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Research papers this month

Lessons from the London Initiative Zone Educational Incentive Funding

Following the Tomlinson report of 1992, LIZEI funding was introduced for a three-year period to improve recruitment, retention, and educational opportunities for GPs working within inner London. Hull *et al* investigated whether practices with good organisation achieved better access to funding than practices without. They found that practices demonstrating good practice organisation and practices within a multifund were more successful in gaining funding.

Parents and GPs at cross-purposes over hyperactivity

Klasen and Goodman point out that although childhood hyperactivity is a common and treatable disorder, most affected children in Britain do not receive effective treatment. In this study they set out to explore whether different views held by GPs and parents influence access to services. They found that the differing views of each group and clashes between the groups leads to misunderstandings, dissatisfaction, and lack of access to effective help.

Prioritising referrals to a community mental health team

Harrison argues that limited resources for mental health encourages prioritisation of people with severe mental illness over more common depressive and anxiety disorders. As an example, she describes the re-organisation of a community mental health team in order to prioritise people with SMI. Although improvements in the service provided for those with SMI can be achieved, this may be at the expense of services for other patient groups.

A competency model for general practice

Significant changes in the role of the GP have been compounded by the growing concern over postgraduate attrition rates from medicine. Patterson *et al* aimed to define a comprehensive model of the competencies required for the job role of a GP. Three independent studies were conducted to provide a competency model comprising 11 categories with a summary of the associated behavioural descriptions. The competencies imply that a greater account of personal attributes needs to be considered in recruitment and training, rather than focusing on academic and clinical competency alone.

Psychological morbidity in general practice managers

Sheikh and Hurwitz believe that proposals to establish an occupational health service for primary care should be informed by knowledge of the health needs of general practice employees. They aimed to determine the prevalence and occupational correlates of stress, anxiety, and depression among practice managers in two contrasting health authorities in England. A postal questionnaire, sent to 149 practices in south-east England, uncovered high prevalences of self-reported stress, anxiety, and depression in general practice managers.

Discussion of smoking between GPs and patients who smoke

Coleman *et al* point out that although anti-smoking advice from GPs is effective, not all GPs exploit the opportunities to discuss smoking with patients. They found that most doctors are more interested in maintaining good relationships with their patients, but might be willing to instigate discussions if encouraged to make greater use of problemoriented opportunities.

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Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, pro-vided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

Four copies of each article should be submitted and the author should keep a copy. Rejected manuscripts will be discarded after three months. Two copies of revised articles are sufficient. A covering letter should make it clear that the final manuscript has been seen and approved by all the authors.

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