

The MRCGP

Sir,

With reference to the 1984 William Pickles lecture (August *Journal*, p.417), I have recently passed the MRCGP exam. My reasons for sitting it — despite having been an associate for three years — were many. It was a challenge; studying would increase my knowledge and I could use the letters MRCGP. I decided that, even if I failed the exam, I could only benefit from my studies, and, I was still an associate. No other college gives this opportunity of associateship.

I found the exam to be one of the few I have taken that actually related to daily problems regularly encountered in general practice. Certainly, there were questions on mere factual knowledge, but, in my view, general practitioners should have a certain basal knowledge of facts.

Finally, Dr Norell appears excluded from what every other doctor knows, namely, that general practitioners are varied, and some are interested in the College, some are not — exam, or no exam.

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The Irish College of General Practitioners

Sir,

'Parting is such sweet sorrow' but the separation of the Irish College has filled me with a profound sorrow which I am forced to share.

The suffering in Northern Ireland wounds me awfully. So among many reasons I cannot say 'Goodbye' without feeling we have set a poor example. For myself I would rather renounce our Royal patronage and move the headquarters from London than lose our Irish friends. And it will be little consolation to be an overseas foreign member of the ICGP.

M.B. TAYLOR

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Doctors in the family

Sir,

After nine years of training I have finally arrived in general practice. It has always seemed to be the natural place for me. After all, medicine runs in families, and I admit to a satisfying sense of continuity as I invite in each 'Next please', just as my father did 20 years ago.

But I have been perplexed by the startling things people come to their doctor about. While contemplating the third 'snuffly' child in one morning I was grumpily thinking 'My mother never took me to the doctor with a simple cold'. Then I remembered, she never took me to the doctor with anything. I have only ever been to get immunized. I don't know how terrifying it is to sit up at night with a sick child, or what a relief it must be to hear the doctor's knock at the door. In my experience the doctor was always snoring in the bedroom next door.

Being the child of a general practitioner means you know quite a lot about being the doctor, but you are streets behind when it comes to knowing what it is like being the patient.

ELIZABETH LEE

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The Model Member's Song

Sir,

Jack Norrell referred to the 'very model of a modern, major, general practitioner' in his admirable William Pickles lecture (August *Journal*, p.417). With warm acknowledgements to W.S. Gilbert, I should like to offer the following 'gilded philosophic pill' in the hope that some of my fellow creatures may swallow it and be made wise.

THE MODEL MEMBER'S SONG

Verse I

Model Member:

I am a model member of the Royal College of GPs.
I'm lacking no accomplishment to rid my patients of disease.
I did the OK house-jobs in a range of specialities —
(I'm good with a retractor and I've done a few appendices).
I've even sat an MEQ on Oath of Hippocratica,
Systemic Lupus Erythematosus and Sciatica.
My practice is a business and efficiency is everything.
I ridicule the fossils who persist in chronic visiting.

ALL:

He ridicules the fossils who persist in chronic visiting.

M.M.

I analyse my patients on a scale from one to forty-two,
They're broken down by age and sex and height and weight
and size of shoe.
I tape my consultations to admire communication skills.
Oh yes, I am the very thing the patients need for all their ills!

ALL:

In short he thinks he's marvellous and who are we to disagree —
He is a very typical example of the new GP!

Verse II

M.M. (thoughtfully):

In fact I sometimes wonder if my training was vocational —
It had a sort of relevance, but nothing too sensational.
My teachers taught me arrogance but now I need the
common touch —
My practised pompous strutting and carnation haven't helped
me much.
I find myself let down by all those bright ideas that we are
taught,
The customers refuse to need the sort of help we thought they
ought!
I fill my time with courses and in meetings with the health
care team.
Do patients feel they are the mote? — and that I only see the
beam?

ALL:

Do patients feel... etc.

M.M.:

In fact when I'm available as freely as I ought to be —
When I can understand the reasons patients really come to me,
And when the things I know and those I don't know I begin
to see —
You'll say a better general practitioner could never be!

ALL:

Ah yes, these simple qualities are what we'd really like to see —
We'd say a better member of The College there could never be.

JAMES WILLIS

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