

Trainees and the College

Sir,
Following Doctor Styles' letter in the February edition of the *Journal* (p.127), could I confirm his views concerning trainee attitudes towards the MRCP, certainly as far as trainees in Newcastle are concerned?

Twenty-five final year trainees who stated that they were planning to take the MRCP later this year were asked to give their reasons. Many gave more than one reason. The commonest (17 cases) was "help getting a job now or in the future"; eight looked upon it as an end point assessment to their training; seven as an impetus to do some work; seven did it for reasons of personal pride or a desire to have letters after their name; two because of peer pressure; two because they wished to be a trainer in the future (intending trainers in the Northern Region, whilst not expected to be members of the College, are expected to have taken and passed the MRCP). Only two trainees said they were taking the exam because they were attracted by the ideals of the College and wished to be members.

These results are disappointing in that for many years most of the things that Dr Styles suggests as solutions to the problem have happened in the North-East. Vocational trainees have been involved with the vocational training scheme, even during their hospital years; the majority of the course organizers are College members; members of the faculty have spoken to the

trainees about the College and its work, and locally based College examiners discuss the exam with the trainees, what its aims are, and how best to prepare for it.

The one bright note is that despite these apparently negative attitudes towards the College's aims among trainees, the North-East is now dotted with small groups of former trainees meeting regularly, attempting to improve their standards as general practitioners. Perhaps the ideals of the College percolate through after training is ended.

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Prescribed Experience

Sir,
May I add fuel to the fire of the discussion surrounding the MRCP examination? I wish to put forward a plea for the Joint Committee on Postgraduate Training for General Practice to rationalize its criteria for awarding the Certificate of Prescribed/Equivalent Experience.

To obtain this life-long certification a candidate must have performed his

or her general practice training wholly within an arbitrary seven years of application for the certificate. If this time limit is exceeded (even by a few months), a lengthy procedure of investigation is carried out by the Joint Committee, regardless of whether the candidate has the MRCP.

Surely the Committee is aware that the possession of the MRCP depends on recognition of acceptable work in general practice and, latterly, on having undergone approved vocational training?

I feel sure that I am voicing the opinion of others when I put forward the suggestion that the MRCP should be accepted as sufficient evidence that a doctor is "suitably experienced" to be awarded the Certificate of Prescribed Experience.

After all, if the Joint Committee on Postgraduate Training for General Practice does not attach any value to this qualification, why should anyone else?

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Note to Correspondents

Due to shortage of space, we must ask correspondents to keep to 400 words or less (about a column). Anything longer than this may have to be returned to the author for shortening.

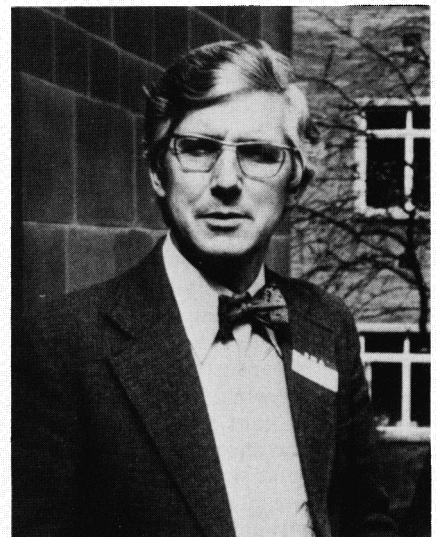
THE COLLEGE DIVISIONS

Membership

Although the terms of reference of the Division are "to advise Council on all matters relating to Membership and to carry out such policies as Council shall from time to time determine", the prime task of the Division is to admit candidates to College Membership following their successful completion of the examination.

The conduct of the examination, which is held twice each year, is the responsibility of a working group of the examiners, supported by the Panel of Examiners, the dedicated staff of the College's Membership Department and the computing resources of DRS Limited and the University of Newcastle-

upon-Tyne. In addition to setting and marking examination papers and conducting oral examinations, the examiners are continually evaluating their own work, refining techniques in current use, and developing new methods for possible use in the future. The first of these new methods will be for assessing clinical skills during vocational training relevant to all areas of medicine, but particularly to general practice. The second area of development is in devising techniques appropriate for assessing the established practitioner in the setting of his or her own practice. The Board of Censors Working Party which produced the report "What Sort of Doctor?" (November *Journal*, pp 698-702) suggested a variety of purposes for the methods they proposed. The Membership Division has



Professor J. H. Walker, Chairman of the Membership Division Executive

the primary responsibility for evaluating and if appropriate, developing these methods for the purposes of assessment rather than education, a task