international organisations are providing strong competition. And competition is an issue — for people's time not least — how many conferences in a particular field can be sustained? This question is especially pertinent for primary care, where pharmaceutical sponsorship is a less obvious solution than in other fields. But high quality research interchange demands that our meetings have international representation, and SAPC must address this, if it is to avoid parochialism in its representation of current research activity in primary care.

Professor Dietrich's first challenge is even more pertinent. Other UK clinical specialties — the British 'ology' Societies — attract significant numbers of clinicians with no direct research responsibilities to their annual scientific meetings; the SAPC meeting does not. The clinical research agenda in the UK is increasingly emphasising two things: the need for high quality research and the need for it to influence practice in the near future. It is time for clinical and academic leaders in primary care to work out how we can compete most effectively with other specialties, in providing an arena where research, education and policy can be debated by representatives from the whole of primary care.

Professor Dietrich's final point is easier to address. We need to learn from the US and European tradition of not only celebrating our academic trainees, but also making them more visible and providing opportunities for interaction at meetings such as SAPC. One positive move is the new academic research training fellowship and lectureship scheme — the 'Walport' trainees, who will meet nationally as a group; and SAPC has regional meetings, which traditionally emphasise new researcher presentations. However, the national meeting clearly needs to provide more opportunities for trainee researchers to meet each other and the leaders in their field. On one issue we would go further than Professor Dietrich. Senior researchers should regard it as a responsibility when attending conferences, to actively engage with as many of the sessions, posters, and junior researchers as they can. Conferences should not simply be about cosy meetings with mates, and the sight of the individual stranded by an unvisited poster should not be an acceptable part of the conference scene.

Professor Dietrich's questions about QOF are all pertinent and reflect the wider interest in pay for performance, and its effects on quality, coming from outside the UK. We would add a concern about the appearance in journals of conflicting results based on data collected for financial not research purposes. As to the discussion that was missing from the conference, we will do our best to provide an arena at a future SAPC meeting for issues in evaluating QOF and its effects, including methodology, to be debated in full.

Finally it is good to have positive feedback on issues that for organisers are always tricky to judge — the poster session, the quality of the science and the mix of topics. We hope the warmth of Allen's report will send readers scurrying to register for the 2007 SAPC conference in London. See you there!

Debbie Sharp, Helen Lester, Blair Smith and Peter Croft

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Julian Tudor Hart at 80

Most people plan to have a quiet time in their eighth decade, but Julian Tudor Hart has completed his with a flourish, not only winning the College's prestigious Discovery Prize, but also publishing his latest book — *The Political Economy of Health: A Clinical Perspective*.[1]

The book is a blast (worth reading for the footnotes alone) and, as usual, the author has his finger on the pulse of what is happening in the NHS. For those who have forgotten, there is a lot on the origins of the NHS and how it has developed so far. But the most important part of the book concerns the future. A major part of the story is Julian's, having pioneered the population approach to clinical care that is now orthodox and, in doing so at Glyncorrwg Health Centre in South Wales, contradicting his inverse care law.

This work required an epidemiological approach, but it was rooted in the clinical care and long-term relationships that are at the heart of general practice, and are the basis of the public's frequently and consistently expressed trust in family doctors. The contribution of primary care to health improvement needs both elements. Julian argues that this is not a provider/consumer relationship, but a collaborative one, producing social value, which economists and NHS policy advisers seem unable to understand. For many people, the NHS provides expression for the type of society in which they prefer to live and work. Ironically, 35 years after his *Lancet* essay on the inverse care law,[2] highlighting the threat of market forces to this ideal, these forces are again gathering strength.

To mark Julian Tudor Hart's 80th birthday, a special meeting is being held in Glasgow on Saturday 3 March, 'Looking forwards, not backwards, at the NHS', with contributions from Allyson Pollock, George Davey Smith, Phil Hanlon, Graham Watt and Julian Tudor Hart. Everyone who wishes to come is warmly invited. For details see: http://www.gla.ac.uk/departments/generalpractice/events-tudorhart.htm

Graham Watt

REFERENCE

1. Tudor Hart J. *The political economy of health care: a clinical perspective.* Bristol: Policy Press, 2006.
2. Tudor Hart J. The inverse care law. *Lancet* 1971; **1(7696):** 405–412.