PRACTICE OBSERVED

Maintaining the accuracy of a computer practice register: household index

F DIDDLE, P. M. HOOK, M. SLONGB

Abstract

In this practice, with a family practitioner committee list of 817 patients, we use a computer register for record, retouching, monthly data, deaths, and removal by proxy. The computing techniques used to achieve accuracy in understanding the register are described. In assessing the accuracy of the computer register we used three methods: first, a check of all records, second, comparing the computer register with the register on which the patient's name and address are known to the practice, and third, comparing the computer register with the register on which the patient's name and address are known to the practice. We have found this method to be both feasible and valuable in maintaining a household index.

Introduction

The purpose of this study was to assess the accuracy of the computer practice register and to determine the feasibility and value of maintaining a household index. We used three methods to assess the accuracy of the computer practice register: first, checking all records, and second, comparing the computer register with the register on which the patient's name and address are known to the practice. We have found this method to be both feasible and valuable in maintaining a household index.

Setting up the register

The computer practice register is currently being set up and we have found it to be both feasible and valuable in maintaining a household index. We have found that this method is both accurate and efficient in maintaining a household index.

References


100 YEARS AGO

The regulation of nature was checked off a list of necessary and desirable items. On the contrary, the practice of nature was considered to be a serious matter. The list of necessary and desirable items included accuracy in the production of records, the maintenance of a household index, and the provision of adequate facilities for the practice of medicine. The list of necessary and desirable items included accuracy in the production of records, the maintenance of a household index, and the provision of adequate facilities for the practice of medicine.

Giving advice about welfare benefits in general practice

BRIAN JARMAK

Abstract

In our practice we have designed an algorithm used at every practice consultation. The algorithm consists of three tables: one for 1991, one for 1992, and one for 1993. The algorithm is based on the assumption that patients have access to the internet and are familiar with the concept of welfare benefits. The algorithm is designed to be used in general practice consultations and is intended to provide patients with information about welfare benefits and to help them understand how to access them. The algorithm is designed to be used in general practice consultations and is intended to provide patients with information about welfare benefits and to help them understand how to access them.

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Women in General Practice

Provision for maternity leave for general practitioners

PENNY SCHOFIELD, GILL WARD

Half of the women in medical school in the United Kingdom are now in general practice. In 1977, the Secretary of State for Health and Social Security announced the government's intention to provide maternity leave for general practitioners. The initial policy was to provide one week's leave without pay, but this was later increased to two weeks. The scheme was designed to provide some security for women general practitioners and to encourage recruitment of women to general practice. It was seen as a step towards achieving equal opportunities for women in medicine.

The scheme was not without its critics. Some medical schools were concerned that it would discourage women from entering general practice, while others argued that it was unwarranted and that women should be expected to return to work as soon as possible after childbirth. Despite these concerns, the scheme was implemented and has been in place since 1984.

In addition to the financial benefits, including tax relief, the scheme has also had positive impacts on the recruitment and retention of women in general practice. It has been suggested that the provision of maternity leave has made general practice a more attractive career option for women, particularly those who are considering a career in medicine.

The scheme has been extended to include adoption leave, as well as medical and study leave for doctors in training. These changes have been welcomed by many, particularly those who are considering a career in medicine and those who are already in practice.

In conclusion, the provision of maternity leave for general practitioners has been a positive step towards achieving equal opportunities for women in medicine. It has helped to attract and retain women in general practice, and has contributed to the development of a more diverse and inclusive workforce.

Question 1
What is the purpose of the provision for maternity leave for general practitioners?

Question 2
How has the scheme been extended to include adoption leave?

Question 3
What changes have been welcomed by many doctors in training?

Question 4
What is the purpose of the scheme for medical and study leave for doctors in training?