

## Election of the President

Sir,  
Dr Irvine Loudon's brisk condemnation of the electoral process of our College President (*July Journal*, p.301) provides an impetus to clarify some of the myths surrounding this process.

As the Council members are the decision makers it may require restating that they are elected partly by a general vote and partly by the faculties, which in turn represent the body of the College by geographical area. This could be seen as an example of the democratic principle, entrusting the final choice of the President to these elected members.

As to the osmotic process attributed to Council in electing the President, this one-sided description does no justice to Council's well-chaired and thoughtful procedures (quite apart from the life-sustaining osmotic diffusion in our cell physiology).

When considering the electoral process further it may well be necessary to re-define the position of the President. As Dr Loudon so correctly states the President represents the total membership of the College. This representation cannot be achieved effectively by a vote (annual or otherwise) involving electioneering or pressure group action, but depends on the President being in touch with all levels of the membership during his term of office.

There is another important aspect in this consideration of the position of the President. The Speaker in the House of Commons maintains an impartial balance and the President likewise, though not in the party political sense, is at times required to stand between the interest of Council and its Chairman, and the needs of the membership. The Speaker too is not elected at a general election, but by Members of Parliament. This is hardly undemocratic.

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Sir,  
Dr Loudon's editorial (*July Journal*, p.301) demands a reasoned contradiction. Genuine democracy can be a foolish way of trying to choose the right man.

Our Council is elected democratically. Most of those who vote know something and often quite a lot about those for whom they vote. The result is satisfactory.

Members of Council are well acquainted with each other, and know who is likely to be a good President. Most of us have neither the skill nor the initiative

to undertake the dedicated work which they do for us. Of course there is some verbosity, pomposity and self-aggrandizement but these are qualities which members of Council are well able to assess in each other. They are not so easily detected by the rest of us in a curriculum vitae circulated for self-advertisement.

I have been a member of Council and I would rather let the informed and critical Council choose my President than have a vote myself.

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## MRCGP examination

Sir,  
Three experienced general practitioners, whom I know personally, have recently failed the MRCGP examination. One is a 'would be' trainer, another a trainer and the last a past trainee course organizer and trainer. The latter is a conscientious, concerned, compassionate and dedicated doctor. I just do not believe that he failed to come up to the standards for which I have always believed the College stood.

It must be that the wrong parameters are being tested. I suspect that more importance is given to the measurable than to the unmeasurable items. If the examination continues in this vein it will become divisive. In view of my suspicions, it does not surprise me that candidates have been criticized for lack of knowledge about practice management and lack of reading (*March Journal*, p.138). Neither of these seem to me to be what makes a good general practitioner and this makes me sceptical that we can be assessed for quality.

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## The Cumberlege Report — another view

Sir,  
Members of the College will have read with interest your reasonable and carefully argued editorial relating to the Cumberlege Report on the future of Community Nursing! (*July Journal*, p.299). Attention should be drawn to this document, for it makes proposals which, if accepted, would have fundamental implica-

tions for the future of nursing in primary care. However, we feel that you may have been overly generous in your consideration of the report's views and recommendations.

The Vale of Trent Faculty recognized the importance of considering the report properly and we are the members of a working party appointed to consider the document. The contents of this letter reflect our board's submission to the Secretary of State.

There is much in the Cumberlege Report with which nursing and medical colleagues will agree:

— That community nurses are most effective when working in a primary health care team, and that this concept is rightly promoted by the College, and on vocational training schemes.

— That the best place for much patient care is in the community, and that such an increase in workload needs to be recognized and accompanied by a consideration of the resources required.

— That good planning, appropriate management and audit of nursing activities is appropriate, and to be encouraged.

— That nurses can be directly accessible to patients, and be involved in some clinical decisions, including the prescription of certain medications and dressings, when properly supervised, and with clear lines of responsibility.

However, there were a number of features of the report with which we felt uneasy and we found the report's frequent failure to document the evidence upon which its views were founded disturbing. Statements such as 'The needs of communities ... become ... obscured when nursing services are organised solely around general practice' or (of new roles for nurses) 'nurses could develop such interests without abandoning their more general workloads' should have been accompanied by references.

The report refers to the nursing difficulties associated with small locations served by many general practitioners. The problems of this arrangement are clear, but it must be remembered that for the patients concerned this might represent continuity of medical care over many years and different addresses. The rationalization of such patients with two or three general practitioners may have an attractive administrative simplicity, but this would not necessarily guarantee better care.

You rightly pointed to the tardiness with which teamwork has been adopted in many areas. The report suggests that part of the solution to this is to have a written