

appropriate for us to seek to advance the College's own ends in this way, no exception can be taken to our assisting the good endeavours of others. Elsewhere in this issue will be found a letter describing the work of the Ranfurly Library Service. This charitable enterprise seeks to help the peoples of developing countries in their campaign against illiteracy and ignorance by sending out, as free gifts, books, new and old, which are no longer needed by their literate owners. Publicity could quite properly be given to undertakings of this kind.

Not only could the waiting-room notice board convey information about voluntary services like this to a large and temporarily captive reading audience, in a perfectly legitimate way, but the reception desk might also have a part to play. The operation of such a service depends on the collection of unwanted books, but how many people know to whom these should be brought? On moving house or at other times bookshelves may have to be thinned out and disposal of the thinnings becomes a real problem.

The practice reception desk is often open for most of the day. Could the not receptionist by custom be recognized as a collecting agent, and the practice itself become a collecting centre? Some temporary storage space would, no doubt, be necessary but in most places the service has arrangements with Rotary International whereby books may be collected and parcels left at the reception desk would not stay there long after a telephone call.

As the pattern of provision of medical care changes so also do our opportunities to help the community in which we work. We must be alert to these changes and, indeed, participation in the work of others might provide a test of the effectiveness of the notice board as a means of communication. At present this may receive less attention—from ourselves as well as our patients, than it properly deserves.

EXAMINATIONS

*Bene, bene, bene, bene respondere,
Dignus, dignus est intrare
In nostro docto corpore.*

Molière

AFTER years of heart searching and debates which were always lively and sometimes rancorous, the College has now an established examination as a normal way of selecting candidates for membership. The examination consists of multiple-choice questions, modified essay questions, and traditional essay questions. The number of examinees has increased each time the examination has been held. On this count this is a success story. Whether or not to have an examination has proved to be only part of the difficulty. What form the examination should take was equally difficult to decide. The Court of Examiners is to be congratulated on the way that it has approached this problem and studied the various methods which could be employed.

The vast amount of knowledge which the general practitioner has to acquire and its spread over so many disciplines makes it a subject extraordinarily hard to examine. The family doctor is expected to know a bit of everything, more bits of some subjects than of others and in some he is the specialist. From the examiner's point of view, are some subjects to be considered required knowledge, ignorance of which should lead to automatic failure? Can detailed knowledge of a special branch of medicine compensate

for ignorance of others? Questions like these can be posed, but who will stay for an answer?

Bearing all this in mind the College has followed the example of the Royal College of Physicians and instituted a multiple-choice paper. A great deal of thought was given to this by the Court of Examiners before the plunge was taken. The paper by Drs J. D. E. Knox and P. S. Byrne in the January *Journal*¹ describes an experiment in which the examiners of the College and other members of Council joined with fellows of the Royal College of Physicians, who were interested in examinations and education, to discuss the problems implied. During this meeting the conference subjected itself to a mock examination which is claimed to have yielded useful information. But there are problems still remaining. Some may feel that to have multiple-choice questions flashed on a screen for a few seconds is to test not only the knowledge but the speed of cerebration of the examinees. Is this what we want to find out? Does not such a manoeuvre lead to guessing—guessing in medicine is not good medicine. There are other dangers. Dr A. L. Gibson in a thoughtful paper² draws attention to the ambiguity of some of the questions—he is criticizing the examination of the Royal College of Physicians—and he instances the use of such adverbs as ‘commonly’ and ‘likely’; for instance, he quotes the statement that duodenal ulcers occur commonly in hyperthyroidism, and points out that it does so in 15 per cent of cases; is 15 per cent commonly? Drs Knox and Byrne, in their paper, instanced a question. Which is the most important thing to do in setting a Colles’ fracture? And five choices are given. Although the examinee may arrive at the answer required, surely in the correction of any fracture there is only one requirement, that is to restore so far as practicable the parts to their normal anatomical position. There should be no thought of degrees of right as in this example. As Dr Gibson says “Is not the rightness of a procedure which sets out to expose a candidate’s ignorance by the debatable setting of false data, itself open to question”.

In this issue Dr McNicol writes as one who has been at the receiving end of the multiple-choice paper. He evidently developed an intense distaste for this kind of ordeal. Dr Byrne in a carefully reasoned commentary on Dr McNicol’s letter, defends this type of examination. Readers will be able to form their own conclusions. The question is still open to debate. Is this form of examination necessary? If it is, can the Court of Examiners be sure that questions which are ambiguous or unsuitable do not creep in. The saving of time and thought which may accrue by storing the questions in a computer and asking it to supply the answers must be set against the disadvantages which undoubtedly exist. Like blood stored in a bank, questions may go stale. How best may they be kept fresh?

REFERENCES

1. Knox, J. D. E., and Byrne, P. S. (1970). *The Journal of the Royal College of General Practitioners*. 19, 44.
2. Gibson, A. L. (1969). *The British Journal of Medical Education*. 3, 143.