though screening is demonstrably cost effective.⁴ Foremost among the unresolved questions is the ability of physicians to treat bone disease once it is detected. The number of knowledgeable physicians is increasing, but not enough for them to manage the 100-fold increase in caseload that could result from population screening. Today less than 5% of patients with fracture undergo densitometry, and less than one third of the potential patients with indications (for example, those taking corticosteroids or with malabsorption or hyperparathyroidism) are symptomatic. Barlow and colleagues note that critics confuse clinical densitometry in patients showing symptoms or indications with screening.¹ Physicians must become educated about bone disease so that they can manage effectively the increased caseload that will result from justified use of densitometry, and they must not be misled by disingenuous arguments against screening.

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Women need to be fully informed about risks of hormone replacement therapy

EDITOR,—As women doctors, we were surprised by A J Isaacs and colleagues' suggestion that women doctors are in favour of using hormone replacement therapy themselves and that this predicts wider use by the general population.¹ Their statistics hardly support this assertion: of 1514 doctors written to, only 344 confirmed that they currently took such treatment. Women doctors, in common with other women, are subjected to considerable pressure to use hormone replacement therapy, and the risk of serious side effects may be overlooked.

A 50% increase in the risk of breast cancer is associated with current use of hormone replacement therapy for more than five years.² Given the already high and rising incidence of this disease in Western populations, this is more frightening to most women than heart disease or osteoporosis, for which hormone replacement therapy is claimed to be beneficial. (The possibility that postmenopausal women taking hormone replacement therapy who develop breast cancer have a better prognosis than those not taking hormone replacement therapy should not be an argument for mass treatment.)

Suicide has been found to occur in more women taking hormone replacement therapy than expected; not all of these women had a psychiatric history.³ The mood swings of women taking hormone replacement therapy have been analysed⁴ but may still not be recognised as side effects of a mood altering and possibly addictive drug. This can have implications not only for the women themselves but for those people associated with them, including their families and work colleagues.

The possible cardiovascular benefits of hormone replacement therapy, which have been frequently quoted, have been questioned.⁵ Safer

ways of decreasing the risk of both heart disease and osteoporosis involve changes in lifestyle, including taking more exercise and having a healthier diet. These should be vigorously advocated, as should stopping smoking.

The menopause is a normal physiological state, not a disease. Drug treatment should not be given to the general population. Women wishing to make informed choices about hormone replacement therapy, balancing the possible benefits against the dangers and side effects, remain confused by much contradictory information. Those who are concerned about the risks should contact a new organisation, DASH (Doctors Against Abuse from Steroid Sex Hormones), for an alternative approach to the widespread promotion of hormone replacement therapy. The secretary is Dr E Grant, 20 Coombe Ridings, Kingston upon Thames, Surrey KT2 7JU.

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Education for educating surgeons

Training for trainers does exist in Britain

EDITOR,—Christopher Bulstrode and Gareth Holsgrove rightly point out the need for those people who are responsible for the day to day education and training of young doctors to be sufficiently well versed in educational techniques to undertake their tasks effectively.¹ However, their assertion that "no such training for trainers currently exists in Britain" disregards:

- The long tradition of mandatory educational training for trainers in general practice—for instance, there are about 150 accredited and reaccredited trainers in general practice in Devon and Cornwall
- Several regional initiatives in "educating the educators"—for example, the south and west scheme for consultants organised through the postgraduate deans
- The distance learning approach to medical education—including an MSc—taken by Dundee University, which has seen over 50 hospital doctors complete courses
- The MSc and diploma in medical education from the University of Wales College of Medicine. This course, established in 1987, is constructed on a modular basis and requires a commitment of 19 days a year for two years. Eighty three students, 53 of whom are British doctors, have completed or are completing this course.

Clinical staff who have taken opportunities for in depth education of this sort are able to be the source of a cascade of education to a wide range of clinical colleagues in their locality and are a cost effective means of promoting good educational experience for doctors in training.

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- 1 Bulstrode C, Holsgrove G. Education for educating surgeons. *BMJ* 1996;312:326-7. (10 February.)

Surgeons' knowledge base needs to be increased

EDITOR,—We share Christopher Bulstrode and Gareth Holsgrove's concerns about and approach towards the education of surgeons¹ but would suggest that in addition to addressing surgeons' attitudes and behaviour we should increase their knowledge base. This would mean incorporating disciplines such as clinical epidemiology into training programmes. We adopted this approach in our recently established MSc in clinical orthopaedics at the University of Teesside and introduced didactic and small group teaching of clinical epidemiology and biostatistics. Students gain further experience while completing their compulsory research based dissertation.

At our first workshop on evidence based orthopaedic surgery in Middlesbrough last November, all students found such teaching useful for their practice and research projects. They also wanted more, and accordingly we are now exploring the possibility of ward rounds and journal clubs with the involvement of educators and clinical epidemiologists. A copy of the proceedings of the workshop is available on request.

We have two concerns. Firstly, because our MSc course has attracted only visiting doctors, local career trainees are not benefitting, although we are targeting them through the regional training programme. Secondly, there are limited opportunities for the trainees to practise what they have learnt because their seniors may not have received such training and may find their questioning challenging. It is in this latter respect that the initiatives described by Bulstrode and Holsgrove will be useful.

We would be pleased to hear from others embarked on similar programmes to share experiences and collaborate with them to promote evidence based orthopaedic surgery.

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- 1 Bulstrode C, Holsgrove G. Education for educating surgeons. *BMJ* 1996;312:326-7. (10 February.)

College has found strong demand for training programmes

EDITOR,—As Chris Bulstrode and Gareth Holsgrove emphasise, consultant surgeons need to be educated in the principles and methods of teaching while undertaking clinical work.¹ Indeed, it is important that they are educated in these principles and methods so that they can apply them to any educational opportunity and thereby maximise the efficiency of their teaching.

At the Royal College of Surgeons of England we have been running a "training the trainers" programme since May 1994 and have found that there is a strong demand for our courses. The two day course was initially designed for consultants who teach on various courses on practical skills, including minimal access and basic surgical skills. We soon found, however, that we were receiving requests from many other surgeons, whose main concern was teaching juniors in the workplace. We therefore vary the emphasis of our courses to take account of the needs of the particular participants who are attending. Over 200 surgeons have now taken part in these courses, and we expect that number to have more than doubled by the end of this year: 35 courses are planned, and they are fully subscribed until September.

The training the trainers project is a major development within the Raven department of