

## Outer Signs of Inner Qualities

Sir,  
Throughout history man has sought for outer signs of inner qualities. Although some 'good men' exhibit such signs, the reverse is not necessarily true. Moreover, once signs have been accepted by an authority as a hallmark of inner qualities, they tend to lead men not to goodness but to orthodoxy, not to the administration of the spirit but to the letter of the consequent guidelines that are built upon such signs.

I write through you, Sir, to those who are today seeking the signs by which a 'good' trainer can be identified. Whether they choose the visible practice library, preventive activities or the number of trainee nights on call (*July Journal*, p. 395) the dangers in the process remain.

Is it too late to urge those concerned to look for a more reliable way of detecting those inner qualities that made each of us label some of our own teachers 'good'? It was my experience that these teachers were distinguished less by uniform outer characteristics than by a questioning and tolerant mind, the ability to inspire and enthuse others, a zest for the task in hand and empathy for those in their care.

It would be a sad day for general practice training if some of those who possessed these qualities were overlooked because they did not have the inclination to produce a set of outward signs, which alone would satisfy their selectors.

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## In Defence of the College Examination

Sir,  
The recent report of trainees' attitudes towards the MRCP examination (*July Journal*, p. 457) in part merely reflects the age-old antipathy of students to examinations.

As a medical student, I remember the professor of anatomy voicing concern at the introduction of multiple choice questions and continuous assessment. How could anyone become a clinical student without going through the ordeal of second MB? Students, of course welcomed the march of progress.

At graduation a number of colleagues expressed the view that they no longer wished to be part of the rat

race and sit any more examinations—they would enter general practice. How many junior hospital doctors would sit the MRCP or FRCS examinations unless the possession of the appropriate certificate was necessary for a steady progression along the path to consultancy?

It is encouraging that in the recent study 20 per cent of trainees expressed a wish to be tested by examination at the end of vocational training; most individuals would be expected to express the opposite view. How many trainees/candidates who recently sat the examination found it a worthwhile experience? Despite the interest in alternative methods of assessment,<sup>1,2</sup> 76 per cent of trainees considered that examination should form at least part of the means by which membership of the College is obtained.

Dr Griffiths has stated previously<sup>3</sup> that nearly all of those who intended to sit the examination were doing so for the wrong reasons. Surely sitting as a stimulus to study, for self assessment or for personal reasons is not wrong. These would accord with the aims of the College and it would be interesting to know the total number of those who described themselves in these categories.

If, as has been suggested, to take the examination serves little purpose, then there is the possibility that some may argue more forcefully for the introduction of objective and subjective assessment before vocational training. That the association of membership with the examination, which clouds the function of the College to some, can be overcome has been well answered before.<sup>3,4</sup> The breakdown of the College into faculties, which does not exist in other Colleges, confers both unique opportunities and responsibilities on those involved in running the College at the local level.

A further criticism of the examination was that it detracts from the trainee year. (*April Journal*, p. 249). Is it then acceptable to take the examination at the end of vocational training if the trainee year occupies the middle year? There are three years spent in vocational training and yet it seems that the emphasis is often placed on only one year. If more stimulus were given to trainees during the hospital years, the examination would not present the hurdle that it does at present.

Study for the examination does not necessarily detract from the trainee year nor result in wasted opportunities. Few would argue with Dr Griffiths that appreciation of the individual is very necessary in general practice. Such an

attitude needs to be introduced and developed in the trainee year if it has not already been done. However, as Professor David Metcalfe has pointed out, attitudes are only one aspect of the teaching and training to be carried out by the trainer.<sup>5</sup> Teaching about skills and knowledge is also necessary. That the acquisition of knowledge in the trainee year is very important has been demonstrated clearly in the survey of trainers and trainees in Manchester.<sup>6</sup>

Our senior house officer colleagues in hospital often have to burn the midnight oil to gain their postgraduate diplomas. It sometimes seems as though trainees in general practice expect to never have to follow suit.

By all means let us explore other avenues but remember that the examination is an acceptable means of assessment to large numbers of trainees. Everything in the garden is not rosy but there are more flowers in bloom than are sometimes seen at present.

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### References

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3. Griffiths TN. Membership. *J Roy Coll Gen Pract* 1981; **31**: 697.
4. Visit of trainees to the College. *J Roy Coll Gen Pract* 1983; **33**: 180.
5. Metcalfe D. *Medicassette* 1983; **17**: no. 4.
6. *The influence of trainers on trainees in general practice*. Royal College of General Practitioners. *Occasional Paper No 21*, 1982.

## Family Medicine—at a Loss for Words

Sir,  
Dr Anthony S. Dixon's paper (*June Journal*, p. 358) is one of the most exciting and relevant I have ever seen published. He expresses (with a penetrating knowledge of the uses and limitations of language) our current dilemma: our inability to describe the new landscape which those in the forefront of thinking about general practice are trying to chart.

In 'Awakenings' Oliver Sacks makes a similar point which engages the same challenges: the complete physician must often move out of the mechanical, and into the metaphysical. The fear that general practice, or family medicine, is often seen as either hum-