

## OESTRADIOL IMPLANTS:

**Presentation:** Pellets for implantation. 25mg, 50mg, or 100mg of Oestradiol. **Uses:** Major post-menopausal symptoms due to oestrogen deficiency, including prevention of post-menopausal osteoporosis in hysterectomised patients. In women with an intact uterus the lowest effective dose should be used and it must be co-administered with a progestogen for 10-13 days in each cycle.

**Administration:** 25-100mg. Patients require a further implant when symptoms return, usually every 4 to 8 months. Implants should be inserted subcutaneously.

**Use during Pregnancy and Breast-Feeding:** Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.

**Contraindications:** Pregnancy. Cardiovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal; cholestatic jaundice, a history of jaundice in pregnancy or jaundice due to the use of steroids; Rotor syndrome and Dubin-Johnson syndrome. Known or suspected oestrogen-dependent tumours. Endometrial hyperplasia.

Undiagnosed vaginal bleeding. Porphyria. Hyperlipoproteinaemia, history of herpes gestationis.

**Precautions and Warnings:** Pain in the breasts or excessive production of cervical mucus may be indicative of too high a dosage. Periodical medical examinations are advisable. Patients with any of the following conditions should be monitored: latent or overt cardiac failure, renal dysfunction, epilepsy or migraine (or history of), hypertension, sickle cell haemoglobinopathy, oestrogen-sensitive gynaecological disorders, e.g. uterine fibromyomata and endometriosis. Remove implant if hypertension develops. **Adverse Reactions:** Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial proliferation, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. Breast tenderness, pain, enlargement, secretion. Nausea, vomiting, cholelithiasis, cholestatic jaundice. Thrombosis, rise of blood pressure. Chloasma, erythema nodosum, rash. Discomfort of the cornea if contact lenses are used. Headache, migraine, mood changes, sodium and water retention, reduced glucose tolerance, a change in body weight. Changes in liver function. **Interactions:** May diminish glucose tolerance.

**Overdosage:** Acute overdose is not known to occur. **Legal Category:** POM **Product Licence Numbers & NHS Cost:**

25mg 0065/5074R £9.59  
50mg 0065/5075R £19.16  
100mg 0065/5076R £33.40  
01167C-FP  
Revised February '96



Further information is available from:  
**Organon Laboratories Ltd**  
Cambridge Science Park  
Milton Road  
Cambridge CB4 4FL  
Telephone: (01223) 423445

\*based on the average length of treatment



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compliance helps ensure  
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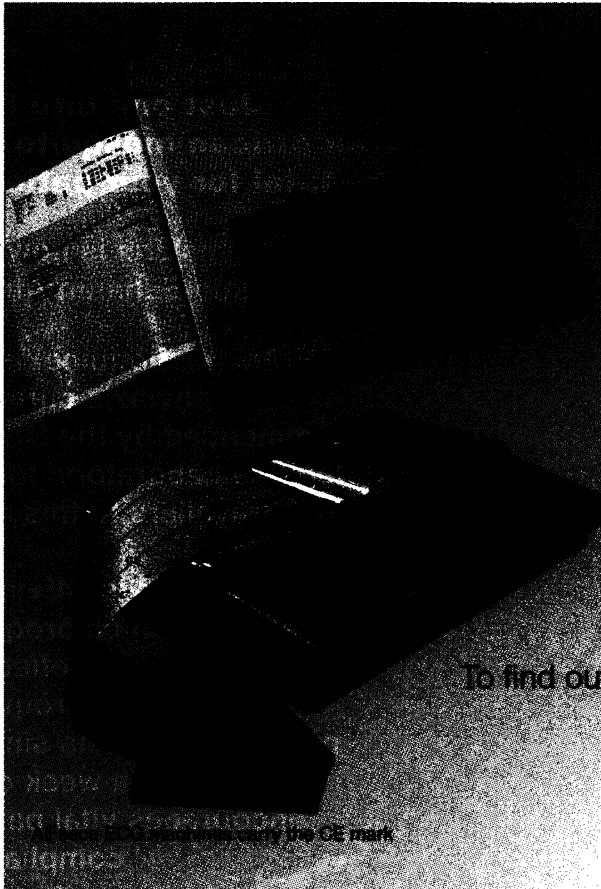
## oestradiol implants

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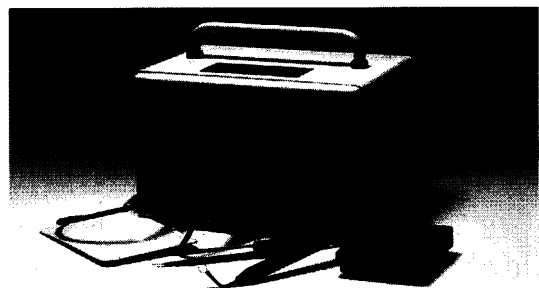
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# Which one killed 13 British people in 1995?



