

Personal Points of View

CRITERIA FOR MEMBERSHIP

Thoughts stimulated by the discussion of the Thames Valley Faculty's recommendation at the recent A.G.M.

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This latest proposal to introduce "a stiffer academic hurdle" as a criterion of admission to membership of the College led to long discussion, yet when the vote was taken members proved to be almost equally divided in their opinions: 54 in favour, 50 against the motion. After five years' deliberation, why are we still so far from agreement on this fundamental principle?

One member came near to the root of the matter when he asked "Do we want to create an *élite*, or do we want to raise the standard of general practice?"—implying that these two aims are incompatible. If they are, and if we could answer his question, we should be nearer a solution of our problem. The protagonists clearly believe that their "academic hurdle", which must create an *élite* will lead to a higher standard in general practice, for as members of the College they are committed to that aim. Their opponents not only question the validity of that belief, but themselves feel there are other and better ways of achieving this higher standard.

The introduction of an academic hurdle, whatever its details, must imply that some of our colleagues will remain forever outside the College. Yet these 'failures' will remain in general practice, unless we postulate a revolution. Are they likely to continue to try to do good work in face of this public advertisement of their lower status, or will they become mere signposts, passing every patient to a consultant for safety's sake?

And what of the standard of practice among those who do succeed in gaining admission to the College via this hurdle? Criteria for continuing membership will be unimportant, even unnecessary, according to some of the supporters of this motion. Presumably the *élite* will remain on their eminence automatically. Yet we could all quote specialists of whom colleagues ask "How on earth did he ever get his Fellowship—or Membership?" . . . men whose subsequent career does nothing to enhance the reputation of their Royal College. Whether or not we think we can devise a better system of selection than the senior colleges, whether or not we care to risk this sort of damage to the still uncertain reputation of our own, we know that general practice will continue to change with the years, and we must take the lead in trying to show that every one of our members remains worthy of the title throughout his professional life. But if his title rests solely on an academic superiority over his fellows, we are faced with the logical absurdity of

all general practitioners sitting examinations to demonstrate their higher, or lower standard, year after year.

Our universities and even our schools have realized for some time how unsatisfactory the specific "academic hurdle" can be as a criterion of future worth, even in the narrower academic fields. How much less satisfactory it must be in the wider field of general practice, where so many non-academic talents flourish. Let us at least have the courage to try to find a better criterion.

What can we expect if we do not impose an academic barrier to admission? Some members expect such a flood of applications from mediocre doctors that membership will lose all value, no one will want to join and the College will die. But these critics must be missing most of what the College has to offer them. If it offers something of value it will have members. If it offers exclusiveness (excluding in this case the academically inferior) it will attract snobs, and will have, by definition, a small membership. If it offers fellowship, encouragement, help, and stimulus, it can attract all who are interested in their work: and this is what it is indeed doing. The James Mackenzie lecturer spoke of what this encouragement has meant in his rural practice. The members on the research register and the winners of the various college prizes have amply demonstrated, by their numbers, their activity, and the excellence of some of their publications, how much membership means to them. Moreover, they have shown that this kind of membership can make contributions to knowledge which will do more for the reputation of the College among strangers than almost anything else can do.

Should we then impose no barrier at all? Should mere payment of his subscription entitle any practitioner to enjoy all the benefits of this great company of colleagues? Of course not. Some guarantee he must give—and continue to give year after year—that he is doing his best to remain a worthy member of that company. He can do no more than his best, but must not do less: there must be evidence of effort, of endeavour, and proof that he has not gone to sleep.

The nature of such a guarantee needs careful consideration: each man's contribution to his profession will be slightly different, as it should be if the profession is to reap the maximum reward, and over the years the value of various kinds of endeavour will change. Already the practice of major surgery on the kitchen table has ceased to indicate a high standard in general practice, and already many of us feel we can learn more from each other, in certain fields, than from postgraduate courses designed in hospitals. Any rigid requirement, such as that adopted into bye-law 5 (D) at the recent annual general meeting of the college, is doomed to become out of date.

Might we not ask each member, annually, for a report on his

year's work? We could include certain headings:—postgraduate study, research, lecturing, new techniques—the list could change with changes in circumstances of practice, but though it would be an aid to classification of the data, it should not be thought of as exhaustive. A small random sample of reports could be checked by further enquiry, to prevent abuse. If a member could not make the effort to report, his membership must lapse; and if his report contained inadequate evidence of endeavour, even after this had been noted and an offer of help and stimulus made by the College, he too must forfeit membership, though not necessarily for ever. Continuous membership over a number of years could then qualify, along with outstanding contributions to general practice, for some permanent recognition, such as Fellowship of the College.

The information contained in members' reports could form the basis of a vast reference library, through which the College might better discharge some of its many functions: introducing the member studying an industrial hazard to his colleague with the same problem at the other end of the country; encouraging one to keep records, another to analyse his results, passing on one firm's experience of designing new premises to another about to build, helping the isolated rural practitioner to acquire new techniques, collecting data about the methods and conditions prevailing in general practice, so that future talk of "raising standards" can be based on surer knowledge of what those standards are.

If something of this kind were to be adopted by the College as a criterion of membership, the position of the associates could be clarified. At present there are two distinct groups, one containing young practitioners who hope to become members in due course, the other consisting mainly of doctors outside general practice who can never qualify for membership. Need the first group exist? The present limitations on membership exclude almost everyone under 30, though it is well known that most of the great discoveries of the world were made by men of that age. Do we want our proudest achievements to come from our associates? Do we, on the other hand, really intend to withhold the full help and encouragement of the College until the young practitioner is past a time of great need? It is from the younger men, too, that we may expect most energy and enthusiasm for our aims . . . we ought to be welcoming them as soon as they settle in general practice. The second group are more truly associates. Some work in other medical fields, some in the allied sciences—statistics, sociology, psychology—and not a few are the medical wives of members, closely concerned with general practice all their lives. Theirs is seldom a temporary, short-term association with the work of the College, and their interest, support, and often active help is something we should be foolish to try to limit in any way.