flawed, or that the CSA is not a reliable, fair, and valid test. The flaw in selection may be that it is impossible to reconcile the need for the recruitment process to fill all the training posts every year, and ensure that all these recruits pass the MRCGP examination within their 3 years of training. Any worries that the MRCGP examination is not a good test of competence needs to be addressed by the Royal College of General Practitioners (RCGP).

Although the RCGP has always wanted a longer training scheme, the recruitment process needs to select candidates who are likely to pass the MRCGP exam within their 3 years of training. The Mencken-defying improvement may be to link their selection to the results of taking real or mock modules of the MRCGP examination. These modules could be taken online at a convenient Applied Knowledge Test examination centre, remotely by reviewing the candidates' existing ePortfolios including work-place based assessments, and by a CSA at nearby GP-training practices. The candidates could pay a fee to take these assessment modules. Only those candidates with qualifying scores would be eligible to apply for GP training.

The results of these tests could inform the training of recruits to improve their chances of success in the MRCGP exam. Weaker candidates may need a few attempts over a couple of years to qualify for GP training. Perhaps the best of these weaker candidates could be offered any unfilled training posts on an ad hoc basis, but they would not be in the 3-year GP training scheme.

Educators and learners may be reluctant to concentrate their efforts on passing a test, but the RCGP – GP curriculum statements already point in this direction. The RCGP regularly updates a curriculum that describes what a GP needs to be able to do to work in general practice for the first 5 years and conducts a membership examination that should be a reliable, fair, and valid test of that ability. After the first 5 years, the RCGP's (and General Medical Council's) regular revalidation should ensure that GPs have the competencies to practice for the rest of their careers.

Mencken also advised 'a judge is a law student who marks his own examination papers'.² This may describe the continuing difference between our confidence and competence in our assessment of the ability of others.

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DOI: 10.3399/bjgp11X549036

Jumping (or being pushed) from maternity care?

I read with interest the recent editorial entitled 'Jumping (or being pushed) from maternity care'.¹ The overall conclusion that GPs should still play a role in maternity care is something that is echoed by the findings of a recent study I undertook following the Kings Fund report entitled, 'The role of GPs in maternity care — what does the future hold?'.²

I issued a postal questionnaire to 50% of GPs ($n = 338$) in the Leeds PCT, in the north of England; 65% ($n = 200$) replied. The aim was to elicit the views of GPs on their role in maternity care. Of the GPs, 61% ($n = 134$) 'disagreed' with the statement that they had a major role in the care of a pregnant woman, 11% ($n = 24$) 'strongly disagreed'.

The editorial by Jewell stated there is a trend to omit obstetric content in postgraduate GP training programmes,¹ a finding that was confirmed in my study. Forty per cent ($n = 88$) of GPs felt that they do not have adequate current knowledge of maternity care and many stated that they have become deskilled as maternity care has been taken over by midwives; 71% ($n = 145$) felt that the best

way to gain up-to-date knowledge would be to attend a postgraduate course; and 17% ($n = 35$) suggested an e-learning scheme, as this would allow them to work through the programme at convenient times, and they would gain certification on completion.

In his editorial Jewell stated that 'even if midwives assume responsibility for all routine care, there will always remain the possibility of GPs being presented with obstetric emergencies'.¹ Many GPs who replied felt that it was important that they were still involved in maternity care, so they are able to recognise difficult cases and deal with them adequately.

This is an important topic and I would strongly recommend a larger study to see if my findings can be duplicated on a national scale.

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DOI: 10.3399/bjgp11X549045

Community orientation in education

Higher education is already feeling the effects of funding reductions, and medical education is likely to be squeezed too. It is crucial that medical educators demonstrate the quality and value of graduates and show that 6 years of extensive experience for young people in the highest academic bracket produces a workforce of considerable and unique value.

Rees and Stephenson write¹ that there is a continuing move for more health care to be delivered in the community, requiring more qualified doctors working in the area, leading to an increase in the proportion of the graduates training for