Just one bite from an African mosquito can be fatal for your patients.

Multiresistant malaria is now the norm in sub-Saharan Africa<sup>1</sup>.

LARIAM (mefloquine) is the prophylaxis currently recommended by the Malaria Reference Laboratory<sup>1</sup> for UK travellers to this area.

LARIAM is 94% more effective than chloroquine and 86% more effective than chloroquine/proguanil<sup>2</sup>. And its simple, once-a-week dose encourages vital patient compliance.



ONCE - WEEKLY

**LARIAM**<sup>®</sup>

mefloquine hydrochloride

Keeping deadly African malaria out of the UK

#### LARIAM BRIEF PRESCRIBING INFORMATION

**Indication:** Prophylaxis of malaria, particularly in travellers to areas where multiple-resistant *P. falciparum* strains occur.

**Dosage and administration:** *Dosage:* Adults and children of more than 45kg bodyweight: 1 tablet. Children: 15-19kg: 1/2 tablet, 20-30kg: 3/4 tablet, 31-45kg: 1 tablet. *Course of prophylaxis:* Stated dose to be given once weekly, always on the same day, for a minimum of six weeks. First dose one week before arrival in malarious area. Further doses at weekly intervals during and for four weeks after visiting the malarious area. To prevent selection of resistant *Plasmodium* strains, administration of Lariam should be restricted to three months. Tablets should be swallowed whole with liquid, preferably with food.

**Contra-indications:** Prophylaxis. Renal insufficiency, severe impairment of liver function or known hypersensitivity to mefloquine or related compounds, e.g. quinine. Patients with a history of psychiatric disturbances (including depression) or convulsions. Halofantrine must not be given simultaneously with or subsequent to Lariam.

**Precautions:** Women of childbearing potential should take reliable contraceptive precautions during therapy, and for three months after the last dose of Lariam. Prophylactic use in young children (body weight of less than 15kg) is not recommended. In patients with epilepsy, mefloquine may increase the risk of convulsions and should be used only for curative treatment and only if compelling reasons exist. Caution in patients with cardiac conduction disorders. Patients should not disregard the possibility that re-infection or recrudescence may occur after effective antimalarial therapy. **Drug Interactions:** Do not administer with quinine or related compounds e.g. chloroquine.

Possibility of interaction with sodium valproate. Attenuation of the immunisation induced by oral live typhoid vaccines cannot be excluded therefore vaccination should be completed three days before first intake of Lariam. Check 'relevant' parameters when oral antidiabetics and oral anticoagulants are used. Experience is insufficient to exclude interactions with cardioactive agents for example beta blockers.

**Effects on ability to drive and to use machines:** Caution should be exercised when driving, piloting aircraft and operating machines, as dizziness, a disturbed sense of balance or neuropsychiatric reactions have been reported during and up to three weeks after the use of Lariam.

**Side-effects and adverse reactions:** In a large study of tourists receiving various prophylactic antimalarials, about 22% of the subjects taking Lariam reported adverse events. Adverse reactions may occur or persist up to several weeks after the last dose. Patients should be advised to obtain medical advice if any concerning or neuropsychiatric symptoms develop. Discontinuation of Lariam and alternative antimalarial prophylaxis should be considered, particularly if neuropsychiatric reactions occur. **Common:** Nausea, vomiting, dizziness or vertigo, loss of balance, headache, somnolence, sleep disorders (insomnia, abnormal dreams), loose stools or diarrhoea and abdominal pain. **Uncommon:** *Psychiatric:* psychiatric reactions sometimes disabling and prolonged have been reported, including depression, anxiety, confusion, hallucination, panic attacks, restlessness, forgetfulness, psychosis and paranoia, emotional instability, aggression and agitation. *Neurological:* convulsions,

