LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

MRCGP examination

Sir,

At a recent meeting of our local trainers group the appropriate time for setting the MRCGP examination was debated. It was strongly felt by our group that there exists in many quarters a tacit encouragement to attempt the examination at the end of the period of vocational training; indeed this is now becoming the norm. As a result many trainees have the feeling, rightly or wrongly, that the examination is yet one more prerequisite for being considered as a potential partner in a practice. This encourages an undue emphasis on studying for the examination in the training period in general practice at the expense of gaining experience for a lifetime of family doctoring.

We suggest that the examination should be split into two parts. The written part could be taken at the end of the vocational training period but the rest of the examination only after two years as a principal in general practice (or equivalent if the candidate has ultimately chosen another field). The consequence of this would be that the pressure to pass the examination as an additional entry qualification into general practice would be removed. It would also be interesting to see how many new young doctors were still motivated to complete the full examination when the pressure to find a job had been removed.

RICHARD DREAPER

Friarsgate Medical Centre
Winchester

Sir,

Following the letter from Dr John Makin (April *Journal*, p.180) in which he expressed concern about the pressure on trainees taking the MRCGP examination detracting from the trainee year, I have been wondering whether the problem is more profound than the timing of the examination.

From the fourth year at secondary school education is geared towards passing examinations. Once at medical school, education is still geared towards an end point assessment. When trainees finally enter the training scheme it is hardly surprising that they see the course as yet another three-year slog for an examination.

This approach not only detracts from the scheme but could produce an attitude in the trainees that passing the examination means that the doctor is a 'fully qualified' general practitioner who has no further need to study.

To help our trainees gain the most benefit from the trainee year, we need to change their attitudes towards education which have been built up over many years. This is a considerable challenge but it is not the first time that we have had to change attitudes instilled by the traditional educational system. If we can meet the challenge the next generation of general practitioners will see vocational training, and the MRCGP examination, as the first step on the long trek towards the unattainable goal — the perfect general practitioner.

PETER L. MOORE

104 Chatto Road
Torquay
Devon

Sir,

I could not help but notice an inconsistency between Dr Belton's letter to regional advisers in general practice (March *Journal*, p.138) and E.J.M's comments (p.139). E.J.M. noted that Dr Belton's letter was given dramatic coverage in the general and weekly medical press, and he implied regret that the fact that 75% of trainees pass the MRCGP examination was not taken into account in the reports. I can only suggest that it is fortunate that it was not.

Dr Belton's letter outlines several areas of deficiency in candidates sitting the MRCGP examination. The serious nature of the deficiencies he describes and his assertion that in many of these areas over 50% of candidates were inadequate (as implied by his use of 'majority'), appears to be in direct conflict with E.J.M's quoted pass rate.

The deficiencies described by Dr Belton would appear to be incompatible with both the aims of the College, and with the standards to be achieved at the end of vocational training. One is left with two possible conclusions: either the situation is not as bad as Dr Belton states or candidates are being admitted to the College who do not read, are lacking in knowledge, and cannot communicate.

The former conclusions would appear unlikely. As Chief Examiner, Dr Belton should be fully aware of current standards. In the event of the latter conclusion prevailing, this situation can only devalue the MRCGP examination and negates the 'audit of training' to which E.J.M. refers.

The College has done much to raise standards in general practice, but to enlarge College membership in the manner implied can only ultimately reduce its influence and credibility and is counterproductive to its efforts.

V.H. NEEDHAM

45 Blenheim Park
Aldershot
Hants.

Morbidity statistics from general practice

Sir,

The editorial 'the third national study of morbidity statistics from general practice' (February *Journal*, pp.51-52) describes an increase in mean consultation rates for both males and females — 2.30/3.14 (males/females) in 1971 versus 2.71/4.02 in 1981. Further, it appears that rates for home visits as a percentage of all consultations are decreasing — 14.0/15.8 in 1971 versus 11.1/12.7 in 1981. There are two interpretations of these figures. First the number of home visits has remained unchanged while a growing number of people come to see their doctor in his surgery or secondly, the number of home visits is declining. If the latter is correct this is