

This is a practical, down-to-earth book, ripe with suggestions and choices, exemplified by real life anecdotes that have been shared within the group. The extensive experiential material is made more robust by health resources and reading material, thereby strengthening the claims and recommendations that are made. Through anecdotes and a practical layout, this book reflects the support, the camaraderie, the humour and shared light-hearted moments, together with the serious, the intense, the loneliness of deep and painful concerns, the tangible mental and physical exhaustion, and ultimately the suffering. It is an 'as real as it gets' reflection of caring for patients with a progressive chronic disease, such as dementia.

The strength of the book is that it is written in a language that depicts the common sense of the lay caregiver, away from the distracting jargon, the cold terminology of the science, yet backed

by scientific knowledge and language to realistically and accurately portray the progressive pathology from onset to death. It is not afraid to 'call a spade a spade', to depict the crude moments of living with and caring for a patient with dementia; it does not hide the reality, or paint it rosily, but exposes it with sensitivity, a pinch of humour, and practical approaches to care. Each anecdote and chapter is there to make a point, and because it is real, the point is well made.

This is a reference book that can be consulted when necessary, indexed well to allow the reader to pick and choose chapters and sections, with the knowledge that a solution may be found, or that an idea will be jolted into practical possibility. It does not attempt to be a textbook where the reader will find answers to the why, how, when, what, and who of dementia as a life-limiting illness, but a practical, sensible depiction of a journey that will be taken by many.

## LETTERS TO THE EDITOR

### Regular practice review

I had a practice review this morning. A colleague sat in for a full morning session. Between patients I discussed my approach to management, appropriate use of investigations and the cost benefit of various treatments. The colleague was a fourth-year medical student (it could have been a trainee intern or a registrar). These 'reviews' require me to be self-reflective about: why I practise the way I do, what the evidence is that I rely upon for my treatment decisions, why I choose to refer (or not). Currently there is no mechanism for the results of my 'review' to be fed back to anyone.

Wallis in the June issue of the *Journal of Primary Health Care* noted the problems of the cost of the Regular Practice Reviews (RPR) stipulated by the Medical Council, and the loss of patient contact time,<sup>1</sup> but did not address another important issue: the reliability of the assessment. Given that there is only one assessor, how do we know whether to trust their assessment?

McGill University, Canada, has developed a programme where every student performs a professionalism assessment on two of their tutors from each run, collected through an online form and then with collation of all the responses.<sup>2</sup> In the published trial, they collected 4715 forms on 567 faculty members from 178 students, rating faculty members on each of 16 items. The large majority of faculty performed well on all items, with a very few outliers. Detailed analysis was done to establish reliability and validity and it was concluded that 12 forms on a faculty member was sufficient for a reliable assessment. Low outliers were followed up and feedback was provided.

Introducing such a programme to New Zealand would have several advantages. The financial cost is limited to the cost of running the computer programme and analysing the results. There would be little loss of patient contact time. There would be an extra incentive to be involved in teaching. Such an assessment would be more reliable, as a result of having multiple inputs. Currently not all doctors are involved in teaching, so it

could not be mandatory, but a good assessment in this process might be an acceptable reason to lessen the RPR. This would not be able to assess all aspects of practice, but it is likely to identify the areas of main concern to the Medical Council.

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#### References

1. Wallis K. Regular practice review: promised joy or naught but grief and pain? *J Prim Health Care*. 2014;6(2):165–8.
2. Young M, Cruess S, Cruess R, Steinert Y. The Professionalism Assessment of Clinical Teachers (PACT): the reliability and validity of a novel tool to evaluate professional and clinical teaching behaviors. *Adv Health Sci Educ*. 2014;19:99–113.

#### Addressing the health care needs of patients with serious mental illness—it will take a system

It was very timely for the March edition of the *Journal of Primary Health Care* to feature a guest editorial<sup>1</sup> and research paper<sup>2</sup> on the health care needs of people with serious mental illness. This is increasingly an area of concern for many countries, as the gap in mortality and morbidity between those people with a mental illness and the general population is increasing.

Health professionals in primary care and in mental health services are all too aware of the poor physical health of people with a mental illness and/or addiction. Yet, to date, this group has not been formally acknowledged as having significantly higher physical health needs. We are lacking a concerted and sustained effort by academics, policy makers and health professionals, in partnership with mental health service users. As Associate Professor Nease highlighted in his editorial: ‘because of the complex and interrelated factors contributing to this disparity, a systematic approach is needed.’<sup>1</sup>

Platform ([www.platform.org.nz](http://www.platform.org.nz)), the peak body for mental health and addictions non-government organisations, and Te Pou ([www.tepou.co.nz](http://www.tepou.co.nz)), a national evidence-based workforce

centre, have been working together over the past year to initiate Equally Well.

The first phase of Equally Well was a call for New Zealand evidence and a review of published research from here and overseas to understand the physical health and mortality rates of people with a mental illness and/or addiction, the causes, and effective interventions.<sup>3</sup> Through the review, a number of examples of good practice were identified.

The next phase is a coordinated programme of action. A consensus position statement is being developed which can be endorsed by key agencies able to influence improvements both at a systemic and individual level. The statement will summarise findings from the evidence review and will outline the problem, contributing factors and promising interventions. The statement will be developed in partnership with key agencies including the New Zealand medical colleges, service user groups and non-government and government agencies.

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#### References

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2. Wheeler A, McKenna B, Madell D. Access to general health care services by a New Zealand population with serious mental illness. *J Prim Health Care*. 2014;6(1):7–16.
3. Te Pou o Te Whakaaro Nui. The physical health of people with a serious mental illness and/or addiction: an evidence review. June 2014. [cited 2014 July 25]. Available from: <http://www.tepou.co.nz/equallywell>

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: [editor@rnzcgp.org.nz](mailto:editor@rnzcgp.org.nz). All letters are subject to editing and may be shortened.