family planning clinic and they indicated three preferences from a choice of seven, plus any others they wished to include.

The results (Table 1) showed a difference of opinion between the two groups, but for both groups factors other than being able to see a woman doctor appeared to be important. Although this survey was concerned with family planning, its findings may well be relevant to the planning of other services for women.

Table 1. Factors considered most important by women seeking family planning services.

	Percentage of all preferences expressed	
	GP patients ($n = 53$)	Clinic patients ($n = 52$)
Good professional advice	29	29
Knowing the doctor	21	2
Convenient time to attend	16	15
Seeing a woman doctor	14	20
Convenient place	14	10
Pleasant clinic atmosphere	6	21
Seeing a different doctor than for other matters	0	3

n = number of patients.

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Women doctors

Sir,

I wish to take issue with Edwin Martin's supposition (December *Journal*, p.530) that when women doctors get married and have children this has to result in the disruption of their career. The physical process of having children does, of course, entail some absence from work, and many women also wish to take time off as maternity leave but this arrangement should be coped with within the career structure and not force an unwanted career break on women.

The majority of women doctors wish to continue in their career throughout their child-bearing years. A Medical Practitioners Union study[1] showed that out of 8000 women doctors only 19% were not working and of those most wanted to work, particularly part time, but found no jobs locally. A more recent survey[2] has shown 90% of women doctors in employment.

There appear to be two major problems to using women doctors fully. One is the (wrong) assumption that women will drop out, and so they often do not get appointed in the first place. The other is that women are still expected to take full responsibility for child-rearing and housekeeping, so they are often unable to work full time.

The solution to the first problem is for the profession to realize the women are as active and committed as men in their work and so be more prepared to appoint them. The solution to the second is to provide more part-time jobs, with flexible hours. Who knows, less than full-time commitment may appeal to male doctors too, enabling them to get to know their families.

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Training for obstetrics and gynaecology

Sir,

In 1981 the Royal College of General Practitioners in a joint effort with the Royal College of Obstetrians and Gynaecologists produced *Report on training for obstetrics and gynaecology for general practitioners by a joint working party of the RCOG and RCGP.* In this report they suggested a programme for training general practitioners who were doing office obstetrics (antenatal and postnatal care and family planning). They called this programme 'Shared care'.

For the past two years I have been corresponding with members of this working party and others in order to find a 'Shared care' training programme for two of my Bahraini family physicians. I have been totally unsuccessful. I hope that your readers might be able to identify such a programme.

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The General Practitioner Writers Association

Sir,

This association was formed about two years ago. It exists to improve standards of writing from or about general practice, whether this is research or more general writing. Membership includes academics and general practitioners as well as novelists and poets. There are many non-medical members who write about general practice. Though most of the 200 or so members are British we have many members in the Republic of Ireland and there are also members in Holland, Germany and Italy.

The association provides two workshop meetings per year, has a flourishing newsletter rapidly on its way to becoming a journal in its own right and offers £1000 annually in literary prize money. Most importantly, all members and their writing interests are listed in a register which is sent to publishing houses, journal editors and organizers of postgraduate educational meetings.

Membership currently costs £15 per year and as at least 40% of our members have been offered writing commissions as a result of joining the association the subscription may be quickly recouped.

Details are available from Mrs G.L. Byrne, The Cottage, 102A High Street, Henly in Arden, West Midlands B95 5BY.

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The College: academic or political?

Sir,

I joined the College, first as an associate and then as a member by examination for two reasons — first, to learn the views of the group of people who had contributed so much to improving general practice and, second, to be counted as one who believes that we all deserve a primary care service which aspires to high standards. There are of course immediate problems; the MRCGP examination has no clinical component, and the data base it seeks to examine on is still rudimentary. This leads me to believe that the unreconcilable pressures described by McCormick and colleagues (January *Journal*, p.30) are only so because we confuse the vision with present reality. My vision is of a College

whose function is to represent and safeguard through a relevant entrance examination and continuing educational support, the highest standards of clinical and preventive primary health care. At present we have so little information on what to examine, what to teach, what to represent, and what to safeguard, that the College must define our ignorance and involve itself in supporting systematic enquiry to resolve it.

