

years the scheme affords an invaluable directory of different types of operations, enabling surgeons and others to compare results and morbidity. As yet, despite our recommendations similar schemes have not been developed in other regions. The cost is £60 per joint replacement.

As the number of joint replacements increases so the requirement for revision of joints already replaced will increase. Revision surgery is more complex and more expensive than primary joint replacement surgery. We need to plan for the future revision rate. Centres which have accepted patients for revision surgery are now becoming overwhelmed by referrals. To quantify the need for revisions of hips and knees more information is required about the outcome of joint replacement and it is imperative that new types of prosthesis are properly evaluated in appropriately designed and conducted trials. There is no place for occasional, uncoordinated trials of new prostheses. Only by comprehensive coordinated national surveys and audit we will be able to obtain accurate information. Purchasers and orthopaedic surgeons need to work together to establish systems to enable the collation of the requisite data to create a strategy for future provision of joint replacement services. The cost is small compared with the total costs of joint replacement surgery. Not to invest in this now would be a false economy.

R A ELSON
Sheffield Health Authority,
Nether Edge Hospital,
Sheffield S11 9EL

- 1 Ivory JP, Summerfield J, Thorne S, Lowdon IMR, Williamson DM. Total hip replacement. *Quality in Health Care* 1994;3:114-9.

BOOK REVIEWS

Portfolio Based Learning in General Practice. Pietroni R (pp 35; £9.00 (£9.90 non-members)). London: Royal College of General Practitioners, 1994. (Occasional paper 63.) ISBN 085084 1917.

This occasional paper has been published at an opportune time for reassessing the learning needs and opportunities both for doctors undergoing vocational training and for established general practitioners to obtain more value from continuing medical education than merely the collection of postgraduate education allowance points.

The document focuses on the use of adult learning principles so often ignored in traditional medical education and highlights that the learning experience requires involvement, should be enjoyable, and ultimately should lead to improved patient care. The current failure generally of the postgraduate education

allowance mechanism is highlighted, and the meaning of portfolio based learning is clearly described, particularly focusing on the difference from merely keeping a log of activities attended to evidence of the learning that has taken place. Recognition of portfolio based learning as a demanding exercise and the need for regional advisers and clinical tutors to be flexible in granting postgraduate education allowance approval for the work of portfolio based learning are points well made. The role of mentors is emphasised, and the problems of the pronounced lack of current skills in mentoring, the time required, and the likely absence of extra funding are explicitly recognised. Issues of assessment are rather ducked; they remain difficult. The role of the portfolio as a valuable formative tool is recognised, but whether submitting a portfolio will or should remain voluntary is not addressed nor are the training requirements of the assessors. Personally, I am concerned at the references towards supplying portfolios of learning for higher degrees as this seems to detract from the overall function of personalised learning and realistically will not be attractive to the vast majority of general practitioners.

Finally, there is an excellent chapter on portfolio learning in vocational training, which gives an admirable summary, relevant not only to trainees undergoing vocational training but to experienced general practitioners wishing to participate in meaningful continuing medical education. This chapter alone makes this commendable document worthwhile reading for all general practitioners who have an interest in maintaining and developing their knowledge and skill base. It is not just for the academics or tutors and throws down interesting challenges to regional advisers for postgraduate education allowance approval. It could also be a model for other specialties to develop their own continuing medical education.

BRIAN TOMS
General Practitioner

Psychiatry and General Practice Today. I Pullen, G Wilkinson, A Wright, D Pereira Gray, eds (pp 383; £17.50 paperback). London: Royal College of Psychiatrists, 1994. ISBN 0-902241-50-8.

Liaison is probably one of the most important factors between psychiatrists and general practitioners. There is often misunderstanding about what both groups have to offer. *Psychiatry and General Practice Today* provides an up to date source book. The four sections of the book, context, clinical problems, psychosocial management, and training and research contain chapters written by a psychiatrist or general practitioner with a special interest in that topic.

Exploiting the relationship between general practitioners and psychiatrists, the book reflects on how GPs can offer their services and the different models of care provided by psychiatrists, such as primary care clinics and crisis intervention services, etc. There is also an interesting chapter, well illustrated with examples, on law and ethics and what is required of

doctors regarding power of attorney and court of protection. The second section will find GPs on familiar ground, looking at clinical topics such as alcohol, bereavement, and schizophrenia. Each chapter enlightens the reader with something new; I found the appendix to the chapter on older people, with its abbreviated mental text scale on geriatric depression, particularly user friendly. The section on psychosocial management looks at communications and teamwork, and also includes two chapters – on counselling and on psychotherapy and cognitive behaviour therapy. General practitioners would certainly be able to apply the chapter on cognitive behaviour therapy in practice. Within the training and research section it was interesting from a general practitioner's viewpoint to see how psychiatrists in training view attachments to a practice. Practical guidelines were given on how to look at videos, especially for group teachings.

The book has several strengths. The different authors write with enthusiasm but self-critically and in their individual styles. The chapters are cross referenced, and the references are up to date. *Psychiatry and General Practice Today* is a convenient book to dip into, and I would recommend it to anyone with an interest in mental health issues.

SUSAN SUMNERS
Regional Mental Health Fellow,
North Thames

But Will It Work, Doctor? M Dunning, Gill Needham, eds. London: Consumer Health Information Consortium, 1994. ISBN 1-898300-03-8.

We live in an information-hungry age. The role of the expert is increasingly seen as that of facilitator, rather than dictator, of individual behaviour, and this applies to the relationship between patients and doctors as much as anywhere else. Questioning the doctor's wisdom is, however, something that tends to go on outside the consulting room: "They never seem to listen to me," grumbles the patient. If only patients would challenge the doctor at the time – in most cases a constructive discussion would ensue, and they would take some informed decisions about treatment. Of course, for that to happen patients need doctors to *invite* challenge and discussion. Many doctors would probably be very amenable – after all, why waste precious time on repeated consultations, to say nothing of money wasted on drug treatment not properly used, if talking for 15 minutes about the condition and the pros and cons of treatment could remove all that? But the time just isn't available in a GP's appointment book and the grumbles go on.

But Will It Work, Doctor? is a report of a conference on involving consumers in outcomes research at the King's Fund Centre in November 1993, which explored ways of creating communication between patients and their carers, and, on the whole, it is encouraging. Video decision support systems which allow precious consultation time to be used for decision making rather than information sharing are certainly an interesting idea,