

RCGP



1996

National Spring Symposium Aberdeen

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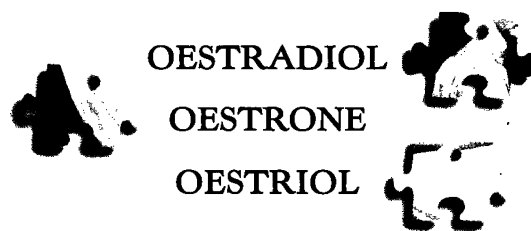
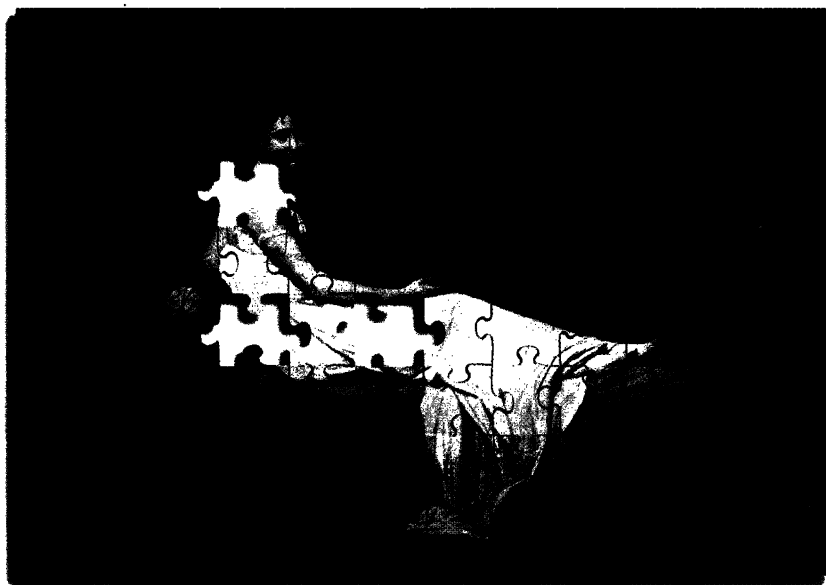
- ◆ Politics and General Practice - The Question Time Session
- ◆ The Importance of Being Different - The Pickles Lecture
 - ◆ Chipping away at a Nation's Diet - The Plenary
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Legal Category **POW**

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PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').

DOSAGE AND ADMINISTRATION: *Hypertension* Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

Congestive heart failure Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

Renal impairment - May require lower maintenance dosage.

Children - Not recommended.

CONTRAINDICATIONS: Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal

insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium-sparing diuretics and potassium-containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, pancreatitis, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia and neutropenia.

LEGAL CATEGORY: POM.

PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:

'Zestril' 2.5mg (12619/0084) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

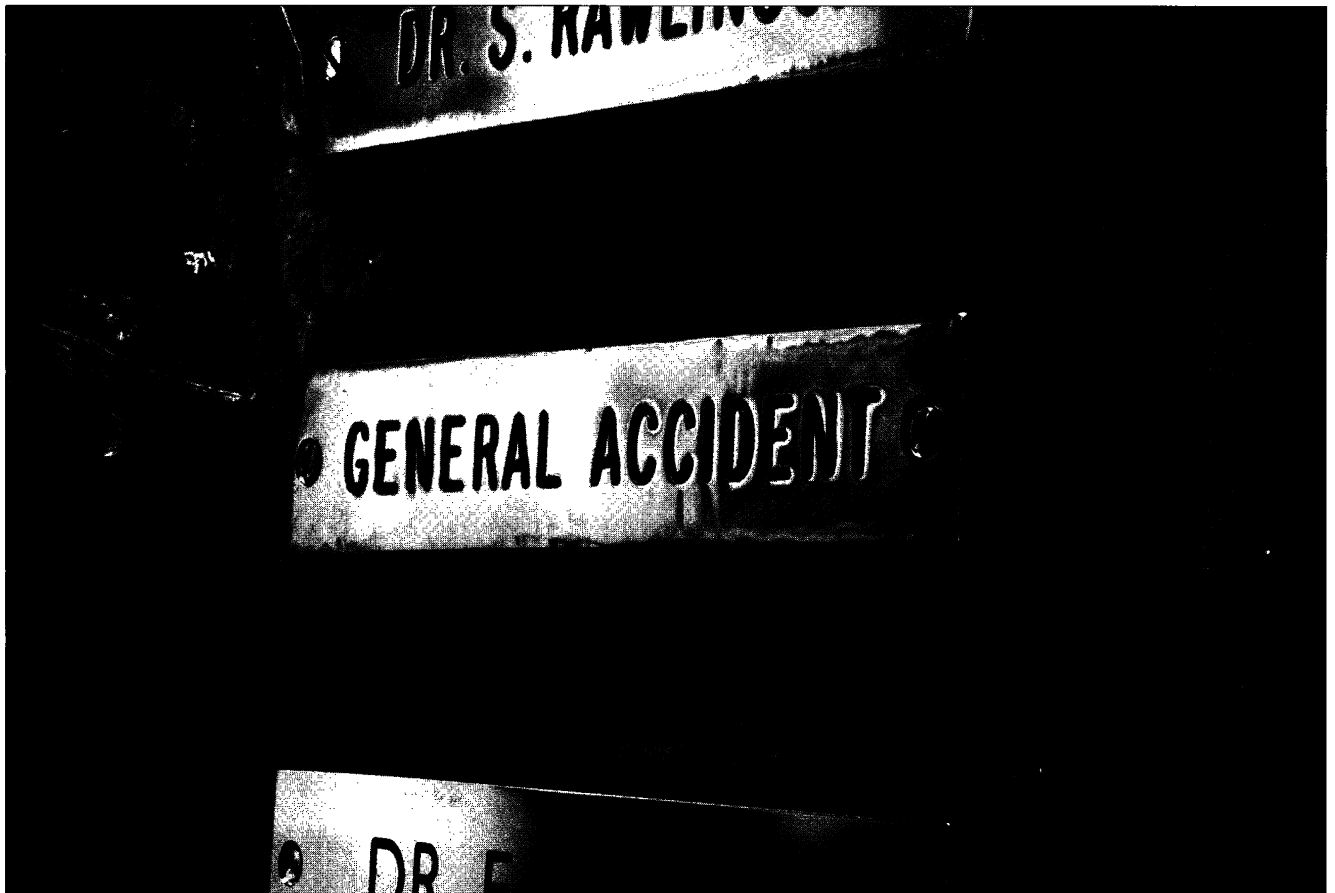
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Fraser Mackay, Charity Administrator

