

beds of his own at the London Hospital for only a short period of time, and that (combined with personal reasons) probably explains why he left for St Andrew's in 1917.

Incidentally, it is somewhat misleading to describe Rosemary Stevens as an American. Though she became an American citizen after marrying an American, she was born and bred in Britain.

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Dr Pereira Gray replies as follows:

The title of Mr Honigsbaum's book is *The Division in British Medicine. A History of the Separation of General Practice from Hospital Care 1911 to 1968.*

AUDITING VOCATIONAL TRAINING SCHEMES

Sir,
Much has been written about audit in general practice and the difficulty with which it is being accepted. Perhaps the concept would gain more credence if it was applied to vocational training schemes and became an integral part of the education of trainees.

The vocational training scheme is fast becoming the major source of general practitioners—it is producing "a cohort of highly trained practitioners", yet the course itself has no form of self-criticism and thus tends to stagnation.

How could one, then, audit a vocational training scheme with a view to increasing the quality of practitioners so produced? Possible questions could include those about the quality of hospital posts and their consultants' desire to train general practitioners, or the use (and abuse) of the half-day release. Is this the best method of training general practitioners or are there any alternatives? Does the scheme provide any 'after care' in the way of jobs, follow-up, and advice once in practice? The ultimate question is: how can a scheme assess its own success or failure? Is the success at the College examination the sole factor?

At present I am a trainee in a London teaching practice with friends in schemes from Basingstoke to Newcastle, and can see how widely schemes differ; yet, throughout there is the same degree of *laissez-faire*, of enthusiasm moderated by stagnation of ideas. Introducing audit into vocational training schemes would provide the impetus for change and improvement which is

needed if trainees, trainers, and course organizers are to be able to design schemes that will truly deliver a better class of general practitioner.

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GENERAL PRACTITIONER OBSTETRICS

Sir,
The perinatal statistics presented by Dr M. J. V. Bull in his informative article (*April Journal*, p. 208) give food for thought.

In the first triennium, 1968-1970, 22.8 per cent of births booked were transferred to the consultant hospital during pregnancy and 9.5 per cent during labour; in the last triennium, 1975-1977, the percentages were 26.8 and 8.6. In 1975-1977 the perinatal mortality rate per 1,000 births (all) was 9.2. It would have been only 8.1 if the proportion transferred had remained the same as in 1968-1970!

In 1968-1970 the perinatal mortality rate per 1,000 births transferred in pregnancy (56.0) was nearly 30 times that for those not transferred (1.95); in 1975-1977 the ratio was nearly 40 times (26.8 against 0.75). The reasons for transfer, in order of frequency, were toxæmia, post-maturity, suspected disproportion, malpresentation, and antepartum haemorrhage. The national survey of 1970 (Chamberlain *et al.*, 1978) established that the overall perinatal mortality rate associated with severe toxæmia was just over twice that associated with no toxæmia; likewise, the rate at over 42 weeks' gestation was just over twice that at 39-42 weeks. The disproportion or malpresentation may have necessitated caesarean section, for which the perinatal mortality rate was two and a half times that for spontaneous cephalic presentations; for the very small proportion of breech presentations it was less than 10 times the normal rate. The perinatal mortality rate associated with antepartum haemorrhage was less than four times that associated with no bleeding.

Thus, one might expect a group made up of such high risk births to have a perinatal mortality rate about three to four times that for a low-risk group drawn from the same area. Perhaps, since the rate for the low-risk group was so very low, the multiplying factor might be rather larger, but is it not staggering that it should be 10 times larger? One has seriously to question

what advantage accrued from the transfer for the group as a whole and, *a fortiori*, what justification there is for increasing the proportion transferred. Would general practitioners, who have been so very successful with low risk births, really expect to be over 40 times less successful with many of the births at higher risk which in earlier years they undertook? There seems to be a good case for trying to find out.

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Reference

Chamberlain, G., Philipp, E., Howlett, B. & Masters, K. (1978). *British Births 1970*. Vol. 2. London: Heinemann.

TEACHING STUDENTS

Sir,
Without appearing pedantic, may I correct the continued use of the term 'undergraduates' when referring to 'medical students'? The term is used inaccurately in the editorial of your May issue (p. 259), and quite incorrectly as the heading for my article on "Medical Student Attitudes and General Practice" (the students who participated being graduates) (*May Journal*, p. 307). The two terms are not synonymous. In this medical school (and others), all clinical students are necessarily graduates and, while not medical graduates, nor are they undergraduates. 'Medical student' is a more accurate term and should be used, preceded by 'pre-clinical' or 'clinical' if appropriate and necessary.

Semantics apart, may I congratulate you on your editorial on general practice teaching of students. General practice teaching in our medical schools is grossly underfunded. Payments to general practitioners who teach students—a vital part of any general practice teaching programme—vary widely but are everywhere inadequate and in some medical schools ludicrously so, or even non-existent. The contrast between payments to trainers under the vocational training arrangements and those to teachers of students is remarkable; a trainer now receives over £2,500 a year for his teaching (plus the service benefit of a trainee).

You are right to overcome your abhorrence of involvement in matters of payment and politics and in drawing