THE EXAMINATION PROBLEM

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The remarks which follow are the personal views of a young practitioner established in general practice, and an associate of the College. My reasons for joining the College were that it seemed to provide, as no other body could, a way in which I could constantly improve my knowledge and methods of practice, and be provided with a stimulus at times when the day-to-day work got on top of me. Just as the Society of Apothecaries, in its time, did much to transform the medical scene, so have I hopes of our College. For here is a completely non-political body, emerging through the political bog that surrounds us. Equally by joining it there is nothing to be gained except intellectual richness and fulfilment. A general practitioner easily becomes isolated. Unlike the competitive climate of the university, the surgery can soon close down its four walls. Most of the time the inexact or slipshod diagnosis does not matter. Many of the everyday conditions are self-limiting. Others will respond to the blind exhibition of antibiotics. Much of the consulting is of a social or advisory nature and a well trained almoner or health visitor could do as well. Small wonder that the aspirations and ideas which we all have when we first sit behind the desk fade into the limbo of despair. Add to this the expense of these ideas, in new equipment, together with the increasing encroachment on free time plus an inflationary economy, and it is surprising that our branch of the profession moves forward at all.

Against this background, came the introduction of the College. For me it sets out to do four things. The first is to raise the standard of general practice throughout the country, at a time when political interference is likely to lower it drastically. Secondly, it enables us to share mutual experience in a way not possible before, and inform ourselves of the broad progress of disease and epidemics on a national basis. Thirdly, it helps in planning large programmes of research and observation, and provides a personal service to the lone worker. Fourthly, it provides ideals in learning and achievement to which we may endeavour to ascribe. In essence therefore, the College informs, educates, refreshes and advises us without reference to colour, race, creed, politics or financial gain.

It is both right and proper that any qualified and registered doctor, engaged in the field of general practice, should on the payment of a fee, be eligible to become an associate of the College. Nor would anyone disagree that in the selection of members some discriminatory

powers must be available. As the articles stand at the moment, a doctor or associate may apply for membership provided he is registered and has been qualified for seven years. He must be proposed and seconded by two members of the College, these sponsors not being in partnership with each other, and have been engaged in general practice for a period of five years, or have been an associate for three. The applicant submits facts about himself and his practice, and he may be interviewed.

It is evident from these criteria that the only difficulty is to find the sponsors. An isolated practitioner to whom membership would be of the greatest encouragement, might be in difficulty. At the opposite extreme the sponsors may be forced to support an applicant, merely because he is a neighbour. It is not easy to refuse a friend, and harder still to assess his standards of practice. This is the weakest part of the sponsor system, and as Dr K. M. Foster remarked concerning the College, " Is it to be a Chum's Club? " I am in no position to judge, but note that one speaker in the recent debate described the position as " nauseous ". To eliminate the feeling that the standards of entry may become or are too lax, stiffer criteria for entry are proposed. In an attempt to reach a method which at least can be claimed to be unbiased, the examination has been put forward. The criteria committee favour this method. They envisage a morning clinical paper, followed by an afternoon paper on practice management, and finally a *viva voce* in the evening. This is coupled with references, by sponsors.

As is to be expected, these proposals have been received with mixed feelings. To the younger element, who are not in the " Chum's Circle " the examination offers a way out. The present method will always be open to criticism. On the other hand, the older aspiring member who feels that he has got a bit rusty, will view the project with suspicion, and feel that it is no use trying to join; yet he would not mind trying to improve himself, and would probably be a most valuable member. This raises the question as to whether an examination will select a prospective member. Though we all have to pass an examination to enter practice, we still have good and bad doctors. To specialize, we have to take further examinations. There is probably the same percentage of good and bad consultants. In any case the problem cases are not the easily recognized extremes, they are those on the border-line. Whatever method of selection is used, this problem will remain. The difficulty lies in the selection of another method, which will withstand the jealous scrutiny of those on the fringe, and at the same time be respected by others. It must also be easy to work, inexpensive and reliable.

The important factor in any member is that he should increase the prestige of the institution to which he belongs. The interest

in him lies not in his ability to cram in a little knowledge to pass an examination, but his way of life in his profession: his premises, equipment, method of practice and so forth. Admittedly if his sponsors are doing their job, this side will be considered by them. His impact as a person will be noted at interview, and an examination will assess a certain standard of knowledge which, presumably, most of the average will pass, as the standard will have to meet the candidate to a certain extent, or members will gradually become extinct.

There is another way of assessing—both individual and academic —a general practitioner. It is a way more likely to take into account the legacies he takes over in the practice, the difficult premises with no alternative, the area and place of work, postgraduate and other facilities. The main advantage of this method is that it may be done by the doctor as an extra to his daily life. He does not have to go anywhere, and what he does, he does at his own pace and in his own time. This method may be described as the Case-book, coupled with a task. In this the intending member, at his leisure and in his own time, compiles a documentary about himself, his methods of work, and his cases. Common diseases and methods of treatment together with social matters, ancillary aids, and plans for the future may all be discussed. His day-dreams, his criticisms of life as he finds it, his views on the impact of the National Health Service on himself, his family, and his patients. Details of post-graduate study, the periodicals he takes, the percentage he opens and reads and what he does with the advertisements he receives. If necessary a skeleton of required information could be assembled, which must be covered. Coupled with this, a problem is set him by the College, which he studies and answers within the framework of the document. The procedure, then, would be that he applies to the College to become a member, and is then furnished with his problem, and a suggested framework on which to base his Case-book. When he is ready, he submits his work.

This I believe would give a picture of the practitioner in his setting. It would at the same time provide an invaluable study for the assessment of general practice by the College, and so in an unique way combine the entry of new members with a survey of their methods of work. The expenses would be less than a formal examination, and, if the candidate went to the trouble of doing all this extra work, it would imply that his aspirations to enter the College were real. The busy, and often older, general practitioner would not be at a disadvantage—he could take longer over the preparation of his book. The assessment could be supplemented by interview, with investigation if necessary, and the application confirmed.

Whatever method is decided, the College must watch its step.

It must provide an academic stimulus, and act as an educative and research promoting body. Members should not merely be members for what they can get out of it. There is not, as far as I can see, a need to compete academically with the other Colleges.

If the College does good sound and constructive research, its members are correct and conscientious in all they do, then the name of the College will be held in high esteem throughout the world. It matters not how the members are selected, for they will be there anyway, however fumbling the body which selects them. Let us have a College which will remain an ideal to which we may reach out, and keep it so, free from money, politics, and humbug.

ENTRY BY EXAMINATION

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There are certain qualities which are generally agreed to be desirable in members of the College:

Good ethics, kindness and vigour
Technical competence
Experience of family doctoring
Maintenance of skill by postgraduate study
Contributions to research, teaching, or both

At present the Board of Censors demand sponsors who can guarantee the personal qualities of candidates, and certify experience; and a promise is given by applicants to undertake regular postgraduate study. But there is no particular means of testing technical competence, and no means of fostering research and teaching activities.

A traditional-type examination, with subject matter appropriately chosen, might be expected to do the following:

Test knowledge of family doctoring, and thus serve to indicate technical competence.

Provide a syllabus which would influence future standards of skill and scope for the family doctor.

Give additional prestige and academic status to the College.

Make entry more difficult, even for those the College would welcome as members.

Make membership more valuable, thus offsetting the effect of making it more difficult to obtain.

Such an examination would *not* test character, and sponsorship would remain essential. It would *not* guarantee experience, which would still need to be certified. It would *not* ensure that postgraduate studies would be regularly carried out, and if a preliminary promise