machine and as yet our experience is not sufficient to form a judgement. Those who have machines with minimum delivery of 0.5 W/sq cm or more need to use pulsed US more frequently, but they are usually successful. In most cases treatment has been given daily, apart from weekends. Most patients require from six to 12 applications.

We feel that US provides a very effective and rapid relief of herpetic pain—much more so than any medication, particularly in early cases.

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MRCGP Exam: Passing and Failing

Sir,

Consider a group of established principals who have failed the MRCGP examination and who, therefore, according to the stated aims of the College for that exam (RCGP, 1981), lack the ability to accept unsupervised responsibility for the care of patients in general medical practice (a worrying state of affairs for all involved: candidates, colleagues, College and patients alike). Then encourage them to attend a course designed to help them prepare to resit the exam (Scobie and Dymond, 1982). If it were then clearly demonstrated that those who had attended the course performed significantly better at resit than comparable 'failers' who had not attended, would the College, the organizers of the course, the candidates, and their patients be pleased or not? If these 'failers' really were incapable doctors in July, how are they suddenly capable in December, after a mere five-day course? If these 'failers' were simply bad at exams (advertisement for MRCGP course, August *Journal,* page 518)—and the course remedied that—then did their original failure really carry the significance that the College attaches to it? Scobie and Dymond conclude: "It is likely that the success of the course will be measured in terms of the examination results of those course members who sit it again." Because something is measurable is not a reason for measuring it. Because exam results and marks are convenient currency is not a reason for trading in them.

The College exam has dug itself into a deep hole, getting deeper. If it really achieves its stated aims, then apparently 40 per cent of British family doctors are incompetent. If it does not, then what is its function?

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References

Royal College of General Practitioners (1981). Obtaining and maintaining membership: a Council discussion paper. *Journal of the Royal College of General Practitioners,* **31,** 521–524.

Scobie, J. S. & Dymond, J. (1982). Towards the MRCGP. *Journal of the Royal College of General Practitioners,* **32,** 516–518.

Editing and Accuracy

Sir,

The level of care shown in the use of the words 'Britain', 'UK' and 'English' in Dr Hull's paper on low back pain (June *Journal,* pages 352–356) and in Dr Milne's paper on econazole (ditto, 360–364) gives rise to doubts on the accuracy of their medical content.

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Women Doctors

Sir,

Having been asked recently to comment on the opportunities for women doctors in general practice and having read many articles and letters in the past about this evergreen subject, one is aware that problems do still exist, particularly with the increasing number of women qualifying who choose to enter general practice, and the advent of mandatory vocational training. I would be grateful for any information relating to difficulties encountered in finding suitable employment, and the sort of problems that might occur during a later working relationship. It would also be interesting to know what particular qualities are considered important, as well as skills and attitudes when choosing a new partner. "Does sex really matter in the surgery?"

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The Word 'Trainee'

Sir,

The current Oxford Illustrated Dictionary contains the following entries: "Trainee. One who is being trained (for an occupation)." "Trainer. (esp) One who trains persons or animals for athletic performance, as race, boxing-match, etc." The emphasis of these descriptions is on instruction for a limited range of skills. This is not what is happening in general practice, or at least it is not what should be happening.

In a learned profession the learning process is known as education. The present terms used for the two participants are therefore grossly inaccurate, quite apart from the appallingly derogatory context in which the word 'trainee' is often used. It should be quite clear that a young doctor at this stage is already a highly intelligent, educated professional person who is a colleague, and does not deserve to be treated with such contumely.

Having spent several years expressing these views to apparently deaf ears, I find it both refreshing and gratifying that such a distinguished colleague as Dr Elliott-Binns (August *Journal,* p. 504) is in complete accord with me.

Is there any good reason why a trainer should not be called a 'teacher' or 'tutor' (of general practice), and a trainee a 'registrar' (of general practice), or even a 'resident' (in general practice) as in Canada?

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Sir,

Dr Elliott-Binns suggests that we abandon the word 'trainee' (August *Journal,* p. 504). He concludes, however, that there is no really suitable word to take its place.

Before *Journal* readers leap to invent new words, they should remember the views of trainees themselves. The issue of an alternative title was considered at the 1981 Trainee Conference in Sheffield. The trainees decided they were happy being called 'doctors'. After that any further discussion seems superfluous!

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