sensory and motor neuropathies (including paraesthesia), tremor, tinnitus and vestibular disorders, abnormal coordination, ataxia and visual disturbances. *Cardiovascular system:* circulatory disturbances (hypotension, hypertension, flushing, syncope), tachycardia or palpitations, bradycardia, irregular pulse, extrasystoles and other transient cardiac conduction alterations. *Skin:* rash, exanthema erythema, urticaria pruritus, hair loss, erythema multiforme, Stevens Johnson syndrome. *Musculoskeletal system:* muscle weakness, muscle cramps, myalgia, arthralgia. *General symptoms:* asthenia, malaise, fatigue, fever, chills, loss of appetite. *Haematological:* leucopenia or leucocytosis, thrombocytopenia. *Laboratory abnormalities:* transient elevation of transaminases. **Very rare adverse reactions:** AV block and encephalopathy. No haemodialysis associated with G6PD deficiency.

**Legal category:** POM

**Presentation/Basic NHS cost/ Product licence number:** Lariam contains 274.09mg mefloquine hydrochloride equivalent to 250mg mefloquine base. Lariam cross scored tablets (PL 0031/0236) in packs of 8, £14.53. Recommended retail price £21.80.

**Product licence holder:** Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY.

Full prescribing information is available on request. Lariam is a registered trade mark.

**References:** 1 Bradley DJ, Warhurst DC. *Brit Med J* 1995; **310**: 709-714. 2 Lobel HO *et al. Lancet* 1993; **341**: 84-851.

**Date of Preparation:** September 1996.



J 468103/996

The British Lung Foundation's Breathe Easy Symposium

# *Living with lung disease*

- giving breathless people a better deal



**One in three of all patients  
attend general practice due  
to respiratory problems**

Designed for GPs, respiratory & practice nurses, some of the issues addressed during the Symposium will include:

- Rehabilitation
- Self-help
- Organisational Care
- Information & Support

Wednesday, 6 November 1996 - at London Zoo

**Places are strictly limited, Call Jo Barton  
at the British Lung Foundation on 0171 831 5831  
or write to: 78 Hatton Garden London EC1N 8JR**

The Symposium has been made possible through an educational grant from Allen & Hanburys Ltd.



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FOUNDATION**  
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For details please write to:

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University of Wales Swansea, Swansea SA2 8PP

Telephone: 01792 295611 Fax: 01792 295769 E-mail: H.R.Upton@swansea.ac.uk.

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Information  
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Group

# UK CASEMIX Conference

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**TO BE HELD AT THE**  
**INTERNATIONAL CONVENTION CENTRE • BIRMINGHAM • ENGLAND**

*22-23 October 1996*

## How can Casemix help YOU...

- *achieve 'The Goals of Healthcare'?*
- *provide better management information while reducing transaction costs*

This major conference gives you the answers to these and other such pressing issues

### Key Note Opening Address by:

**Day One: Alan Langlands**, *Chief Executive, NHS*    **Day Two: Gerald Malone MP**, *Minister for Health*

### Key Note International Speaker -

**Professor Stephen Duckett,**

*Professor of Health Policy & Dean of the Faculty of Health Science, Lat Trobe University, Australia*

### Further speakers for the 2 days include:

**Martin Else**, *Chairman of National Steering Group on Costing*

**Dr David Colin-Thomé**, *GP & Fellow in Health Service Management, University of Manchester*

**Dr Hugh Sanderson**, *Director National Casemix Office*. **Dr Stefan Håkansson**, *Director SPRI, Sweden*

**Dr Miriam Wiley**, *Head of Health Policy Research Centre, Eire*. **Dr Harry Burns**, *Director of Public Health, Greater Glasgow Health*

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***Exhibition reception and poster display on both days***

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**NHS**  
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Please send me further information and a Delegate Registration Form

Name .....

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Return to: Mrs Carole Line, Conference Co-ordinator

The National Casemix Office,

Information Management Group,

NHS Executive Headquarters,

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Applications are particularly invited from past or present GP Tutors, Course Organisers, Trainers, Lecturers or GP's with other relevant experience in medical education.

The appointment would be for three years, renewable after review by the Director of Postgraduate General Practice on behalf of the Postgraduate Dean. The successful applicant, who will be active in General Practice, will be remunerated at the full time equivalent rate of an NHS Consultant on the maximum scale, currently this equates to £14,700 pa for three sessions per week. Contracts will be subject to the same basic terms and conditions of service as the existing Associate Advisers in General Practice.

