

Editorial

Dr Mark Lev
Editor, GPIA

This first issue of the journal for 2001, includes a selection of original papers as well as a new News Section with information from the International Primary Care Respiratory Group (p 13) and its aim to focus upon Chronic Obstructive Pulmonary disease (COPD).

While more general practitioners are using spirometry in their day to day practice, the quality of readings obtained and the ability of individual practitioners is variable. Schermer et al (p 4-7) investigate whether subjects (inexperienced practice assistant who perform lung function tests in Holland) achieve better results if they could see the flow/volume curves in real time. While Peak Flow Rates were statistically significantly better, this was not so in the case of FE₁/FVC. Nevertheless, on the basis of moderate differences in readings achieved by assistants who could see the curves during the procedure the authors have recommended the use of spirometer with visible real time flow volume curves. Further study in this area is clearly needed. Their table (p 5) derived from the ERS and ATS guidelines is particularly helpful and could be used as a guide for practitioners in instructing patients how to perform spirometry.

It is often very difficult for clinicians to decide which inhaler device to prescribe. The paper by Allen et al (p 8-11) determined adult patients' acceptability of

the Salbutamol Clickhale[®] in routine clinical use. The study compared patients and physicians perceptions regarding three types of devices. The methodology and principles raised in this paper have general relevance to clinicians when deciding upon an inhaler device, and more importantly in reassessing patient once they have been prescribed a device.

Sheikh and Cook, in the fifth of their series of statistical notes (p 15-16), unravel some of the mystery of sample size calculations for research, and offer some useful practical advice on the subject.

The GPIAG Registrar Audit Competition 2001 is announced on page 12. This carries a prize of £40 and an invitation to the winner to present their work at the GPIAG Annual Conference. It gives us pleasure to publish the paper by Dr Nicola Harker (p 17-18), the winner of the 2000 competition, on a practice audit to determine the level of entry of parents smoking status in their children's medical histories.

I would like to draw readers attention to the call for papers for our congress to be held in Manchester in September (see page 17). ■

Mark L Levy
Editor

What's New at the GPIAG

Dr John Haughne
Vice Chairman, GPIA

The New Year has heralded massive change at the GPIAG.

From 1st January 2001 we have shed our single sponsor status. We are truly grateful to Allen Hanburys for their practical and financial support over the years. Thanks to their nurturing we have matured into a healthy independent organisation, positioned with many benefits but increased responsibilities.

Over the last few months, we have addressed many of the fundamental business issues. Perhaps our most important and productive decision was to appoint Siân Williams as our part-time transition consultant. Siân has experience in public sector management and organisational development, education and the public health.

The process of identifying a part-time, permanent Director is underway; we hope to have the position filled for 1st July 2001. Full details are advertised in

this edition of *The Journal* (page 19).

We now have in place, or in late development

- an informal, structured business plan
- financial and accountancy systems that reflect our new status
- proposed amendments to the constitution for scrutiny at the annual meeting
- support from six pharmaceutical companies namely: 3M, AstraZeneca, Boehringer Ingelheim, MSD, Novartis and Schering Plough

The activities of the Group have been divided in a more formal manner than before.

The publication division will continue to be headed by Mark Levy, leading an influential and increasingly international editorial board.

Professor David Price, the GPIAG Professor of Respiratory Medicine in Primary Care, University of Aberdeen, has appointed a number of additional staff to his department. This unit forms the centre of

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