

The MRCGP exam and all that

Sir,
Before you declare this correspondence closed I hope I may be allowed a further comment on the fascinating response to some of the ideas in the 1984 William Pickles lecture. Evidently, one reader's 'elegance and wit' is another man's poison.

When Oscar Wilde was informed of a particularly vituperative attack on him he is said to have remarked, 'I really don't know why he should abuse me so; to the best of my knowledge I've never done him a good turn in my life.' I must confess to similar puzzlement reading one or two of the letters. Not that I mind being credited with character assassination (January *Journal*, p.37), only I think Dr Walker has got it wrong: slaughtering sacred cows perhaps, but not picking off the cowboys.

In any case, what assassin worth his salt would even bother with a victim who insisted on traversing a minefield while slithering about on his own banana skins? Dr Walker's shock horror says it all: 'If Dr Marinker's plan is to be followed then the College is open to all . . . What a recipe for mediocrity! Why bother having a College at all?' That, Sir, is the extent of the gulf between us.

Dr Walker is clearly a model of a busy-general-practitioner, and his experience has led him to a certain conclusion. Marshall Marinker's experience, three times as long, has led him to a different conclusion; but is that any reason for dismissing it as 'naive'?

I must say I prefer the sentiments expressed in James Willis' marvellous version of 'The Model Member's Song' (February *Journal*, p.111), quite the best thing to have appeared in the *Journal* for years — the Pickles lecture not excepted. We should particularly take to heart the couplet:

'My teachers taught me arrogance
but now I need the common touch—
My practised pompous strutting and
carnation haven't helped me much.'

With colleagues like Dr Willis around to remind us gently what general practice is really about, there is hope that one day ours may become a model College.

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Community hospitals

Sir,
It is generally accepted that community hospitals provide a large and important contribution to medical care.¹ As a con-

sequence, there has been an increase in their numbers. However, we are not aware of any studies relating to the attitudes of general practitioners towards community hospital care.

As part of the planning process of a community hospital in a large town in Clwyd, a questionnaire was sent to 62 general practitioners who were practising in the proposed catchment area. The purpose was to elicit the view of general practitioners as to whether they were interested in the development of a community hospital and a health centre. The findings may be of interest to planners of community-hospital care elsewhere.

Forty-seven general practitioners returned the questionnaire — a response rate of 76 per cent. Thirty-one doctors (66 per cent) of respondents said that they were interested in the development of a community hospital and 12 doctors (25 per cent) were interested in the development of a health centre. Among those who replied, there was a direct relationship between the distance of the proposed community hospital from the main practice base, and the positive response. Twenty-five doctors (81 per cent) who supported the concept practised three miles or less from the proposed site, whereas 12 doctors (75 per cent) who did not support the concept practised from a base at a distance of seven miles or more from the proposed community hospital. There were no differences between those doctors practising in group or single-handed practices; the year of qualification of the doctors also did not influence their decision.

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Reference

1. Royal College of General Practitioners. *General practitioner hospitals. Occasional paper 23*, Exeter: RCGP, 1983.

Vaginal examination — patients' choice of position

Sir,

This survey arose from an argument in a medical publication between a consultant gynaecologist who strongly advocated the left lateral position for vaginal examinations, and a lady doctor involved in family

planning and psychosexual work who took an opposite view.^{1,2} The purpose of the survey was to ask a group of patients in general practice what they thought about position for vaginal examination.

A random group of women aged between 18 and 50 years attending their general practitioner were asked two simple questions — namely what position for examination they had previously experienced and which they preferred.

Table 1. Results of a survey of patients' choice of position for a vaginal examination

	Number of patients
Previous experience	
Examined on the back	31
Examined on the side	26
Experience of both	32
Overall preference	
On the back	12
On the side	33
Don't mind	44

The results obtained for 89 patients are shown in Table 1. Examination of the results shows that about half of the patients have no preference. The other half did show a preference for the left lateral position.

When the groups were analysed separately an interesting trend emerges. Of the 31 patients previously examined on their back, about one quarter preferred this position, one in 10 preferred the side position and two thirds professed no preference. The 26 patients who had been examined on their side showed a stronger preference for that position than the group who had been examined on their back did for that position (approximately half compared with a quarter).

The 32 patients with experience of both positions shows the most interesting features. Only one in 10 preferred being examined on their back, while just over half preferred the left lateral position, and one third expressed no preference. Analysis of those who expressed a preference and had experience of both positions was significantly in favour of the lateral position ($P < 0.01$).

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References

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2. Dey C. Letters, *Pulse*, 22 September 1984