

*Training* which merited a separately bound supplement (*Reports from General Practice* No. 17) to the *June Journal*.

"Our finding was that measures of intellectual processes form the bridge or catalyst between recent (and world-wide) research into the psychology of problem-solving and the operational process of diagnosis and patient management under investigation."

Re-reading these words repeatedly one searches in despair for the meaning of this modern educational jargon and wonders why it could not be expressed more clearly.

A. M. ANGEL

345 Sydenham Road,  
London, S.E.26.

#### REFERENCE

- Adey, E. (1976). *Royal College General Practitioners*, 26, 455.  
Freeman, J. L., Byrne, P. S. (1976). *Reports from General Practice No. 17*. p. 13.

### THE M.R.C.G.P. EXAMINATION

Sir,

Dr Halle knows that no examination will answer his questions when even a year's partnership may not suffice. Why then should one take the MRCGP?

Medicine is not going to have an easy time over the next few years. We seem likely to have doctors and patients implacably entrenched in self-pity, with the doctors feeling exploited and the patients feeling neglected. The independent standards of the Royal Colleges will then be more important than ever. One should take the examination as witness to a commitment to good general practice.

Once perhaps there were two good reasons for not taking the examination. First, it might be held that the examination was brought in prematurely, unhappily isolating the College as an exclusive minority body. I held this view myself, but now the College's achievements are undeniable, the examination is firmly established, and one must accept these facts.

The second reason for not taking the examination is that experienced practitioners might fail in an academic and irrelevant exercise and no-one gains from a pointless humiliation. My experience shows this is not necessarily true.

Perhaps I should have been disguised: but I was too busy in the lunch-hour to cope with burnt cork or a hump-back. And in any case Professors of General Practice are fair game for any real general practitioner—including examiners!

ERIC WILKES,

*Professor of Community Care  
and General Practice*

Department of Community Medicine,  
University of Sheffield Medical School,  
Beech Hill Road,  
Sheffield, S10 2RX.

#### REFERENCE

- Wilkes, E. (1976). *Journal of the Royal College of General Practitioners*, 26, 217-218.

Sir,

The article *Taking the M.R.C.G.P.* (*March Journal*) makes interesting reading. I cannot understand why Professor Wilkes found it "almost impossible to persuade people to take the examination", though he may be referring to doctors from other countries, as in my opinion, the M.R.C.G.P. is designed solely for doctors practising in the United Kingdom. To pass this examination, it is not enough if the candidate is competent in his work and thorough in his theory; he also has to have a firm knowledge of the National Health Service, social organisations, welfare departments, local authority services, etc., of the United Kingdom, of which foreign practitioners are ignorant.

I had cherished the ambition of taking this examination for many years. As the system of medical practice here differed from that in the U.K., I had to clear several technical hurdles before the Board of Censors would permit me to take it. They also overlooked the medical audit and log diary for the same reason.

Thus, a few years ago, I made my first trip to the U.K. (probably my last too) and to Queens Square. The questions were straightforward, though there were many which only candidates practising in the U.K. could answer. The examiners in *viva* were very considerate to the 'foreigner' but the modified essay paper was difficult because it was based on the 13-week certificate, which I had never heard of. I returned to my country soon after, contented with an Associate Membership of the College.

I agree with Professor Wilkes that "the examination needs overhaul rather than the candidate", and until such time as this is done, there is no point in doctors from other countries taking the M.R.C.G.P. examination. When it is, it would be helpful if the *vivas* followed soon after the written papers, so that busy practitioners were not forced to stay on in the U.K. longer than necessary.

A. R. TONSE

Al-Qalaa Road,  
P.O. Box 5561,  
Manama,  
Bahrein.

#### REFERENCE

- Wilkes, E. (1976). *Journal of the Royal College of General Practitioners*, 26, 217-218.

### NOMINATIONS FOR FELLOWSHIP

Sir,

One only has to read the medical obituary columns to find part of the evidence that there must be many members of the College who, according to the present criteria, are well worthy of fellowship but are not receiving this honour. It can be assumed that the reason for this is that too few nominations are being made. It therefore seems strange that another obstruction is being put in the way.