Informal discussions are welcome and should be directed to Dr Bob Berrington or Dr Arthur Hibble at the General Practice Office at Fulbourn Hospital, Cambridge, telephone 01223 218617.

An application form and job description is available from the Recruitment Section, Personnel Department, Addenbrooke's Hospital NHS Trust, Hills Road, Cambridge, CB2 2SP, telephone 01223 217515

(24 hour answerphone). Closing date:  
Friday 18th October 1996. Please quote  
job reference: PGMFID/GAR

**Addenbrooke's**  
Cambridge University Teaching Hospitals Trust

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**A two day conference on  
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**ASSISTED FERTILISATION  
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Sessions include

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Academic Conference Department

The Royal Society of Medicine

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CES provide a range of service to health professionals and the public. The CES Helpline answers over 100,000 enquiries a year on 0171-837 4044 from 9am to 7pm Monday to Friday.

The CES *Contraceptive Education Bulletin* is a quarterly journal for professionals. Visitors are welcome to use the CES library and information centre which carries the latest medical, legal and statistical information. Call the FPA on 0171-837 5432 about these services, quoting GPS.

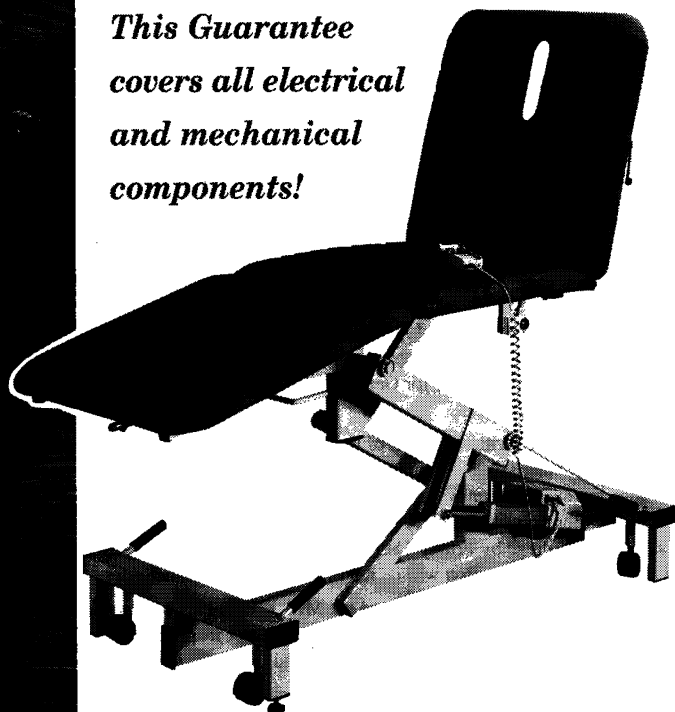
CES is run by the FPA at 2-12 Pentonville Road, London N1 9FP.

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## RESOURCES FOR CLINICAL AUDIT

Eli Lilly National Clinical Audit Centre  
Department of General Practice and Primary Health Care  
University of Leicester

The Lilly Audit Centre, an integral part of the Department of General Practice and Primary Health Care at the University of Leicester, provides resources for those involved in clinical audit.

These include systematically developed audit protocols for use by primary health care teams. These protocols are issued free to medical audit advisory groups and may be obtained from them or alternatively from the Lilly Audit Centre at cost.

The topics available include:

Asthma	Diabetes
Gout	Angina
Hypertension	Depression
Benzodiazepines:	New Prescriptions

The journal produced by the Lilly Audit Centre - Audit Trends - supports the exchange of information about new developments in audit and is now in its fourth year. There are a number of sections including original papers on a wide range of issues, reviews of audit methods and information about the various agencies which can be contacted for support and advice. The annual subscription is £35.00 for the UK and £45.00 for overseas.

The Lilly Audit Centre runs training courses for clinical support staff in all sectors of the health service, the aim of which is to develop understanding and skills in multidisciplinary clinical audit.

For further information and a full publications list please write to:

The Eli Lilly National Clinical Audit Centre, Department of General Practice and Primary Health Care, University of Leicester, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW. Tel: 0116 2584873. Fax: 0116 2584982.



## THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

### DIPLOMA IN OPHTHALMOLOGY EXAMINATION

In 1997, The Royal College of Ophthalmologists proposes to introduce an examination leading to the award of the Diploma in Ophthalmology (DRCOphth). The examination will be held twice a year, in June and November.

