education and promotion, I was surprised that the report makes no mention of the support, help and advice that is available from local district health education departments. A report[2] from the Department of Health and Social Security task force on health promotion in the National Health Service gives useful roles for the regions and the health districts in health promotion.

> 'The role of the district (1) To encourage, improve and promote the health of the people in the district. (2) Planning: in the context of national and regional policy to develop and set priorities in the light of analysis of local needs — to formulate plans, including qualified objectives, in the light of the above, to identify multi-disciplinary and/or multi-agency groups to implement those plans, to monitor and evaluate the effectiveness of such groups. (3) To encourage training for all those with a professional input to health promotion. (4) To ensure an adequate establishment of health education officers and other relevant staff. (5) To ensure relevant resources for health promotion.'

Surely the general practitioner should be in touch with, and support the local district health education/promotion departments, some of which may be linked with urban development programmes? Some have financial support from other agencies such as Manpower Services, particularly if the district is in a rural development area as defined by the Development Commission.

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References

1. Royal College of General Practitioners. *The front line of the health service. Report from general practice 25*. London: RCGP, 1987.
2. Department of Health and Social Security. Health promotion in the NHS: a report on visits by a DHSS task force. *Health Trends* 1987; **19**: 27-29.

The objective structured clinical examination

Sir,

We read with interest the article by Walker and Walker on their experience of the objective structured clinical examination (OSCE) (March *Journal*, p.123). Their conclusions support our own impressions of the suitability of the examination[1] which we have used in the assessment of trainees in Grampian over the past two years. Given the current interest in this field, it is important that different forms of assessment are tested in different regions. Our own experience of it has convinced us of its value as an assessment procedure and as a learning experience for trainees.

We are concerned that their paper fails to highlight the main strength of the examination, namely the opportunity it presents to assess clinical competence. Given that the majority of trainees will have adequate clinical knowledge, it seems to us appropriate to assess their skills in the consultation. In our view, the OSCE is helpful in this process, particularly since it allows trainees to be assessed in a wide range of clinical settingss using real or simulated patients. The question stations give the opportunity of assessing decision making, for example by the interpretation of laboratory reports and diagnosis from clinical photographs. By using only multiple choice questions, this opportunity is diminished.

Readers may be interested to know of the course on assessment in medical education run by the Centre for Medical Education in Dundee. This course includes practical experience of the OSCE.

There is now a data bank of OSCE stations, and this includes several from general practice. Further details are available from Professor Ian Hart, OSCE Databank International, Department of Medicine, Ottawa Civic Hospital, University of Ottawa, Ottawa, Ontario, Canada K1Y 4E9.

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MICHAEL W. TAYLOR

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Reference

1. Reith W, Taylor MW. The objective structured clinical examination. *J Assoc Course Organisers* 1986; **2**: 34-40.

Sir,

We entirely agree with Drs Reith and Taylor that the main strength of the OSCE is the opportunity to assess clinical situations. We interpret this a little more widely. As well as assessing the consultation skills of trainees we also assess their response to items such as the laboratory reports and investigations that they may have requested for a patient. We would agree that another major advantage of the examination is that it is very flexible and can be used to assess any part of a general practitioner's work. In our paper we gave examples of a couple of simulated consultation stations which were used.

We have also built up a data bank of various other scenarios but space did not permit us to describe these in the *Journal*.

ROBERT WALKER
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Chiropody services for diabetics

Sir,

A working party has been set up by the British Diabetic Association and the Society of Chiropodists to survey the availability of chiropody services to diabetics under the National Health Service.

One reason for carrying out this survey is to ascertain what chiropody provision is available for diabetics and to identify where this provision may be lacking. Chiropody plays an essential part in the prevention of lower limb amputations by the detection and early treatment of foot ulceration and other foot problems in diabetics.

Evidence is invited from any interested party and should be sent to me at the British Diabetic Association.

SUSAN KNIBBS

British Diabetic Association
10 Queen Anne Street, London W1M 0BD

MRCGP examination

Sir,

I propose a new name for the College membership examination. The diploma in vocational training. I propose this for two reasons. The first is that the majority of candidates sitting the examination are vocational trainees who do not sit it because they want to join the College. They sit the examination for other reasons. The second is that the stated aims of the examination are 'the assessment of the knowledge and competence appropriate to the general practitioner on completion of vocational training'.[1] Thus MRCGP is now inappropriate as a reward for passing the College examination and DVT should replace the original letters.

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Reference

1. Fry J, Hunt of Fawley, Pinsent RJFH (eds). *History of the Royal College of General Practitioners*. Lancaster: MTP Press, 1983: ch 10, p. 125.

Is your loo door really necessary?

Sir,

I have twice had difficulty in getting unconscious patients out of domestic lavatories. On neither occasion was the door locked. The first time, a man had fallen from the seat with his head in the hinge angle of the door. In the other case a lady had fallen jamming herself between the wall on one side and the cistern and lavatory pan on the other.

I suggest that on both these occasions life would have been easier had the doorway been closed by a curtain. This could be combined with a simple vacant/engaged sign on the doorpost or nearby wall. To provide auditory as well as visual privacy the vacant/engaged sign could be an illuminated electrical gadget wired up with a tape recorder to provide music at an appropriate level.

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