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Editorial Office: 14 Princes Gate,  
London SW7 1PU (Tel: 0171-581 3232,  
Fax: 0171-584 6716).  
E-mail: [Journal@rcgp.org.uk](mailto:Journal@rcgp.org.uk)  
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## Research papers this month

### Repeat prescribing: a role for community pharmacists

Bond *et al* argue that traditional systems of managing repeat prescribing have been criticised for their lack of clinical and administrative controls. In their paper, they set out to compare a community pharmacist-managed repeat prescribing system with established methods of managing repeat prescribing. Using a randomised controlled intervention study, they found that a community pharmacist-managed system was logistically feasible in identifying clinical problems and making savings in the drugs bill.

### The economics of employing a counsellor in general practice

Friedli *et al* point out that counselling is currently adopted in many general practices despite limited evidence of clinical and cost-effectiveness. By comparing direct and indirect costs of counsellors and GPs in providing care to people with emotional problems they found that referring to counselling is not more clinically effective or expensive than GP care over a nine-month period. However, further research is needed to establish the indirect costs of introducing counsellors into general practice.

### The validity of the diagnosis of depression in general practice

In their paper, van Weel-Baumgarten *et al* observe that there are often differences in diagnoses between primary and secondary care, particularly where mental illness such as depression is concerned. However, they believe that this is easily avoided if criteria for diagnosis are followed. In a study of general practice patients at the University of Nijmegen in The Netherlands, they found that better primary care diagnoses resulted from GPs observing DSM-IV criteria.

### Higher professional education for general practitioners (I) and (II)

Over two papers, Smith *et al* discuss whether higher professional education is necessary for GPs to complete their vocational training. In the first paper, a confidential postal questionnaire sent to senior partners, GP registrars, new principals, GP trainers, and GP tutors found that there is widespread support for higher professional education if it is adequately externally funded. The second paper follows on, arguing that the key stakeholders need to be supportive and, if implemented, education must be related to service provision, new principal needs, and vocational training.

### Organising primary health care for people with asthma: the patient's perspective

The 1993 chronic disease management contract encourages UK general practices to implement a standardised package of care with an emphasis on regular visits to an asthma clinic. Paterson and Britten explored the views of people with asthma about the organisation of asthma care in general practice and found that patients require services that allow individual choice and flexibility; eight service objectives were identified that would cover most people's needs.

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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, provided 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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