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PERFORMANCE APPRAISAL COURSE

Course Director: Sally Irvine

Course Leader: Hilary Haman

1/2 November 1995

This is a two day course open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal, the opportunity to practise interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a staff appraisal scheme into their practice. This course is aimed at both newcomers to appraisal and those who have experience of appraisal but wish to revisit the subject. It is a highly intensive course and therefore limited to 12 participants only.

The delegate fee (inclusive of VAT) is £325.00 including lunch and refreshments on both days and dinner on the first evening. PGEA approved for 2 days under service management.

STUDY DAY ON SPORT & HEALTH: FITNESS FOR OVER 50s

29 November 1995

This study day, organised in association with the Sports Council, will examine the role of physical activity in the health of people over fifty. The programme considers both the physiological and the sociological factors involved in promoting physical exercise as a method of health care and includes presentations on schemes which have been established to enable GPs to "prescribe" exercise for patients.

All members of the primary health care team are welcome to attend.

Delegate fee £55.00 (inclusive of VAT). PGEA applied for.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 0171 823 9703 Fax: 0171 225 3047.

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Department of Dermatology

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in Practical Dermatology. The next course, organised by the University of Wales College of Medicine, will start in April 1996 and is open to all general practitioners.

For further details and an application form please write, fax or phone: Miss Yvonne Morris, Dermatology Postgraduate Centre, University of Wales College of Medicine, Grove Mews, 1 Coronation Road, Birchgrove, Cardiff CF4 4QY, Wales, United Kingdom.

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Annual Symposium
RESEARCH IN GENERAL PRACTICE
Regents College, Regent's Park, London NW1
Thursday 16 November 1995

This year's Symposium seeks to raise the profile of research in general practice, covering the whole spectrum of research from simple projects right through to work forming the basis of an MD thesis. Plenary Speakers include Professor Sir Michael Peckham, Director of Research & Development at the Department of Health, and Professor Andrew Haines, Director of Research & Development, North Thames Regional Health Authority.

The programme will consist of academic presentations on new research as well as teaching sessions on research methods. **Topics include:**

- **Doing an MD**
- **Research General Practices**
- **Qualitative and quantitative research**
- **How to get published**
- **How to get help**

Whether you are thinking about undertaking research within general practice, or are an experienced researcher, this conference will have something for you.

Delegate fee (inclusive of VAT) £60.00 including lunch and refreshments. PGEA and Section 63 approved.

For further details please contact: RCGP Courses & Conference Unit, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047

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CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Maria Phantis, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171 - 581 3232. Fax: 0171 - 225 - 0629. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The publisher will not be responsible for any error in the insertion of, or omission to insert, any advertisement. The charge for space in this section is £12.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17.5%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

RECRUITMENT

Trainee required from February 1996 for a well organised six partner training practice on the fringe of North Wales and close to Chester and Liverpool. The practice is fully computerised and fundholding, offering a wide range of Inhouse Services.

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Mrs. M.J. Gosling,

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RCGP

COMMISSIONING OF CARE STUDY DAY *Demystifying Needs Assessment in Primary Health Care* In conjunction with the Northern Area Board BELFAST, 22 November 1995

- National and International Speakers
- For further programme details and travel information,

contact: Mrs Linda Holmes, Mountsandel Surgery,
4 Mountsandel Road, Coleraine BT52 1JB
Tel: 01265 42650 Fax: 01265 321000

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AUSTRALIA

RURAL DIVISIONS COORDINATING UNIT (RDCU) NSW GENERAL PRACTITIONER LOCUMS REQUIRED FOR RURAL NSW

6-12 month positions exist for suitably qualified and experienced general practitioners or senior general practice trainees to provide GP locum services in rural NSW. UK practitioners who are eligible for temporary registration according to the NSW Medical Board's criteria may apply.

