

Punitive measures belong to yesterday and have no part to play in professional relationships.

College please note.

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Sir,

It is difficult to understand how Dr Jamie Bahrami (Letters, July *Journal*, p.327) can allude to events in the north east Thames region as a 'huge leap forward' in vocational training. The report of the Joint Committee on Postgraduate Training for General Practice, published in February 1988, indicates that a total of six trainees in the UK had been refused certificates. This almost certainly means that all the trainees in the north east Thames region received certificates but when a minority of a sample of 23 trainers out of a total of 175 were defined as unsatisfactory all trainers came under the ban. The crucial matter is trainee performance and trainees are being banned from an important assessment, the MRCGP examination, which would identify the undertrained.

In spite of substantial evidence of actual improvements in the region, including a better calibre of young doctors recruited, the region has been rewarded with an incursion by the joint committee which has demoralized instead of leading and which now threatens to create a manpower blight.

The joint committee realized that in exercising its legal regulatory function it cannot safeguard standards of entry to general practice and that its expensive bureaucracy is only a rubber stamp. It was therefore tempted into exercising powers it did not possess and imposed a meaningless measure — the withdrawal of recognition of training from a whole region. It is likely that had this been challenged in the high court, the joint committee would have been seen to be acting in excess of its powers. It is noteworthy that during the whole of this episode the joint committee has never indicated that it would refuse applications for certificates from trainees who complete general practice posts in the region during any period.

A major problem caused by the joint committee is that it has summarily removed the rights of trainers to appeal against the ban and of trainees to sit the MRCGP examination, as the Royal College of General Practitioners felt compelled to act in concert with the joint committee. No

training or examination system for teachers and trainees is enhanced by being deprived of natural justice. If this is judged a 'leap forward' then the cost is excessive indeed.

The joint committee has revealed that its regulatory function in issuing certificates has resulted in a failure in maintaining standards. This must make one wonder about its future and whether the public should be asked to continue to fund it. Why should general practice not now change to an examination system as used by the remainder of the profession? Providing that the examining body behaves like the senior royal colleges in promoting a system that is dependable, efficient, fair, and accessible to all who qualify regardless of region, then we might yet see a major leap forward in the history of vocational training.

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Fellowship of the College

Sir,

Fellowship was given no defined function when it was started, and it is not surprising that now, as it nears its twenty-first birthday, there should be growing confusion as to its further development.

With the growth of the College, the committee on fellowship (six members appointed from council, six elected from the fellows, and chaired by the president) can no longer hope to assess proposals from personal knowledge as was attempted initially. There are differences in the manner in which proposal forms are completed and, indeed, in the way fellowship is perceived by the different faculties — in the Sheffield faculty 6% of members are fellows but in south east Wales the figure is 18%. Confusion reigns as to whether fellowship should be conferred, serving identified local or national needs of the College, or become a self-sought accolade, a pass in a further examination, in the hope that others regard this as standard setting.

I was an elected member of the committee on fellowship during three years in which it tried to resolve this confusion. Early this year the committee came to a unanimous view as to the function of the fellowship, and as to the organizational changes required to mend the existing machinery. At the same time, and with no regard for normal constitutional practice, the College council superseded the position of its standing committee by presenting for consideration a different kind of fellowship to the membership division.

This authority was subsequently transferred to the education division and, more recently again, to a working group chaired by the College deputy vice-chairman.

It may be that council has been misled by its general purposes committee in agreeing these parallel developments and in supporting a change of function from one in which varied individual talents serve the broad needs of the College in a decentralized fashion to one in which a narrower, uniform and elitist centrally-determined educational purpose is being served.

Two matters remain to be agreed — a definition of the function of fellowship and a decision as to the body to which the College will entrust management of the fellowship scheme. For the first of these, the committee on fellowship accepted that the purpose of fellowship was to strengthen the College in the achievement of its object and in the fulfilment of its responsibilities. This purpose is accomplished by conferring fellowship on members who have served the College particularly well in the pursuit of its objectives. Thus 'distinguished', such members may have an increased opportunity to contribute and, by knowing that they have the respect of their peers, they may be encouraged to embrace further opportunities. For the second matter, the committee on fellowship has produced a practicable plan which includes decentralized peer review within faculties, and continuing examination of the integrity of the scheme as consensus develops the function of fellowship. At different times council has already approved several parts of this plan and the committee on fellowship, as a body independent of the central divisional structure of the College and answerable directly to council, should be made responsible.

The committee on fellowship plan could be introduced now and, decentralized in operation, it would revitalize fellowship to the benefit of the College. The alternative — awaiting the outcome of interminable efforts to agree how to measure something which is constantly changing — will mean the continuing deterioration of fellowship until it becomes an object of ridicule.

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MRCGP examination

Sir,

It was with considerable disquiet that we read the press reports of the 'overwhelming vote' taken by 57 course organizers at

their recent national conference in Ripon not to allow trainees to take the MRCGP examination at the conclusion of their training. The reason given was that trainees were 'too preoccupied with the examination at the expense of other teaching during the trainee year'.

