
LETTERS

The MRCGP revisited

Sir,

I have read the editorial and correspondence in the October *Journal* on the subject of the MRCGP examination with some interest. As a member of the Panel of Examiners, albeit a new one, I suppose I am one of the 'examination apparatchiks' to whom Dr Norell refers. Dr Norell is of course known for his techniques of character assassination in order to forward his argument and I suppose the term 'apparatchiks' with its Marxist overtones is meant to imply that supporters of the exam and its examiners are unthinking slaves to a dubious ideology.

So what is the gulf that separates me from ordinary practitioners? I am 36, married, have three children, a dog and a mortgage. I practise in an area with an unemployment rate of 18 per cent. I read this particular issue of the *Journal* on a Monday following a weekend on call for the practice. (No deputizing services up here.) During the weekend I had the usual 10 or 12 calls on Saturday and Sunday, treated an acute left ventricular failure in the middle of the night, saw quite a few non-ill children with anxious parents, wrote a few prescriptions, travelled a few miles, slept badly and greeted Monday with that mixture of relief and foreboding known only to general practitioners. A pretty average general practitioner I should have thought. Some gulf! Most of the 'apparatchiks' I have met seem to be equally average general practitioners.

The gulf, if it exists, is between me and those who suggest that entry to our College requires no objective test of clinical knowledge. If Dr Marinker's plan is to be followed then the College is open to all. Progress will be by personal commitment and then by the 'What sort of doctor?' process — such as visiting by local colleagues. What a recipe for mediocrity! Why bother having a College at all?

Despite the carping and criticism, the College examination is objective. It does require a minimum standard of knowledge. It does impose a discipline of learning. It is egalitarian in its approach.

Dr Marinker's ideas on a progression from Membership to Fellowship are worthwhile considering, but as a basis for entry to the College — naive.

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Sir,

In his editorial (October *Journal*, p.529) Dr Marinker destroys his entire argument with one of his own sentences: 'Of course the College would continue to look to the regional advisers to make this certificate [the certificate of completion of vocational training] more meaningful and discriminating: not simply because the College would wish it, but because society has a right to expect it.' In other words he maintains that there should still be some form of test. He is, however, expecting one person, in the form of the Regional Adviser, to make that assessment. That means that a doctor's future career would depend on the personality of one assessor.

He then proposes a new model. In this he states, 'Five years

after becoming an Associate satisfactory participation in performance review will have earned the right to full membership.' Who would decide what was satisfactory? 'Full membership would carry with it an obligation to take part in the wider work of the faculty, including the support of new Associates.' What would happen if a doctor did not do this satisfactorily? Who would decide this? Would membership be rescinded?

It is a very childish attitude to take to say that because some people fail an examination, that examination must be abolished. The adult approach is to find out why those people failed and help them improve their standard of competence in the subject under review.

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Sir,

The MRCGP examination has always been the subject of controversy. Dr Marinker's thoughtful analysis has much to offer the College and the profession, but it would seem a pity to throw away the expertise built up by the examiners.

The trouble with the MRCGP examination is that it has no real purpose. It is not a qualification needed for entry to higher professional training; it therefore does not fulfil the role of, for example, the MRCGP or the FRCS. Except for some advertised overseas posts it does not confer any measurable benefit on the successful candidate.

Nevertheless, an examination concentrates the mind most wonderfully. I took it a few years ago when I had been in practice for over 15 years and I took it because it seemed to me a perfect form of audit. I found it interesting, and I knew that if I failed it, I would have had to take it again. In the event the examination seemed tailored to the abilities and experience of an average general practitioner who keeps reasonably up to date.

So why not limit the examination to candidates who have at least 10 years experience as principals in general practice? It would then become an audit examination and thus solve two problems at once, for, sooner or later, audit must come. Perhaps it should be renamed a fellowship examination, membership of the College being open to all on the conditions outlined by Dr Marinker.

It might then seem reasonable to hang privileges on to the diploma. Just as possession of the DRCOG gives automatic access to higher rates of maternity payments, length of service seniority payments, the MRCGP or FRCGP might attract merit awards and also replace the present rather unsatisfactory system of selecting trainers.

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Sir,

Having run several MRCGP courses for established general practitioners and attended an examination workshop I am aware that the examiners are the first to know the deficiencies of the