ficers of the joint committee in December 1987. There was no agreed minute of this meeting. A verbal report of the discussion was given to the joint committee meeting of 25 February by one of the joint secretaries of the joint committee. No evidence, either verbal or written, was heard from the North East Thames region.

I request that your readers bear these points in mind when they are considering the subsequent actions of the JCPTGP and RCGP.

HEATHER SUCKLING

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Election of fellows

Sir,

In the past I have been involved in the nomination of fellows of the College, and I know that all the names put forward at a general meeting have been carefully considered. I have attended or read about every general meeting held by the College, and I cannot recall a single instance when I would have wished to cast a negative vote on a proposal to elect a fellow.

Despite this, I am uneasy about a procedure by which the names of those proposed for election are not made available until the meeting. There might be a candidate who could not be unreservedly supported, and one would prefer that this could be established before the day itself. More happily, the friends of colleagues soon to be welcomed as fellows might wish to make a special effort to attend if they knew in good time who was to be nominated. Election of fellows is an important matter, and those who attend the meeting should be able to form opinions in advance.

Printing the names of nominees in the agenda for a general meeting might be inappropriate, but they could be formally published beforehand on a notice board at Princes Gate for 28 days, as is the custom at the Royal Society of Medicine. During that time they could also be made known by the general administrator to any member or fellow who enquired. By some such means the possibility of a mishap could be made still more remote, the pleasure of the occasion could be made known to some who might otherwise miss it, and those present at the meeting could know that they had had an opportunity to consider this item of business with the care it deserves.

30 Sunderland Avenue Oxford OX2 8DX G.W.C. JOHNSON

Fellowship by assessment

Sir.

I am sorry that John Kelly (Letters, May *Journal*, p.230) should be concerned about what he perceives to be a concerted campaign to abolish the present method of election to fellowship of our College.

The fellowship by assessment working group of the College in no way seeks to denigrate those who have had the honour of fellowship bestowed upon them by the current process. However, there is good evidence that there are inconsistencies within faculties, including one faculty that operates no system at all. In addition, an increasing number of members are stating that they do not wish to be considered for fellowship unless this is achieved by a rigorous process of assessment by peer review. We are currently seeking to establish a set of principles that will form the foundation for the development of such a process.

Given that our College is publicly committed to high clinical standards and performance review it is logical to turn to our future fellows to demonstrate good clinical care. The major difference from the current process would be the rigorous practice-based assessment of the clinical care of patients by the doctor concerned. In this way fellowship would continue to be an honour representing the highest grade of membership of our College to which I would hope our many young members would seek to aspire.

PETER HILL

11 Beechfield Road, Gosforth Newcastle upon Tyne NE3 4DR

Sir,

Dr John Kelly raises some important issues about fellowship by assessment. As one who supports the introduction of fellowship by assessment, I would like to offer some comments.

Dr Kelly is absolutely right that the present system of fellowship by nomination should not be denigrated. Nomination by peers is based on close knowledge of the person, and the quality of his or her practice and work within the College over a length of time, and is therefore a particular and very special honour. I have participated in the nomination of doctors to fellowship, and so would be deeply offended by the suggestion that fellowship by assessment is better than fellowship by nomination, and that the fellows so identified are in some way 'better'. Fellowship based on assessment of the quality of clinical care of the doctors concerned deserves support because it will enable the College to demonstrate its commitment to improving clinical standards in general

practice. This issue is at the core of all the present arguments about the future of general practice, and so the College must be seen to practise what it preaches.

Fellowship by assessment then, is not better than fellowship by nomination, but it is different. That difference is necessary because it is demanded by the world in which medicine will be practised in the 1990s.

R.H. BAKER

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Sir,

I understand that fellowship of the College by assessment will be introduced in the near future. Fifteen years ago I was 'examined' and have subsequently been pleased to call myself a member. At the earliest opportunity I shall submit myself for assessment, and hopefully my standards and practice will be considered appropriate and I shall be equally pleased to call myself a fellow. Perhaps to retain this title I shall have to be reassessed at regular intervals. So much the better. In the event of my being found wanting I shall be a lot less complacent, and will have to raise my standards so that they meet with the approval of my peers.

I.D. Kerr

Clare House Tiverton, Devon EX16 6NJ

Car appreciation courses

Sir,

Is it not time for the College to start running car appreciation courses. These could introduce members to the working of the internal combustion engine, give them experience of simple repair jobs and car tuning, and 'hands on' experience of driving a car.

After this members could form 'car user groups' and meet to discuss the problems they meet in day-to-day motoring. They could also bring pressure to bear to ensure all vocational trainees were given a basic grounding in cars during their training and even push for regional advisers in motoring to facilitate their use in practice.

Perhaps this is not required because most doctors will just want to drive their car and leave its inner secrets to their local mechanic when they have problems. If they are unhappy about driving they might even employ someone to do it for them. After all cars are just a tool for us to use in general practice, not the main purpose of our existence...just like computers?

GEORGE TAYLOR

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