

examination exposed by Drs Norrell and Marinker.

Our Faculty MRCGP courses for established general practitioners are oversubscribed several times every year and it is the challenge of the examination as much as the wish to join the College which motivates the doctors attending. This is hardly surprising as we, the (successful) end products of an examination school and university system see another examination as a means of assessing our ability. It is not just the individual using the examination as a challenge. A fair examination helps course organizers assess their vocational training courses. It is the preparation for the examination which should improve the candidate but, as Marshall Marinker says, only if the examination is valid. I think it is valid and will be shown to be so. The examiners that I know are not interested in the candidate spouting the 'required dogma'. Using Marinker's example, the good candidate will know the advantages and disadvantages of asking a patient to return and will make a decision in a particular case when he has evaluated the problems.

All this does not negate the argument about the exclusivity of membership at present. In particular, as the only way to membership is by an examination designed to test knowledge, skills and attitudes at the end of vocational training, it has been shown to disadvantage established general practitioners. I would support him in the use of participation in performance review as an alternative method of entry and I certainly agree this should be a way for the attainment of fellowship. However, whether this should be without standards is surely something the membership as a whole should consider. Perhaps Members want defined standards to aim for. If performance review is to be used as a method of assessment there has, again to be fairness and reliability. Indeed we have to start from scratch in the new field which is going to prove more costly in time and resources than the traditional examination.

Perhaps the assessment of standards should be separated from membership — except isn't that what we now call associateship?

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Sir,
Recent correspondence about the 1984 William Pickles lecture makes me wonder if the 'Caritas' has gone from our motto. It seems to me that Jack Norell has highlighted some important areas connected with vocational training and even his critics agree that vocational training was commenced without any form of objective assessment. Such an exercise seems both costly and irresponsible, and without it who is to say if simple experience is not an equally valuable introduction to general practice? I cannot agree with Doctors Belton and Lee (Letters, October *Journal*, p. 551) that Pat Byrne demolished the credibility of the apprenticeship system and I can assure them as a Lancashire man that there was never any possibility of just 'picking up all Nellie's bad habits'. How on earth do you think they managed to stay in employment as cotton spinners in a hard world. The fact is that industry does have an objective way of assessment in terms of profits and wages, and perhaps in an indirect way we have the same in general practice if you consider such criteria as patients wishing to change their doctor or complaints to family practitioner committees (FPCs). Such simple aspects may not be enough for those who feel that 'by definition, education should stimulate behavioural changes so as to compel such changes in our practice of medicine.' Who is to decide on the change to be desired? The dictionary defines 'educate' as 'to instruct and train so as to develop the mental, moral and physical powers'. Which seems to me to be in conformity with Newman,

who wrote: 'Education is a high word . . . it is the preparation for knowledge and it is the imparting of knowledge in proportion to that preparation.'¹

Surely the close attachment of trainer and assistant in the context of everyday work is an ideal climate for that preparation, but ultimately the final requirement is the desire to learn. As Newman also says, 'the most unpropitious circumstances cannot conquer an ardent desire for the acquisition of knowledge.' How otherwise would Madame Curie have discovered the secrets of radioactivity in her ramshackle laboratory or the university life of Leningrad continued during the siege of 1942 or even how would Acker Bilk have discovered the enchantments of the clarinet when incarcerated in a military prison!

Vocational training as it has been developed is a 'sacred cow' and I for one am grateful to Jack Norell for having the courage to point it out. All of us need to think carefully about what is assessable and what it is desirable to assess in the interests of our patients. Once that is done the criteria for College membership will be obvious but I suspect an examination will play a comparatively small part.

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Reference

1. Newman J. *The idea of a university*. London: Longman Green and Co, 1898.

Sir,
Now we have it — 'the MRCGP examination, if nothing else, confers some respectability on the College in the eyes of sister disciplines' (Letters, October *Journal*, p.551) But what are the side effects of this dubious respectability? Less than one in four of doctors in their forties who try to get in, actually succeed. On the other hand, more than three in four of recent trainees pass the examination but numerous surveys have shown that many of these are not in the least interested in College membership.

Those of us who joined the College because we thought it was a body dedicated to improving the standards of general practice as a whole, must be profoundly disturbed at the tone of Drs Belton and Lee's letter. The arrogance of their last sentence sadly confirms the feeling of many 'anti-Members' (and, I fear, many Members too) that those who control entry to the College are out of touch, élitist and so obsessed with the statistics of the examination that they are incapable of even considering its divisive effect.

Every doctor knows the crucial role the College has played in the recent renaissance of general practice. Are the next years to be merely seeking the 'respectability' desired of those who have become blinkered by authority? With ideas such as those of Marshall Marinker (October *Journal*, p.529) to guide us, we can, and must, do better.

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Sir,
I am surprised that Drs Belton and Lee, in their spirited defence of the MRCGP examination (Letters, October *Journal*, p.551) should quote statistics based on percentages to support their