

Taking the M.R.C.G.P.

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Examinations are not usually classed with the pleasurable drugs of addiction; and when one gets older and more established, and more ignorant, one is not given, unless one is deviant beyond the usual bounds of eccentricity, to court public disaster and humiliation at the hands of some whizz-kid young examiner who runs his whole practice like a huge, threatening Balint group, by taking, for no pressing reason, the college membership examination.

This may be somewhat overstating the case, but certainly my middle-aged colleagues, at least in this area, do not seem to be flooding into Queen Square or 14 Princes Gate. And although the College makes no money out of the examination and treats the whole exercise as something unprofitable that just pays its way, the standard-setting body is, and should be, keen to recruit to its ranks as many as possible of the good practitioners, even if they are not in their first youth.

I found it almost impossible to persuade people to take the examination when I had only the haziest idea about what I was letting them in for. Again, I had no contribution to make at courses designed to prepare younger colleagues to sit this exam, when it was as mysterious to me as it was to them.

Accordingly I decided to take the exam myself. I am no paragon of virtue. I took it in the spirit that if they pass me, anyone can pass it so long as they are experienced, reasonable chaps. If they fail me, I applaud the examiners' moral courage, but would class the deplorable episode as a demonstration—nay, a proof—that the examination needs overhaul rather than the candidate!

There is some slight excuse for this attitude, although with hindsight even I find it inexcusable. Long, long ago when I was a medical student, I found learning difficult. I was older than most of my contemporaries, since I had come late to medicine, and only the learning from practice and personal experience really stayed with me. I therefore took examinations with the rather humourless and diligent concentration that some of my younger contemporaries reserved for sex, rugby, and beer. I was too brutalised by my years in the army to treat the examination procedure as even a faint shadow of the medieval torture-chamber. They were, to my view, rather an elaborate series of useful tutorials.

In the end I distinguished myself by winning the hospital surgery medal within days of failing conjoint surgery. To this day I feel that both sets of examiners were absolutely right. In the medal the examiners only asked me, as it happened, things I knew. In conjoint, they didn't ask me a single thing I knew. The results to me were quite just, but very different, and I now realise that examinations are about as good an indication of professional calibre as one's luck at roulette.

This attitude reinforced my determination to sit the M.R.C.G.P. even when I discovered that fellows still had to pay the full fees for such an exhibition of whimsicality. So I came down to Queen Square some quarter of a century after my brush there with the conjoint surgeons.

It is usually a comfort, in a world mercilessly battered by unending change, to go back to the familiar. Certainly since I was last there the Queen Square examination halls have not changed. Indeed, to be frank, I doubt if they have been dusted!

There are, of course, signs of the social changes. Gone now are the expensively but carelessly dressed fresh-faced upper-class English fighting their lugubrious way through their finals like some well-heeled imperturbable Guards Officer going through an obstacle course that lasts for ten or 12 years. Now instead we have slim, intelligent faces from the East, chatting rapidly in unknown tongues and revising complex lists of drug-interactions that seem to revolve around a mythical practice with almost everyone on warfarin. And the odd girl of the fifties, shining with an unpowdered nose and dedication is replaced by a considerable number of females

of all shapes and sizes and degrees of glamour, but singularly lacking in those who wear large hats, get stuck in public lavatory turnstiles, and are keen to bring back the birch, which is the fantasy about women doctors I vaguely retain from my student-days among the Mesozoic slime.

But the Queen Square building is just the same. The floor is still uneven with the million supplicating feet. There is a door marked gentlemen, loosely leaning up against a blank, dirty wall. The academic standards are maintained by a black-board stand (but no board) slouching morosely against some anonymous lockers. The whole place is the apotheosis of transience: and the transience is guaranteed by the implacable hostility of the chairs and desks.

The drabness of these surroundings and the whole administrative routine in which one was now imprisoned made the years slip instantly by. Again I was a candidate timidly eager to write on one side of the paper only, to write legibly, and to ensure that the name was neatly printed wherever it had to be, with the sheets stapled in the right order.

In a word, as I sat down to take the multiple choice question session, I was scared.

There were, I suppose, about 70 questions to be answered—all my impressions are from a rather geriatric-type memory and no claim to accuracy can be made. I went through the paper slowly, carefully, but without wasting time. I had set a few multiple choice questions, but these were the first I had tackled from the other end. Most were straight-forward enough. Some, let us admit it, I had to guess. It is safer to leave blank than to guess wrong, but my pride would not let me leave them blank. I thought I knew. Worse, since I felt that I had to contend with less professional isolation than most practitioners of my age I went back at the end and fatuously changed two or three to intentionally wrong answers. I was just thinking that this was carrying arrogance too far when the bell went and I had to go, leaving unaltered the written testimony to my foolhardy temperament.

After lunch the modified essay questions were about the kind of acute problem that one had met often enough in practice, so one only had to do what was asked, and not waste time. Then I went home, worrying that they might have the sheer brutal courage not even to summon me for a viva. And serve me right. But they did.

Just as the written paper is paired—a multiple choice question session and a modified essay question paper—so the vivas are of two sorts, each with a different pair of examiners for 15 minutes or so. One viva tests your practice organisation and routine—mine was about well-baby clinics and developmental screening which, despite 18 months of full-time paediatrics as a junior, is not really my scene: but I limped ingloriously through.

The next viva was about clinical problems which were, I thought, straightforward, but I was still scared enough to use the “never stop talking” technique. With this, you talk accurately around the subject with such diarrhoea-like verbosity that they never have a chance to ask you something you don’t know. This irritated the examiners, they knew they were being duped, but they were too nice to do anything decisive about it.

So I passed without distinction. But I passed. And I reckon that the great majority of those who have done ten or more years in a busy, varied practice could, without any formal preparation, do the same. Why not try it? If you fail, remember me and the conjoint surgeons. It is your failures that teach. I still remember that long case.
