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Correspondence

WHAT KIND OF COLLEGE?

Sir,

Very many ordinary members of our College—I write as one of them— will have read with interest and attention the story of its foundation related in Dr John Hunt's memorable James Mackenzie Lecture.[1] Few had known details of the inside story, and we must all be grateful for the skill and determination with which the small band of pioneers overcame all obstacles, and pushed the project through to its triumphant conclusion. We must be grateful, too, for the refreshing frankness with which the story is told; such candour in high places is all the more welcome for its rarity in our national institutions today.

In his conclusion, Dr Hunt enjoins our younger members to be continually looking ahead, planning the College's future. May I suggest, with respect, that before so doing we might pause awhile, and with a frankness worthy of our mentor, subject our present situation to a searching and critical appraisal? Both the science and the organisation of medicine in this country are undergoing a revolutionary transformation, and we in the College can guide the future of general practice far more effectively if we have some self-awareness of our own shortcomings.

I would like, if I may, to comment on two aspects of the affairs of the College, concerning which I believe there is scope for improvement. The first relates to the control of college policy by members of its rank and file; the second to the relationship of the College to those general practitioners who are not members, and who form, of course, the great majority.

A Royal College, in the very nature of things, has strong centripetal tendencies. Power flows to the centre; an establishment is created. The next step is for the establishment to speak in the name of the College and impose its will on the periphery. This we have witnessed in the past few years. The Council has formulated the College policy; it has decided, for example, upon the criteria for membership[2]; it has pronounced on vocational training[3]; it has even issued a state-

ment which, to quote our Royal President "sets out clearly and concisely just what general practice is all about"[4].

There is, of course, no harm in all this, *provided the statements of Council reflect accurately the consensus of opinion of the college membership.* But do they? Does our Council submit its policy statements to critical scrutiny by the Faculties, and by the membership, before they receive the *imprimatur* of the College? Are we, in fact, sufficiently democratic? I do not think so.

As a College, we are unique in our faculty organisation. It is time now, I submit, to put this unique structure to better use. Much more power should be delegated from the centre to the Faculties; they should play an active part in formulating and monitoring college policy. It will, of course, take longer to reach decisions; this is a penalty paid by all democratic institutions, and it is infinitely preferable to the cabalistic rule of authoritarian regimes.

Secondly, let us consider the world of general practice outside our own tight little college membership. When the present criteria for membership were established, the distribution of that membership within the general-practice community was crystallised. We badly need to map out this distribution throughout the country. We shall find lush areas where a high proportion of the general practitioners are members of the College, and wide expanses of desert where the college representation is virtually nil. I believe that one of the top priorities of our College should be to fertilise these deserts.

For better or for worse, the time may come when a young doctor aspiring to the position of a principal in general practice will have to gain his M.R.C.G.P., in much the same way as a hospital consultant is now required to show some higher qualification as evidence of his training. If and when this happens, within a few decades *all* general practitioners will be members of the College, and the deserts I have spoken of will disappear. Can we afford to wait that long? I think not.

I believe we were mistaken to tighten our criteria when we did, so excluding permanently from membership very many general practitioners of high quality, and leaving the distribution of our membership permanently unbalanced. It is perhaps too much to ask that the policy be wholly reversed. But we are not going to tempt many of these experienced non-collegiate colleagues of ours, now in their forties and fifties, to submit themselves to examination before seeking entry to the College.

I would like to suggest that they be offered some special form of associate membership, granting them a status within the College not too far removed from that of a fully established member. If this idea be rejected, then I believe we should address ourselves to rectifying the maldistribution of our membership in some other way. We cannot afford to continue to ignore this thorny problem.

CYRIL HART

Goldthorne,
Stilton,
Peterborough.

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2 Royal College of General Practitioners (1971). *Journal of the Royal College of General Practitioners*, **21**, 485–486.
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PRESCRIBING IN GENERAL PRACTICE

Sir,

Since the paper on the prescribing of barbiturates and their substitution by nitrazepam was written, further developments have taken place.

Six patients of the original 116 are no longer with us, four having died and two having moved away, but none of our patients are now on more than 10 mg of nitrazepam. None of them need added chlorpromazine, and of the 110 patients remaining under review, 54 are on no sedation, the others now being equally divided between a nightly dose of 5 mg and 10 mg. This represents a reduction in hypnotic use of 62 per cent.

F. O. WELLS

49 Christchurch Street,
Ipswich IP4 2DF.

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CHAPERONES

Sir,

Members of the Medical Defence Union have been advised that accusations of impropriety are made with such unpredictability, and such frequency, that examinations of females should always be chaperoned.

Many general practitioners, none the less, examine without. In the other scale are the points that many women prefer no third party present, that examinations, troublesome (by reason of disturbing staff), are that much more likely not to be done at all, and that the burden on staff is impossible to accept.

A consecutive series of 530 consultations of unaccompanied post pubertal women was analysed. The policy of the doctor was to examine where medically indicated.

Examinations with a chaperonable element were scored:

1. Genital: vaginal and rectal