This diploma is aimed at those not wishing to pursue a career as a consultant ophthalmologist in the United Kingdom, and should be of interest to clinical assistants, general practitioners, and also to doctors working outside the European Community.

Details are available from the Examinations Office, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW.



# HEALTH CARE SERVICE FOR PRISONERS



The Service provides medical care for prisoners to a standard equivalent to that in the National Health Service, and employs over 250 doctors, both full time and part time.

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Doctors who are interested are invited to write or speak to:

Dr Roy Burrows,  
Directorate of Health Care,  
Cleland House, Page Street,  
London SW1P 4LN,  
Tel: 0171-217 6550,  
Fax: 0171-217 6412.

# PANG

Pain and Nociception Group

## Forthcoming Symposia for 1996 and 1997

Charing Cross & Westminster Medical School  
Margravine Road  
Fulham, London W6 8RF

Monday 2 December 1996

The economic consequences of pain

Monday 10 March 1997

Regional anaesthesia for surgery

Monday 12 May to Wednesday 14 May 1997

London chronic pain symposium

Friday 17 October 1997

Current controversies in the management  
of cancer pain

Organisers: Dr P J D Evans & Dr D M Justins

Further information: Miss C O'Neil

Department of Anaesthesia

Charing Cross Hospital

London W6 8RF

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*(Approved for CME)*

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### Diploma in Community Health Studies

**Two years part-time, 1.30pm - 7.30pm, 31 weeks a year**

The course consists of core modules which are shared by all community nursing disciplines and specialist modules which relate to each of the community nursing specialities. Includes ENB970, 928 or 978 as choices.

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**A series of four half-study days twice yearly: October 21, 22, 28 and 29 1996; February 24 and 25, March 3 and 4 1997.**

Oral hormonal contraception; long acting progestogens contraception; natural and barrier methods of family planning; the promotion of sexual health. Participants may access one, two, three or all four sessions and in any order. Complete programme fulfils the requirement for midwifery refresher course (rule 37).

### Diploma in Higher Education (Women's Health)

Flexible and individual pathways; can include ENB225, N28 (possibility of 901) management module; APEL/APL possible 50% (three modules).

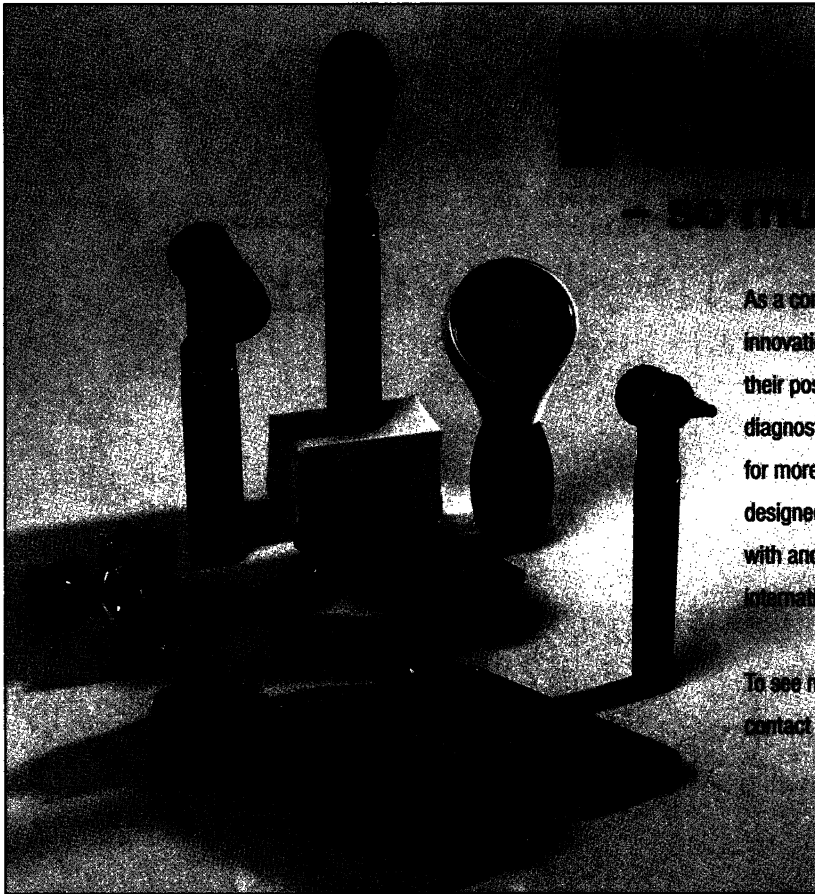
For further details and application forms for all of the above, please contact:

