Editorial Office: 14 Princes Gate, London SW7 1PU (Tel: 020 7581 3232, Fax: 020 7584 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, Prime House, Park 2000, Heighington Lane Business Park, Newton Aycliffe, Co. Durham DL5 6AR.

June Focus

THIS month we celebrate the College's hosting of the WONCA Europe conference in London. Just as the RCGP excites exasperation (especially at home) and admiration (especially abroad), WONCA can look to an outsider like another pleasantly relaxed, travelling debating society. Even the President of WONCA Europe and the presiding spirit of the conference, Philip Evans, takes a swipe at such bodies on page 513. The key, as with the RCGP, is to look behind the scenes at the considerable success it has had in encouraging and fostering primary care academies and colleges around the world, trying to ensure the whole world has access to high quality primary care. For instance at last year's worldwide WONCA conference in Durban, for me the most impressive news by a long way was the rural health initiative that WONCA is promoting (the latest news of this will appear in the July issue of the *BJGP*). WONCA Europe is also publishing a new statement of the definition and core competencies of general practice (page 526). Naturally it includes a statement on continuity, and on page 459, a paper from the Netherlands by Schers *et al* confirms that patients value continuity but that 'the importance patients attach to continuity depends on the seriousness of conditions facing them.'

For some of us (yes, including me) one of the RCGP's exasperating traits is its love affair with the past. Perhaps we shouldn't blame the College alone — it seems to be a habit that pervades much of English public life. How you feel about it depends on whether, as a colleague recently expressed it, you subscribe to the Henry Ford or the George Santayana view of history. Where even I agree is that there are important lessons to learn from the past. On page 515, David Hannay sides with Santayana ('The past ... is where we have come from, and understanding it may make us more aware of where we are going'). This is an introduction to a series on the Oral History of General Practice in Paisley, starting on page 516. Over the next few months readers will find much here to illuminate the problems that concern us today. On page 443, Carol Herbert's editorial extracts lessons from the history of primary care research, and on page 523, Brian Hurwitz pays tribute to Roy Porter, one of the giants of medical history who died suddenly earlier this year.

Enough of the past, at least for this month. Hands up those general practitioners who admit to finding the lists of side effects in the BNF unhelpful. And while you have your hands up, bring to mind those patients who have been seriously alarmed by reading the same list in the patient information leaflets. A simple, elegant RCT on page 483 by Whatley *et al* shows how the addition of some information on the likelihood of side effects occurring can help patients make informed decisions about their treatment. Perhaps we should not be surprised that patients find it easier to decide not to take treatment than doctors do to stop a particular practice. On page 485, Wilson and Lester argue strongly that we should be taking cervical smears no more often than every five years and restricting the programme to women aged 25 to 50 years, and that the money saved should be spent on improving the programme's quality.

The programme for the WONCA meeting this month is the usual bewildering array of presentations covering all aspects of primary care research, but everyone should be able to find something unmissable. The *BJGP* has been fortunate in publishing abbreviated versions of the four keynote addresses on pages 443 to 458. The *BJGP* welcomes everyone attending the meeting and hopes you will enjoy a stimulating visit in London. Try not to be put off by the awful public transport, and make sure you go to some wonderful building or gallery you haven't previously visited. Remember Samuel Johnson's: 'When a man is tired of London he is tired of life.' Perhaps you could include his house on the itinerary, where for seven years he worked on his dictionary and fixed the framework of the language in which we shall be communicating with each other.

DAVID JEWELL
Editor

INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2001. The information is published in full in each January issue of the Journal *They are also available on the RCGP website at http://www.rcgp.org.uk/rcgp/journal/info/index.asp*

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All research articles should have a structured abstract of no more than 250 words. This should Background; Aim; Design of study; Setting; Methods; Results; Conclusion; Keywords. (Up to six keywords may be included, which should be MeSH headings as used in *Index Medicus*.)
'Where this piece fits'. Authors are asked to summarise, in no more than four sentences, what was known or believed on the topic before, and what this piece of research adds.
Main text. Articles should follow the traditional format of introduction, methods, results and conclusion. The text can be up to 2500 words in length, excluding tables and up to six **tables or figures** are permitted in an article. **References** are presented in Vancouver style, with standard *Index Medicus* abbreviations for journal titles. Authors should try to limit the number of references to no more than 25. Authors submitting **randomised controlled trials** (RCT)s should follow the revised CONSORT guidelines. Guidance can be found at http://jama.ama-assn.org/info/auinst_ trial.html or *JAMA* 2000; **283:** 131-132. Papers describing **qualitative research** should conform to the guidance set out in: Murphy E, R Dingwall, D Greatbatch, *et al*. Qualitative research methods in health technology assessment: an overview. *Health Technology Assessment* 1998; **2(16): 1-13**.

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Where possible, case reports should follow the evidence-based medicine format (Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based medicine*. Edinburgh: Churchill Livingston, 1997). They should be approximately 800 words in length, excluding references, and may include photos.
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Letters may contain data or case reports but in any case should be no longer than 400 words.

The Back Pages
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