

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.

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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.

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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.

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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.

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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,

I hope) to 'reduce the number of poor or marginal candidates', a multiple choice questionnaire (MCQ) paper seems to be the most obvious choice. Its reliability and validity are beyond doubt and, in terms of 'feasibility' and 'examiner time', this method is least demanding. It also happens to be the commonest form of Part I examination used by our sister colleges, and they have been examining a lot longer than we have.

J. BAHRAMI

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Sir,

I welcome the lively correspondence on the MRCGP, which appeared in the January issue of the *Journal*. The same issue contained a report by Stanley and colleagues (January *Journal* p.9) on the development of tools for formative assessment during vocational training. There are three aspects of this work on which I would like to comment: first, the nature of the assessment tool itself; second, its possible future use; third, the further light which this throws on the debate about the MRCGP examination and College membership.

The report reveals the work of the examiners at its best. Educational need has been identified, and tackled in a properly rigorous way. The 11 areas of assessment seem to be highly relevant to the practice of medicine, and no doubt reflect an analysis not only of examination performance, but of the experience of the researchers as teachers of medical students and vocational trainees. However, the paper itself is almost entirely preoccupied with arguments about the reliability of the examiners' observations, about the relative independence of the 11 areas, and about the discriminating power of one or other question. These are, of course, matters of great moment when one comes to ask about the fairness and economy of educational assessment. They are, however, secondary to the much more important matter of the examination's validity.

I would therefore urge the writers to publish a further paper in which they describe their thinking. We need to know about the experiences and the debates which resulted in the construction of this assessment tool. In particular we need to know about the value judgements which underpin their work. Such a paper from the examiners, although it would lack the accustomed cosmetics of a research report (tables and correlations) will nonetheless enrich the literature of general practice, and throw light on the current development of our subject.

Although the intention seems to have been to create a tool of formative assessment, we are offered the prospect that this may become mandatory, a Part I of a subsequent pass/fail diploma. The nature of the assessment would then change fundamentally. It would no longer be purely formative, but would become summative, regulatory and so, yet again, distort the educational process.

There is another aspect of the future use of this instrument, which deserves consideration. It was applied to vocational trainees who on average had had some four to five months experience of general practice. In other words, *de facto*, these young doctors were in that phase of their medical education which Todd describes as 'general professional training'. In the future, therefore, our College may wish to join with sister colleges in the further development of some such instrument as a means of enhancing the early years of training for all future clinicians.

If the examiners will reflect on the difference between what it is that they are assessing in their projected Part I examination, and the MRCGP examination which would follow it, they

may be able to describe the true content of vocational training. When they come to look at this true content, I suspect that they may find that it can best be validly assessed in terms of performance review.

The introduction of sound formative assessment during vocational training would allow us to create a socially responsible certificate of satisfactory completion of training. This would remove one of the last defences of the MRCGP, that it acts as a guarantor of good training. To argue for the MRCGP examination simply as a stimulus to further learning, as the writers do in their concluding paragraph, is to create a self-fulfilling prophesy. Every examination provides would-be candidates with a stimulus to prepare for it: this says nothing, however, about the relevance of this preparation to the quality of subsequent professional performance.

Let me add a footnote. The debate about the MRCGP examination and its relationship to membership of the College is an important one and is being conducted by serious and honourable people. It adds nothing to the power of the arguments to impugn bad faith, or to attack the character of colleagues, or to misinterpret their views and then deride these as childish and naïve, or to blow trumpets of self-congratulation as a means of sustaining a point of view. The tone of this debate, no less than its outcome, may have much to say about what sort of College we are to become.

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The MRCGP revisited

Sir,

I have been here before; I know all about it. May I therefore, pour my teaspoonful of oil on the troubled inferno of the debate. I have been here for the past 20 years, an Associate, and will remain so while the College remains unaltered. No urgent ambitions have driven me to vault the membership fence, but from my comfortable position on the edge of the enclosure; a mass of 'mediocrity' (R.D. Walker, January Letters, p.37) behind me; a glittering but smaller display of talent in front, I can see much that disturbs; mainly that the crowd have not come to the games, or if they have are throwing bottles at the officials. I also notice that some of the flashier performers of a few years ago have disappeared from the scene and are now smoking in the toilets! Perhaps a regular mass jog away from the stadium in which crowd, athletes and officials voluntarily join in might do more to raise the general level of fitness than the eliminating time trials we have used up to now; although I suppose those that needed to show off might be allowed to do so occasionally.

NIGEL EARLY

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Careers in general practice

Sir,

I should like to make the following comments on Dr McKinlay's otherwise excellent leading article 'A career in general practice' (January *Journal* p.3). First in regard to female principals he cannot surely assume that because North¹ found that 94 per cent of females in his survey were working part time within two years of completing their vocational training this state of affairs would continue. Many females have a period of part time