

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.

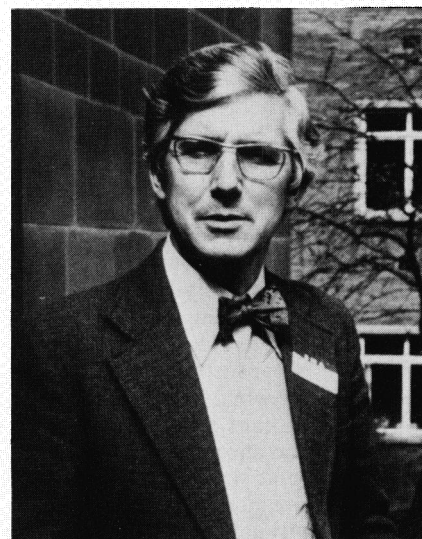
THE COLLEGE DIVISIONS

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

which has already begun at one of the regular Examination Workshops.

As the international role of the College assumes increasing importance, Membership is being sought by doctors working overseas. The extent to which the present examination is relevant to those working in settings outside the United Kingdom is therefore under review.

The international dimension of general practice presents it with a unique problem, for whilst examinations for Membership or Fellowship of other

Royal Colleges are based largely on aspects of clinical practice which are universal, this is only partly true for general practice. Much of the work of family doctors is culture-dependent, and for this reason methods of assessment must reflect the setting in which the doctor works. The Membership Division is therefore considering, with some urgency, the possibility that the College should either offer a Diploma in General Practice, appropriate to doctors working overseas, or alternatively that it should offer the experi-

ence which it has gained during almost fifteen years of examining in general practice to those countries who wish to develop their own methods of assessment.

The Membership Division will provide personal information from the examination, and from other methods as they are developed, to individual candidates who wish to evaluate their own performance, and statistical data to those whose responsibility it is to provide vocational and continuing education for general practice.

CONFERENCE REPORT

Violence in the Family

A three-day seminar presenting and discussing recent research on services for battered women entitled "Violence in the Family" took place at The University of Kent, Canterbury in September 1981. Dr Jan Pahl, research fellow, organized the meeting on behalf of the DHSS. Dr J. B. Chapman represented the RCGP and sent us this report of what others had to say. Full proceedings of the meeting are likely to be published in due course.

In the United Kingdom a lot of men repeatedly injure their wives or cohabitantes, often with increasing severity over the years. It is the doctor who is most frequently contacted by the battered woman. The doctor who gives pills, treats the wounds only, or tells the woman to sort her own life out was

not recommended. One who joins with the woman in attempting to acquire a much deeper grasp of the facts of the case, who listens and discusses, was thought to be most likely to be helpful to the battered wife and her family. Taking a careful and full history was in itself a response that seemed to raise

the self-esteem of the woman.

Help is difficult. Some women are not brave. Some meet uninformed or unconcerned professionals. Blame is variously apportioned and myths abound. The law is invoked, but applied with lack of uniformity by lawyers, police and housing authorities. There are widely different criteria by which individuals in the professions set the level of their response. The more that violence is regarded as an unacceptable way of solving problems by the practitioner and the better informed she/he is, the more likely is the woman to persist in using help offered. The addresses of solicitors, women's aid refuges and their telephone numbers can be given.

Some women have suffered for up to thirty years; many have made attempts to get away. The brave woman with children is likely to succeed. The timorous with no child is likely to remain the subject of repeated violence.

OBITUARY

Howard Morris Saxby, OBE, FRCGP, FRACGP

Shad Saxby, who later changed his nickname to Chad for a reason I have never discovered, was one of my best friends in Australia and certainly one of our College's stalwarts on that continent. He died on 26 November 1981.

Soon after the British College was founded, a New South Wales faculty came into being and, not long afterwards, an Australian Council of our College. Chad Saxby was Honorary Secretary to both until the members formed their own Australian College with its own faculties in February 1958. Before he joined the College he was doctor to the Mater Misericordiae Hospital in Sydney where he was doing gen-

eral practice. It was at that hospital that several meetings of the College took place; and where its records were stored prior to the new Australian College finding a home of its own. With Bill Conolly he did an enormous amount of work for the faculty and our College.

After retiring from work for the British College he went into training as a monk in a Benedictine Monastery near Perth, Western Australia. However, he married and did not complete his training. His visit to England a few years later with his wife was a very great pleasure to us all.

He had a marvellous sense of humour. Whilst at the monastery he acted as doctor to the monks and on one occasion invited a famous eye specialist, Ida Mann, to examine the eyes of one of his flock. The Abbott remonstrated with him for bringing a woman into the Monastery. "Abbott", he replied, "You only have two pictures hanging in your study and both of them are women: the Virgin Mary and Joan of Arc. Surely no one should mind if I bring a famous specialist to cure the eye trouble of one of your monks?"

He will be sadly missed by many of our Colleges, both in Australia and in Britain.

John H. Hunt