

these qualities. However, we saw no differences in previous academic performance by group (table 2).

A further argument against selection bias being a serious limitation in this study is the school's selection procedure. The three elements that contribute to this process are performance in a national admission test of reasoning and problem solving in the basic sciences and humanities, performance in a previous undergraduate degree, and performance at a standardised interview that rewards evidence of self directedness, teamwork, communication skills, compassion, resourcefulness, and broad life skills. Thus, all medical students at Flinders are likely to be resourceful and talented high achievers.

Other qualities that could be over-represented in students in the rural programme and Darwin groups, such as seeking adventure, interest in rural medicine as a career, being suited to rural life, and having fewer ties with the city, show only the student centred benefits of offering different environments to suit the needs of different students. There is no suggestion that such qualities inherently affect academic performance, but when a student's self perceived traits are matched to an environment that supports them, their academic performance may be enhanced. This should, however, have been equally true for students who chose to study in the tertiary centre.

Our analysis accounted for the other possible biases of student age, sex, year 2 score, and cohort effect. The results cannot be explained by the Hawthorne effect as they have been sustained over five years and during this time the rural and Darwin programmes have become a routine part of the school's study options. The results may also be criticised for reflecting the effect of group size rather than location. However, on a day to day basis, students in all of the locations were allocated to practices or wards in pairs or alone, and tutorial group sizes were also similar.

### Future of community learning

When the rural and Darwin programmes were initiated, the university had some concerns that student learning would be compromised in pursuit of the longer term workforce aims. The quality of the students' examination performance in the regional hospital, and, in particular, in the community setting, has allayed this concern. Our findings challenge the orthodoxy of a tertiary hospital being the most appropriate location for all undergraduate medical students.

In 2001, the Australian Commonwealth government announced a national programme that will require each medical school to enable a quarter of its students to undertake half of their clinical education in rural or remote settings. Although some students will learn better in large urban settings, our findings should give students confidence that they do not have to sacrifice academic performance when taking advantage of such learning opportunities.

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### Corrections and clarifications

*Coronary heart disease prevention: insights from modelling incremental cost effectiveness*

Our complex ELPS (electronic long, paper short) system got the better of us in this paper by Tom Marshall (*BMJ* 2003;327:1264-7). In the full ([bmj.com](http://bmj.com)) version, the figure shows the average cost effectiveness of preventive treatments based on a patient at 10% risk [not 10.5% risk, as stated in the caption] of a coronary event over five years. The value was correct in the abridged version (both in print and on [bmj.com](http://bmj.com)).

*Meadow faces GMC over evidence given in child death cases*

A statement in this News article by Owen Dyer about a new working party set up to produce a national protocol for investigating sudden infant deaths was wrong (3 January, p 9; doi:10.1136/bmj.328.7430.9). The working party was not set up by the government. It was set up jointly by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health, although the Department of Health is represented on it.

### Obituary

In this obituary of Allan J Erslev by Janice Hopkins Tanne (3 January, p 52; doi:10.1136/bmj.328.7430.52), we should have said that Dr Sandor S Shapiro [not Jaime Caro] succeeded Dr Erslev as director of the Cardeza Foundation for Hematologic Research at Jefferson Medical College of Thomas Jefferson University in Philadelphia, Pennsylvania. Dr Shapiro gave up that position in 2000 and is now research professor of physiology at the college.

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