

Editor

Alastair F Wright, MBE, MD, FRCGP,
FRCPsych (Hon)
Glenrothes

Deputy Editor

Alec Logan, FRCGP
Motherwell

Senior Assistant Editor

Lorraine Schembri, BSc

Assistant Editor

Clare Williams, BA (Hons)

Editorial Board

Tom Fahey, MD, MSc, MFPHM, MRCGP
Bristol

David R Hannay, MD, PhD, FRCGP,
FFPHM
Newton Stewart

Michael B King, MD, PhD, MRCP,
FRCGP, MRCPsych
London

Ann-Louise Kinmonth, MSc, MD,
FRCP, FRCGP
Cambridge

Tom C O'Dowd, MD, FRCGP
Dublin

Denis J Pereira Gray, OBE, MA, PRCGP
Exeter

Surinder Singh, BM, MSc, MRCGP
London

Blair Smith, MBChB, MEd, MRCGP
Aberdeen

Lindsay F P Smith, MClSci, MD, MRCP,
FRCGP
Ilchester

Ross J Taylor, MD, FRCGP
Aberdeen

Colin Waine, OBE, FRCGP, FRCPath
Bishop Auckland

John F Wilmot, FRCGP
Warwick

Statistical Adviser

Graham Dunn, MA, MSc, PhD



Editorial Office: 14 Princes Gate,
London SW7 1PU (Tel: 0171-581 3232,
Fax: 0171-584 6716).
E-mail: Journal@rcgp.org.uk
Internet home page:
<http://www.rcgp.org.uk>

Published by The Royal College of
General Practitioners, 14 Princes Gate,
London SW7 1PU.
Printed in Great Britain by
Hillprint Ltd, Bishop Auckland,
Co Durham DL14 6JQ.

Research papers this month

Locum doctors in general practice

There is evidence of dissatisfaction with the performance of locum doctors, but little is known about locum doctors and their experiences of working in general practice. Using a postal questionnaire, McKeivitt *et al* aimed to describe the motivations and experiences of doctors providing locum cover in general practice. They conclude that those doctors who intend to continue working indefinitely as locums represent a useful resource in primary care, and the need to control the quality of such doctors should not overshadow the need to control the quality of their working environments.

Improving the management of hypertension in the elderly

In this randomized controlled trial of practice-based educational visits, Cranney *et al* aimed to establish whether an exploration of 'barriers to change', such as organizational difficulties, can enhance the effectiveness of an educational intervention designed to improve the management of hypertension in the elderly. The results determine that the effectiveness of such an intervention is significantly improved by addressing the barriers preventing practitioners from implementing the findings of research.

Do nursing home residents make greater demands on GPs?

Pell and Williams note that the number of people residing in nursing homes has increased, and that GPs receive an increased capitation fee for elderly patients in recognition of their higher consultation rate, but that there is no distinction between the elderly residing in nursing homes and those in the community. In their prospective comparative study, the authors found that nursing home residents received greater input from general practice than community residents of the same age. They conclude that consideration should be given to restructuring the medical cover for nursing home residents, resulting in a greater scope for proactive and preventive interventions and for consulting with several patients during one visit.

Training nurse practitioners for general practice

In this study, the Eros Project Team describes the education provided to trainee nurse practitioners (TNPs) and their work, compares their practise with GPs', and determines their acceptability to patients. The authors conclude that the TNPs made good diagnostic and treatment decisions early in their training, although their high level of patient transfers to GPs indicated residual uncertainty. The results also showed that the TNPs were liked by the patients and are a valuable substitute for GPs for patients wishing to have a same-day consultation. However, limited authority to prescribe and refer to secondary care reduces NP efficiency.

Experiences of training courses in evidence-based health care

With the advent of clinical governance, GPs and nurse practitioners (NPs) will need to be competent in finding, appraising, and implementing research evidence. In this study by Greenhalgh and Douglas, in-depth questionnaires were used to report the experiences of GPs and NPs in training in evidence-based health care (EBHC). From their results, the authors offer some preliminary recommendations for the organizers of EBHC courses, including offering a range of flexible training, being explicit about course content, recognizing differences in professional culture between primary and secondary care and doctors and nurses, and addressing issues of funding and accreditation at a national level.

Measuring progress towards a primary care-led NHS

The policy of having a primary care-led NHS involves both a growing emphasis on the role of primary care practitioners in the commissioning of health services and a change from hospital to primary and community settings for a range of services and procedures. In this study, Miller *et al* consider the following three questions: Does the evidence base support the changes? What is the scale of the changes that have occurred? What are the barriers to the development of a primary care-led NHS? The authors conclude that the limited shift to date towards a primary care-led NHS, alongside evidence of ambivalent attitudes of GPs towards the shift, suggest that the policy objective may not be achieved.

