The British Journal of General Practice

The Journal of The Royal College of General Practitioners

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In the *Journal* this month:

Editorials

● Tony Mathie looks at the background to the current recruitment crisis in general practice and calls for a reappraisal of the UK's medical education system. M C Colquhoun emphasizes the importance of providing prompt defibrillation after cardiac arrest, and comments on the study by West later in this issue. Steele and Wootton outline the growth of telemedicine in the UK, and consider the benefits for primary care.

Dietary advice and coronary hear disease

● Diet is an important factor in the high rates of coronary heart disease in the UK. This study by Roderick *et al* found that structured dietary advice given by practice nurses was only moderately more effective than standard health education in changing serum cholesterol, weight and diet. The authors conclude that whole-population strategies are required to achieve significant dietary change.

Prescribing behaviour in general practice

● Practices vary considerably in the volume and cost of their prescribing. Roberts *et al* assessed the effect on prescribing behaviour of an incentive scheme promoting therapeutically equivalent lower-cost medicines in place of targeted brand-name drugs. Generic substitution was found to be more easily implemented than more complex hints on cost-saving substitutions. Given the right information and support, many prescribers could successfully modify their prescribing habits.

Children referred for specialist care

● This study, by van Suijlekom-Smit *et al* in Holland, looked at the pattern of specialist referrals for children in different age groups to see which conditions were referred most frequently, and to which specialties. The scale of referrals to surgeons and ophthalmologists suggests that general practitioners lack the training and facilities to deal with problems in these areas, which are likely to be mainly somatic. Knowing the a priori chance of a condition being referred can alert a specialist to reasons for referral that are not purely somatic.

Implementing guidelines for influenza vaccination

● In 1993, the Dutch College of General Practitioners issued guidelines for influenza vaccination. Van Essen *et al* evaluated a regional intervention to promote the implementation of these guidelines, measuring both organizational aspects of the vaccination programme and vaccination rate. While the intervention was considered effective, the authors maintain that preventive programmes in family medicine are still undeveloped, and that systematic prevention requires an approach that is population-oriented rather than case-oriented.

Problems found in the over-75s by the annual health check

● Annual checks for elderly people were introduced in the 1990 contract. Brown *et al* investigated the problems found in patients over 75 years of age, as a result of these checks, and assessed the actions taken. Practices differed widely in the proportions of elderly patients seen for checks and in the proportions with previously undetected problems. Nearly half the patients assessed were found to have problems for which some action was taken. Some practices could increase the rate of uptake by improving their invitations system, and more problems could be found by using a more functionally-based assessment.

Resuscitation equipment carried by general practitioners

● General practitioners can expect to encounter a cardiac arrest in 5% of patients they attend who have a suspected acute myocardial infarction. West and Penfold found that most of the GPs in their questionnaire survey did not carry the equipment to deal successfully with

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victims of cardiac arrest, nor were they fully conversant with the current ERC guidelines. The authors suggest that proven proficiency in advanced life support should be made a requirement for RCGP membership.

Spirometry in general practice

● Spirometers have recently become available for use within general practice as an alternative to peak flow meters. Den Otter *et al* investigated whether, after comprehensive training, practice assistants could effectively carry out spirometry with patients suffering from chronic obstructive pulmonary diseases, so that the procedure could then be delegated. Although the spirometers used in general practice do not display the flow–volume curve, the study showed that practice assistants could take the readings competently. Regular performance review would help to ensure the effectiveness of the assistants' contribution.

Use of the cervicoscope in general practice

● The cervicoscope is a camera with a fixed telephoto lens that takes photographs of the cervix; these photographs are then reviewed by a colposcopist. The instrument was designed to improve the sensitivity and specificity of cervical cancer screening when used in combination with cervical cytology. It has been suggested that use of the cervicoscope is a more cost-effective method of screening than using Papanicolaou smears. This study by Deborah Colvin examines both the feasibility and the acceptability of this tool in general practice, concluding that it should not at present be introduced routinely.

The implementation of community-led maternity care

● New recommendations suggesting that maternity care should be increasingly community-based have generated concern regarding the interprofessional cooperation between general practitioners and midwives. To discover whether GPs were satisfied with this arrangement, Fleissig *et al* carried out a questionnaire-based study in Camden, London. Only a minority of practitioners felt that their workload, clinical practice, or communication with obstetric teams had altered.

A measure of success

● Complementary medicine is increasing in popularity and is also beginning to develop its own research culture. Although a vast amount of literature has been published within the field of complementary medicine, much of it is of limited value as many of the papers are uncontrolled descriptive studies with poor outcome measures, limited and often inadequate statistics, and few hard data. In this discussion paper, Lewith describes the changes that have taken place and considers the more controlled clinical trials that are beginning to emerge. He discovered that, despite the weaknesses of previous trials, two-thirds of general practitioners believe that complementary medicine has a place in mainstream medical practice, and one-third feel that it should be provided through the National Health Service.

Letters to the editor

● Letters this month include correspondence on repeat prescribing, summative assessment, chronic disease management systems for asthma, the efficacy of counselling, database items for chronic disease management, and the role of the GP tutor.

Book reviews

● This month's book reviews consider surviving the stresses of being a GP, a registrar's guide to the GP consultation, how to communicate with relatives of patients, cancer and the adolescent, the prevention of illness in primary care, and a book for the self-assessment of accident and emergency care.

International digest

● The digest items featured this month, compiled by Douglas Garvie, cover the prevention of peptic ulcers, the aetiology of headaches in general practice, families and consultations, intermittent claudication, telemedicine in the UK and Australia, and the association between occupation and bowel disease.

INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other journal. 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.

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