ciently tested by the MCQ and therefore accounts for only 20 per cent of the total mark, but we would suggest that more patients suffer from their general practitioner's lack of knowledge than from his aberrant attitudes. Your analysis of the very complex interactions in the oral examinations was facile and superficial, to say the least. If your results were so poor on the third occasion, Jack, why should the examination take the whole blame? Perhaps the examination produced a true reflection of your performance at all levels — something about 'motes' and 'beams' springs to mind!

Your return to the question of a 'clinical component' (no magic panacea for the ills of the examination) betrays a lack of appreciation of the reasons why this form of assessment cannot be introduced at present — Keith Hodgkin answered the criticisms very clearly and succinctly;[1] we should merely like to point out that the validity, reliability, and feasibility of a clinical component are all highly suspect. In addition, you make no reference to the Modified Essay Question (MEQ) as a test of the practice of family medicine; it is justifiably regarded as highly relevant by the majority of candidates.

Where is your evidence that the examination is divisive? Or that entry to the College by examination only is wrong? If any factor is 'divisive', surely it is the very existence of College — if the GMSC response to College comments on deputizing services is a typical example. You imply that the examination keeps colleagues out of College, but where is your evidence that they want to come in? Your sneer at Associates was unworthy of you — Associateship is surely a respectable and viable alternative for those colleagues who do not wish to sit the examination. If nothing else, the examination confers some respectability on the College in the eyes of sister disciplines.

Alternative methods of entry. Inclusivity of all general practitioners is a worthy aim, but is it practical, or sensible? A pious hope that all members will 'undertake to conform to basic principles of education and practice' conveniently ignores the fact that those who enunciate the principles will still be exposed to the criticism of elitism, and is no substitute for objective assessment of agreed criteria. It would seem to us just as logical to eliminate the once-and-for-all nature of the alleged hurdle to membership by introducing re-accreditation.

Your uncritical acceptance of 'What sort of doctor' as a route to membership begs many unanswered questions. It might be the 'natural way forward' for general practice education. It is also illogical, ill thought out, imprecise, and untested against all the generally accepted criteria of a method of assessment — is it valid? is it reliable? is it feasible?

In conclusion, may we express once again our appreciation of the service performed by your lecture. Will Pickles was also an individualist, but he at least presented a scientific, factual, logical basis for his caring medicine. It would seem to us that the Panel of Examiners are at least as close to being his natural successors in general practice as any other present claimants.

ANDREW BELTON
Examinations Secretary
JOHN LEE
Chairman of Membership Division

Reference

1. Hodgkin K. The format of the College examination. (Letter) *J R Coll Gen Pract* 1983; **33**: 825, 827.

The 1984 William Pickles Lecture

Sir,

I have mixed feelings about the response from the two College officials. Naturally, I am gratified that the criticisms contained in my lecture should be considered serious enough to warrant such a detailed reply. But I am also sad that these apologists for the MRCGP examination should have felt so desperate as to employ hollow arguments garnished with dubious statistics about whose inadequacies every schoolboy knows, never mind every doctor.

In denouncing the ideas in 'What sort of doctor?' as 'illogical, ill thought out, imprecise, and untested', methinks Dr Belton and Dr Lee protest too much. Can they really feel so threatened at the prospect of a practice-based assessment which attempts to get the measure of a colleague under everyday working conditions, and in the setting of the very place from which he works and which he has played a part in fashioning? Others have been impressed and have thought the ideas worth exploring; and Professor Donabedian — who knows a thing or two about the subject — has said publicly how moved he felt at the direct and unpretentious approach of 'What sort of doctor?'

Had it been my purpose — which it was not — to destroy the credibility of the MRCGP examination, I might now lean back in the knowledge that Drs Belton and Lee had made my case. It is their line of thinking which helps to give the examination its bad name. And they have demonstrated by their arguments, better than I could every have done, its divisiveness. They may not know it, but a gulf separates the examination *apparatchiks* from ordinary practitioners.

However, I have to concede that the 1984 William Pickles Lecture was based on a false premise. Its title should have been, 'What every doctor (other than those on the Panel of Examiners) knows'.

J.S. NORELL

58 Roman Way
London N7 8XF