Practice staff

Sir,
I have been awarded one of this year's RCGP/Schering scholarships to investigate the use in general practice of staff or colleagues who would not normally attract the 70% staff reimbursement (for example physiotherapists, dieticians, computer programmers). My first problem is to locate practices who employ such persons. Could I appeal for any doctor who may have staff within this remit, even if they do receive reimbursement under a special arrangement, to contact me.

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Failure to visit

Sir,
I am prompted by a recent case to comment on the extremes which the charge of 'failure to visit' has reached; it has become one of the most common reasons for appearing before a hearing committee. One of our most seasoned, compassionate and knowledgeable local trainers is having to face such a committee for refusing a request by a 17-year-old girl to visit her mother 'immediately' when she had had one episode of diarrhoea. As the case is pending hearing I am not going to comment specifically on it except to say that surely no one has ever died from one episode of diarrhoea.

I, in common with many general practitioners, strongly feel that the dice are loaded against the general practitioner because committees are allowing such cases to go through. The final decision to visit must be the general practitioner's and his alone. That same general practitioner is probably on call for many thousand patients and the decision to visit or not to visit must be balanced, among other things, against the probability of a more deserving call in the meantime. Home visiting should belong to the acutely ill, mainly those in acute pain or distress, those with shortness of breath, and the very frail and elderly. I feel that no other category warrants a mandatory home visit because the patient or a relative decrees it. If a general practitioner were to visit every case that is requested, he would surely put at risk those deserving cases mentioned above. It is not as if we permit ourselves a similar system to the police who can turn the tables round and charge the person with wasting police time.

Home visiting is the jewel in the British general practice crown and that is the way local medical committees and hearing committees should strive to keep it. After all, the USA, among other western countries, manages totally without home visiting with no apparent detriment to its patients' health. I can only conclude that in today's litigious atmosphere, similar cases would merely constitute one further step towards the decline of the National Health Service.

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Crisis in the College?

Sir,
After months of resounding silence, the passing reference in the April issue of the *Journal* (p.186 for those who may have missed it) to the College's 'constitutional crisis' might well evoke the famous response 'crisis — what crisis?'

It is curious that throughout this period, while the free medical journals and even the national press have been busy chronicling the upheavals taking place within the College, its members have looked in vain in their own *Journal* for comment, either editorial or in the correspondence columns, let alone for any authoritative and informed account of the issues from those concerned. All that they have been granted is a few crumbs in the 'News' section, mainly consisting of brief formal statements which have already been reported elsewhere.

For the branch of the profession which prides itself above all on its skills in communication this seems a poor advertisement. May we hope that some light may soon be shed on recent events?

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The College and politics

Sir,
Having been an associate for three years, and a full time principal for two, I took and passed the membership examination last year. I have now decided that I will not be renewing my membership subscription for the time being and this letter records my reasons.

First, I am not happy with the College attempting to take a direct part in formulating government policy, particularly where the terms of services of general practitioners are at stake. Some of the contents of last year's government green paper clearly originated in Princes Gate and yet much of this was unpopular with many doctors, including myself. The good practice allowance is the main example. Unlike the College this government does not have an unqualified interest in raising standards in NHS general practice and we need professional negotiators who realize this.

Secondly, I dislike the internal College politics which occasionally surface, the sacking of the chief examiner last year being the case in point. I followed this chapter of events closely as the examination which I took was threatened and I was left wondering why I wanted to gain membership at all.

Thirdly, the membership examination itself is a serious problem. Its status needs to be altered to that of a diploma examination, with full membership available for any doctor who supports the College. The examination is irrelevant to the bulk of experienced full time principals who are the backbone of British general practice. The College needs these doctors if it is to be relevant to the needs of practitioners. At present we seem to be developing a cynical membership of recently trained young principals who took the examination not out of a desire to support the College but as a means to an end.

I am making these criticisms without reference to the good work which the College has done for general practice until now. I will be ready to rejoin when the College opens its door to established principals, provided that I perceive an honest leadership addressing the needs of working general practitioners.

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Reform of the MRCGP

Sir,
Is it not about time we considered seriously a two part examination for College membership? This would bring us into line with our sister colleges and would have several administrative advantages. The first part could be similar to the first part of the examination of the Royal College of Physicians, and indeed, I see no reason why it should not be a shared paper, as a good knowledge of clinical medicine is essential for high quality general practice. The first part could be sat at any time. The second part should be specific to general practice with modified essay questions, orals, log diaries and videos and the doctor should only be allowed to present him or herself two years after completing vocational training, for example, at the end of 'further professional training'. One of the main advantages would be to course organizers whose courses from January to May are disrupted continually by examination mania.

Although this would make for a stiffer examination and the delay in sitting the second part might discourage some doctors, joining the College as an associate could be encouraged and, indeed, a diploma might sometime be considered.

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