**Admissions Office, Faculty of Health Studies (ref C915A)**

**Old Nurses Home, North Middlesex Hospital**

**Sterling Way, London N18 1QX**

**Telephone 0181 887 2356.**



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4-6th APRIL  
1997**

**COME TO WALES FOR THE SPRING!**

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**WALES IS THE LAND OF SONG, AND WHERE RUGBY RULES BUT QUINTESSENTIALLY WALES IS THE LAND OF THE 'CROESO' OR WELCOME, AND OF 'HWYL' OR SPIRIT OF FUN**

**THE 1997 RCGP SPRING SYMPOSIUM IS BEING HELD IN THE SWANSEA BAY CONFERENCE CENTRE FROM 4-6th APRIL 1997**

**SPEAKERS WILL INCLUDE;**

**Sir Donald Irvine  
Professor Roger Jones  
Professor John Bligh  
Professor Nigel Stott  
Dr Ruth Chambers  
Donald Evans**

**A FULL SOCIAL PROGRAMME HAS BEEN ARRANGED FOR PARTNERS AND CHILDREN  
REMEMBER THAT THERE ARE DISCOUNTS FOR BOOKING EARLY, AND THAT LAST YEARS  
SYMPOSIUM WAS FULLY BOOKED BY FEBRUARY!**

**"CROESO I GYMРУ" (WELCOME TO WALES)**

**DID YOU KNOW THAT**

The smallest city in the U.K. is St Davids in Pembrokeshire. And the smallest town is Llanwrtydy Wells in Powys where the world bog-snorkling championships take place every year.

**FOR FURTHER INFORMATION CONTACT:**

**THE ADMINISTRATOR, SOUTH WEST WALES FACULTY OF THE RCGP  
MAES-GWERNEN HALL, MORRISTON HOSPITAL, SWANSEA TEL/FAX 01792 - 793584**



## THE EXPANDING WORLD OF 'ZESTRIL'

*Lisinopril: the only once-daily ACE-inhibitor  
indicated for hypertension, congestive heart failure  
and acute myocardial infarction*

- More Doctors are prescribing 'Zestril' for more patients than ever before
- 'Zestril' has 12 million patient years of experience
- 48,000 patients are currently involved in 3 major trials with lisinopril
- Lisinopril is on over 75% of hospital formularies

### PRESCRIBING INFORMATION

Consult Data Sheet before prescribing.

#### 'ZESTRIL'

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

**DOSE AND ADMINISTRATION: Hypertension** Adults (inc 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.

**Acute myocardial infarction** Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

**CONTRA-INDICATIONS:** 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. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. 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, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, 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. Hyperkalaemia and hyponatraemia.

Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 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.

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## RECRUITMENT

### St. Leonard's Medical Practice, Exeter requires NEW PART-TIME PARTNER

Additional part-time partner required to join a four doctor practice in central Exeter from 1st April 1997 (five sessions a week). MRCGP essential. Obstetrics, CHS, Minor Op and Family Planning preferable. Converted premises, desktop computers with GP links, second wave fundholders in small consortium. At present the practice has four male doctors and a friendly team with extensive attached staff. Partnership uses IscaDoc co-operative. Practice is an NHS R & D practice, has a long tradition of personal lists and has strong links with the Institute of General Practice, University of Exeter. Apply with c.v. and names of three referees to Mr. Tim Smith, Practice Manager, St. Leonard's Medical Practice, 34 Denmark Road, Exeter EX1 1SF. Tel: 01392 51661. Closing date 31.10.96.

Ex-UK doctor seeking to exchange practice, house, car, dog, for 3 months Early 1997, Merseyside preferred. Contact Dr. J. Scott-Jones, PO Box 360, Opotiki, New Zealand. Or E-mail [jdpsj@wave.co.nz](mailto:jdpsj@wave.co.nz).

# Recent Publications

## **The MRCGP Examination: A Guide for Candidates and Teachers (1996 2nd Edition)**

This workbook for candidates, written by an experienced MRCGP examiner, is the official College guide to the latest MRCGP exam syllabus. It offers practical guidelines not only on initial preparation for the examination but also how to tackle the papers and orals providing vital support to students and teachers.

