extracted from the College Annual Reports for 1966 to 1975 the listed members of Council (excluding overseas but including Irish members) for each year, with the following result:

Number of years on Council	*Number of people (Percentages in brackets)*
10	10 *(7.7)*
9	5 *(3.8)*
8	3 *(2.3)*
7	4 *(3.1)*
6	4 *(3.1)*
5	7 *(5.4)*
4	11 *(8.5)*
3	20 *(15.4)*
2	26 *(20.0)*
1	40 *(30.8)*
Total	130 *(100)*

Thus, over the quite arbitrary period studied, two thirds of the College Council members had served for three years or less, but at the other end of the range was a small group who had served continuously for 10 years (or more if the study were extended).

So what do these facts imply? They certainly suggest that democracy is at work but they also reflect the need in any large and complex institution for a measure of experienced continuity without which new members would be asked to assume responsibility before fully understanding the way the system works. Of course, there is a risk that 'experience' will allow the dominant to dominate, that it will lead to selection masquerading as election, concentrate power in too few hands, and let slick impression smother wise reflection. The cure for and prevention of such problems does, however, lie with all the members and fellows; so may I invite your readers to consider whether a maximum period of continuous service on Council—say five years for non-officers—would be a way of involving more people more actively in central College affairs (and, much less importantly, of disarming the critics)?

Allow me to conclude with a disclaimer—I never have been, nor have I any ambition to become, deeply engaged in College affairs at Princes Gate. But I do care about the future of the College and I most assuredly want to see and hear a great deal more real debate about its aims, methods, and evaluation.

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OVERSEAS DOCTORS AND THE MRCGP EXAMINATION

Sir,

I should like to draw the attention of your readers and examiners for the MRCGP examination to a cultural problem which exists for overseas doctors who sit the examination.

In Asian culture it is a sign of respect to one's seniors to look away from them after initial eye contact and only to look straight into their eyes if one is angry. This can obviously cause problems for the overseas-trained doctor of 'good upbringing' in the oral part of the MRCGP examination, where his looking away from the examiner may be misinterpreted as 'shiftiness' or showing 'lack of confidence or factual knowledge'.

It is possible that this misunderstanding may cause loss of marks and even partly explain the higher failure rate of doctors trained overseas.

If examiners are made aware of this problem, they may avoid errors in assessment and it will help doctors from an eastern culture if they can learn to look gently into the examiner's eyes or at least another part of his face.

Up-to-date factual knowledge and good communication are of vital importance in the MRCGP examination and awareness of problems such as I have described will help to raise standards for both examiners and examinees.

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PRIMARY HEALTH CARE TEAM

Sir,

The concept of the primary health team has been widely accepted and impressively developed in this country. Recently there have been indications that in some areas belief in the concept is waning, and this has caused concern within the medical and nursing professions alike. The Standing Medical Advisory Committee and the Standing Nursing and Midwifery Advisory Committee have set up a Joint Working Party with the following membership:

Mrs E. Allison, District Nursing Sister, Humberside.
Miss W. Frost, Area Nursing Officer, Bedfordshire AHA.
Miss S. A. Jack, Principal Lecturer in the Department of Nursing and Community Health Studies, Polytechnic of the South Bank.
Dr E. V. Kuenssberg, President of the Royal College of General Practitioners.
Dr G. Murray Jones, General Practitioner, Caerphilly.

I have been invited to chair this working party which has the following terms of reference:

"To examine problems associated with the establishment and operation of primary health care teams and to recommend solutions."

We are seeking the help of health authorities and professional bodies, but are most anxious to secure information and views from individuals and groups in the health services, universities, and elsewhere.

Contributions should be sent to our secretary, Mr D. A. Martin, Department of Health and Social Security, Room A403, Alexander Fleming House, Elephant and Castle, London SE1 6TE; they will, of course, be individually acknowledged. It would be helpful to have them as soon as possible, and not later than 30 April 1979.

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HISTORY OF VOCATIONAL TRAINING

Sir,

Drs Horder and Swift are to be congratulated on their excellent and timely article on "The history of vocational training for general practice" (January *Journal*, p. 24) and for their emphasis on the crucial influence of Henry Cohen. His reports still make interesting reading with their emphasis on "treating the whole man", "continuous education throughout the active life of a general practitioner", and use of the words "trainee-assistant."

However, I would like to comment on the following sentence in their article: "An attempt to found a College of General Practitioners was made in 1844 although it was unsuccessful". There was a great activity in forming a College after this date and in fact by 1848 agreement had been reached with the Presidents of the Royal College of Physicians and Surgeons, the Master of the Society of Apothecaries, and the President of the National Institute of General Practitioners in drafting a Bill for a Charter of Incorporation under