

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