Primary care is doing, and is seen to be doing, such a good job in this country that we do not need to hide our insecurity with an answer for everything. I still remember my headmistress standing before us in assembly and quoting 'to be uncertain is to be uncomfortable — but to be certain is to be ridiculous'. I prefer an uncomfortable College.

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Sir,

The thesis of Professors McCormick, Bain and Metcalfe (January *Journal,* p.30) seems to be that an undesirable tension exists between the academic and political aspects of the College. They see the College as an academic body and there is implied disapproval of the political direction in which they see it going.

They describe the academic task as the pursuit of excellence and the search for truth. They do not define the political task but make the questionable assertion that it must be governed by consensus. Does not political leadership share with academic leadership the need to stake out a position and hope others will follow? Academic and political activity should be complimentary. In the same issue of the *Journal,* the book reviews contain two examples of this link — Richard Smith's book on unemployment and health, and Steve Watkin's account of how the medical establishment has brought reality to the debate over nuclear weapons. Perhaps the College should stand accused not because of its political role, but because this role is played badly, as in the case of deputizing and the limited list. On other issues, such as the crisis of funding in the health service, and the extension of the private sector into primary care, the College has remained strangely silent, although ample academic evidence exists for political argument.

We share the professors' concern that the College has failed to respond to issues in an academically rigorous way. This is not what we would expect when 70% of the major offices within the College are held by regional advisors or academics, groups representing only 1% of the membership.[1] Perhaps the resurgence of philistinism and growth of managerialism in the universities has percolated through to the College via the academics.

The College has had undoubted political success in influencing the thinking of Government in its recent white paper.[2] Yet this document can hardly be seen as a vision for primary care or as a policy based on rigorous appraisal of the evidence. Paradoxically this success may yet rebound on the College if the financial arrangements lead academic general practice into difficulty.

The lack of academic vigour in some of the College responses and publications and the shortage of excitement in its thinking are a reflection of a poor intellectual framework within the College: it is too task and management oriented in its outlook. In addition, there is a desire for solemnity in the College, which is a great shame in one so young.

We hope that the professors' paper will stimulate debate and that any College members who read our letter will realize it is merely the burblings of the innocents.

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Sir,

My friends Professors McCormick, Bain and Metcalfe (January *Journal,* p.30) claim that progress may be trapped in assumptions that have not been rigorously examined, and go on to list assumptions about the nature of general practice which currently limit imagination. How right they are. In describing the College as torn between two sets of irreconcilable pressures, academic or political and elite or representative, they show they have not rigorously examined their own assumptions.

Universities, they say, are institutions dedicated to the pursuit of truth and excellence, and this aim could distinguish the College from the British Medical Association. Do the leaders of the BMA not see themselves as equally dedicated to truth and excellence? We all understand the distinction — the universities and the College are supposed to pursue pure truths and excellences uncontaminated by the real world most people live in, whereas the BMA is a sordid trade union. Worst of all, the BMA is political, and politics is a dirty business.

Rigorous examination of this set of assumptions might start with a more thoughtful, optimistic and perhaps realistic definition of public politics; the collective process of choosing what kind of society we wish to live in and bequeath to our successors. Was there ever a time when it was more important for everyone with any sense of social responsibility to participate in such politics?

Universities are and always have been political institutions. Their politics have to be of a different kind from that of political parties, because their social function has always been different, and contradictory. While reinforcing the stability of the society of which they are a part, they must also keep open all available options, not only to advance the frontiers of knowledge, but also to survive shifts in the distribution of wealth and power in society as a whole.

These are the real politics of a progressive university, and should be the politics of the College. 'Should the College lead or follow', ask the professors. Certainly it should not follow the universities back to their academic departments to contemplate truth and excellence, if only because the universities are about to face the same choice as every other British social institution; either to make common cause with new social allies, or grovel and hope some other department will come under the hammer before their own.

As alternatives to politics, the professors make two good suggestions — that the College give more support to university departments of general practice, and that it involve itself more directly in research — but they are not alternatives to politics. Now more than ever, to suggest that departments of general practice should be properly funded is a political enterprise.

As for research, the greatest contribution the College could make to saving a unified health service, and thereby the future integrity of our profession, would be to help faculties to collect and popularize data about the real state of primary care, the foundation of any rational and cost-effective service. If we look at any population-based data so that we