A&E resuscitation, paediatric, minor surgical/orthopaedic experience is desirable and applicants should hold a Diploma in Ob/Gyn and have at least six months general practice experience.

Salary range from \$100,000 (AUD)/annum, 4% superannuation, 4 weeks annual holiday (or payment in lieu), accommodation and airconditioned motor vehicle with expenses will be provided. Two weeks paid introduction to the Australian Health System, payment of statutory fees (Medical Registration, Medical Indemnity, Health Insurance). We also offer 50% of the return economy airfare on completion of 6 months contract and 100% after 12 months. A good balance of country and coastal towns are arranged.

Applications including Curriculum Vitae, certified copies of registration etc and names and addresses of two referees should be sent to:

Judy Harris
RDCU Locum Project Coordinator
Rural Training Unit
Dubbo Base Hospital
PO Box 739
Dubbo 2830 NSW
AUSTRALIA

Tel: 068 847603 / 068 858 797 Fax: 068 818 006

G.P. Registrar Vacancies

A vacancy exists at Brockway Medical Centre, Nailsea, Bristol for three months commencing 1st November, 1995. There will also be a vacancy commencing 1st August 1996.

There will be a vacancy at Backwell Medical Centre, Backwell, Bristol from 1st February, 1996.

The surgeries are in two new buildings in a semi rural area south of Bristol. This is a friendly, well organised seven partner practice, fully computerised and with a fully equipped Treatment Room.

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Applications and C.V. to Mrs. H. Webber, Backwell Medical Centre, 15 West Town Road, Backwell, Bristol, BS19 3HA.

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IM&T can be summarised as bringing together the use of information for management and operational purposes and the use of technology to support information gathering and analysis.



The purpose of the NHS Training Division (NHSTD) is to maximise the contribution of training and staff development to better patient care. The NHSTD has produced IM&T training and development products that will help staff working in Primary Health Care to improve their understanding, knowledge and skills through the better use and management of information and information systems in the context of their job roles and responsibilities.

These include:

- ☐ A video on the use of IM&T in Primary Care
- ☐ GP Practice Development Toolkit
- ☐ Computer-Based Training (CBT) on roles and information activities
- ☐ Open Learning on the use of information in practice management
- ☐ A guide to the effective use of IM&T in GP Purchasing
- ☐ CBT package on the use of spreadsheets in PHC.

For further details, please contact the
IM&T Programme at the NHSTD, St Bartholomews Court,
18 Christmas Street, Bristol,
BS1 5BT. Tel 0117 9291029. Fax 0117 9250574.



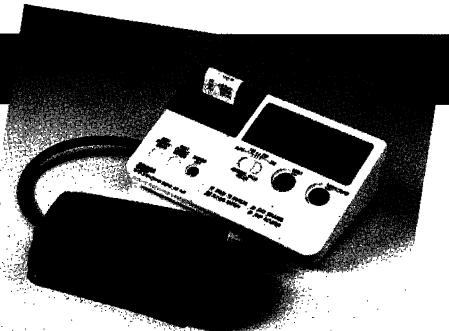
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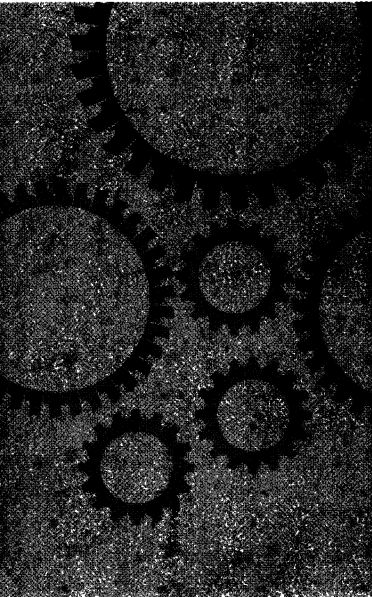
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Making it work more effectively



Key Principles

Information is person-based

Information comes from
operational principles

Information needs to be shared

Information supports
management

Information enables business
objectives

Information focuses on health

Information is our business

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Information is vital to the NHS

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

That's where we come in. IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

And, because we've worked on every type of project across the NHS, our unrivalled experience means you can enjoy the best systems and help drive efficiency through the NHS. In other words, make plans and take action to implement the IM&T strategy and its infrastructure.

After all, information is more than a resource, it's a shared strategy.

For general information please order The IM&T Infrastructure in context: executive summary (C3038) and The Impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

IMG Information Point/NHS Register of Computer Applications
c/o Cambridge and Huntingdon Health Commission
Primrose Lane, Huntingdon, Cambs PE18 6SE
Tel: 01480 415118 Fax: 01480 415160



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