

vouched for by two fellows, the right to apply for, and indeed expect, election to the fellowship.

Such amendments would, I believe, provide a substantial safeguard against the more than occasional oversight.

To return to Dr Wilson's letter, may I suggest that the figure he quotes for Wales of approximately one fellow to four members, although perhaps a little generous at present, does indicate that Welsh fellows are well aware of their obligations to members with qualifications for the fellowship. Further, I see nothing wrong with his figure of 72 new fellows for England. Why not indeed?

Those who fear a cheapening of our fellowship if its basis is broadened may take comfort from the example set by the Royal College of Physicians of London. Half a century ago, able provincial physicians, often of considerable repute, had little hope of attaining to their fellowship, and few ever did. Since those days, however, and particularly since the coming of the NHS, the London College has markedly liberalized its fellowship policy so that its ratio of fellows to members is now one to three. Yet I much doubt if there is any feeling that its currency has been debased in consequence.

We are a young and, thus far, a successful College, thanks to our founders and many later loyal and devoted workers, but we still have many more friends to make and adherents to acquire. Let us go our own way and see to it that it is a liberal way, and let others do what they will.

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Sir,

As Provost of the South-West Wales Faculty I have taken the precaution of checking the figures given by Dr D. G. Wilson in his letter (February *Journal*, p. 122). His mathematics are a bit shaky in that his faculty of Bedfordshire and Hertfordshire has 5.05 per cent of members as fellows and mine has 16.05 per cent. The proportion of fellows in England is 8 per cent, in Scotland 10.53 per cent, in Wales 17.3 per cent, and in Ireland 11.74 per cent, which agrees with his figures. The average for faculties in Britain is 7.3 per cent with a standard deviation of 2.4 per cent.

Even with these corrected figures it appears that there is no statistical significance in the number of fellows in Dr Wilson's faculty, while we in South-West Wales have rather more than one would expect by chance. We are too modest to attempt an explanation of the disparity but I suggest perhaps not

enough fellows are put up by the English faculties.

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WHAT KIND OF COLLEGE?

Sir,

I have just been shown your February issue and hope that you will allow me to comment on the letters from Drs Stephen and Woolley and from Dr Donald Irvine (p. 121).

I did not compare a weighing machine to the MRCGP, as stated by your correspondents, but rather to the MRCP, a quite different animal! In an exercise where total marks were apparently of import Dr Irvine gave the weighing machine six marks and the MRCP two marks, and I note that Drs Stephen and Woolley regard the scoring system as manifestly ludicrous.

For 13 years I was a member of your College and thought that it sought to improve practice by illustration and example. Recently I felt that the College might be trying to impose doctrine by means of sanctions and this, the real point of my article, was conveniently ignored by Dr Irvine. I make no apology for trying to reflect the views of a body of local opinion and I note that Ian Capstick, FRCGP, has expressed disquiet at the image presented by the College (Capstick, 1977).

Sadly, I feel that power politics will prevail and meanwhile Dr Irvine is free to indulge in his own brand of sniping at my expense. I am not "where the action is". Apart from clinical satisfaction I envy him the action of the university, the postgraduate centre, the press interview, the DHSS consultation, the medico-political conference, the overseas commitments . . .

I wonder if there is more than one way to give up general practice?

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Reference

Capstick, I. (1977). *British Medical Journal*, 1, 373.

Sir,

I read with great interest Dr Donald Irvine's reply to Drs Stephen and Woolley on the subject of the selection of training practices (February *Journal*, p. 121). I would, however, question his assertion that "the personal qualities of the trainer carry the greatest weight" and add my fears about college control of vocational training and compulsory college membership to those of Dr Brian

M. Goss (February *Journal*, p. 120).

Some five years ago I was accepted as a trainer in Dr Irvine's own region. At that time I worked in a ten-man group in a new, purpose-built group practice centre. Subsequently, for reasons both personal and professional, I moved to a small, single-handed practice in a rural area in a different part of the same region. Within two years a vocational training scheme was set up in my present area and I attended all the preliminary meetings and introductory courses on teaching methods, following which I made a formal application to become a trainer. I received a reply which indicated that my application would be considered *when I had taken the college examination*.

These events lead me to two possible conclusions: firstly, that my "personal qualities" which had been satisfactory three years earlier were no longer satisfactory; and secondly, that there is discrimination against single-handed practices in the selection of trainers.

Like Dr Goss I care about standards and have organized my practice so as to give as high a standard of personal care as possible. In addition I have always taken an interest in the academic side of general practice and for several years I have participated in the undergraduate teaching programme of the University of Leeds. With increasing experience and the scope offered by my present practice to devote more time to each patient I find it difficult to conclude that my "personal qualities" are no longer acceptable.

The second conclusion would imply that successful training for general practice can take place only in the setting of a group practice. While realizing the advantages of group practice, particularly in an urban area, I do not consider it desirable that trainees should experience only one style of practice and cannot agree with the implication that only this type of practice can achieve a sufficiently high standard. Furthermore, I was assured by Dr Irvine and his colleagues that such discrimination against single-handed practices does not take place.

The only other conclusion which I can draw is that the college examination is now considered to be more important than the personal qualities of the trainer or his style of practice, which I find far more disturbing. Dr Irvine's final paragraph echoes my own belief that "good teaching and training in general practice has its foundation in good patient care". While I realize that the college examination is one method of assessment of standards in general practice, I cannot accept it as the chief criterion of good patient care for teaching or any other purposes. If this is the College's intention, Dr Goss's fears are well-