and carers' knowledge of stroke we surveyed 39 patients with recent cerebral infarction without cognitive or language difficulties and 16 carers.² Only 14 of the patients and 10 of the carers recognised the onset of stroke, and when presented with some common scenarios a third did not recognise half the common presenting symptoms of stroke (hemiparesis, hemisensory loss, dysphasia, homonymous hemianopia, etc).

When asked about risk factors for cerebral infarction the 55 people interviewed could only name 1.5 risk factors on average; 17 could not name any. After an information booklet on stroke was provided they could name 2.5 risk factors on average, and only nine could not identify any. Thirty six of the participants read the booklet.

Our audit suggests that most patients and many carers do not recognise the onset of stroke and that knowledge of risk factors is poor. Knowledge improved, however, with the provision of a simple information booklet, which most people read.

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1 Yoon SS, Byles J. Perceptions of stroke in the general public and patients with stroke: a qualitative study. *BMJ* 2002;324:1065-8. (4 May.)

2 Collins DR, O'Neill D, McCormack PME. Patient and carer knowledge of symptoms and risk factors in stroke. *Age Ageing* 1999;28(suppl 1):53.

Licensing system for doctors

Licensing seems inevitable, but is it necessary?

EDITOR—I'm sure that the revalidation of doctors in the United Kingdom that Eaton mentions in her news article will proceed.¹ This will be mainly because it is driven by politicians and academics, and because, like so many of these things, it seemed like a good idea at the time, but I challenge whether it will make any difference to overall quality of service or care.

We have had this in Australia for 10 years now, yet there is still little hard evidence that it has done anything but introduce yet another layer of bureaucracy. We call it vocational registration (VR), and we have to accumulate a minimum number of points over a triennium. For me it has changed nothing in my work habits, as I always enjoyed doing continuing medical education when I chose those things I most felt I needed to brush up in. Now, the compulsion has removed a lot of the fun of this while no doubt providing a lot of "gainful employment" to the "specialists" retained by the drug companies to lecture, they being only too happy to "sponsor" the meetings because of the great access this gives then to the doctors. The fact that this automatically narrows the scope of subjects to those

relevant to the latest (and most expensive) drugs seems by the bye—you will find the "authorities" remarkably reluctant to put up real money to provide this education, once they have put the requirement in place.

I am convinced one's conscientiousness in keeping up to date is far more a function of one's basic personality, which is decided well before college, let alone medical school, and people who are lazy will still find ways to be so, and people (the vast majority) who are not will just have to jump through all the loops and hoops. Have fun, people—never learn from others' mistakes.

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1 Eaton L. Government proposes licensing system for doctors. *BMJ* 2002;324:1235. (25 May.)

Accumulating points has not changed the way I learn

EDITOR—With reference to the article by Eaton, I agree with Bradley (above), a fellow sufferer of MOPSITIS.¹ As a thoracic physician, the accumulation of points for maintenance of professional standards (MOPS) for the Royal Australian and New Zealand College of Psychiatrists has been a waste of time and has not changed the way I learn (I avoid drug company lectures). It also does not adequately acknowledge the varied and complex ways in which the grey matter has been learning since the late cretaceous period.

I find conferences in general a waste of time, enjoy using my computer (now, cyber lectures), researching and writing papers, and reading journals. The system cannot keep up with cyber learning, and it is impossible so far to keep a points record of this activity, which occurs all day long in the office through access to the wide range of state of the art therapeutics and other information that can be accessed as a problem arises.

Only a minuscule number of points are credited for the writing of a paper, which could take hundreds of hours, but a few days by the pool at a conference clocks up lots. As for trying to do quality assurance activities and get points for ethics in private practice, my mind boggles at which planet these college bureaucrats live on. Regardless, I plod on, hoping that it will all go away. One year I amassed enough points for five years, but undaunted, I kept on learning.

Ironically, our college leaders, well behind the front lines, preside over antediluvian websites of little use for cyber education or easy access to peers for advice (like generals from the first world war?). As for such innovations as rapid responses, I am sure I will be dead by the time the *Internal Medicine Journal* or the *Medical Journal of Australia* has these. It could just weaken the hegemony of their editors.

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1 Eaton L. Government proposes licensing system for doctors. *BMJ* 2002;324:1235. (25 May.)

Corrections

Psychological stress and cardiovascular disease

We apologise for a technical error that resulted in the omission of the names and addresses of the first five authors of the authors' reply to this cluster of letters (10 August, p 337). The authors should have been published as follows.

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We also apologise for errors in the citation of references in this letter. The reference list is correct, but the data in the table from the Whitehall II study are abstracted from references 1 and 5 [not references 1 and 3 as published]. In the text, validation of the Reeder stress inventory is described in reference 3 [not reference 4 as published in the third paragraph] and experimental evidence of the relation between depression and coronary mortality is reported in reference 4 [not reference 5 as published in the fourth paragraph]. The other citations of references are correct.

Off label prescribing in children

We apologise for a technical error that resulted in the omission of the names and addresses of the first two authors of the first letter in this cluster of two letters (10 August, p 338). The authors should have been published as follows.

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Rapid responses

Correspondence submitted electronically
is available on our website