

feature of most partnership agreements and the Section 63 arrangements ensure that postgraduate studies can be undertaken with the minimum of cost to the individual practitioner.

How a general practitioner sets about maintaining his or her knowledge and skills is a matter for the individual. It is of concern to the profession generally that individual members should so maintain their knowledge and skills.

I would first like to see a system of re-accreditation introduced by the College which, in the first instance, allowed members to submit themselves to some form of reassessment of their standards of practice and a review of their postgraduate educational experiences over the preceding seven to ten years. Perhaps such a process could be called re-certification; it should involve a certain minimum number of relevant postgraduate attendances, the opportunity to gain credits from contributions to research or other learned medical activity, and a practice visit during which the member would submit him or herself to an audit of clinical standards and practice organization.

The opportunity to submit oneself to such re-accreditation should be carefully controlled and members might, for example, be permitted to undergo one such procedure in every ten year period. The College ought to agree at the outset that, in the first instance, re-accreditation would be entirely voluntary. At the end of a trial period the whole matter should be reviewed and no attempt made to make re-accreditation obligatory without a majority vote of the membership.

The College should be at least as concerned about the standards of existing members as it is for the standards of candidates for membership.

M. S. HALL

Beech House
Shebbear
Devon EX21 5RU.

Membership

Sir,
We were gratified to see the considerable correspondence generated by our letter (*August Journal*, p. 505), even if much of it was irrelevant to the issue which we raised.

We raised the single simple issue of having a single method of entry to Membership by a proper examination for all applicants irrespective of age. If people will read our resolution to the November AGM they will see that this

is so. We specifically put in the words "the format of which shall be no less comprehensive than that which exists at present" because we think that there is a weakness in the present examination, in so far as there is no clinical component. Our wording would allow the Council to institute one. It would have been much better if the working party which produced "What sort of Doctor?" had addressed itself to the solution of this practical problem instead of propagating tautological infelicities such as "floating standards".

In our view the MRCCP examination is concerned with discovering the candidate's knowledge of general practice in the same way as the FRCS examination is concerned with examining the candidate's knowledge of surgery, or the MRCOG with knowledge of obstetrics and gynaecology. These exams have nothing to do with whether or not he or she will be a good surgeon or obstetrician in 20 years' time, any more than the MRCCP exam has anything to say about a GP's standards of practice in 20 years' time, or even his or her standards the day after the exam is passed.

Standards of practice is a completely different issue, although some correspondents, quite erroneously, have mixed it up with our resolution.

We have now had an opportunity of studying the paper "What sort of Doctor?" Leaks about its contents were the basis of our apprehensions regarding alternative methods of entry to Membership. These apprehensions were fully justified when we read about "value judgements being inescapable" when practices and practitioners were being assessed; or when we read about "floating standards" and different standards of practice and premises being perhaps acceptable in different parts of the country. It is unbelievable that such ideas should see the light of day in a document published by an organization that has the word 'science' in its motto. If this document is accepted as the basis for an alternative method of entry to Membership, the College is undoubtedly heading for complete academic disaster.

J. D. MITCHELL

Chairman *Cumbria Sub-Faculty*
37 Brundholme Terrace
Keswick
Cumbria.

A. M. RANKIN

Vice-Chairman *Cumbria Sub-Faculty*
Hill House
Aspatria
Carlisle
Cumbria.

The College and Nuclear War

Sir,

I find it perplexing and very depressing that the Council of the RCGP should advise Dr Horder not to attend the April conference organized by International Physicians for the Prevention of Nuclear War. What a fine example of the College's commitment to Preventive Medicine! The excuse that "it is impossible to be absolutely certain that the meeting might not become political", is rather unconvincing, particularly when a working party, appointed by the Council, recently produced the following recommendation: "If preventive care is to be taken seriously, there are opportunities which the College should be more ready to seize in influencing political decisions than it has been hitherto." (*Report from General Practice 18.*)

Doctors are privileged to occupy a very influential position in our society. Surely we should use this influence to inform the general public of the devastating medical realities of the effects of nuclear war, and so help to prevent the occurrence of a disaster which would render us as doctors powerless to alleviate the terrible suffering that would ensue?

I am not sure that I shall be renewing my associate membership this year—should I affiliate to a body which produces such admirable recommendations, but then fails to act upon them for fear of 'embarrassment'?

J. SHORNEY,

General Practice Trainee

3 Withen Cottages
Aylesbeare
Devon.

Sir,

It is with great sadness that we learn that the Council of the Royal College of General Practitioners has advised its President, Dr John Horder, not to attend the Cambridge Conference on the Medical Aspects of Nuclear War. The prevention of nuclear war is a matter of such momentous importance that it is bound to be 'political', for politics are about people. Virchow said, "Medicine is a social science and politics nothing else but medicine on a large scale". However, the International Physicians for the Prevention of Nuclear War who are organizing the Cambridge meeting are avowedly above any form of party politics.

We have been actively involved with the College for many years and would have expected it to have had the vision and sense to recognize the overriding importance of this issue. Not only would the consequences of a nuclear