LETTERS

Section 63

Sir,
Your editorial on reforming Section 63 runs a risk of dividing the profession into hospital and general practice.

You suggest that the whole of postgraduate education for general practice is being dominated by other specialties. In fact, not only do all other specialties submit to similar scrutiny by the regional postgraduate education committees (RPEC), but general practice stands unique in being the only specialty which has separate funding.

You fail to recognize the all important role of the RPECs and would appear to imply that there is an absolute direction by the postgraduate dean, with no regard for other opinions. This we believe to be very far from the case.

We agree that general practice must be the authority on the mechanisms for teaching within its own specialty. In the South West we have seen no problem in allowing this to evolve within the present system. The regional subcommittee in general practice has just formally and unanimously supported a memorandum on this very point, accepting that general practice is a major clinical discipline in its own right and feeling that it can only suffer by separation from the university and medical school. The role of the regional general practice sub-committee is seen as preeminent in the management of the problems both of vocational training and of continuing education in general practice. However, it was felt that it should not become autonomous but should remain as a sub-committee of the main RPEC, where its views could influence and be influenced by those of the postgraduate tutors and the regional advisers in the various specialties who have already over the years contributed on such a large scale to the success of postgraduate education in both hospital and general practice.

Section 63 activities in our region evolve from the districts, which are almost all represented by general practitioner tutors as well as hospital tutors, and reach the office of the postgraduate dean only through the regional advisers in general practice. Since this routine was adopted, there has been no example of a clash of opinions between the medical postgraduate dean and his regional advisers, who are seen as the authority on matters of education in general practice.

We plead that the alternative case be considered most carefully—that both general practice and hospital practice should submit themselves to a final common educational pathway which will allow ideas to be pooled and the risks of specialization to be minimized. Mutual respect and a realization that each branch of the profession can learn from the rest, has, we believe, been the reward won by the present system.

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Membership

Sir,
I write in reply to the letter from Dr Norell (November *Journal,* p. 697). It is a pity that he can only use the contemptible ploy of character assassination to answer the points raised by Drs Mitchell and Rankin. At the risk of raising the age rule yet again, may I as a young (33 years old) principal enter the argument?

There is no doubt at all in my mind that MRCGP by formal examination must remain the sole basic entry criterion for the College. This College, of which I am proud to be a member, has fought long and hard to establish itself as a reputable academic body representing general practice. This long process was carried out against a background of hostility from general practice itself and from some of the other learned Colleges and Faculties. The MRCGP diploma is now recognised as the only truly representative, registrable qualification for postgraduate general practice. I have no doubt that it is the production of this fair, but rigorous examination that has raised the status of our College in the eyes of both the other Royal Colleges and amongst our specialist colleagues.

The Working Party Report "What sort of doctor?" published in the same issue of the *Journal* (pp. 698-702), condemns itself in one telling phrase, namely, "we rapidly discovered that making value judgements was inescapable" (paragraph seven). In ordinary layman's language, the assessment is a matter of personal opinion.

The proposed new method of assessment may have some merit for assessing continuing competence in practice, or as a route to fellowship (the present route to fellowship certainly baffles some of my colleagues!), but as a basic test of postgraduate competence in general practice it is a non-starter.

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Sir,
To me the crucial issue is the standard of primary care offered to patients by all general practitioners, accepting that not all general practitioners' standards are what they should be.

I agree, any system which tries to improve standards will work only by voluntary means; so passing the MRCGP examination must not be a formal requirement to be a principal; but we should use the examination as a test of minimum competence:

1. For all vocational trainees; it should become the norm to take it, and it should be expected that most applicants to become principals will have wanted to pass the examination. It will therefore be difficult for those who do not pass it to become principals; and those who fail must be properly advised and further assessed. If the examination is working properly, it should detect those who should not become principals.

2. For all other doctors who choose to take it, and there must not be any alternative route to membership. If it is a test of minimum competence, then all general practitioner principals should be capable of passing it; if older doctors take it, they will do so voluntarily; if they then fail, they can resit; if they still fail, then (if the examination is working properly) they must have some weaknesses, and again there should be counselling to help the doctor in a positive way. This will serve a valuable educational purpose.

There is of course no reason why surgery assessments as proposed should not be used.

1. To broaden the examination or improve it.
2. To assess a candidate for fellowship.
3. As an alternative means whereby older doctors could assess their work if