, we have our equivalent titles. The data set of 15 magazines is really too small to begin to look for differences. The thought is an interesting and relevant one though. Table 1 in our study shows that most of the magazines gave similar numbers of colonies (range = 4–115; average 22) and only one or two were clearly dirtier than the others.[2] If I remember correctly, the worst offender was a magazine for boat owners (showing water doesn't always wash clean).

Colin Charnock
Faculty of Health Sciences, Oslo University College
Norway. E-mail: colin.charnock@hf.hio.no

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