

trast Drs Belton and Lee appeared to sabotage their own case with Exocet efficiency when commenting on the College examination, '...if nothing else, the examination confers some respectability on the College in the eyes of sister disciplines'. As one who was fortunate to sit the exam only once in spite of being doubly disadvantaged (statistically speaking!) namely a middle aged Service doctor, I feel sorry that this is the best case than can be put up in defence of MRCGP. Like many, I do not know whether the exam is a good means of College membership or whether some alternative will prove better, but need we be so insecure about our status?

I suggest that the fundamental purpose of postgraduate general practice education is to try and make the consultations between doctors and patients more effective.

This involves research, computer technology, audit and all the paraphernalia of modern practice. Where they help they are to be applauded. They will not turn a bad doctor into a good one nor a careless one into a caring one. Pare's much quoted triad should still remind us of how our skills, knowledge and attitudes are going to be tested and our time divided up.

May we strive to blend the best of the old and of the new. We appear to be getting a bit lost at present as to how to achieve this. Should we be perhaps asking our patients' views rather more and our colleagues views rather less?

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Future of the College and its examinations

Sir,

I have read with interest and mounting disquiet the recent internal and analyses of the College's future and relevance of its' examinations (October *Journal* p.529). Increasingly, Members are voicing uncertainty and self-doubt, and while this is not altogether a bad thing in any organization, the self-doubt is approaching the point of causing self-destruction. Let us stop squabbling over the details and look forward and plan to 50 years ahead when, if the College is allowed to live, it will have taken its place along with the College of Surgeons and the College of Physicians, membership being the natural goal for principals in general practice. We have only to live through the birth pangs and difficult childhood.

What has alienated many within and without the College has been the total and uncritical adoption of current educational theories with their one-way mirrors, video machines and Freudian analyses. Those more experienced centres of education are more cautious adding only those advances proven by time and experience. Where is the

jargonese or one-way mirrors in the MRCP teaching and examination? No less a clinical subject. What is needed is more simple tried and tested clinical teaching and examples supported by the newer techniques where applicable.

No examination system is perfect and essentially examinations must assess one's ability to take them, apart from anything else. This applies to any examination in any subject. Let us by all means look at the examination and try to make it more relevant, but let us stop arguing about basic examination theory.

History has shown that preparation for examinations in the long term results in the raising of standards in professional bodies. Do not let our doubts which apply equally to any professional body fudge the future of the College and destroy the achievements already attained.

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Sir,

I read with interest Dr Marinker's editorial 'The MRCGP revisited' (October *Journal* p.529) in which he proposes that the criterion for membership be the compliance with the development of performance review in the first five years of practice.

One of the methods of assessing such development is by peer review within the practice as laid down in the College document 'What sort of doctor?' I cannot see any other way unless one reverts to the examination situation with all its drawbacks. Those of us who are newly in practice after completing vocational training, and especially after taking the present MRCGP examination, are familiar with the concept of peer-group review. However most of us join practices outside the teaching environment with long-established partners to whom the concept of peer review is likely to be totally alien and unpalatable. The atmosphere in practices with new partners is already charged with uncertainty and the prospect of having to face change is daunting enough without the further burden of early peer-group review from outside.

I feel that the opportunities of young principals for membership of the College would be hampered by their partners' natural resistance to any form of peer-group review occurring within their practices. If Dr Marinker's plans were adopted, many young principals would find the early attainment of membership a non-viable proposition. They would thus be isolated from the College at the time they need its fullest support — at the beginning of their careers.

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