private practice. Top merit awards are awarded for national and international standing within the specialty and can more than double a consultant's basic salary. Any time that a hospital doctor devotes to computing does not lead to increased income potential.

Conclusions

Over many years, general practice computing has prospered, whereas hospital clinical computing has not. Differences in leadership and economic incentives partially explain this. In general practice the government and the profession worked together to remove barriers and provide incentives to computerisation. In hospitals the opposite happened. Changes are needed to provide professional leadership and economic incentives in both primary and secondary sectors. An early step would be to establish united stakeholder organisations for clinical users and information technology professionals in health care, covering all aspects of healthcare computing

The NHS is now planning to deploy integrated patient record systems across both primary and secondary care.[20] The examples of Kaiser Permanente and the Veterans Administration suggest that such systems may play a critical part in improving effectiveness and efficiency.[21] However, such a project faces several technical obstacles, mainly associated with scalability. It is much easier to computerise small general practices than large complex hospitals, let alone provide integrated services across an organisation as large as the NHS. These technical issues—which include patient record architecture, terminology, interoperability standards, security, and developments in computer technology—are the subject of my second article.

I thank Jeremy Wyatt for comments on an earlier draft of this article.

Competing interests: I have participated in many of the events described and have provided consultancy services to various NHS organisations

1 Wanless D. *Securing our future health: taking a long-term view. Final report.* London: HM Treasury, 2002. (www.hm-treasury.gov.uk/Consultations_and_Legislation/wanless/consult_wanless_final.cfm, accessed 16 Aug 2002.)
2 Department of Health. *Delivering 21st century IT support for the NHS: national strategic programme.* London: DoH, 2002. (www.doh.gov.uk/ipu/whatnew/deliveringit/nhsitimpplan.pdf, accessed 4 Aug 2002.)
3 Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century.* Washington DC: National Academy Press, 2001. (www.nap.edu/books/0309072808/html/, accessed 16 Aug 2002.)
4 Institute of Medicine. *The computer-based patient record: an essential technology for health care.* Rev ed. Washington DC: National Academy Press, 1997. (www.nap.edu/books/0309055326/html/index.html, accessed 16 Aug 2002.)
5 NHS Information Authority. *NHS connect programme.* Birmingham: NHSIA, 2002. (www.nhsia.nhs.uk/nhsnet/pages/connecting/nhsconnect, accessed 6 Aug 2002.)
6 Royal College of General Practitioners. *RCGP information sheet October 2000 No 7. General practice computerisation.* London: RCGP, 2000. (www.rcgp.org.uk/rcgp/information/publications/information/rcf0007/Rcf0007.asp, accessed 4 Aug 2002.)
7 Van Bemmel JH, van Ginneken AM, van der Lei J. A progress report on computer-based patient records in Europe. In: Institute of Medicine. *The computer-based patient record: an essential technology for health care.* Rev ed. Washington DC: National Academy Press, 1997:21-43.
8 Deloitte and Touche. *The emerging European health telematics industry: market analysis.* Version 1.1. Brussels: European Commission—Directorate General Information Society, 2000. (Reference C13.25533.) (ftp://ftp.cordis.lu/pub/ist/docs/ka1/he_hist_rep.pdf, accessed 18 Oct 2002.)
9 Kazimirski M, Renaud C, Sawaya L, Zitner D, Korman R. Computer literacy and electronic medical records. College of Family Physicians of Canada. www.cfpc.ca/programs/online/chipsurvey.asp (accessed 29 Jul 2002).
10 13th Annual HIMSS leadership survey "Trends in healthcare information technology." 2002. www.himss.org/2002survey (accessed 3 Aug 2002).
11 Preece JF, Gillings DB, Lippmann EO, Pearson NG. An on-line record maintenance and retrieval system in general practice. *Int J Biomed Comput* 1970;1:329-37.
12 Preece JF. *The use of computers in general practice.* 4th ed. Edinburgh: Churchill Livingstone, 2000.
13 Bradshaw-Smith JH. A computer record-keeping system for general practice. *BMJ* 1976;i:1395-7.
14 Lindberg DAB. In praise of computing. In: Blum BI, Duncan K, eds. *A history of medical informatics.* New York: ACM Press, 1990:4-13.
15 Herbert SI. A review of computer policy and practice. In: *A time for decision: computing policy and practice in the NHS.* London: Nuffield Provincial Hospitals Trust, 1982:5-54.
16 Benson T. *Medical informatics: a report for managers and clinicians.* Harlow: Longman Health Services Management, 1991.
17 Malcolm A, Poyser J, eds. *Computers and the general practitioner: proceedings of the GP-Info symposium, London, 1980.* Oxford: Pergamon Press for the Royal College of General Practitioners, 1982.
18 Collins T. *Crash: ten easy ways to avoid a computer disaster.* London: Simon and Schuster, 1997.
19 Fogarty L. Primary care informatics development—one view through the miasma. *J Inform Primary Care* 1997;Jan:2-11. (www.phcsg.org.uk/informatics/jan97/jan2.htm, accessed 4 Aug 2002.)
20 Department of Health. *Delivering 21st century IT support for the NHS. National specification for integrated care records service: consultation draft.* Leeds: DoH, 2002. (www.doh.gov.uk/ipu/whatnew/specs_12d.pdf, accessed 16 Aug 2002.)
21 Feachem RGA, Sekhri NK, White KL. Getting more for their dollar: a comparison of the NHS with California's Kaiser Permanente. *BMJ* 2002;324:135-43. (http://bmj.com/cgi/content/full/324/7330/135, accessed 22 Aug 2002.)
22 Department of Health. *Electronic transmission of prescriptions (ETP).* London: DoH, 2001. (www.doh.gov.uk/pharmacy/etp.htm, accessed 5 Aug 2002.)
23 Hodge MH. History of the TDS medical information system. In: Blum BI, Duncan K, eds. *A history of medical informatics.* New York: ACM Press, 1990:328-44.
24 Bakker AR, Closters L, Mol JL. *Concluding report on the NOBIN-ZIS-project 1972-1976.* Leiden: Academisch Ziekenhuis Leiden, 1978.

Corrections and clarifications

UK senior doctors' career destinations, job satisfaction, and future intentions: questionnaire survey
A lapse in concentration as we processed this paper by Jean M Davidson and colleagues (28 September, pp 685-6) led to the omission of an authors' amendment at proof stage. The paragraph that starts, "We asked respondents to score five statements about job satisfaction" was misleading. It should have read: "We asked respondents to score each of five statements about job satisfaction on a five point ordered scale from 'strongly agree' to 'strongly disagree.' The statements were 'I find enjoyment in my current post'; 'I am doing interesting and challenging work'; 'I feel dissatisfied in my current post'; 'Most days I am enthusiastic about my work'; and 'I am often bored with my work.'[1] We calculated a job satisfaction score for each respondent over all five statements, by assigning a value of 1 to 5 for the responses, from the least to most positive answer, and totalling them: 20 or more represented a positive response, on average, to all statements, and we suggest that this shows a high level of satisfaction."

Dietary aflatoxin exposure and impaired growth in young children from Benin and Togo: cross sectional study
An error crept into this paper by Y Y Gong and colleagues (6 July, pp 20-1). Unfortunately, < -2 and < -3 (referring to z scores) were inadvertently replaced with ≤ 2 and ≤ 3 in both the text (methods and results section) and the figure caption. The correct symbols appeared in the figure.

Mental health campaigners cancel march because of fears of backlash
In this news article by Zosia Kmietowicz (14 September, p 562), we wrongly referred to Rampton as a prison. It is of course a high security hospital.