
COLLEGE NEWS

GENERAL MEDICAL COUNCIL

In the election for membership of the General Medical Council in July 1979 only 34 per cent of the electorate in England voted, whereas 56 per cent of the electorate in Northern Ireland voted.

The faculties of the Royal College of General Practitioners had been asked to put forward suitable candidates and the Council of the College endorsed and published 16 names which were circulated with the June issue of this *Journal*.

Of these 16, eight have since been elected to the General Medical Council: Dr Maldwyn Cattell, MRCGP, South-East Wales Faculty; Dr Angela Douglas, MB, CH.B, South-West England Faculty and Vocational Trainee; Dr Arnold Elliott, OBE, FRCGP, North-East London Faculty; Dr John Fry, OBE, MD, FRCGP, South London Faculty; Dr Derek Llewellyn, M.ED, FRCGP, South-East Wales Faculty; Dr John Marks, MD, FRCGP, North and West London Faculty; Dr Jeffrey Scott, VRD, MRCGP, West of Scotland Faculty, and Dr Christopher Wells, OBE, TD, FRCGP, Trent Faculty.

Dr Angela Douglas is the first vocational trainee ever to be elected to the General Medical Council.

The following six general practitioners were also elected to the General Medical Council: Dr Anthony Allibone, MRCGP, Dr H. W. Ashworth, FRCGP, Dr S. C. Bhattacharyya, MB.BS, Dr D. G. Delvin, MRCGP, Dr J. S. Happel, FRCGP, and Dr N. D. Wright, FRCGP (Northern Ireland).

ANNUAL SYMPOSIUM

The Annual Symposium being held in conjunction with the Annual General Meeting of the College will take place on Friday, 16 November 1979 at the Royal Geographical Society, 1 Kensington Gore, London SW7.

To mark the International Year of the Child, the subject will be "Looking after children". The programme has been approved under Section 63 for doctors attending from England and Wales. Doctors from Scotland and Northern Ireland should apply to their respective Health Departments.

The speakers will be Dr G. Curtis Jenkins on "What are we trying to achieve?"; Dr J. Carne on "Meeting the challenge of the sick child"; Dr M. Downham on "Danger signals"; Drs K. Beswick and R. Taylor on "What ought we to be preventing?"; Dr A. Donald and Professor J. Farquhar on "Better training—the key to progress"; and the President of the College, Dr E. V. Kuenssberg, will speak on "How the College will respond". The Chairman will be Dr D. J. Pereira Gray.

The Royal Geographical Society has no restaurant. A buffet lunch for limited numbers is being arranged at 14 Princes Gate, Hyde Park, London SW7 1PU. Applications should be made direct to the College.

There are two National Car Parks in the area, one in Young Street, Kensington High Street, London W8, and another at Park Tower Hotel, Knightsbridge, London SW7. Otherwise, parking on weekdays is severely restricted.

ANNUAL GENERAL MEETING

The Annual General Meeting of the College will be held in Lecture Theatre A, Department of Mechanical Engineering, Imperial College of Science and Technology, Exhibition Road, London SW7 on Saturday, 17 November 1979, beginning at 11 a.m. The agenda has been sent separately to each fellow, member, and associate.

The James Mackenzie Lecture will be given by Dr C. R. Kay and is entitled "The Happiness Pill?"

Lunch has been arranged at Imperial College as in previous years. Applica-

tion forms for lunch tickets have been included with the agenda. Ample car parking space is available in the Imperial College car park.

MRCGP EXAMINATION

The dates for the next MRCGP examinations are as follows:

May/July 1980

Written papers: Thursday, 15 May 1980. Orals: in Edinburgh during the week ending 29 June 1980 and in London during the week ending 5 July 1980.

Closing date: 20 March 1980.

October/December 1980

Written papers: Thursday, 30 October 1980. Orals: in Edinburgh and London during the week ending 13 December 1980.

Closing date: 4 September 1980.

The written papers will be held in London, Birmingham, Leeds, Manchester, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast, and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres a maximum) number of candidates. It may be necessary to limit the total numbers and candidates are therefore advised to apply well in advance of the closing dates.

The application fee is £50 and the reapplication fee £25. Application forms may be obtained from the Membership Secretary at the College.

FUTURE COURSES

16 January 1980

Study day on patient participation in primary health care.

MEDICAL NEWS

NHS MEDICAL STAFFING

Senior house officer posts in hospitals

A recent review of medical staffing in the NHS based on information from 30

September 1978 showed that the number of doctors holding posts in the senior house officer grade (the main grade in which general practitioner vocational training posts are taken) were as follows:

Gynaecology and obstetrics	1132
General medicine	998
Accident and emergency	973
Paediatrics	724
Mental illness	602
Geriatric medicine	600

Ear, nose, and throat 256
Ophthalmology 252

New consultant appointments

The same review showed that 17.4 per cent of new consultant appointments were overseas graduates with substantial differences between the specialties varying from ophthalmology (15 per cent), accident and emergency (42 per cent), geriatrics (41 per cent), radiology (39 per cent), ENT surgery (38 per cent) to medical microbiology, child and adolescent psychiatry, general medicine, general surgery and paediatrics all with less than 10 per cent.

