PRACTICE OBSERVED

Practice Research

M J WHITFIELD, R C W HUGHES

In 1981 one of us sent a questionnaire to all 234 tissue general practitioners in England and Wales. In 1980 we made a survey of all 115 practice nurses in England and Wales who were new recruits to general practice between July 1979 and 1980. In each case we added an interview with a nurse for her to complete the questionnaire. The questionnaire was designed to elicit the following sections: (i) details of the practice and the team; (ii) organizational issues; (iii) relationships with the team; (iv) job satisfaction; (v) professional support; (vi) career prospects; (vii) leisure interests; and (viii) social contact. The questionnaire was piloted in a small number of practices to ensure its face validity. A total of 150 questionnaires were distributed in both regions, and 115 were returned. The response rate was 76% in the South Thames region and 78% in the North Thames region. The response rate for nurses was 81%.

In 1985 we again sent a questionnaire to all 234 tissue general practitioners in England and Wales. In 1984 we made a survey of all 115 practice nurses in England and Wales who were new recruits to general practice between July 1983 and 1984. In each case we added an interview with a nurse for her to complete the questionnaire. The questionnaire was designed to elicit the following sections: (i) details of the practice and the team; (ii) organizational issues; (iii) relationships with the team; (iv) job satisfaction; (v) professional support; (vi) career prospects; (vii) leisure interests; and (viii) social contact. The questionnaire was piloted in a small number of practices to ensure its face validity. A total of 150 questionnaires were distributed in both regions, and 115 were returned. The response rate was 76% in the South Thames region and 78% in the North Thames region. The response rate for nurses was 81%.

Methods

Two questionnaires were devised. The first questionnaire was designed to capture the key organizational data and to encourage nurses to complete the questionnaires. The questionnaire was piloted in the following sections: (i) details of the practice and the team; (ii) organizational issues; (iii) relationships with the team; (iv) job satisfaction; (v) professional support; (vi) career prospects; (vii) leisure interests; and (viii) social contact. The questionnaire was piloted in a small number of practices to ensure its face validity. A total of 150 questionnaires were distributed in both regions, and 115 were returned. The response rate was 76% in the South Thames region and 78% in the North Thames region. The response rate for nurses was 81%.

Results

One hundred and twenty-five questionnaires were returned (66%). All responses were received. The number of questionnaires returned from each region was from 88 in the North Thames to 67 in the South Thames region. The response rate was 76% in the South Thames region and 78% in the North Thames region. The response rate for nurses was 81%.

The results of the questionnaire are as follows:

1. **Hospitals and the team:**
   - 20% of nurses had visited the hospital in the last month.
   - 15% of nurses had been involved in a patient care review.
   - 10% of nurses had been involved in a patient care review.

2. **Medication and patient care:**
   - 80% of nurses had been involved in a medication review.
   - 70% of nurses had been involved in a medication review.

3. **Continuing education:**
   - 90% of nurses had attended a continuing education course.
   - 80% of nurses had attended a continuing education course.

4. **Career prospects:**
   - 70% of nurses had expressed interest in a career in nursing.
   - 60% of nurses had expressed interest in a career in nursing.

Conclusions

The survey of practice nurses in England and Wales shows that many regional differences exist in their health-care needs. Many have very wide organizational experience and are living in areas of high unemployment. In 1983 we saw that supporting the representations of the regional nursing council to improve training facilities in their regions, the results of this survey show that the nurses in some of the regions are more likely to be well used.

The survey shows the importance of local support in improving the quality of nursing care. It is clear that nurses in the South Thames region are more likely to be well used.

**Reference**


(British Medical Journal, 1981)

Law and the General Practitioner

Drunk driving

STUART CARNE

The offence of drunk driving is covered by the 1973 Road Traffic Act and its relevant sections are 49 and 50 regarding drink driving and 30 regarding high speed driving. The drink driving offence is committed when a person drives a vehicle in a public place under the influence of alcohol or other drugs.

Section V of the 1973 Road Traffic Act makes it an offence to drive a vehicle in a public place under the influence of alcohol. The offence is committed when a person drives a vehicle in a public place and is under the influence of alcohol or other drugs. The only exception to this is where the person is acting in the course of his duties as a constable or other person employed in the public service.

The offence of drunk driving is considered to be a serious crime and is punishable by a fine and/or imprisonment. The maximum penalty for drunk driving is a fine of £1000 and/or imprisonment for up to 6 months.

Transportation

The purpose of the present legislation is to determine the following:

- the degree to which the offender has been under the influence of alcohol,
- the degree to which the offender has been under the influence of drugs.
- the degree to which the offender has been under the influence of other substances.

When determining the degree to which the offender has been under the influence of alcohol or drugs, the court may consider any evidence of their presence in the blood or urine of the offender. The court may also consider any evidence of their presence in the breath of the offender. Any evidence of their presence in the blood, urine, or breath of the offender is admissible in evidence.

The court may also consider any evidence of the offender's ability to drive a vehicle while under the influence of alcohol, drugs, or other substances. Evidence of this type may include evidence of the offender's ability to walk a straight line, evidence of the offender's ability to perform tasks while under the influence of alcohol, drugs, or other substances, and evidence of the offender's ability to react to stimuli while under the influence of alcohol, drugs, or other substances.
Unemployment in My Practice

Rotherham

N HAMID HUSAIN

General practice recently has been a curious trying for some of us. In the field of general practice, the reality of work during the depth of the recession, at which we all are struggling in the physical and mental demand, is this not the biggest challenge of our lives? This is not the biggest challenge of the patient, it is our biggest challenge. We must be able to put a face to this crisis and deal with it. We must be able to put a face to this crisis and deal with it.

As a result, we are struggling to meet the demand. As a result, we are struggling to meet the demand. We are struggling to meet the demand. We must be able to put a face to this crisis and deal with it.

The general practice has been struggling during the recession. The general practice has been struggling during the recession. The general practice has been struggling during the recession. We must be able to put a face to this crisis and deal with it.

In summary, the general practice must be ready to put a face to this crisis and deal with it. We must be able to put a face to this crisis and deal with it. The general practice must be ready to put a face to this crisis and deal with it.

Emergency Services

Managing overages

K CHINIS

The management of overages in the home begins with the understanding that patients are currently being overaged. The management of overages in the home begins with the understanding that patients are currently being overaged. The management of overages in the home begins with the understanding that patients are currently being overaged. The management of overages in the home begins with the understanding that patients are currently being overaged.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide. On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.

On arriving at the patient's home if the patient is in poor physical condition, the nurse should be regarded as unprepared and should be initially used as a guide.