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New GPIAG chair in Primary Care Respiratory Medicine to be hosted at Aberdeen

Primary care has developed into a major clinical discipline. It is an effective and economical way of delivering healthcare. Primary care physicians treat both a wide array of disease and channel more difficult or unusual problems into the hospital setting. All medical schools in the UK now have departments of general practice or primary care.

Since its inception the General Practitioners
In Asthma Group (GPIAG) has aimed to
revolutionise respiratory care in the UK. A major
step in achieving this aim has been realised by
securing funding from a consortium of
pharmaceutical companies to support a Chair in
Primary Care Respiratory Medicine for a period of
five years. We are delighted to announce that our
interview panel (Dermot Ryan and David Price, for
the GPIAG, and Robert McKinley and Douglas
Flemming, independent interviewers) awarded
this post to the Department of General Practice
and Primary Care at Aberdeen University. The
professorship will be advertised and an appointment
made later this year.

The professorial post will be a resource to develop pertinent, evidence-based solutions, to initiate epidemiological and clinical studies; to further develop the research network; and to explore and develop the interface between primary and secondary care. The post will support the application of evidence-based medicine by those working in primary care. By establishing this new post, the GPIAG is providing an opportunity for primary care-led research and innovation.

Respiratory diseases are major reasons for consultation in primary care. ¹ The primary care team manages most patients with these problems exclusively. Guidelines for the management of asthma, ^{2,3} COPD ⁴ and rhinitis ⁵ have been produced, but only a few ^{3,4} have had input from primary care. Secondary care solutions are not always appropriate for primary care problems, one of the reasons for this new post.

The GPIAG Research Unit in Dundee continues to be responsible for important respiratory research ⁶⁻¹⁴ (full bibliography on web page) and runs the group web page (http://www.gpiag-asthma.org/asthma/GPIAG/welcome.htm). Members actively participate in national and international respiratory conferences and many have contributed significantly to the medical literature in the last 20 years. ¹⁵ The group has an extensive research network of more than 250 practices. Our journal, *Asthma in General Practice*, publishes work relevant to primary care respiratory disease, including abstracts of work presented at our Annual Scientific Meeting. ■

Dr Dermot Ryan

Chairman, GPIAG

Dr David Price

Joint Research Director, GPIAG

Dr Mark Levy

Editor, Asthma in General Practice

References

- 1. Office of Population Censuses and Surveys. Morbidity statistics from general practice 1991/92 (MSGP4). *OPCS Monitor* 1994; **MB5 94/1:** 1–12.
- 2. The British Thoracic Society, The National Asthma Campaign, The Royal College of Physicians of London, *et al.* The British guidelines on asthma management: 1995 Review and Position Statement. *Thorax* 1997; **52**(**Suppl 1):** S1–S21.
- 3. Scheffer A. Global strategy for asthma management and prevention: NHLBI/WHO workshop report. 1995; **95-3659:** 1–176.
- 4. The COPD Guidelines Group of the Standards of Care Committee of the BTS. Guidelines for the management of chronic obstructive pulmonary disease. *Thorax* 1997; **52**: \$1–\$32.
- 5. International Rhinitis Management Working Group. International Consensus Report on the diagnosis and management of rhinitis. *Allergy* 1994; **49:** 1–34.
- 6. Neville RG, Clark RC, Hoskins G, *et al.* on behalf of the General Practitioners In Asthma Group. National asthma attack audit 1991-2. *BMJ* 1993; **306**: 559–62.
- 7. Bryce FP, Neville RG, Crombie IK, *et al.* Controlled trial of an audit facilitator in diagnosis and treatment of childhood asthma in general practice. *BMJ* 1995; **310**: 838–42.
- 8. Neville R. Two approaches to effective asthma audit. *Practitioner* 1995; **239**: 203–5.
- 9. Hoskins G, Neville RG, Smith B, et al. Do self-management plans reduce morbidity in patients with asthma? Br J Gen Pract 1996: 46: 169–71.
- 10. Hoskins G, Neville RG, Smith B, *et al.* Do self-management plans reduce morbidity in patients with asthma? *Br J Gen Pract* 1996; **46:** 169–71.
- 11. Levy ML, Barnes GR, *et al.* Provision of primary care asthma services in the United Kingdom. *Thorax* 1996; **51:** A28 (Abstract).
- 12. Neville RG, Hoskins G, Smith B, *et al.* Observations on the structure, process and clinical outcomes of asthma care in general practice. *Br J Gen Pract* 1996; **46**: 583–7.
- 13. Hoskins G, Neville RG, Smith B, *et al.* on behalf of the General Practitioners In Asthma Group. Does participation in distance learning and audit improve the care of patients with acute asthma attacks? *Health Bulletin* 1997; **55**: 150–5.
- 14. Neville RG, Hoskins G, Smith B, *et al.* How general practitioners manage acute asthma attacks. *Thorax* 1997; **52:** 153–6
- 15. Charlton I. The contribution primary care (general practice) has made to asthma care in the past twenty years. *Asthma in General Practice* 1997; **5:** 18–20.