MRCGP candidates

Sir,

The recently published letter to regional advisers by Dr Belton (March *Journal*, p.138) concerning the results of the membership examination, may have been a surprise to some of the examiners, but not, I suspect, to many established trainers in general practice.

Like many of my colleagues I have noted for the past few years an increasing pressure upon trainees to take and pass the College examination by the end of their training year. This is obviously due to a belief that an MRCGP qualification will help them to obtain an entrance into general practice. With the increasing popularity of general practice as a profession and the difficulty in obtaining a post as a principal in a practice these feelings are understandable.

Unfortunately it means that trainees are entering for College examinations in many cases after only nine months experience in general practice, at a time when they really have not had sufficient time to assimilate the nature of general practice. It is therefore hardly surprising that trainees have little knowledge of managing chronic diseases, cannot demonstrate a critical appreciation of drug trials and have little knowledge of basic statistics.

In my experience, the situation is further compounded by trainees trying to achieve diplomas from other Royal colleges also within the space of their training year.

I am forced to the conclusion that the College should reconsider the entrance requirements for the examination. If one of the prerequisites were two years as an established principal in general practice then the applicants would be entering the examination out of a true desire to pursue a higher standard of general practice. In the long run this must be for the good of both general practice and the standards of the College.

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Sir,

I have read Dr Belton's criticisms of vocational trainee candidates for the College membership examination. They are indeed serious allegations and if true constitute a sad reflection on standards of teaching and/or learning in our secondary schools, medical schools and vocational training schemes. In many years of teaching medical undergraduates it has become obvious to me that the use of written English is being sadly neglected in science-oriented secondary school education and in medical school education. This may well be a result of the indiscriminate cramming which takes place in both types of institution and also of the methods of examination favoured nowadays in which greater use is made of multiple choice questions and less use is made of the essay type of question. It is also sadly apparent from many of the undergraduates whom I teach in my practice that while a certain amount of lip service is paid to such concepts as regarding the patient as a person and to communication skills there is little real teaching or inspiration given to regard patients as anything other than interesting cases or to communicate effectively with them. Departments of general practice may try to make an impact in this area but unfortunately the attitudes of many students are already formed by the time that we see them in the final and pre-final years.

As a recently appointed vocational trainer in general practice I am worried by the possibility that Dr Belton's criticisms may be justified. If trainees are deficient in so many important areas the time must have come for a serious re-appraisal of vocational training.

Finally I must point out the apparent paradox between Dr Belton's criticism of so many vital areas of trainees' knowledge and a 74% pass rate in the examination. I have previously expressed my doubts about the use of an examination as a criterion for membership of the College and have remained an associate member believing that examinations measure little else apart from one's ability to pass examinations. If an examination sets out to measure one's basic competence as a general practitioner and candidates taking that examination show deficiencies in so many important areas is the examination really fulfilling its purpose if 74% of them pass?

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Anxiolytics in the British national formulary

Sir,

I recently persuaded a patient of mine with longstanding problems in coping with emotional stress to accept a prescription for a modest dose of meprobamate instead of the Valium (Roche) he had requested. He kept his follow-up appointment a week later, but brandished photocopied pages from the *British national formulary*[1] and took me to task for not knowing that Valium and related benzodiazepines were 'the most appropriate drugs for relieving chronic anxiety' and not only more effective than meprobamate but less likely to induce dependence. I mumbled something about looking into it and did my best to salvage what was left of the doctor–patient relationship.

My comparative reluctance to supply anxiolytic drugs has resulted very occasionally in rows with some patients over benzodiazepines but never over meprobamate, and I was curious as to how the *British national formulary* had reached its conclusion. Enquiries revealed that the chief basis for the conclusion was a paper published by the World Health Organization 16 years ago;[2] as I suspected, it appeared that not a single practising clinician was involved in arriving at that judgement.

I have suggested to the Joint Formulary Committee that they might care to amend the misleading advice to practitioners appearing in the current *British national formulary*, and I should be very interested in your readers' thoughts on this.

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References

1. Joint Formulary Committee. *British national formulary*. London: British Medical Association and The Pharmaceutical Society of Great Britain, 1985: 135-136.
2. Isbell H, Chrusciel TL. *Dependence liability of 'non-narcotic' drugs*. Geneva: WHO, 1970.

Over-the-counter theophyllines

Sir,

At a recent annual refresher course for general practitioners I attended a lecture on current respiratory topics. The merits and drawbacks of theophylline therapy were discussed at length. The importance of measuring serum levels of theophylline in high-risk patients was stressed. Serious side effects such as convulsions and arrythmias can occasionally occur before the appearance of other signs of toxicity.

Only a small percentage of doctors present were aware of the fact that most theophylline preparations are available over the counter. In view of the toxicity of these drugs I feel it is important that all practitioners are aware of this fact in order that potentially fatal combinations of theophylline are not administered to patients with obstructive airways disease.

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