Surely the 57 course organizers must accept that some final assessment of three years' training is necessary. Admittedly, no one enjoys 'summative assessments': for trainees there is the fear of failure, and for course organizers poor results can be construed as a judgement on their own organization and teaching. What do the course organizers have in mind to replace the MRCGP examination? Over the years the College examination has been shown to be valid and reliable, and moreover is run by a carefully selected and highly trained group of professional examiners. As an admission criterion to the College, it is rightly peer-referenced, in line with all other royal colleges, but we concede that as an end-point assessment of vocational training, it may be more appropriate for it to be standard-referenced. It could then grant a diploma to the successful candidates, with automatic entry to the College, full membership being obtained by a further examination in three to five years time. This system could effectively assess vocational training, and set a new goal in the uncertain area of continuing medical education.

In our own scheme we have never targeted our teaching on the passing of the MRCGP examination, nor has it ever got in the way of other teaching though we have used its methods of assessment as part of our educational paradigm. In 1982 a number of our trainees failed the examination and we attacked the then chief examiner. On mature reflection, however, we understood the examiner's point and we subsequently organized a two day course for our final year trainees, based on the methods and marking schedules of the College examination; this could hardly be seen as being 'preoccupied with the examination'. Since 1983, our local scheme has had a 100% entry to the College examination and 100% pass rate. We unequivocally support the College examination as the best available assessment of three year vocational training, especially if it were standard rather than peer-referenced, and hope that the 57 voters from Ripon will, as we did, reflect upon their decisions, and come to a more realistic and less emotional view of the College examination and membership.

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Sir,

My good friend and partner Dr Stephen Head (Letters, July *Journal*, p.328) proposes changes in the MRCGP examination. He asserts that the current examination 'has few beneficial effects and indeed does much harm'. In his attempt to dismember the sacred cow of the examination he need fear no injury from its thrashing hoofs. The poor beast died in 1984 when Dr Norell declared in his William Pickles lecture that 'it was clear by now, though not necessarily to the examiners, that the exam had ceased to be a test of competence in general practice'.¹

Dr Head goes on to propose that 'everyone who is fit to enter general practice should achieve membership before the completion of training. The results of the [revised] examination should then be available when trainees are applying for practice vacancies'. This disgraceful suggestion embodies the miserable truth that trainees now take the examination 'because of fear and market pressure'.²

Less than half of the country's general practitioners belong to the College. Any suggestion that it might deliberately take on the role of gatekeeper to general practice will, I hope, be met with howls of protest. Alas, such a move is already occurring by default, as trainees at the end of their training queue up reluctantly for the privilege of giving the College £200.

Dr Head does not believe that he is in any sense a better doctor than I am simply because he has taken the College examination and I, by choice, have not. I am therefore puzzled as to why he should want trainees to take the examination against their wishes.

This debate anyway misses the point that for trainees the examination is at best a test of competence for rather than in general practice. The latter is far more relevant to patients and can only be assessed by peer review and canvassing of patients, as is the case in American health maintenance organizations.³

It is time that the College formally abandoned any ambition or claim to control entry into general practice. Only then can it hope to involve and inspire those of us who are not members — the majority.

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References

1. Norell JS. What every doctor knows. *J R Coll Gen Pract* 1984; 34: 417-424.
2. Savage SJ. Why one should not take the MRCGP examination. *Br Med J* 1983; 286: 767-768.

3. Richards T. HMOs: America today, Britain tomorrow? A doctor's perspective. *Br Med J* 1986; 292: 460-463.

Sir,

It was reported recently at the annual general meeting of the south London faculty that many young doctors who pass the examination let their membership lapse after asking the question 'What does the College do for me?' As a founder member of the College and still playing an active role in retirement, I find such a question disturbing. But, having read Dr Head's letter I can see more clearly what is meant. His letter made no mention of a member developing more fully through College membership or of making a contribution to the life of a College which depends greatly on those who teach, organize, research and examine, and promote the highly professional role now available in what was formerly a misprized area of medicine.

Dr Head sees the MRCGP examination only as a help to gain entry into practice during a period of competition. I see no objection to this, and all that is needed is a document to prove a candidate has passed. But I strongly believe that the registrable qualification 'MRCGP' should not be granted simply on passing an examination, with only training experience to go on. As a former MRCGP examiner I always felt we could assess little more than a first MB in candidates with such limited experience in whom attitudes had not developed into values. Instead, those who wish to place the letters after their name should be assessed after five years in practice according to a 'What sort of doctor?' formula. Those who apply would be considered by a special committee at faculty level, much as candidates for fellowship are, at present, evaluated centrally.

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Corrigendum

In a letter in the July issue 'General practitioners: prevention of HIV disease/AIDS' the second paragraph stated that educational objectives for future general practitioners in the area of AIDS/HIV infection were being developed in 1981, five years ahead of the rest of the UK. This should have referred only to general educational objectives in genitourinary medicine.