

On the other hand if 'the principal has previous experience of teaching or has completed a recognised course' (presumably a teachers' course) he scores four points. M.R.C.O.G. is equated with D.Obst.R.C.O.G. at three points, while M.R.C.P. scores only two and an M.D. whatever its narrow context—five.

These are perhaps nit picking points. The danger of this major contribution to a new look at teaching practices is that a potentially most valuable tool will become immediately regarded as a complete answer to a thorny problem.

Donald Irvine has given us the framework of a method of selection of teachers. It must surely be developed into a more meaningful instrument which assesses clinical and above all teaching capacity as well as organisational methods. There are many who welcome this paper, and as many who will be prepared to assist in the development of the method. It is still too early to rely too much on the scoring system used.

P. S. BYRNE

Professor of general practice

Department of General Practice,
University of Manchester,
Darbshire House,
Manchester, M13 0FW.

REFERENCES

- Byrne, P. S. & Freeman, J. (1971) *British Journal of Medical Education*, 5, No. 4, 292-304.
Byrne, P. S. (1972). *Journal of the Royal College of General Practitioners* (In Press).
Irvine, D. (1972). *Teaching Practices: Report from General Practice No. 15*. London: *Journal of the Royal College of General Practitioners*.

POPULATION AT RISK

Sir,

In the *June Journal*, neither the article on the *Analysis of Summarised Data* from the Research Unit of the College, nor Dr Dinwoodie's report on *Morbidity Recording*, stress the need for an accurate knowledge of the population at risk in calculating rates recorded during morbidity surveys. Indeed, Dr Dinwoodie states it is not possible to relate his data to practice populations, as only one partner from the practice was taking part.

Professor J. N. Morris (1970) illustrates how the actual membership of patients in a general practice was very different from that recorded by a survey of the National Health Service cards. I think it should be stressed that not only are age-sex registers needed for studies of morbidity rates, but that these can only be made when either or all the partners take place in the investigation, or if one out of several takes place, that he looks after a defined list of his own.

In addition, it is necessary to review the age-sex register with a critical eye at fairly frequent intervals, so that the inevitable errors of the list

may be kept within reasonable bounds, which I suggest is about five per cent. Without this the figures are not really useful and the exercise is largely wasted.

E. J. C. KENDALL

52 High Street,
Epsom.

REFERENCES

1. *Journal of the Royal College of General Practitioners* (1972). 22, 377-81.
2. Dinwoodie, H. P. (1972). *Journal of the Royal College of General Practitioners*, 22, 417-20.
3. Morris, J. N. (1970). *Uses of Epidemiology*. p. 42. London.

NATIONAL TRAINEE CONFERENCE

Sir,

We welcome the opportunity to comment on the eloquently irrational letter of Dr S. L. Barley (*June Journal*)¹.

We think his attempt to belittle the intellectual capability of the trainees ill-founded. The trainees voiced conclusions in one week end that the intellect of Dr Horder took years to reach, and this surely highlights the value of the conference.

We completely agree (as did the conference) that discussion was severely limited, due in part to the excessive panache of the speakers².

A pioneer conference must inevitably retrace steps to find common ground, and the most fundamental principles of vocational training are not 'old hat' to some trainees, particularly those involved with the old scheme. Incidentally one of these (that the majority of trainees were *not* in favour of compulsory vocational training) seems to have found its way under a college carpet.

Isn't education largely learning from others' mistakes—at a national as well as regional and practice levels? On a practical note not only will regional conferences probably cost more; but under Section 63, financial assistance to trainees travelling outside their own region is restricted to courses not available locally.

We suspect the cross-fertilization Dr Barley envisages is likely to give rise to non-viable Mendelin recessives! However, regional solutions (aired nationally) can have wide reaching applications; Newcastle hasn't a hierarchy but will be pleased to share its organised anarchy,

Finally we would challenge the repeated assertion that a conference requires a hypothesis. A conference is 'a meeting for discussion and exchange of views'³.

We thank Dr Barley for the velvet glove and the stimulus to think again, 'why a national trainees' conference?'—We still think its a good thing.

W. J. D. MCKINLAY

C. K. DRINKWATER

Vocational trainees

University of Newcastle scheme