*This excellent book ... provides a splendid opportunity for trainees and other potential candidates to familiarise themselves with this examination ... well written in a lucid and concise style ... an excellent book.*

Family Practice

ISBN 0 85084 222 0  
Pages: 244  
Price: Members £18.50  
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## **Adolescent Health**

Adolescents have largely been neglected as a group in relation to medical care. However, young people's needs are increasingly being recognised and the Health of the Nation targets include some specifically aimed at this age group.

*Adolescent Health* is a resource for course organisers wishing to run a session on "Adolescent health in primary care" for GP registrars.

ISBN 0 85084 226 3  
Pages: 96  
Price: Members £10.00  
Non-members £11.00

## **The Management of Back Pain in General Practice**

The complaint of backache is an area of clinical practice where it can be very difficult to make a clear diagnosis.

This publication, written by a family doctor with a deep interest in the subject and many years of experience of dealing with the problems of back pain, while targeted primarily at general practitioners could also be read with benefit by orthopaedic surgeons and physical therapists.

*... another welcome addition to the RCGP's clinical series ...*

British Journal of General Practice

ISBN 0 85084 209 3  
Pages: 31  
Price: Members £9.00  
Non-members £9.90

## **Medical Records in Practice**

Coming at a time when all NHS bodies have been asked to ensure that their arrangements for handling patient information conform with DoH guidelines, this book is essential reading for all members of the primary health care team.

The increasing size and complexity of the primary health care team make it essential that practices should have established policies in relation to record keeping - good patient care depends on well organised records.

ISBN 0 85084 224 7  
Pages: 147  
Price: Members £20.00  
Non-members £22.00

## **The Role of General Practice in Maternity Care**

*Occasional Paper 72*

Having a baby is one of the most fundamental events of any woman's life and childbirth inevitably attracts immense personal and public interest.

This report represents a valuable addition to the issue of maternity care in general practice and clarifies a number of key legal issues.

ISBN 0 85084 218 2  
Pages: 20  
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## **Health and Safety at Work: Guidance for General Practitioners**

The first of a new series of books on practice organisation, *Health and Safety* not only describes the responsibilities of the general practitioner employer and particular hazards to watch for, but suggests a plan for implementation, review and audit.

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British Journal of General Practice

ISBN 0 85084 205 0  
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**Strategies For Health In Developing Countries -**

***Building Professional Capacity for Health***

**Tuesday 12 November 1996**

Venue: RCGP, 14 Princes Gate, London SW7

Strategies for Health in Developing Countries is a one-day workshop aimed at GPs who are interested in finding out more about health issues in developing countries and working overseas. The workshop will address the practical issues involved, as well as considering lessons that can be learned for UK health care. This workshop is being organised jointly by the Royal College of General Practitioners and International Health Exchange, in association with other UK development agencies.

The Delegate Fee (inclusive of VAT) is £55.00. PGEA Applied for.

**Conference On Adolescent Care in Practice**

**Thursday 14 November 1996**

Venue: Dunadry Hotel, Belfast

The RCGP Working Party on Adolescents is organising its 4th Conference in Belfast on 14 November. Topics to be covered include Adolescent Sexual Health & Teenage Pregnancies, and Emotional Problems & Post-traumatic Stress.

The Delegate Fee (inclusive of VAT) is £60.00. PGEA Applied for.

**Can Inner City General Practice Survive?**

**Inner City Task Force Conference On:**

**Problems and solutions to Recruitment & Retention of GPs in Urban Deprived Areas**

**Thursday 14 November 1996**

Venue: Heartlands Hospital, Birmingham

The RCGP Inner City Task Force, in association with the GMSC, is organising a Conference to address the problems and solutions encountered in the recruitment & retention of GPs in urban deprived areas. Both the regional and the national picture will be assessed, and small group sessions will look at undergraduate education, VTS training and retention of established GPs. Keynote Speakers include Tessa Jowell MP.

The Delegate Fee (inclusive of VAT) is £45.00. PGEA Applied for.

**Study Day on Sport & Health: Fitness for Children & Teenagers**

**Friday 29 November 1996**

Venue: RCGP, 14 Princes Gate, London SW7

The RCGP, in association with the Sports Council, is organising a Study Day which will look at the effects of exercise on the health of young people. Current research in this area will be discussed, and topics for discussion will include asthma management, weight control and mental health.

The Delegate Fee (inclusive of VAT) is £60.00. PGEA Applied for.

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



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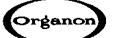
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