Predicting future RCGP membership

Sir,

The membership of the Royal College of General Practitioners reached a plateau in 1990 and has now stopped increasing. I would like to draw attention to a further cause for anxiety.

A series of statistics was presented at the Wales national vocational training day held in June 1991. All trainees in Wales are asked to complete a questionnaire during their general practice attachment. One question, directed at trainees in their last six months of training, asks whether they intend to sit the MRCGP examination. Over the last three years there has been a fall each year in the percentage of trainees planning to take the examination.

I am unsure if this exercise has been repeated in other areas, but if this result were found throughout the UK the RCGP would be faced with problems. The RCGP can only maintain its present services if it maintains its present numbers; it is not a rich college and its reserves are not great.

If there is to be a reduction in membership there must be a change of thinking. There may be a case for methods of entry other than by examination. In addition, it would seem unwise to keep increasing the cost of the subscription in order to maintain services. Ultimately a choice may have to be made between having a smaller membership and providing fewer services or being as inclusive as possible while attempting to maintain current standards of service.

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The 'single' doctor

Sir,

It is well known that society, and our profession in particular, has strong prejudices against the 'single' doctor. Studies of attitudes among general practitioner principals seeking new partners show almost unanimous agreement that their ideal candidate, if not formally married, would belong to a 'stable long term (heterosexual) relationship'.[1]

The profession should accept that those who remain 'single' are not always in that situation because they are homosexual, nor are they necessarily sexually incontinent or emotionally apathetic. Even if the doctor is in one of these groups, this should not automatically result in prejudice; after all a greater level of compassion must be shown in our dealings with patients from these groups. It may be that those who are single have a much greater commitment to medicine, which is far more rewarding than any other commitment made so far in life.

Doctors remain at high risk of suicide, alcoholism and divorce. The value of a stable personal relationship must be that it helps prevent these potential problems and relieve the stress inherent in our vocation. Many would treasure the enrichment such a relationship would give to both private and professional life, and may feel unfulfilled until that is achieved. However, marriage is not a contract that should be entered into in order to further one's career. It should be embarked upon only when it is felt to be correct. It is regrettable that the profession cannot value the decision not to marry as a positive attribute.

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Reference

1. King J, Whitfield M. How to choose a new partner in general practice. *BMJ* 1990; **301**: 1258-1260.

Information on accommodation for the elderly

Sir,

I have recently become a trustee of the Friends of the Elderly Accommodation Counsel whose task is to support the initial charity, Elderly Accommodation Counsel which was founded in November 1985.

The charity operates a national service which may be of considerable use to general practitioners, or to those patients who have elderly relations who, for one reason or another, they are unable to care for themselves.

Elderly Accommodation Counsel provides information, counsel and advice on all forms of accommodation, throughout the United Kingdom, which may be suitable for retired and elderly people should their present environment no longer be adequate for their needs.

The charity's computerized, central resource covers sheltered housing in the private, voluntary and charity sectors and sheltered accommodation, that is a bed-sitting room with some meals provided, but independence retained. The latter is mainly available in the voluntary sector at present. In addition, the charity has detailed information on some 9000 residential care and nursing homes in the private, voluntary and charity sectors and the addresses of all hospices.

The charity is also able to provide advice on eligibility for Department of Social Security income support or, if a patient does not qualify for this but is unable to meet all the fees of residential or nursing care, they can suggest possible sources for 'top up' funds.

If any readers feel that this service may be of use they should contact Angela Farnell, the charity's administrator, either by writing to 46A Chiswick High Road, London W4 1SZ or by telephoning 081-742 1182.

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PGEA accreditation fees

Sir,

We, as a long-standing young principals group, feel strongly that the existing fee structure for accreditation for the postgraduate education allowance penalizes small group education. The uniform charge for accreditation is £10 per hour. For our group this fee is divided among 10 members but for a large lecture style course it will be divided among up to 100 members.

Current recommendations are that we should accept this or that we should seek subsidy from drug companies or stop seeking approval (Trent regional adviser in general practice, personal communication). All of these options seem to threaten the survival of small group education, which has been shown to be one of the most effective methods of education.[1]

We feel that discretion should be exercised and that emphasis should be placed on quality and not quantity.

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Reference

1. Gray DJP, Bolden K. Learning in small groups. In: *Medical annual.* Bristol: Wright, 1985.