

What sort of Fellow?

THE examination for Membership of the Royal College of General Practitioners continues to be questioned. Although there was not immediate acceptance of the recommendations about alternative methods of entry to the College, based on a general practitioners' performance, and contained in the report 'What sort of doctor?' (*Journal of the Royal College of General Practitioners*, 1981), the feelings which stimulated that report are still being forcefully expressed. The written and oral examinations for Membership at present are as relevant and as valid for the assessment of general practitioners as the Board of Censors can make them. The whole emphasis of the oral examination and the modified essay question in the written paper are directed to ascertaining practical skills. They can at best, however, only be distant reflections of the doctor's actual behaviour. Most candidates for Membership are just at the end of their training for general practice and the examination will test their potential rather than their performance as general practitioners.

If an assessment of a doctor's practical work is desired, then this should occur only after a period in general practice. Such an assessment would most appropriately lead to Fellowship of the College, rather than creating a further barrier to full Membership.

The present system of awarding Fellowships is on the 'old boy' network and although all existing Fellows are by this process of selection regarded as excellent by their peers, the inequalities and absurdities of the system are clear. Does the fact that the proportion of Fellows to Members in the Oxford region is approximately double that in the West of Scotland region reflect the true standards of general practice operating in these two parts of the country? Fellowship depends at present on secret nomination and secret assessment. Although carried out scrupulously, selection appears at best to be a

charming anachronism and at worst a divisive procedure for creating an élite within the College. Our College has no need to be weighed down by manufactured traditions. Our sister Royal Colleges have overcome these problems in similar ways but with different timing. The Surgeons turn all sheep into goats at entry while the Physicians make the sheep wait 10 or 15 years before they become goats. It is therefore the norm for Members to become Fellows, and this progression should be our aim also.

One possible scheme could be for Members, after five years in practice, to volunteer for assessment along the lines recommended in 'What sort of doctor?'. If successful, the doctor could use the title of Fellow for 10 years and then submit himself for reassessment as a form of voluntary accreditation. These views are unlikely to gain immediate general approval; nevertheless some changes in the status quo do seem desirable.

One change in Fellowship which may gain more support would be an increase in the number of Honorary Fellowships awarded. As practitioners in a discipline which integrates a wide variety of skills and services, we should be forging links with other professions and other professionals. We should be leading instead of following tamely the traditions of other medical colleges, and we should recognize excellence in nursing, social work, and health services administration. Indeed, honour is due to all individuals who can be identified as having significantly contributed to the health of people in the community. Controversial nominations are welcome.

E. G. BUCKLEY

Reference

Royal College of General Practitioners (1981). 'What sort of doctor?' Working Party Report from the Board of Censors. *Journal of the Royal College of General Practitioners*, 31, 698-702.

Why WONCA?

WHY WONCA (the World Organization of National Colleges, Academics and Academic

© *Journal of the Royal College of General Practitioners*, 1983, 33, 131-133.

Associations of General Practitioners/Family Physicians)? Why another world body? The relevance of and reasons for this organization may seem obscure to many.