tom of each table and it is therefore a simple matter to turn the percentages back into numbers.

I wish to apologize to the authors for this inadvertent slur on a pioneering and fascinating book which every general practitioner should read.

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References

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2. Cartwright A, Anderson R. *General practice revisited*. London: Tavistock, 1981.

Multidisciplinary care of the elderly

Sir,

Most published studies on multidisciplinary care of the elderly are purely descriptive; there is a dearth of properly evaluated studies. I know of two American studies, but these have been carried out in acute hospitals, or the consultation service.

As a member of the Age Concern working party on multidisciplinary care, I should be most grateful to hear of any reported work on this subject, or to visit schemes in the process of evaluation.

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The College and politics

Sir,

I agree with Dr Pearson's points about the College and politics (July *Journal*, p.323) but am saddened that he is going to resign. I put the same points to my first annual general meeting of the South East Thames faculty and again when the faculties were asked to comment on the motion carried at the Edinburgh Spring Meeting that an alternative route to membership be explored. Perhaps more of us feel this way and our voices should be heard.

The Pringle–Hayden working party commented that it is impossible for central College to reflect the views of its membership if there is no strong bond between members and their faculty representative on Council. As a faculty, we have been desperately trying to forge that link through the columns of our newsletter and through our College tutor network but we are facing an uphill struggle against apathy. The College is there for its members and, if we do not like what the College is doing, we should use the forums available to change it, to canvass the views of others and to send a motion to Council via our representatives if necessary. Nevertheless, throughout the country, faculty secretaries and newsletter editors beg their members for opinions on various matters, to no avail.

I hope that Dr Pearson will not resign but will, instead, badger his faculty board. With one fewer voice in its favour, the College is less and not more likely to adopt the policy he, and perhaps the silent majority, favour.

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Crisis in the College

Sir,

The two letters 'Crisis in the College' and 'Reform of the MRCGP' (July *Journal*, p.323) from Drs Marie Campkin and E.R. Seiler are linked. I agree with Dr Campkin that the time has come for light to be shed on some of the recent events so that we can learn from them. I believe that the 'Yorkshire motion' which was proposed at the 1986 College Annual General Meeting was correct and should have been passed. This opinion was endorsed, implicitly, by the unfortunate resignation of Dr John Hasler, and explicitly by senior members of the College who came to the Ullswater examiners workshop.

We as a College owe thanks to Dr Belton and Dr Hasler and to the experienced examiners who resigned. We also need to recognize that those of us who remain active in the College share the responsibility for the unfortunate happenings of the last year. Individuals have been hurt, and their contribution to the work of the College has ended unnecessarily and abruptly. No one wishes for further recriminations or resignations, but for the College to develop in a healthy way, those who remain in active roles in the College must accept responsibility for a tragic year of decision making. Differences between individual members and between groups within the College are inevitable, and we need to learn how to discuss and debate the points at issue without creating hostility and suspicion.

The Presidential working party has now produced its recommendations about the future of the MRCGP examination. Dr Seiler's suggestion of a two-part examination has been explored in the past and I think it could be picked up again in the near future. It is, of course, closely linked to whether the examination is a formative or summative exercise. I think that many course organizers would welcome a part one which was, in essence, formative, with extensive feedback to the candidates. This is what Dr Belton was attempting — feedback to the course organizers — and which apparently precipitated the whole affair. A positive move would be for the College to write personally to all those examiners who resigned, many of whom are still involved in vocational training, and to ask them to take the part one proposals off the shelf, dust them down, and begin to implement them. In this way their skills would not be lost: it is interesting that the annual trainees' conference reported that 54% of trainees were in favour of more formal assessment, 36% against.

I regret to have to write in these terms but I do think that Dr Campkin is right in saying that we all should know what is going on in the College, at least in part, or else how can we continue to strive actively for the College's ideals?

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MRCGP examination

Sir,

In his letter Dr Seiler suggests that the MRCGP should be brought into line with the examinations of our sister colleges and split into two parts (July *Journal*, p.323). Why do we want to be brought into line? Why do we want to compete? Do we really need as good a knowledge of clinical medicine as for part one of the MRCP in order to provide high quality general practice?

We are not specialists but generalists and should be proud of our widely ranged skills. The examination is designed to test those abilities as best it can. It can be taken after only one year's training in general practice and little real responsibility and passed with a fairly minimal amount of work according to Dr Heyes (July *Journal*, p.316). The same cannot be said of the examinations of the other colleges. Perhaps the MRCGP should therefore be left as it is but called a diploma instead of membership.

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