

GPs in deprived areas do more out of hours work

GPs working in deprived areas have 44% more out of hour contacts than GPs in other areas, according to new research.

The researchers, who also found that there was a higher number of surgery consultations and more same day consultations in deprived areas, say the results show that such areas need a smaller ratio of GPs to patients.

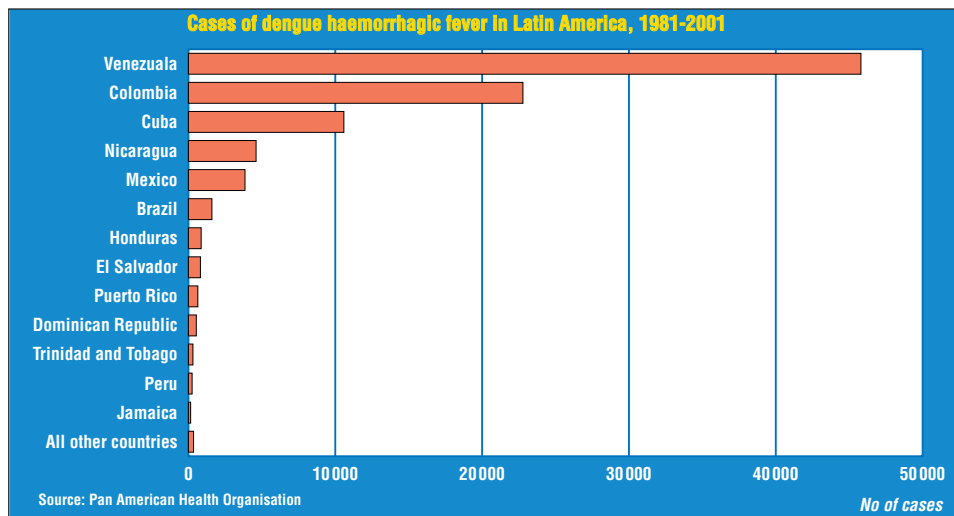
"Currently, GPs are inversely distributed with fewer in deprived areas," says a report of the research (*Journal of Public Health Medicine* 2002;24:43-8). "It is difficult to recommend a simple list size adjustment to account for the extra workload in deprived areas because different activities are affected to different extents, but our results suggest there is justification for around 20 per cent more GPs per patient to account for the relatively narrow range of deprivation studied."

The research team, from Sheffield Health Authority and the Division of General Practice at Nottingham University, analysed primary care patients in Mansfield, Nottinghamshire, whose town centre general practices cover electoral wards with a wide socioeconomic range. The practices' populations were around 20 000.

"Morbidity-specific contacts for psychological problems and respiratory infections were associated with deprivation," say the authors. "This was in line with our hypotheses but there was no significant association for consultations for back pain. Asthma and menopausal problems were included to see if there might be inverse care for these conditions. For menopausal problems the trend was towards more consultations in affluent wards but this was not statistically significant."

"There were 44% more out-of-hours contacts in more deprived areas, 18% more surgery consultations, and 28% more same-day consultations."

They add that routine visits by doctors and contacts by dis-



Venezuela launches campaign against dengue fever

Venezuelan health officials organised a major one day campaign against dengue on 31 August. "D Day: taking away the mosquito's water" brought communities together to identify and destroy sites that could potentially harbour the larvae of the mosquito that spreads dengue virus.

Aedes aegypti generally breeds in containers filled with water, such as tanks, discarded cans, and bottles and old tyres. Venezuela's director of environmental and sanitary health, Dr Francisco Armada, said the D Day publicity was a way of "freshening up" the ministry's campaign against dengue, as well as raising public awareness about the virus.

"In the past officials used to go up to the shanty towns once a year to fumigate, but no one ever really explained to the residents what we were doing. Now we want to get everyone involved," said Dr Armada.

The new campaign focuses on recognising potential breeding sites and taking preventive action—a change of emphasis for Venezuela's health authorities. Previous publicity campaigns

focused on educating Venezuelans to recognise the symptoms of dengue, while health officials relied on fumigation programmes to limit the numbers of adult mosquitoes.

But these campaigns largely failed to reduce the incidence of dengue, and Dr Armada said the ministry now recognised that its previous strategy "had not been particularly effective." By early August Venezuela had registered 27 098 cases of dengue, including 2325 cases of dengue haemorrhagic disease, although only one case was fatal.

Venezuela's overall annual incidence (81.5 reported cases per 100 000 people) is lower than that of neighbouring Brazil or Colombia, but it is significantly worse than most other countries in the Americas and the Caribbean. Dr Armada attributes this to a combination of environmental and political factors. He believes previous campaigns failed in part because they did not address the fact that most victims of dengue are among the country's poorest people, who frequently lack running water and sanitation services.

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trict and practice nurses were not associated with deprivation.
Roger Dobson *Abergavenny*

US students face national examination on simulated patients

A test of clinical skills that only graduates of foreign medical schools seeking US medical licences have been required to pass may be expanded to include graduates of US medical schools as well.

But US medical schools are

objecting that the test, required for non-US students since 1998, costs too much and would impose an unfair burden on medical students.

The test involves actors pretending to be ill and is given to foreign students who have passed the first two steps of the three part national medical licensing examination, which all medical school graduates have to take, and an English proficiency test.

Now the National Board of Medical Examiners, which administers the US licensing exams, is planning to expand the test to US medical students, by making the clinical skills

assessment test a part of the national medical licensing exam. Most US medical schools already use actors, often called standardised patients, to test their students' clinical skills, but the new test if adopted will be a national standard. The cost of the test will be about \$950 (£613; €968), in addition to the cost of travel to one of the five to seven sites nationwide that will administer it.

The American Medical Association and the American Association of Medical Colleges have raised objections, largely over funding. Dr Jordan Cohen, president of the Association of American Medical Colleges, said