

the patient other than her inability to cope very well with life in general and a couple of times I did not send the letter."

"One woman told me how helpful my letter had been and put in writing the problem she was experiencing of which her GP had been dismissive. My general feeling is that copies of clinic letters are very helpful for patients attending clinics with ongoing chronic diseases but are of less value in the sexual health setting where we generally are good at offering explanations and choices to women anyway. I have major worries about letters with very personal information relating to sexual health and relationships going astray in the post."

"I do not look forward to having to copy all clinic letters to patients because of the added time and effort it will take. Nor do I look forward to having to make time to speak to patients over the phone to explain my letters. I would rather spend the time having a good consultation and communicating well at the time."

### Discussion

It is difficult to draw precise conclusions from this small project as not all the participating women wished to receive a copy letter and the medical staff did not always offer women the opportunity to receive a copy. However, based on the questionnaires returned, it would seem that many women highly value getting a copy of the letter that is sent to their GP. By providing the patient with an accurate account of what was discussed at the consultation, it is possible that this policy might reduce complaints or even litigation.

No one found the letters difficult to understand, and even when technical jargon was used it did not seem to be problematic. The inaccuracies that did occur in the letters were of a minor nature and the surprises were informative other than upsetting.

The one major incident related to a woman being sent a copy of the wrong letter. The DH Working Group points out "experience shows that risks to confidentiality

infrequently materialise in practice. They are the same risks attached to handling of all confidential personal data ... however, inevitably there will be errors and confidentiality will be breached".<sup>3</sup>

Doctors have concerns about distressing or upsetting patients by what they communicate in the letters and the extent of this will clearly vary in different specialties. This may lead to important or relevant information being deliberately omitted as has been shown in psychiatric outpatient letters.<sup>4</sup> Training and reassurance about copying letters to patients may be required before large-scale implementation of this scheme.

The cost of sending copy letters to individual patients is not inconsiderable. An estimation of the cost implications for routinely sending a second-class letter following all NHS consultations in England is £8.17 million for stamps alone. Including manpower costs estimated at £6 per hour would increase the costs of the scheme to over £13 million.<sup>5</sup> This is equivalent to the running costs of 13 fully staffed hospital wards for 1 year. It will be important to respect the patient's right to choose whether or not they receive a copy of the letter, and the patient may have to be willing to provide a stamped addressed envelope in order to make the scheme financially viable.

### Statements on funding and competing interests

*Funding.* None identified.

*Competing interests.* None identified.

### References

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## Book Reviews

**Demonstrating Your Competence 1: Healthcare Teaching.** R Chambers, K Mohanna, G Wakley and D Wall. Oxford, UK: Radcliffe Medical Press Ltd, 2004. ISBN: 1 85775 607 X. Price: £21.95. Pages: 224 (paperback)

Appraisal and revalidation are topics that even the most resistant of doctors can no longer ignore. This book seeks to provide a structure for teachers in the various health-related professions to be used to undertake and document their competence in their various educational activities. The chapters are constructively divided into recognised educational areas, each beginning with a short review of the topic. The authors choose to use the construct of 'the evidence cycle' as the basis for producing documentation and then set out to demonstrate how the process can be undertaken by using everyday examples. The example exercises are commonly encountered and practical – the authors wisely emphasise the importance of choosing a simple task for an evidence cycle.

The format of the chapters is somewhat repetitive but this is balanced against the reality that the five stages of the cycle of evidence are firmly embedded into long-term memory by the end of the book. Teachers with little formal knowledge or experience of education and teaching should find the text constructive and practical. Those with more experience will find the book provides a useful summary. The book

does provoke thought, and in the case of the reviewer motivated her to undertake an evidence cycle related to appraisals. This rather suggests that the text achieved its goal.

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**Demonstrating your Competence 2. Women's Health.** R Chambers, G Wakley and J Jenkins. Oxford, UK: Radcliffe Medical Press, 2004. ISBN: 1 85775 843 9. Price: £21.95. Pages: 248 (paperback)

This book sets out to help GPs with their personal development plans and the collection of information necessary for appraisal and revalidation. It provides numerous examples of subjects that could be studied, and sets out a template for the collection of evidence. This template could also be used by doctors in any specialty to produce a portfolio of their learning.

The first three chapters give a detailed account of personal development plans and how to demonstrate competence. This is useful as a reference but contains so much information it is easy to become overwhelmed.

Chapter 3 has an easily followed procedure for setting up a research project in general practice. However, the process involves a large input of time and the conclusion reached in the example, namely "you revise your plans as the scale of the work required is becoming out of all

proportion" is a useful warning to any doctor considering such a project. There are many examples of worthwhile studies throughout the book.

The following seven chapters concentrate on individual topics in women's health. Each contains a summary of the subject, amusing case studies and suggestions for learning plans. The case studies are not directly related to gathering evidence and at times seem to break up the flow of the text. The topic summaries are at a very basic level of knowledge, for example: "checking blood pressure before giving contraceptives containing oestrogen is essential". It is unclear where this fits in with demonstrating competence. The information would be useful to medical and nursing students but I would expect doctors and specialist nurses to have this knowledge already.

Each chapter has a very useful reference section and suggested further reading, including websites. The chapter on the menopause is out of date with regard to hormone replacement therapy.

This book attempts to combine a textbook on women's health with a practical guide to collecting information for appraisal and revalidation. The reader is in danger of getting lost between the two. It is a useful reference book to help doctors with appraisal and to guide them through the steps involved to collect evidence. However, it is too superficial to be a useful textbook on women's health.

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