Second opinion behaviour among Japanese primary care patients

Using a questionnaire survey, Sato *et al* aimed to describe the sociodemographic characteristics of patients seeking second opinions, and to determine the factors related to this behaviour. The results showed that the second opinion patients who lived far from the medical school hospital felt anxiety and went to a university-affiliated hospital on the advice of anybody. The authors conclude that determining the reasons for this behaviour will require empirical studies regarding the nature of the patient's anxiety.

Emergency medical admissions in Glasgow

Blatchford *et al* observe that studies defining the underlying factors of the rise in emergency admission rates are needed. In this cohort study they aimed to determine the principal diagnoses, demographic and socioeconomic factors associated with emergency medical admissions. The results showed that the emergency admission rates are higher among the elderly, males, and deprived populations, which has implications for equitable resource distribution in the NHS.

© *British Journal of General Practice*, 1999, **49**, 513-517.

INFORMATION FOR AUTHORS AND READERS

These notes supersede those published in June 1999

Editorial policy

Articles submitted for consideration by the editor should not have been published before either in whole or in part or be currently submitted to any other publisher. Preference is given to articles presenting the results of original research relevant to general practice/primary health care. Papers submitted for publication should be genuinely original, at least in their analysis and interpretation of data, if not in the data themselves; authors must give full references for any published papers based on the same data source and must supply copies of any such papers currently under review. There is no requirement for authors to be members of the College or even general practitioners; the editor welcomes suitable papers from any source. Opinions expressed in the *Journal* should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

Presentation of manuscripts

The *Journal's* requirements are in accordance with the Vancouver Group's 'Uniform requirements for manuscripts submitted to biomedical journals' (www.thelancet.com) and authors should consult these for more detailed guidance. Authors are also advised to follow the recommendations made in the CONSORT statement (Begg C, *et al.* Improving the quality of reporting randomized trials: the CONSORT statement. *JAMA* 1997; **276**: 637-639) when submitting a paper reporting on a randomized trial. Articles should be typed in double spacing, on one side of the paper only, with at least 25 mm margins. A4 paper is preferred and pages should be numbered. To assist in sending out papers blind to referees the first page should contain the title of the paper only. The following page should give the name(s) of author(s) (maximum of eight), their degrees (up to three, excluding diplomas), job title, town of residence, and the name and address of the author to whom proofs and other correspondence should be sent.

Original papers should normally be no longer than 2500 words (including structured summary but excluding references), with up to four tables or figures. They should be arranged in the usual order of summary, introduction, method, results, discussion, references and acknowledgements. Summaries (up to 250 words) should contain sub-headings: background, aim, method, results and conclusion. *Review articles* are welcomed if they are substantial with extensive references; sources of information, search procedures used, and criteria for selecting papers should be clearly stated. A list of keypoints presented in a table or box should be included. *Discussion papers* may be accepted if the opinions expressed are original, and should not exceed 3000 words (excluding references). *Brief reports* (e.g. on the findings of a pilot study) may be considered; they should not exceed 700 words and should have no more than one small table and six references. *Editorials* are generally commissioned but submissions (up to 1200 words) are welcome. *Letters to the editor* may contain data or case reports but should be no longer than 400 words.

Tables must have a caption and should be presented without vertical rules. Each column should have an abbreviated heading and should state the units used. Footnotes, indicated by superscript letters (^{a,b} etc.), can be used for explanations. Illustrations should be used only when data cannot be expressed clearly in any other way. All illustrations should be supplied on separate sheets and accompanied by corresponding typed data where relevant (rough drawings are sufficient provided they are clear and adequately annotated). Photographs are welcome.

Abbreviations should not be used except for units of measurement. SI units (or metric if more appropriate) and the 24-hour clock are preferred.

Numerals up to nine should be spelt out, and those of 10 or over typed as figures, except at the beginning of a sentence, where they should be spelt. Decimal places should be given for percentages where baselines are 100 or greater. Generic names of drugs should be used wherever possible, though brand names with the manufacturer's name may follow in brackets.

