the Trent Faculty that a document from the Education Committee had been approved by Council for consideration by other educational bodies.

This document is reported to suggest that in future a wider range of posts should be considered appropriate for vocational training for general practice.

Our Faculty disagrees with the suggestion that more surgical posts should be recognised and rejects the idea that six months' senior house officer experience in specialities such as neurosurgery or thoracic surgery should be approved for general-practice training.

Furthermore the inclusion of such posts is likely to mean in practice that other much more important specialities such as: general medicine, paediatrics, geriatrics, obstetrics, and gynaecology will be squeezed out of many trainees' programmes.

We regard this as a serious dilution of the standards that the Royal College of General Practitioners should be maintaining and we fully support the Trent Faculty's concern.

We request Council to revert as soon as possible to the previously agreed policy on the recognition of posts for vocational training and urge those who support us to write to Council as well.

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TWO TYPES OF TRAINING

Sir,

As a " second class citizen ", but none the less occasional reader of your *Journal*, your February editorial, *Two types of training*, prompts me to comment that it is a pity that the College, in reaffirming its concern not to make those who have not completed full vocational training programmes feel " second class citizens ", continues to ostracise those of us who have voluntarily completed a trainee year by refusing to let us sit its entrance examination, simply because we lack sufficient approved hospital experience.

I feel that this is particularly so since (a) the matter of exactly what constitutes relevant and necessary hospital experience at present still remains open to question, and (b) the minimum requirement for entering practice as a principal, at least in the forseeable future, is simply the completion of a trainee year. This will continue at least until the 1980s, when there is still no mention of any particular hospital experience required. In the meantime, those of us who have compromised by voluntarily completing a trainee year before entering practice, though lacking the so-called " necessary, relevant " experience, remain frustrated from taking our enthusiasm further for at least another couple of years, simply because we lack a spurious amount of relevant experience. It makes one wonder, why one troubled to do a trainee year, since having done so one is in no better position to take the College's entrance examination than if one had not bothered and had gone straight into practice and bided one's time until one was eligible to sit the examination.

Has the College considered the implications of allowing doctors to sit the examination after completing only a trainee year? If the examination is, as it claims to be, merely a test of competence then, although some general-practitioner experience is clearly desirable, the necessity of other experience remains questionable, for surely competence varies from individual to individual rather than according to length of experience?

One can only assume that the College's obsession with perpetuating the myth of the apprenticeship scheme as being the only method of learning is to fall into line with the other, older-established Colleges, whose commitment to this system stems mainly from the desire to maintain their own elitism. If this is the case, then it is clearly totally out of keeping with the otherwise progressive image of the College in trying to raise the overall standard of general practice.

In the meantime, there must be a number like myself, " on the outside ", doing basically the same job of work as those " on the inside " but without " the badge ", and I wonder if really we are doing the job that much worse?

The only way to find out seems to me to be for the College to be prepared to open its doors wider to admit some of us " second class citizens ", for simply to go on pretending that we are not inferior in the eyes of the College seems to me to do no more than to add further insult to the already existing injury.

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REFERENCE

Journal of the Royal College of General Practitioners (1976). Editorial, **26**, 83–4.

WHEN NOT TO EXAMINE PATIENTS

Sir,

I should be interested to hear other views on constructing a suitable ' milieu ' in which the ordinary consultation in general practice may proceed scientifically.

My trainer taught me that the examination of a frightened, sick, young child should be kept to a minimum. This was coupled with the positive suggestion that friendship with the child was of paramount importance, and that at no stage should rapport be lost (Colston, 1975).

It is plain that the highest scientific standards of clinical examination in childhood can be achieved only with co-operation from patients. Such standards are essential in the case of complex or dangerous disease. It is bad scientific practice