

those aspects of the examination concerned with general practice. If the College really wants the examination to assess standards in general practice, why not give these areas increased weighting?

For all his rhetoric, Professor Walker does nothing to refute the uncomfortable conclusions on the timing of the examination reached by Dr T. N. Griffiths.¹ In my opinion it is supporters of the examination, not its opponents, who hold a 'restricted view' of training. Of course we want to produce clinically sound doctors but the main areas of vocational training are in personal development and creative thinking or, in John Stevens' terms, shifting from a closed to an open system.² Preparation for an examination hinders such an attitudinal shift and generates unnecessary anxiety, even if it may not 'divert intellectual energy from training' (my italics).

There is mounting opposition to the examination both from outside the College and from trainees, including those on our scheme.³ Perhaps the College would listen more to a concerted approach from some of us involved in vocational training. I should be interested to hear from colleagues supporting this idea.

PAUL SACKIN
Course Organizer,
Peterborough Vocational Training
Scheme

Peterborough District Hospital
Thorpe Road
Peterborough PE3 6DA.

References

1. Griffiths TN. Why time the MRCPG examination at the end of vocational training? *J Roy Coll Gen Pract* 1983; 33: 249-50.
2. Stevens J. Brief encounter. *J Roy Coll Gen Pract* 1974; 24: 5-22.
3. Bond T et al. MRCPG examination. *J Roy Coll Gen Pract* 1982; 32: 642.

The Canadian Alternative

Sir,

I read with interest the letter of Dr Michael Cohen (July *Journal*, p.461), concerning the MRCPG examination as viewed from Israel.

To join the College of Family Physicians of Canada it is not necessary to pass an examination. One merely has to pay the fee, declare one's sympathy with the aims of the College and dedicate oneself to a minimum of 50 hours continuing medical education each year.

For those who wish to demonstrate their skills in general practice, the CFPC holds a certification examination. The candidate must answer fac-

tual and pictorial questions, be interviewed formally and conduct simulated consultations with actors role-playing the patients. As one who has taken both the British and Canadian examinations, I found the latter a more realistic test of my skills.

Members of the CFPC undertake a minimum time for their continuing medical education each year. The CFPC is now introducing a scheme

whereby members can be periodically assessed, and advised of areas where they seem to be falling behind.

I am sure the RCGP will be wise to consider these developments in another College.

GRAHAM WORRALL

Medical Clinic
Glovertown
Newfoundland
Canada AOG 2LO

DATES FOR YOUR DIARY

National trainee conference 1984

This conference will be held at St Mary's College, Twickenham, on 18 to 20 July 1984. Topics will include 'Quality of care in general practice' and 'Medical manpower', and it is hoped to present the results of a questionnaire which is designed to discover whether those who have recently completed vocational training have had difficulty in finding partnerships.

The coordinator for the conference will be Dr Ian Kelly, 78 Crown Road, Twickenham, and bookings will be accepted from April/May 1984.

Project work in teaching and learning

A one day workshop to explore the practical aspects of project work in continuing general practitioner education is being held at the College on Thursday 23 February 1984. It will have relevance for all who are involved in continuing education whether as teachers or as learners. The convener is Dr Peter Stott.

Approval under Section 63 for 2 sessions has been gained. For further details and an application form, please apply to Mrs Sue Smith, Education Division, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

British Computer Society

The theme of 'Current Perspectives' has been chosen for the first annual conference of the British Computer Society because the advent of many stand-alone systems for specific applications has begun to produce groups of people with great expectations from health computing.

Conference fees will be £95 (non-members £100) including the Proceedings and fullboard accommodation.

Day visitor rates will be available. The conference will take place at Birmingham University from 28-30 March 1984.

Further information is available from Mrs D. Scott, Management Services, Division, NETRHA, St Faith's Hospital, London Road, Brentwood, Essex CM14 4QP. Tel: 0277 228470 x 27.

Clinical Research Nurses Association

The CRNA conference is to be held at the Royal Society of Arts, London, on Friday 10 February 1984. The cost of admission inclusive of coffee, lunch and tea is £14 for members and £16 for nonmembers.

Further information may be obtained from Veronica Bishop, Research Department of Anaesthetics, Royal College of Surgeons, London WC2A 3PN. Tel: 01-405 3474.

MRCGP Courses

For further details of the MRCPG Courses listed here please apply to the names and addresses that are given. Elizabeth Monk of the Education Division at College Headquarters, 14 Princes Gate, Hyde Park, London SW7 1PU (Tel: 01-581 3232) is endeavouring to keep an up-to-date list of these events. Course Organizers are requested to send her details when planning new MRCPG Courses.

Sidcup, Kent—January/February
Dr R. May, 42 High Street, Chislehurst, Kent.

Galway—January/February
Dr James Kent, Direen, 33 Threadneedle Road, Salthill, Galway, Eire.

Exeter—extended course—January-March
Dr K. Bolden, Dept of General Practice, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW.