The MRCGP exam: an assessment by outcome

Sir,

An examination may serve many purposes and have many effects. The present MRCGP examination has few beneficial effects and indeed does much harm.

The earliest time at which candidates may sit the examination is during their final three months in vocational training and the results are not available until within a few weeks of the completion of training. Sitting the examination is voluntary. Those who sit it and pass may benefit, though they may encounter general practitioners who perceive the College's bright young members as more of a threat than a promise. Those who do not sit it will save money, avoid the risk of failure and may be more successful than their peers who possess membership. Those who sit and fail suffer the disadvantages of those who pass and those who do not try.

The examination fails to achieve much. Those trainees moving directly to a practice after training will have this arranged before the results are available so it plays no part in their initial career. Since the assessment occurs at the end of the educational process it is too late for formative use in further career moves. Because it is expensive and threatening, it would appear to be unwise for a young principal to resit the examination.

Splitting new entrants into three groups (passers, failures and non-takers) helps perpetuate division and suspicion among general practitioners. Creating a group of 'failed' general practitioners ensures there will be plenty of doctors with bruised egos and negative feelings about the examination and the standards it tries to foster. Even if agreement on a formative assessment for entry to general practice could be achieved with other interested bodies, the College's methods of conducting the examination ensure this would be an unsuitable tool.

Major changes in the MRCGP examination and its administration are necessary if some of these effects are to be reversed. The assessment process must be started early enough in vocational training so that the results can provide guidance on educational needs and possibly a change of career. This might be done by dividing the examination into two or more parts like the examinations of the sister royal colleges. Time should be available for resitting before the completion of training and concise feedback should be available to encourage trainees to recognize and correct problems in their performance.

Payment for the examination should be geared to encourage further attempts, with a high initial fee but a lower outlay for subsequent attempts. In retaking the examination, exemptions could be provided for those parts already completed adequately. The provision of extended periods in trainee posts should be the norm for trainees who have had difficulty with the examination.

Everyone who is fit to enter general practice should achieve membership before the completion of training. The results of the examination should then be available when trainees are applying for practice vacancies. The disadvantages of having failed to sit the examination would then be clear.

By providing a relevant and valuable summative assessment many of the less desirable outcomes of the present MRCGP examination could be avoided. A higher and more consistant standard would be fostered in general practice and many of the divisions among general practitioners would be resolved.

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College and the pharmaceutical industry

Sir,

We believe there is growing support within the College for a re-examination of our relationship with the pharmaceutical industry. Drug advertisements in the *Journal* are visible evidence of the College's dependence on the industry to support its activities.

In January of this year one of us (J.H.) used a postal questionnaire to ask 87 College members and fellows throughout the country their views on advertising in the *Journal:* 31 (36%) supported and 13 (15%) opposed drug adverts in the *Journal,* and 43 (49%) had no strong views on the subject. However, of the group with no strong views on advertising, 13 qualified their replies with comments such as 'they are a necessary evil'. None of the group opposed to advertising qualified their replies. Only 24 respondents (28%) gave drug advertising their apparently unqualified support.

At present the College membership is largely in ignorance of the relationship between the College and the pharmaceutical industry. As a guiding principle in this debate we remember Dr Wall's comment, 'the public expect doctors' conduct in prescribing and investigating drug actions to be above criticism'.[1] We sense widespread unease that our judgement of the industry's claims is impaired by our receipt of large amounts of its money.

To date a plea that the College reopens the debate on its relationship with the pharmaceutical industry and reconsiders its position on sponsorship[2] has fallen on deaf ears. We ask that the amounts of money the College receives from individual companies be published annually and that the income from advertising in the *Journal* be made known.

We believe that the College will only be properly independent of the pharmaceutical companies, as it should be, when we no longer accept any of their money. Any readers who share these views are invited to write to us.

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References

1. Wall DW. Ethics and the pharmaceutical industry: some ideas for general practitioners. *J R Coll Gen Pract* 1987; **37**: 267-269.
2. Hilton D. Promotion by the drug companies — should we accept their bribes? *J R Coll Gen Pract* 1987; **37**: 270.

Democracy and the College

Sir,

I am driven from my apathy to support Dr Cohen in his heroic fight for democracy within the College (Letters, March *Journal,* p.128). As I pay my membership fee of £125 I am convinced of the inverse relationship between the cost of membership and the degree of consultation with the members.

Since I became a member in 1982 my views have been sought on representatives but rarely on issues. I oppose the College's policy on experimentation on embryos but my letters were not published and my views were not sought. I could join the local board and put my views but this is not democracy. I work 45 hours a week in the practice and 40 hours on duty so I expect the College to take my views into account without having to attend the local board or the annual general meeting.

The Council should take heed of Dr Cohen because I suspect he has many followers. I foresee that unless his motion is put to the membership of the College by postal ballot those members who have not left out of apathy will shake the College to its roots.

DAVID STEPHENS

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Transfer of medical records

Sir,

Last week, the medical record and contents arrived in the practice for a patient who has been living here for 14 years. Is this time period a record?

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