HONORARY PHYSICIAN TO THE QUEEN

Surgeon Captain J. A. Mead, RD, MA, MRCP, RNR, has been appointed an Honorary Physician to the Queen from 1 January 1979. Dr Mead practises in Portsmouth and has been a member of the College from 1965.

MIXED SEX WARDS IN NHS HOSPITALS

Dr Gerard Vaughan, Minister of State for Health, has announced that he will be taking steps so that health authorities

do not continue the practice of mixed sex wards in NHS hospitals.

JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have approved the vocational training scheme at Tameside and have re-approved the schemes at East Cumbria, Salford, and Warwick and Leamington.

LETTERS TO THE EDITOR

WHAT KIND OF COLLEGE?

Sir,
Dr Walker's letter (August *Journal*, p. 500) comes as a welcome draught of fresh air through the stultifying pages of the *College Journal*.

I have always been sceptical of the value of a College of General Practitioners and declined to join even though I had the chance to do so before the introduction of the examination for membership. Having spent years fuming at this absurd innovation I decided that it was a question of "If you can't beat 'em, join 'em" and so took, and passed, the examination at my first attempt last year. I feel that I can therefore air my views without being accused of 'sour grapes'.

General practice is largely an art which can be learnt but not taught, and those who think it can delude themselves. Desirable qualities of a good practitioner include dedication, patience, compassion, resilience, sense of humour, and clinical acumen, to name but a few, and of these only the last is in the slightest way amenable to assessment by examination. I found it much more difficult to deal with a hypothetical clinical situation under examination conditions than with the same thing in real life, and suspect that I nearly failed myself in the process. The examination is surely condemned as a valid test of competence by the simple fact that many excellent established family doctors have failed. "We feel genuinely sorry for these colleagues," murmur members of the College hierarchy with incredible arrogance, but I submit that it is they to whom one should extend sympathy.

Before taking the examination I attended a week's course in "Advanced General Practice" (a provocative and

presumptuous title if ever there was one) organized by one of the College faculties, and came away well versed in the necessary jargon for the examination, but on the whole dismayed by what I had seen and heard. With one or two notable exceptions, the contributions, given by general practitioners, while valuable for the examination were quite irrelevant to the conduct of a busy general practice. I quickly tired of being told what I should be doing by university lecturers in general practice who had very small lists and whose income must have derived largely from their university appointments and not from general practice about which they were supposed to be experts. As far as I could discover, their main object in life seemed to be to reduce general practice to a series of flow-charts and to conjure spurious erudition out of what is really only commonsense.

I speak for myself, but I feel sure that what many busy family doctors would like in order to improve the service they give is, as Dr Walker says, more time, and to be relieved of some of the drudgery (the issuing of sickness notes, for example) which is such a burden in industrial practices. When I asked what the Royal College was doing about this, I was told that it did not wish to become involved in medical politics. This high-minded academic stance ill becomes a body supposedly working for the improvement of standards in general practice, and the sooner this is realized the sooner will the College be able to make a worthwhile contribution to the branch of medicine it professes to serve.

E. W. STURTON

Hollybank House
Creswell
Worksop
Notts.

Sir,
Dr P. H. Walker's letter (August *Journal*, p. 500) makes glum reading but the five per cent turnout he reports seems about par for the course and reinforces the suspicion that College activists are no more representative of the membership at large than the College itself is of the profession. No-one could argue with his remedy—smaller lists and protected incomes—but it is hard to see a role in this for a body primarily concerned with raising clinical standards by promoting education, research, and practice organization.

Others will want to reply to his criticism of College priorities, including the stock allegation of pomp and no circumstance, but I should particularly like to take him up over his strictures on what he imagines to be our approach to education, which he prefers to dub awful rather than awesome. We have always had critics among our own ranks as well as from outside and Dr Walker is evidently not alone in believing the College has taken a wrong turning somewhere and fallen under the spell of the wild men of the educational left.

But is it really as bad as all that? It was perhaps understandable that the idea of 'training' when first introduced should have gone against the grain with some of our colleagues; and, besides the connotation of circus animals, Dr Walker could have mentioned training soldiers, training ornamental shrubs, and—more sinister—potty training. But, as it happens, his own faculty has been prominent in putting training on a sound basis so that it can fulfil its proper role of preparing doctors for a skilled craft, and it has achieved this neither by running an assault course nor by devising ever more fiendish hoops for trainees to jump through. At the same time, its trainers' courses have