pc/dos/pgp262i.zip. Use of this software has been advocated by Ross Anderson, who has drawn up for the BMA interim guidelines on maintaining security in computerised information systems.[3]

The Internet presents many challenges to the provision of health care,[4] but our responses as doctors must be based on critical examination of the facts rather than knee jerk responses to media myths and gross generalisations.

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Accessing it is easy

EDITOR,—T J David would advise only serious computer enthusiasts with plenty of spare time to access the Internet from home and states that access is far from easy.[1] Our experience has been entirely to the contrary: we have had few problems with connecting to the Internet from home through a major Internet service provider. Installing a modem and getting a connection took one of us about an hour, using the free trial access software that came with the modem. We have since tried other software and have not found them to require any great computer skill or a lot of spare time. We have found the software to be friendly and connecting to and surfing the worldwide web intuitive. Although the telephone helplines do tend to be overloaded, online forums provide good interactive support, both from their staff and from interested volunteers who are willing to share information and help. The numerous news groups are a lively forum for discussions. We look forward to receiving our daily "Ophthalmic Digest" (emailed from a server in Buffalo, California).

Our experience has been largely trouble free and extremely enriching. We would encourage everyone to explore this new technology providing a timely information source with global reach and to join in the lively discussions in the various news groups. It is true that until now this new medium has been dominated by computer technophiles, but with the simple and effective worldwide web browsers that are currently available and the fall in prices it is now affordable and easy to join and participate. You can safely ignore the jargon, net etiquette, and acronyms in the beginning. It is time to lay to rest the myth that the Internet is only for computer wizards.

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*₊*We received six other letters about accessing the Internet: three agreed with T J David that it was difficult to do and three thought, like Somdutt Prasad and Paul McCormack, that it was easy.—EDITOR

Access is now available in Romania

EDITOR,—I was interested to read Mark Pallen's article about distributing medical information on the Internet.[1] Online access to the Internet is now available in Romania and is widely used, especially by young doctors. Local medical libraries still lack essential printed medical information, but doctors realise now that electronic data are easier to obtain and much cheaper.

One of the most useful sources for locating Internet medical resources is "Medical matrix—Internet clinical medicine resources guide," a project of the Internet Working Group of the American Medical Informatics Association. It is offered in text form and as an Internet hypertext, hyperlinked database accessible with world wide web browsers. Gopher access to this document is available at the URL (Uniform Resource Locator): gopher://una.hh.lib.umich.edu:70/00/inetdirsstacks/medclin:malet.

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1 Pallen M. Guide to the Internet. Logging in, fetching files, reading news. *BMJ* 1995;311:1626-30. (16 December.)

MSc in general practice can be done over the Internet

EDITOR,—Mark Pallen calls on medical practitioners to realise the Internet's full potential.[1] The medical world's first masters degree programme to be fully delivered by multimedia teaching and learning has just become available. This MSc in general practice from the University of Derby delivers many of its lessons by the Internet, and all interaction between students and tutors is by email.

Only 50 out of 30 000 general practitioners in Britain are currently undertaking an MSc.[2] The Royal College of General Practitioners has called for increased and innovative use of new technology to deliver learning based in the home and workplace[3 4] and has criticised the lack of input by learners into the content and running of current courses.[5] Smith has criticised the inflexibility and inappropriate content of those courses.[2]

The programme in Derby is unusual in being entirely produced by, and having as tutors, a group of working general practitioners, all but one of whom remain in full time general practice. Learners, who are in continuous contact with tutors via the Internet, are encouraged to contribute to the continuing development of the programme. The programme consists of 12 modules, including four for independent study. Subjects such as clinical reasoning, the consultation, and practice and self development are studied.

The programme's aim is to provide mastery over the job of general practice by developing the learners' thinking skills. The multimedia teaching and learning (the use of text, graphics, video, and audio in computer applications) have been developed to simulate the decision making and thinking environment of daily life in general practice. Students can play with the various theories and models that constitute the science of medicine through video and graphical interaction. Critical evaluation of these models and theories represents the hallmark of masters or postgraduate work. The opportunity to test these models in simulated situations is the great strength of multimedia teaching and learning. The programme uses electronic discussion in the exploration of some themes. Students are encouraged to develop their own assignments through the Internet.

The advantages of short periods of intense interactive study when and where the learner chooses remain to be proved. So too does whether such a programme can be run by full time practitioners for full time practitioners. We are confident that we are tapping a huge unmet need for professional development among today's general practitioners and hope to transform the culture of higher professional training in general practice.

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Health Query Language can be used for collecting data from general practices

EDITOR,—D C Newrick and colleagues make several important points about the need for standardisation in the collection of health data from general practice.[1] These points are relevant to our experience in operating the morbidity and epidemiology data interchange and comparison (MEDICS) scheme, which collects health data from 33 general practices in Northumberland.[2 3] The health commission feeds back to practices comparative data that illustrate their own data alongside those for other (anonymised) practices.

The authors' paper understates the extent to which it is currently possible to gather data from general practices in a form that is readable by computers. The morbidity information query and export syntax (MIQUEST) project was funded by the NHS Executive Information Management Group and the former Northern Regional Health Authority to develop methods of gathering data from multiple computer systems in general practice.[4] A specification was developed for the Health Query Language, which can express a wide range of queries.[5]

Health Query Language has been implemented on two major general practice computer systems and is under development for at least two others. In Northumberland it is used to extract data from around half of the practices that participate in the MEDICS project. Its use allows precise specification of the data to be extracted and eliminates the need for rekeying of data for analysis. The workload at the practice is greatly reduced compared with that when questionnaires are used. The language also provides a framework for security and confidentiality.

The use of Health Query Language eases the technical problems associated with the collection of data from general practice, allowing all parties to concentrate on issues such as coding standards, analysis, and interpretation of data.

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