is a joint partnership between the University of Nottingham and EMIS (leading commercial supplier of IT for 60% of general practices in the UK). JHC is also a paid director and co-founder of ClinRisk Ltd that produces software to ensure the reliable and updatable implementation of clinical risk algorithms within clinical computer systems to help improve patient care. The software which implements the algorithms described in this paper are free for anyone to use under the terms of the GNU Lesser GPL3. For those who wish to implement software in a closed source setting, then a licence fee is payable to ClinRisk Ltd. CC is associate professor of medical statistics at the University of Nottingham and a paid consultant statistician for ClinRisk Ltd. This work and any views expressed within it are solely those of the co-authors and not of any affiliated bodies or organisations.

Acknowledgements
We particularly thank Professor Sir Mike Richards [Department of Health cancer tsar] and Ms Ali Stunt (CEO of pancreatic cancer action) for discussing and requesting the additional analyses.

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Tips for GP trainees working in general medicine
We write to congratulate the authors on writing an excellent piece of work that GP trainees on general medical rotations should find very helpful. Although the article provides good advice on commonly encountered medical problems, we would like to highlight issues relating to pleural problems (point 20: ‘Never let the sun go down on an empyema’).

Pleural intervention (including thoracentesis and drain insertion) is associated with a range of potential complications, and each procedure should be performed by competent (or supervised) medical staff. These procedures are best avoided out of hours. We recommend that in most situations you can ‘let the sun set’ and defer the intervention until the next day.

1. The authors suggest that everyone with pneumonia-associated pleural effusion needs a pleural tap. Diagnostic pleural tap should be guided by clinical need. Up to 40% of pneumonias have associated para-pneumonic effusion (the most common cause of exudative pleural effusion in young patients) and the vast majority will settle with antibiotic treatment. Pleural tap should be considered in the context of persistent sepsis despite antibiotics.