

### What is meant by participation?

The College sees it as liaison and collaboration; patients see it as an opportunity to share in 'their' practice, to understand its organization and how to use it, to discuss preventive medicine and health education with the professionals, to give their time in helping man the voluntary groups that run self-help classes and transport patients to and from the surgery—and to support improvements in local health and community services. One group has a presence in the waiting room to help mothers with young children and those with a language problem; another publishes self-help booklets with material provided by the doctors; one or two have first-aid classes and many have regular health education sessions ranging from talks on women's diseases such as breast or cervical cancer, to talks on raised blood pressure or even how to contact a doctor.

All these activities are organized and run by the patients, who do not see the group as a complaints body (although it can be used in this way), but as a voice both for them and their doctors to use. Generally it is doctors with no attached group who feel that it would be a place for people to come to criticize. "If my patients want to complain they'll do it to me!" said one doctor. When?

### Why have a national body?

Since all these activities take place locally why have a national body and what is the role of the National Associ-

ation for Patient Participation, (NAPP)?

The Association is formed of representatives from all groups who care to send one, to discuss problems and to pool experiences. It may be argued that no two problems are the same (the Isle of Wight does not have the same difficulties for instance as Kentish Town) but each can offer suggestions for the other and the NAPP meetings provide an opportunity for group representatives to ask "Has anyone met this problem?" or "Has anyone experience of setting up a repeat prescription collection scheme?"

As well as acting as a link and support for all groups, NAPP answers enquiries from the media, acts as a mouth-piece and provides a newsletter. It spreads the philosophy of patient participation whereby the patient takes an active part, not only in his own doctor/patient relationship, but also in the practice as a whole within the community.

### Reference

- Paine, T. (1983). Survey of patient participation groups in the United Kingdom; I. *British Medical Journal*, **286**, 768.  
Survey of patient participation groups in the United Kingdom; II. *British Medical Journal*, **286**, 847.

Further information about NAPP can be obtained from the Chairwoman of the National Association for Patient Participation, Hazelbank, Peaslake, Guildford, Surrey GU5 9RJ.

## LETTERS

### What Sort of Fellow?

Sir,

Your leading article (*March Journal*, p. 131) has really touched my heart. I have been thinking about this topic for months, if not years.

I joined general practice in November 1972 and as soon as my house was straight, I started preparing for the MRCCGP examination. I used to study from "News at 10" to three o'clock in the morning as that was the only time I could concentrate without disturbance. I failed the viva part first time in 1975 but later the same year I passed.

After all this hard work I got great satisfaction but did I become a better general practitioner straight away? I cannot be sure but I definitely enriched my knowledge tremendously. I think that my efforts towards the MRCCGP examination were really worthwhile. Like anybody else, if you stay in the business longer, you get professionally more busy so naturally I have less time for study. I admit sometimes many magazines remain unwrapped. I save them to read later, and later does not come and after many months they pile up and I feel guilty. Then my wife is annoyed and I have to be ruthless and dispose of them. Years have passed by and now I realize I am really getting behind. It is very difficult to read just to enrich knowledge.

I enquired about research work with no success. I thought of doing an MD but I did not know how to go about it. I have gone through the prospectus for the MSc at Glasgow University but this is not feasible financially and because of family commitments. I think FRCCGP by examination will be good; the MRCCGP is a test of knowledge and an FRCCGP examination would be a test of skill. It is a good idea to keep a 10 to 15 year gap from the first examination for one can struggle hard to achieve both within a few years.

I disagree that the FRCCGP should be done every ten years as, when we grow older, it is very difficult to find stamina to keep doing exams. I am quite aware that there will be great resentment but we cannot deny or ignore gossip that election for fellowship is by "not what you know, but rather whom you know".

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Sir,

I read with interest Dr Buckley's editorial (*March Journal*, p. 131). I think he is right: in the present system of awarding fellowship much seems to be based on the 'old boy network'. The College seems to take little account of the

people who help in general practice with such things as first aid and extended first aid (Red Cross and St John) in their county, district and community.

I feel that this is part of general practice—to be involved in the community—and this involves local government committees such as public health and environmental control, and also such outside committees as home safety, water safety and road safety.

Some of us give a great deal of service to home defence on the medical side, both for civil and what might be termed war emergencies.

Dr Buckley seems to infer, and possibly he is correct, that the people who work in the postgraduate centres and do relatively little work in general practice as a whole, seem to be awarded the fellowship. Many of these were against the College in the beginning and even campaigned against it, whilst there are many of us who are founder members, who have spent much time and money in helping the College, especially at the beginning, who are overlooked.

It is possible that the College does not take into account those people who, over very many years, have conducted national, regional and district first aid competitions and examinations for British Rail, electricity and gas boards, and have even covered boxing competitions.