
LETTERS TO THE EDITOR

CHRISTMAS FAYRE

Sir,
The College building echoed with a fanfare from three young buglers when Mrs David Owen, wife of the Foreign Secretary, opened the Christmas Fayre at 11.00 hours on Saturday, 25 November. Brisk trade soon followed, and the stalls were almost empty by mid-afternoon.

A raffle for a picture by Dr John Horder and an elegant umbrella donated by Asprey's, a tombola, and a tremendous number of stalls—teddy bears, jewellery, bakery, food (which offered splendid varieties of homemade jams, preserves, and other goodies), drinks, books, toys, gramophone records, nearly new clothes, trinkets, and last but not least, a lunch refreshments stall in the dining-room—all made for a widely varied market which was certainly appreciated by those who had queued since 9.00 hours on a cold brisk morning.

The fact that the net takings approached £2,000, however, was not the only satisfactory result. That such a large number of members and their families should have worked so hard and effectively for several weeks in preparation for this event was perhaps forgotten in the hurry and bustle of the day. However, it is important to record that, under the friendly unruffled leadership of Mrs Mary Price, a most happy collegiate gathering of doctors and their families and friends was achieved. The goodwill, friendship, and support (perhaps not inappropriately called Christmas spirit!) which was so willingly given was greatly appreciated and contributed wonderfully to the success of the day.

May I thank all who played a part, and in particular Maria and Jack White, who had their weekend so noisily invaded, and whose support, with all the other College staff, was so invaluable.

EKKE KUENSSBERG
President

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14 Princes Gate
London SW7 1PU.

Sir,
I should be most grateful if you would allow me to express through your columns my thanks to the Metropolitan faculties who helped to make the

Christmas Fayre such a success.

Without their support it would not have been possible to achieve such a happy day, nor raise the sum of £2,000 towards fitting and furnishing Number 14, Princes Gate.

MARY PRICE
Organizer

28 Bishops Close
Ham
Richmond
Surrey.

SELECTING TRAINERS

Sir,
Dr Ian McKee's comments in *World Medicine* (15 November 1978) about the College and the criteria for selecting trainers prompted me to read again the article by Dr Hasler (June *Journal*, p.352) on training practices in the Oxford region.

I was dismayed at the criteria of both the Oxford Region and the North of England Region, where they insist on new trainers having passed the MRCGP examination (but why not also the old ones?). I consider this is presumptuous and totally unacceptable.

The criteria laid down by the Joint Committee on Postgraduate Training for General Practice (1976) lists seven criteria, all as important as each other. The fourth (clinical competence) states that competence *may be* assessed by possession of the MRCGP diploma by examination, but it also lists five other suggestions.

Sir, since when have qualifications meant anything? Letters imply only a level of academic attainment; they have very little to do with professional ability. Just because the letters 'MRCGP' appear at the end of the name, it does not mean that the candidate is likely to be a better trainer.

In Kent, we do not accept that the MRCGP is a necessary qualification; indeed I would at present actively resist this. Our selection is based on the character, ability, experience, and desire to be involved in training; the personality of the candidate is probably the most important single criterion. I have no idea how many of our trainers have the MRCGP, but I consider the training offered in this area is as good as in any other. I do not even know if all the general practitioner members of the Selection Committee have this quali-

fication, nor do I consider it important.

We assess each candidate and his practice on the merits presented to us and judge accordingly. We are not influenced by College directives or even recommendations from other regions: we select those we consider most suited for the job of training.

Sir, for any region to impose the MRCGP as a basic qualification is an insult to colleagues in general practice, and should be withdrawn. The criteria of the Joint Committee are sufficient guidance for selection. If those selecting cannot make a choice without insisting on the MRCGP, then I suggest they are unable to assess candidates properly and should make way for those who can.

JOHN C. OAKLEY
Chairman, Kent Trainer
Selection Committee

116 St Gregory's Crescent
Gravesend
Kent DA12 4JW.

References

- Joint Committee on Postgraduate Training for General Practice (1976). *Criteria for the Selection of Trainers in General Practice*. London: JCPTGP.
McKee, I. (1978). Dr Saust, MRCGP. *World Medicine*, 14, No. 4, 105-106.

MEDICAL RECORDS

Sir,
Occasional Paper 5 by Zander *et al.* (1978) on medical records in general practice is to be welcomed and applauded for the excellence of its content and the style of its presentation. I read it fascinated, delighted and filled with admiration, and put it down with a sigh and thought, "Ah yes, but not, alas, for me".

It is right that the College should champion such excellence but it is a great pity that more was not made of the already existing Aldeburgh system which contains the essentials and works within the existing records system, thereby avoiding the expense and accommodation problems of the A4 format.

Whereas the counsels of excellence of Dr Zander and his colleagues are likely to be followed by the relatively few enthusiasts, the Aldeburgh system (Tait, 1977) is for the man in the street, for here and now.

