LETTERS

Deafness after Otitis Media

Sir,

In their report (February *Journal*, p. 92) Barritt and Darbyshire correctly emphasize the importance of checking hearing six weeks after an episode of acute middle ear infection. The results also included the statements that a history of allergy was common (49 per cent) among the children with otitis media and that a positive history of allergy was assumed when atopy was present either in the child or in the immediate family. The terms 'allergy' and 'atopy' are often used in an imprecise manner and the authors do not give any specific definitions of these terms. Was a family history of atopy based on clinical impression or skin testing of individuals?

Schutte and colleagues in a general practice survey claimed that children with serious otitis media had a significantly higher incidence of atopy than a control group but their definition of atopy was defined as 'entry in the general practice record of one or more of the following terms—asthma, eczema, hay fever and wheeze', and there were no confirmatory tests to indicate that these patients were truly atopic.[1]

Before accepting that there may be a link between otitis media and atopy a more precise description of terms is required. The relationship between otitis media and associated respiratory conditions may be due to impairment of host defence mechanisms in response to virus infections and the use of the term atopy when referring to children with asthma and wheezy bronchitis may just serve to confuse the issue.

JOHN BAIN
Professor of Primary Medical Care

Aldermoor Health Centre
Aldermoor Close
Southampton SO1 6ST.

Reference

1. Schutte PK, Beales DL, Dalton R. Secretory otitis media—a retrospective general practice survey. *J. Laryngol. & Otol.* 1981; **95:** 17-22.

Maintaining Standards

Sir,

On reading your recent series of articles in the *Journal* on the College diploma examination, I felt it would be an appropriate time to resurrect a discussion about the usefulness of the examination and whether it should continue in its present form or at all.

Currently all those aspiring to be members of the College have to pass this examination. This has not always been the case and a large number, although I believe now a minority of members and fellows, have never had to subject themselves to this test. In the past, membership could be purchased for a modest sum on the recommendation of one's colleagues who happened to be College members themselves.

The examination was introduced to establish a basic standard of knowledge and ability amongst members of the College. It was agreed at that time that this test should only apply compulsorily to those doctors who were not at that time members but who wished to join. Those members who wished to test themselves could also sit the examination without fear of losing their membership and many chose to do this.

But does the current system of testing *guarantee* in any way a basic standard for all members and fellows of the College? For those who have not sat the examination it patently does not. For those who have sat the examination, I feel it is ludicrous to suggest that one successful attempt at such a 'basic' examination guarantees a lifetime of 'basic' practice skills. Surely, if an examination is to achieve the ideal of ensuring that all College members are good general practitioners then the examination has to be continuous and has to apply to all members. Alternatively the examination could be abandoned altogether.

By introducing some form of continuing assessments, the College would give a lead to other Colleges who at the moment do not test the members beyond entrance examination. How many consultant physicians and surgeons would pass their respective College examinations if tested again? I am not suggesting, however, that every few years every member or fellow of the College goes through the full MCQ MEQ traditional essay and oral which new members currently have to pass. Indeed, it has been suggested that some of the older members might have difficulty with this type of examination because of the long hours of concentration involved (although no quarter is currently given to those older general practitioners who wish to join the College). Nor would I suggest that 'failure' of an assessment should automatically result in expulsion from the College. I have no doubt, however, that some form of assessment acceptable to most could be agreed upon and performed at an informal local level.

Proponents of the examination have put forward many reasons for its continuation. The most frequently voiced is that it is a good test of knowledge at the end of training, approaching it in much the same way as one might running a marathon or mountain climbing. Others claim that the existence of the current examination entry system puts our College on a par with other Royal Colleges and gives general practice prestige. All this in spite of the examination being much easier than other College examinations. My own concern, however, is more with maintaining standards than inflating egos. Attempts in this direction recently pay only lip service to this goal and some form of compulsory rather than voluntary review of our general practice abilities should become an integral part of College membership.

B. MCKINSTRY

24 Currivale Park
Currie.

The College and Health Service Cuts

Sir,

I read with dismay the news that the College had refused to join other Medical Royal Colleges in protesting against Health Service cuts.

I appreciate that this has been done because the College does not feel that general practitioners have been hit. This I feel displays a very narrow and insular outlook from the College. Very few people doubt that, in real terms, there has been a decrease in funding of the NHS over the last few years and, as the letter from the other Colleges states, there is great fear that the future funding may not be sufficient to maintain even the present standard of care. Consequently the cuts will be, and in some cases already are, biting into patient care. At the moment this appears to be more obvious in the hospital sector. However, are general practitioners not concerned with increased waiting lists for physiotherapy, delayed opening of geriatric and psycho-geriatric day hospitals, ward closures that have set back holiday relief admissions and the marked reduction in ambulance services that has been observed recently?