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Author's response

We thank Drs Christensen and Fink for their interest in our work. The results of our initial validation deserve replication in a larger unselected GP population, as we highlight in our discussion.¹ However, for the PHQ–9, our results are broadly in line with the other PHQ9 validation studies (based upon 5026 patients) which are in the public domain at the time of writing. We have recently subjected these data to a systematic review and diagnostic meta-analysis.²

Our *BJGP* paper represents the first UK validation of the PHQ–9 and CORE instruments and we felt it important to place these data in the public domain, given the recent emphasis on routine depression assessment under the Quality and Outcomes Framework.

The performance of any instrument will vary between populations and studies, and sensitivity and specificity are especially influenced by baseline prevalence.³ However, the baseline prevalence of depression in our study is of a similar magnitude to that found in 'high risk' populations such as those with coronary heart disease and diabetes (where the use of brief instruments is rewarded under the QOF). We therefore also reported likelihood ratios,⁴ which are relatively insensitive to baseline risk and are much more informative to clinicians in their clinical decision making.⁵ Likelihood ratios are 'portable' and can be readily used to establish post-test probability of a disorder within a plausible range of baseline prevalence estimates. We presented one such estimation using figures commonly encountered in primary care in our paper.

Simon Gilbody

Professor of Psychological Medicine, Department of Health Sciences, University of York. E-mail: sg519@york.ac.uk

David Richards

Professor in Mental Health, University of York

Michael Barkham

Professor of Clinical and Counselling Psychology, Psychological Therapies Research Centre, York

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QOF

I want to drop the humbug. And I want to say 'Bah, Humbug' to whatever unreal world Dr Chris Gunstone¹ lives in.

He may think professions are a 'conspiracy against the laity.' To some extent they are. But the conspiracy is necessary to ensure that the public get a good service. Professions arise in specialist niches where specific knowledge and experience is necessary to work effectively. Most professionals are motivated by their internal drive to perform well in the service of others. Relatively few people can be bothered to put the necessary time and effort to become a competent professional, and our worth arises because of the time and energy we have spent acquiring our skills. Our worth is enhanced because we can be trusted to get on with things, without the need for too much external policing. Our regulators should bear this in mind, for excessive supervision and micromanagement will destroy the motivation of many professionals, and so ultimately reduce quality of service.

The medical profession has a very specific set of knowledge and experience. As a doctor I celebrate owning the 'medical gaze'² and that I know how to use it well. It is a valid and necessary perspective on the world. I do not claim it is all encompassing, but to be ignorant of the medical perspective on things is to be

partially blind, and most politicians are partially blind on many topics, so they need good professional input to help them. Most politicians are sensible enough to gather such intelligence.

The profession must have a major say on issues of health and illness³ and must give evidence to the policy makers as to what is effective or not. There is no evidence that the Department of Health has any clear idea of what health is, nor any coherent strategy for achieving it. Indeed the Department is lost in an endless cycle of fire fighting exercises^{4,5} and desperately needs a route out from them.

As doctors we are a major and valid voice within society, and have a very important role both with, and beyond, the treatment of our individual patients. The patients we see day by day are often the physical signs of much that is wrong with our body politic, for example social inequalities and family breakdown.

This country needs a powerful and assertive medical profession to draw attention to the many problems within its society. Maybe our role as doctors should be more political than it currently is.

Peter Davies

GP, Keighley Road Surgery, Illingworth, HX2 9LL. E-mail: www.krshalifax.co.uk.

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Vitamin D deficiency

The paper by Mytton, *et al.*,¹ rightly points to the growing recognition of vitamin D deficiency in the UK, particularly among black and ethnic minority groups. Their study looked at patients with abnormal vitamin D levels, finding high rates of