

charge is £5 plus postage plus VAT for 10 days, and the sale charge £20 plus the cost of the relevant television videotape plus postage plus VAT.

Further information and enquiries should be made to Miss Pat Gulliford, London University Audiovisual Centre, 11 Bedford Square, London WC1.

PICCADILLY CIRCUS PHARMACEUTICAL SERVICE

The 24-hour pharmaceutical service operated by Boots the Chemists Ltd at its Piccadilly Circus branch ended in November 1979 after 54 years.

The company had found it increasingly difficult to obtain staff who were prepared to work through the night in central London. The reasons included the danger of armed robbery, assault, and 'mugging'.

Datamoor Ltd (trading as Bliss Chemists) operates a 24-hour service at

50 to 56 Willesden Lane, London NW6.

Reference

Pharmaceutical Journal, 223, 372.

MOST FREQUENTLY PRESCRIBED DRUGS

The three most frequently prescribed drugs in England during 1976 in terms of the number of doses prescribed were: codeine, paracetamol, and diphenhydramine. The top three in terms of number of prescriptions written were paracetamol, codeine, and diazepam.

Reference

Research (1979). "Top" drugs. *Pharmaceutical Journal*, 223, 395.

SCIENTIFIC MEETING IN MALAYSIA

The First International Scientific Meeting of the College of Physicians of

Malaysia, the College of Surgeons of Malaysia and the College of General Practitioners of Malaysia will be held from 22 to 25 May 1980.

Further details can be obtained from Dr Goh Chin Siew, MMA Secretariat, Fourth Floor, MMA House 124, Jalan Pahang, Kuala Lumpur 02-14, Malaysia.

EQUIPMENT FOR THE DISABLED

Equipment for the Disabled have now produced a new publication called *Housing and Furniture*, fourth edition; it has 92 A4 pages, including over 290 items, and is fully illustrated. The price is £2.40 including postage and packing within the United Kingdom and £5.75 including postage and packing overseas. Further details can be obtained from Equipment for the Disabled, 2 Fore-down Drive, Portslade, Brighton BN4 2BB.

LETTERS TO THE EDITOR

COURSES FOR THE MRCGP EXAMINATION

Sir,
East Anglia, like other Regions, has been running courses for the MRCGP examination for some years. Latterly the course has been run by a small group of regional advisers, course organizers and recent ex-trainees, with examiners advising us. Consequently we have taken a closer look at the philosophy behind such courses, as well as their objectives, in an attempt to work out a rational structure for them.

Why should one need to run an examination course at all (one could construe it as a form of cramming)? The corollary must be that a good course contains no element of factual learning (other than fortuitously) but concentrates on examination technique and method. One may soften this approach by including some curriculum study to help those examinees whose studies may not have been well organized, but the main purpose of MRCGP courses must be to master the technique and method of the examination so as to make the best use of the knowledge the candidate possesses.

Objectives arise naturally from these considerations. For instance, the candidate should:

1. Acquire some knowledge of the way

in which the examiners choose and mark questions.

2. Gain experience in the different examination techniques:

- a) Multiple choice questionnaire (MCQ).
- b) Modified essay question (MEQ).
- c) Traditional essay.
- d) Viva.

3. Learn examination techniques which might improve the marks gained.

4. Look critically at aspects of knowledge which may be required, particularly those which may be easily overlooked in everyday practice.

The organizers may have the specific objective of identifying a candidate who appears to be in difficulty, and may provide individual counselling.

Thus useful strategies appear, for example:

1. Practice, under simulated examination conditions, in all aspects of the examination.

2. Self-marking (in small groups) of the answers arrived at in 1. A small group of eight or 10 members will nearly always produce all the possible answers to a question, and the marking emphasis awarded by the group shows up individual deficiencies in a valuable way.

3. Simulated vivas, using candidates on both sides of the table, in small groups.

4. The use of recent successful examinees as a resource in every group.

5. The use of examiners in an advisory capacity. It seems quite possible to use examiners as a valuable resource without compromising their official position.

6. A study of whatever seems relevant in general practice at the time, particularly the topics, 'The Practice' and 'Medicine and Society'.

One of our main difficulties has been the effort required to produce fresh, relevant questions for the written examination which those attending the course are unlikely to have seen previously. We would welcome some form of inter-regional collaboration both in exchanging material and in techniques, and would be happy to organize (and even host) an informal meeting of those concerned in running MRCGP courses in other regions. In the meantime, I would be grateful for any information that MRCGP course organizers can provide and am quite happy to act as a provisional collator and distributor of useful course material.

D. R. M. STUART
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