The lowest proportion was 33%—in two areas 128 km catchment area 21 km from the angiography centre. A linear regression was significant

We thank Professor Henrik Toft Sørensen for epidemiological investigation.

JL helped to design the study. TN collected and analysed support.

The two Danish counties in this study did not differ in their rates of exercise testing, and the doctors gave similar interpretations of the test results. No economic restrictions affected referral of patients from any of the local hospitals to the angiography centre, and both counties had similar policies on the management of healthcare problems.

The clear association between the distance to the coronary angiography service and the doctor's decision to refer the patient for coronary angiography presumably reflects different local medical cultures rather than problems with the transport of patients. Our data show that the medical specialist is a major barrier to referral for coronary angiography. The observed differences in practice between centres have implications for the organization of the coronary angiography service, the diffusion of new technology, the use of guidelines, and continuing performance development. It is not known whether the observed differences in 1996 reflect appropriate or inappropriate use of medical resources; this issue deserves further investigation.

We thank Professor Henrik Toft Sørensen for epidemiological support.

Correction and clarifications

Two errors persisted to publication in this article by Charles Vincent and colleagues (3 March, pp 517-8). The first column heading in table 2 should read “No of adverse events” [not “No of patients with adverse events”], and the penultimate sentence in the second paragraph of the results section should read: “Overall, 57 [not 53] (48%) adverse events were judged preventable.” It should also have been made clear that some of the authors’ results had already been published earlier in the BMJ (1999;319:1091); in Organisation With a Memory (a report by an expert group, chaired by the chief medical officer for England, Liam Donaldson, on learning from adverse events in the NHS); and in Clinical Governance Bulletin.

Minor

The caption to the photograph submitted by I Grant and colleagues (28 April, p 1072) correctly referred to the left side of the man's face being affected, but unfortunately we published the photograph the wrong way round.

Two more medical schools to open

In the final paragraph of the website version of this news article by Lynn Eaton (7 April, p 816) Newcastle University was inadvertently omitted from the list of new medical schools and places. Newcastle University has been in collaboration with Durham University—the venture has therefore been a joint one.