For most of us in the middle range of

intelligence, drive, and ability, this lesser system is surely much more likely to be of real value, if only because it stands a much greater chance of being introduced?

I submit, Sir, that once again Dr Stevens (1977) is right: "The excellent is the major enemy of the merely good".

R. J. L. DAVIS

The Health Centre
Dover Kent.

References

- Stevens, J. (1977). Quality of care in general practice: can it be assessed? Butterworth Gold Medal Essay 1976. *Journal of the Royal College of General Practitioners*, 27, 455-466.
- Tait, I. G. (1977). The Aldeburgh System. *British Medical Journal*, 27, 455-466.
- Zander, L. I., Beresford, S. A. A. & Thomas, P. (1978). Medical records in general practice. *Occasional Paper 5*. London: *Journal of the Royal College of General Practitioners*.

RUBELLA SYNDROME

Sir,
I wonder if you would be kind enough to inform your readers that assistance can be given to any of their patients who have a child born handicapped as the result of the rubella epidemic. Our Association has information available to assist with communication, education, and social problems.

J. P. OWEN
General Secretary

National Association for Deaf,
Blind and Rubella Handicapped
164 Cromwell Lane
Coventry CV4 8AP.

GENERAL PRACTITIONER HOSPITALS

Sir,
Council has appointed a working party to examine the present state of general practitioner hospitals and to make recommendations regarding their future. Much information has been obtained from a recent paper by Cavenagh (1978) but if any doctor has further information or comments about the use of these hospitals and the problems which they face, I should be grateful if he would write to me at the address given below.

J. C. HASLER
Hon. Secretary of Council
Sonning Common Health Centre
Wood Lane

Sonning Common
Reading RG4 9SW.

Reference

- Cavenagh, A. J. M. (1978). Contribution of general practitioner hospitals in England and Wales. *British Medical Journal* 2, 34-36.

PRIMARY CARE IN BIG CITIES

Sir,
We read with interest the recent article "The family doctor in Central London" (October *Journal*, p.606). In particular we were interested in the conclusion that "60 per cent of people registered with an NHS doctor were 'very' satisfied and a further 22 per cent 'fairly' satisfied". If this picture is correct then the NHS appears to be meeting most people's expectations. This conclusion, however, conflicts with research we are currently carrying out and may be more a reflection of the methodology employed than the reality explored. Unlike the Community Health Council (CHC) study which used a structural quantitative questionnaire, we have employed in-depth interviews using standard questions. This approach revealed that the whole concept and meaning of 'patient satisfaction' is so complex that to ask a patient "Are you satisfied?" is for all intents and purposes meaningless and certainly the wrong question to ask.

Like the CHC research we have found that a patient has a "low expectation of the NHS", "wishes that the doctor spent more time with the patient" and finds the relationship "impersonal and hurried". But unlike the CHC study we believe that these expectations mirror the patient's perception of a 'medical encounter' which is far from being a satisfactory experience. They also point to the existence of a hierarchy or a range of experiences which each contribute to the patient's overall satisfaction, rather than a single level of dimension of satisfaction. More importantly, they suggest that the 'level of satisfaction' currently experienced by the NHS patient is very low.

We are now extending our research study with a grant from the King's Fund, but we already have sufficient evidence available to indicate that 'patient satisfaction' is a concept which needs to be unravelled.

The phenomenology of the medical encounter is very complex and it would be unwise for anyone concerned with the NHS to become complacent about levels of satisfaction which seem more apparent than real.

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INFORMATION SYSTEMS

Sir,
As a corollary to the report by Dr Madeley and Dr Metcalfe on records in Derbyshire (November *Journal*, p.654) I thought that the results of a simple study which I did recently might be of interest to readers.

I wanted to see if general practitioners were satisfied with their records or would be prepared to contribute towards the cost of a new system (such as a computer). The results were as follows:

One hundred and four general practitioners within 20 miles of Exeter were circulated with an anonymous short questionnaire, of whom 88 replied. Of this number: 52 felt that their records were inadequate; 43 used some form of record summary; 80 said that they would be interested in a new form of record system; 22 were prepared to contribute towards this (£300 was mentioned) and a further 14 gave equivocal answers—usually a qualified "yes".

I feel that general practitioners are more interested in a satisfactory record system than some authorities would have us believe.

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A DIPLOMA IN GENERAL PRACTICE?

Sir,
We welcome Dr S. Hall's suggestion that the College should institute a diploma examination for our hospital-based colleagues (September *Journal*, p. 572). Such a diploma would help finally to dispel the last remaining vestiges of the psychological barrier which has its roots in the awe with which apothecaries and barber surgeons used to look up to physicians. The younger generation of general practitioners certainly respect and even admire technical skill, but early clinical diagnosis is by far the most difficult