

RESPONSE RATES TO QUESTIONNAIRES

Sir,

The rate of response to questionnaires of any kind is an important problem in research. In a recent postal survey of general practitioners in England we were very pleased to have 59 per cent of our questionnaires returned to us from their first mailing and Dr Meynen (*August Journal*) should be grateful for a 57 per cent response to his own questionnaire.

We subsequently increased our total response rate to 85 per cent by the standard technique of sending reminders to those doctors who had not responded at first, but it appears that Dr Meynen would not have been able to identify the non-responders among those patients who chose to take one of his forms. Self-selection within his population is only one of his methodological problems and even without this his sample appears to have been unrepresentative in other ways, so that he can actually have no idea of the attitudes of his patients to the projected change to a health centre.

The point is that these small operational and behavioural studies in general practices are extremely worthwhile for a number of reasons—not least those of demonstrating interest and initiative on the part of the doctor and his staff. If they are used in determining a course of action (i.e. as management information) so much the better, but the information is useless or even harmful if it is made seriously inaccurate because of faulty scientific method. Dr Meynen's overt cost of £2.40 would have been increased very little by taking advice about sampling and related matters and an increasing number of research organisations are willing and able to help in this way.

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REFERENCE

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THE M.R.C.G.P. EXAMINATION

Sir,

Unfortunately I missed Professor Wilkes' article in your *March Journal*, but I did read Dr Halle's riposte last month, and do not envy the professor's task in replying to the 12 specific question marks in his critic's letter.

Specific questions are usually unanswerable—to the satisfaction of the questioner, anyway. I will try to answer them in general; I have been a keen supporter of the College of

General Practitioners since its inception. I have always thought general practice a specialty in its own right—though 15 years ago its standing was poor, as was its reputation within the junior and senior hospital staffs (though not so poor as they would suggest with the general public). Many of us felt that there were standards which should be maintained by general practitioners, and some banded together with great dedication to found the College. This idea I supported with all my heart.

Then there came the question of an examination for membership. Like Dr Halle, I was at first dubious—how could you quantify and examine the qualities which make up the family doctor? Many of Dr Halle's questions explore this problem. The answer is, of course, they cannot—any more than the M.R.C.P. can make a good physician, or the F.R.C.S. can make a conscientious surgeon.

Specialty examinations depend upon the screening of technical ability. Techniques are practised in family medicine, and it is possible to examine candidates in their proficiency in these techniques, whether they be physical assessment (possibly in limited time) or psychological appraisals which can not be taught only in the psychiatric wards of the student's teaching hospital. Examining methods have advanced much during the last five years.

It has been my privilege to know how careful and controlled are the examination criteria for the M.R.C.G.P. and indeed are the heart-searchings of the examiners, who are not necessarily founder members of the College, nor think themselves better general practitioners than anyone else—but do have a strong view that general practice ought to have a standing as a medical specialty in its own right, and therefore believe that candidates should satisfy certain criteria as detached scientists in pursuit of the ideal of individual health and happiness.

Perhaps I should add that I am not an examiner myself!

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THE ARTS AS AIDS TO LEARNING

Sir,

I like your editorial (*August Journal*), probably because I have never been competent at chemistry or physics and only came late to a modest appreciation of the arts. I suspect that

our view of the value of literature, drama, painting, music, history, philosophy, logic, and so on, to the practice of medical care is highly subjective and at present very much a minority one. If it has more general validity the important question must be what should be taught and when.

So long as the undergraduate curriculum is mainly concerned with serious organic disease and its specialist management, advanced chemistry and physics are essential prerequisites. However, I do believe we are seeing the tiny beginnings of a more sensible approach based on the frequency as well as the severity of disease (and illness, *pace* Marinker), an approach which takes into account the needs of society and which emphasises the impor-

tance of understanding how people think and feel about health.

As this new dawn develops then I am sure you are right to suggest that the arts should be given an educational place in the preparation of most medical students for their lifelong learning task.

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BOOK REVIEWS

The Medical Risks of Life (1976). STEPHEN LOCK and TONY SMITH. Pp. 328. Harmondsworth: Penguin Books Ltd. Price: 95p.

At present Editor and Assistant Editor respectively of the *British Medical Journal*, Drs Lock and Smith have been writing and reporting on medical subjects for the general public over a number of years. In this book they range over a large number of topics of current interest and concern not only to the average intelligent layman, but also to the medically qualified. Much of their material derives from papers published over the past few years and among other subjects is included coronary artery disease, sports medicine, environmental pollution, food additives, alcohol, drugs and, inevitably, cigarette smoking. There is a detailed index, but with so many references to published papers it would have been helpful, at least for the medically qualified readers, had the authors provided a bibliography.

With the current emphasis on prevention the book is topical and it is also up to date—e.g. a reference to the influence of the hospital doctors' industrial action in 1975/76 on the incidence of para-suicide.

Although primarily written for the non-medically qualified, there is much to interest (and inform) every doctor.

D. G. GARVIE

Careers in Medicine (1976). Pp. 153. London: Council for Postgraduate Medical Education in England and Wales. Price: £2.00.

"Recently qualified doctors and final year medical students recognise that the training needed for different careers in medicine is being defined more closely. This means that they must carefully select their jobs after full registration if they are to avoid wasting time in appointments which will not count towards

accreditation." With this introduction, this paperback sets out to provide guidance on the training required for each branch of medicine.

The first 27 pages describe and summarise currently accepted principles concerning training programmes, posts approved for training, etc., and includes up-to-date information, e.g. definitions of "accreditation" and "attestation". The newly created Joint Committee on Postgraduate Training for General Practice gets a mention in a footnote on page 12.

The second part gives a fairly comprehensive account of each specialty in medicine, with particular reference to training requirements. The material draws heavily on the work of the B.M.A. Careers Service, to which due acknowledgement is made. The range is very wide, including information on aviation medicine, the medical missionary service, and voluntary service overseas.

The section on general practice, contributed by the Royal College of General Practitioners, clearly sets out a view of the characteristics of general practice as a service specialty with its training requirements. Because of rapid developments (such as the implementation of mandatory training within the next three years), it is likely that this section will require early revision. When that is undertaken, perhaps more attention could be given to aspects of general practice as an academic discipline. This might help to encourage other Colleges to adopt a much firmer approach to the vital contribution general practice will have to make to the training of future specialists in other disciplines. At the moment, if such a contribution is recognised at all (there is no apparent recognition, for example, in the section on community medicine that training in general practice is any more relevant than training in hospital), it is accorded the same sort of position as untutored service in one of the former (and more obscure) colonies.