

visit us. He said a couple of words to us. I did not understand either of them."

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Sir,

I should like to consider the relative merits of the papers in the *March Journal* (pp. 142-160) in order of publication.

I am afraid that Dr Donald's thesis on the pursuit of excellence and the search for truth shows clearly that he knows little of the disciplines of research and cares little for the aims of liberal (in the old sense) education. As one who was near the centre in the early days I can assure him that the separation of research and education was quite intentional, and both grew faster through being separated than they have done since recently coming together again. To employ, joined in unblest union, the two disciplines "so that we can influence . . . the future modification" (of the structure of general practice) is to travel towards collectivist pseudopolitical indoctrination, not of excellence or of truth, but of the opinions, biased and unfounded on fact, of a thinker whose thinking is unsound. His road is not for me.

My only disagreement with Dr Irvine, however, is that I believe that the success of general practice will depend on its ability to cope well and kindly with the mass of undifferentiated illness in the community, rather than by the extent to which we can hammer out a cohesive discipline. I agree entirely with his "second concept of general practice", his "essence of being a professional person", and his "task of reaching agreement . . . about the basic aspects of the job". Both his method of setting out his arguments, and their content, appeal to me as honest, sensible, useful, and proper.

Professor Marinker seems to be advocating decentralization, while at the same time wanting it done at the centre by the proliferation of committees. This is a non-sequitur. Also, he is patronizing about the contribution of younger members to committees.

Dr Metcalfe and Professor McCormick appear to offer two mutually exclusive tasks—in my opinion the College must perform both. I agree with their section on the characteristics of medicine but find "Medicine and Society" ill thought out, based as it is on incorrect statements of the views of both doctors and patients. Its final

sentences about pedestals and ivory towers is meaningless. They say our College should not speak for general practice—I say it must. They say that local activity must concentrate on research. As a faculty research adviser who has not had a single enquiry, idea, or project put to him in three years I know that the membership does not want this. However, I agree with their important statements that "(the College) is becoming resistant to change . . . (devoting activity) . . . to its maintenance and . . . ritual activities . . ." and that ". . . standard-setting (should not) mean the imposition of behaviour patterns . . ." I also agree with their advocacy of eschewing gowns and maces.

Our College, like many older institutions, has matured. In the period of prematurity such an institution has to struggle to survive and grow; while struggling, there is only time and substance for that which will best ensure survival—a process of almost biological natural selection. With maturity comes the question: To centralize (and ritualize, and dogmatize) or not? The biological way to successful replication is to channel survival need and survival effort into those parts of the whole which can still grow, that is, the faculties. The alternative of growth at the centre (without the massive membership which gives other institutions a satisfactory foundation) must eventually lead to involution and decay.

Let us support Dr Irvine, adding a few of his rival's best ideas to his thesis to make it even better.

F. H. STAINES

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Sir,

Congratulations on four superb papers discussing the future of the College (*March Journal*, pp. 142-160). It must be healthy to make so radical a reassessment of aims. But it is not radical enough. Not only must future challenges be anticipated, but the dangers inherent in past success must be considered.

Surely most of us will agree with two major policy decisions being proposed: first, that the College should now concentrate a main educational effort on established and recently trained principals (after all one cannot continue to devote all resources to the three initial years and neglect the next 30); and secondly, that a great deal of the work must be done locally in small groups.

I believe that the failure of the College to find vigour for its new role can be found in its success with its last

objective, vocational training. Training has attracted many, maybe most, of the vigorous college members. The attraction is not hard to understand—a generous trainers' grant, ready association with like-minded doctors, a sense of purpose, a supportive trainers' group, and unpaid help in the practice. Indeed, training now provides a cosy niche which it is hard to step out of, and into which many, maybe most, recently trained doctors would like to step. Like most occupants of niches, trainers probably do a good job, but hardly a dynamic or pioneering one.

So who will do the work of organizing and leading local groups? The college tutor with voluntary help of course—a college tutor for whom Dr Irvine suggests should receive "£500 for a notional two sessions" . . . since he believes that "many tutors would continue to work well beyond any notional sessional limit". Compare '£1,300 plus a trainee's help' for two sessions as a trainer and consider the chances of trainers giving up training to become tutors and what their partners would say if they did. A trifling honorarium will merely provide an excuse for a job inadequately done. If the College were to offer a sum equivalent to a trainer's grant, fewer of the best men would be deterred from doing the job, and they would have more right to demand practice time in which to do it.

As for the secretarial provision a small sum could be added to the tutor's payment to cover this, and each tutor would make his own arrangements within his practice, with all the benefits of 70 per cent reimbursement. Executive secretaries are all very well, but we should get the tutorial manpower right first. With the £5,000 to £7,000 suggested by Dr Irvine a faculty could finance four tutors *expected* to devote two sessions each.

There are plenty of trainers now. We need a (local) trainers' diaspora. If it does not occur, vocational training will damage, by siphoning off talent and energy, the very general-practice system it is trying to improve. Removing financial disincentive is important. I also believe we should extend the period before which a principal may train to, say, six years. And I believe we should consider limiting the time for which a trainer may train continuously, say to six years with a six-year break during which he would be expected to be involved in local education or research.

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