References are numbered in the order in which they appear in the text and indicated by superscript numerals in the text; please do not use endnote or footnote facilities. References to personal communications, unpublished data or data in preparation or submitted for publication cannot be included in the numbered list but, if essential, can be mentioned at the appropriate point in the text. It should be stated which references, if any, are to letters or editorials. References should be in Vancouver style with journal titles abbreviated as in *Index Medicus*:

Journal article

1. Handysides S. Morale in general practice: is change the problem or the solution? *BMJ* 1994; **308**: 32-34.

Chapter in a book

8. Bogduk N. Sources of low back pain. In: Jayson M (ed). *Lumbar spine and back pain*. 4th edn. Edinburgh: Churchill Livingstone, 1992.

Statistics

Authors are asked to check all their data carefully before submission and to ensure that all missing data are accounted for, that percentages add up to 100, and that numbers on the tables are not at variance with those quoted in the text. All data from which P-values etc are derived should be provided, at least in summary form.

Submission of manuscripts

Four copies of each article, plus four copies of any sample questionnaires, should be submitted and the author should keep a copy. A covering letter, signed by all the authors, should make it clear that the final manuscript has been seen and approved by them all. If there are more than six authors in total, a statement explaining the precise contribution of each author is also required. The covering letter must declare any conflict of interest. If papers involve research on human subject volunteers, it should be made clear whether the work has been passed by the local or appropriate research ethics committee. If identification of a patient or subject is unavoidable through descriptions or photographs, the authors must first obtain the subject's informed consent before the paper is submitted. If a questionnaire has been used in the study, a copy of it should be enclosed. All articles are acknowledged immediately on receipt. Articles are sent to two or more assessors, who may be general practitioners or other experts in the subject. When publication of an article in its original form is not recommended, the assessors' comments may be passed to authors and revision encouraged. Authors should receive a decision within 12 weeks. Two copies of revised articles, and a copy of the article on an IBM PC-formatted disk, are required. Dates of submission and acceptance are published in the *Journal*. Rejected manuscripts will be discarded after three months.

Publication of articles

All articles and letters are accepted subject to editing, which may be considerable. Proofs are sent to authors, who are asked to check them for errors and return them promptly. Errors caused by the printers or sub-editors should be corrected but alterations to the original text cannot normally be accepted.

Although authors are asked to return their proofs promptly, the article will not necessarily appear in

the next issue of the *Journal*. The exact month of publication can be decided only when all the articles have been returned and collated with other sections of the *Journal*. Published keywords are produced using the RCGP's own thesaurus. On request, authors will receive 25 offprints of their article free of charge. Order forms for extra offprints are sent to authors with the proofs and should be returned with them together with payment. Orders received after publication are more expensive.

Principal authors who are not members of the College will be sent a complimentary copy of the *Journal* in which their article appears. Enquiries about the purchase of additional copies of the *Journal* should be made to the Marketing department (Tel: 0171 581 3232; Fax: 0171 225 0629). Publication is on the first Monday of the month.

Copyright

Authors of all articles assign copyright to the journal when they return the proofs. However, authors may use minor parts (up to 15%) of their own work after publication without seeking written permission, provided they acknowledge the original source. The *Journal* would, however, be grateful to receive notice of when and where such material has been reproduced. Authors may not reproduce substantial parts of their own material without written consent. However, requests to reproduce material are welcomed and consent is usually given. Individuals may photocopy articles for educational purposes without obtaining permission up to a maximum of 25 copies in total over any period of time. Permission should be sought from the editor to reproduce an article for any other purpose.

Circulation and subscriptions

The journal is published monthly and is circulated to all fellows, members and associates of the RCGP, and to a growing number of private subscribers including universities, medical schools, hospitals, postgraduate medical centres and individuals in over 40 countries.

The 1999 subscription is £130 post free (£147 outside the European Union, £19.50 airmail supplement). Non-members subscription enquiries should be made to: World Wide Subscription Service Ltd, Unit 44, Gibbs Reed Farm, Ticehurst, East Sussex TN5 7HE. Tel: 01580 200657, Fax: 01580 200616. Members' enquiries should be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 581 3232.

Correspondence and enquiries

All correspondence regarding research papers should be addressed to The Editor, *British Journal of General Practice*, at the College address. Tel (office hours): 0171-581 3232. Fax (24 hours): 0171-584 6716. E-mail: journal@rcgp.org.uk. Correspondence and contributions for the Back Pages should be addressed to the Deputy Editor at the same address.

Advertising

Enquiries about display and classified advertising should be made to the Advertising Sales Executive, Royal College of General Practitioners, at the above address. Tel: 0171 581 3232. Fax: 0171 225 0629. The closing date for acceptance of material for classified advertising is three weeks before the first of the month of issue. Camera-ready copy can be accepted at a later date. The inclusion of an advert in the *Journal* does not imply a recommendation and the editor reserves the right to refuse any advertisement.