Sir,
I have recently received a questionnaire to complete regarding the 'Profession's approach to responsible prescribing'. For the last 12 years I have been in private practice (after 20 years in NHS practice) and have had to be aware of the cost of my prescriptions before issuing them, as private patients have to bear the cost of them, usually about twice the amount of the basic NHS price, and this often presents a real problem. I have always thought it unjust that a patient, who chooses to seek professional advice privately, has to pay for the prescription, but I am now aware that the College has ever campaigned against this injustice. In respect to this, and other matters, I often think that the College would be better named RCNHSGP.

If I were to be still practising in the NHS I would regard it as my responsibility to the patient to prescribe what I consider to be the correct treatment. The Government is responsible for the cost of the patients treatment under the NHS Acts and it should be up to the patient to negotiate the question of who pays for the prescription rather than the doctor.

This is a quarrel between the patient and the Government, and it is my belief that doctors should stay out of it.

C.R. LYNN

68 Harley Street
London W1N 1AE

Affiliateship

Sir,
Significant contributions in recent months from the William Pickles lecturer, Dr Jack Norell, and from other commentators inside and outside the RCGP have highlighted a new spirit of self-critical analysis of the aims and objectives of the College.

For better or for worse we now have a Patients' Liaison Group, we have flirted with a Medicines Surveillance Organization, we have an entry examination which seems to favour the young trainee at the expense of the established doctor and we seem to have some office bearers who think they know best when it comes to pronouncing on such delicate issues as deputizing.

For all that, I did begin to feel that UK Council and its General Purposes Committee were realizing that they were losing touch with the membership of the College on many issues and that it would be wise for them to consult with their colleagues — at least at faculty board level.

With the announcement of proposed College affiliateship for non-medical members of the primary care team, it would seem that any contemplation of our corporate navel has been short-lived. With an exclusive membership examination it would seem that the College is more anxious to include the patient, the paramedical and the callow doctor in its membership rather than some of our own general practitioner colleagues.

If nurses, health visitors or practice managers need access to facilities of the College this could be simply effected by a letter of introduction signed by two Members.

I understand that this new proposed affiliateship requires to be ratified by the Spring Meeting in Cambridge. I urge all those who will attend that meeting to throw the proposal out as an irrelevance and an insult to our non-Member bretheren.

BRIAN D. KEIGHLEY

The Clinic
Buchanan Street
Balfron G63 0TS

The Government green paper on general practice

Sir,
The Government is shortly to publish a green paper on general practice.

Before this appears, I think it would be advantageous if individual faculties spent some time discussing the changes they would like to see in the National Health Service (NHS) to improve the quality of care, as it is better to clarify our ideas now rather than have a 'knee-jerk' response to the paper.

The changes which I would favour are:
1. Generic substitution for proprietary drugs;
2. Compulsory retirement in line with other NHS workers;
3. The redefinition of the frontiers between hospital and general practice medicine so that certain properly trained doctors could have admitting rights to acute hospital beds along the lines of the Australian and American experience, with reduction in the number of junior training staff;
4. Preventive medicine screening of men aged 35 years;
5. Routine quinquennial inspection of surgery premises using agreed criteria;
6. Fees for minor surgery to keep doctors' skills from rusting.

It might be argued that these are political matters and outside the remit of the College, but the outcome of the green paper will affect for decades to come the way in which we can practise medicine and the standards of care we can provide.

RONALD LAW

9 Wrottesley Road
London NW10 5UY

Assessment during vocational training

Sir,
This pilot study into a method of assessment for vocational training, reported in the January *Journal* (p.9), is of fundamental importance. The pilot study involved 46 trainees.

The section headed 'Candidates achievements and experience in general practice' states: 'Analysis of candidate performance in this assessment failed to show any statistically significant relationship between achievement and seniority (that is, first, second or third year of training) or between achievement and the number of months of experience in general practice'.

If there is no correlation between the test results of an educational process and the length of exposure to it, either little or no learning has taken place, or the test is inappropriate.

It may be that the modification of a method of assessment originally designed for undergraduates is inappropriate when applied to postgraduates. Alternatively, perhaps postgraduate training will have to place more emphasis on clinical skills previously considered part of undergraduate training.

Clearly, more extensive studies are required to confirm the results of this pilot study.

B.J. BROOKS

Bourne Hall Health Centre
Ewell
Epsom
Surrey KT17 1TG

Sir,
A method of assessment during Vocational Training (January *Journal* p.9) proves, after all, to be a method of assessment for any 'old' training: since the authors have shown quite clearly that there was no relationship between achievement (as measured by their method) and the length of experience or indeed experience in general practice. In other words, a method of assessment which is being so vociferously proposed as the Part I MRCGP has no relevance to general practice.

I was also left rather cold by all the statistical ballyhoos of the paper. Is it possible that these are used in order to confer some degree of respectability on an idea which is more suited to be used as a method of assessment by the local schemes (with help from the faculties) at the beginning of training than Part I of MRCGP?

If there has to be a Part I, (and this is by no means certain,