their recent national conference in Ripon not to allow trainees to take the MRCGP examination at the conclusion of their training. The reason given was that trainees were 'too preoccupied with the examination at the expense of other teaching during the trainee year'.

Surely the 57 course organizers must accept that some final assessment of three years' training is necessary. Admittedly, no one enjoys 'summative assessments': for trainees there is the fear of failure, and for course organizers poor results can be construed as a judgement on their own organization and teaching. What do the course organizers have in mind to replace the MRCGP examination? Over the years the College examination has been shown to be valid and reliable, and moreover is run by a carefully selected and highly trained group of professional examiners. As an admission criterion to the College, it is rightly peer-referenced, in line with all other royal colleges, but we concede that as an end-point assessment of vocational training, it may be more appropriate for it to be standard-referenced. It could then grant a diploma to the successful candidates, with automatic entry to the College, full membership being obtained by a further examination in three to five years time. This system could effectively assess vocational training, and set a new goal in the uncertain area of continuing medical education.

In our own scheme we have never targeted our teaching on the passing of the MRCGP examination, nor has it ever got in the way of other teaching though we have used its methods of assessment as part of our educational paradigm. In 1982 a number of our trainees failed the examination and we attacked the then chief examiner. On mature reflection, however, we understood the examiner's point and we subsequently organized a two day course for our final year trainees, based on the methods and marking schedules of the College examination; this could hardly be seen as being 'preoccupied with the examination'. Since 1983, our local scheme has had a 100% entry to the College examination and 100% pass rate. We unequivocally support the College examination as the best available assessment of three year vocational training, especially if it were standard rather than peer-referenced, and hope that the 57 voters from Ripon will, as we did, reflect upon their decisions, and come to a more realistic and less emotional view of the College examination and membership.

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Sir,

My good friend and partner Dr Stephen Head (Letters, July *Journal*, p.328) proposes changes in the MRCGP examination. He asserts that the current examination 'has few beneficial effects and indeed does much harm'. In his attempt to dismember the sacred cow of the examination he need fear no injury from its thrashing hoofs. The poor beast died in 1984 when Dr Norell declared in his William Pickles lecture that 'it was clear by now, though not necessarily to the examiners, that the exam had ceased to be a test of competence in general practice'.[1]

Dr Head goes on to propose that 'everyone who is fit to enter general practice should achieve membership before the completion of training. The results of the [revised] examination should then be available when trainees are applying for practice vacancies'. This disgraceful suggestion embodies the miserable truth that trainees now take the examination 'because of fear and market pressure'.[2]

Less than half of the country's general practitioners belong to the College. Any suggestion that it might deliberately take on the role of gatekeeper to general practice will, I hope, be met with howls of protest. Alas, such a move is already occurring by default, as trainees at the end of their training queue up reluctantly for the privilege of giving the College £200.

Dr Head does not believe that he is in any sense a better doctor than I am simply because he has taken the College examination and I, by choice, have not. I am therefore puzzled as to why he should want trainees to take the examination against their wishes.

This debate anyway misses the point that for trainees the examination is at best a test of competence for rather than in general practice. The latter is far more relevant to patients and can only be assessed by peer review and canvassing of patients, as is the case in American health maintenance organizations.[3]

It is time that the College formally abandoned any ambition or claim to control entry into general practice. Only then can it hope to involve and inspire those of us who are not members — the majority.

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References

1. Norell JS. What every doctor knows. *J R Coll Gen Pract* 1984; **34**: 417-424.
2. Savage SJ. Why one should not take the MRCGP examination. *Br Med J* 1983; **286**: 767-768.
3. Richards T. HMOs: America today, Britain tomorrow? A doctor's perspective. *Br Med J* 1986; **292**: 460-463.

Sir,

It was reported recently at the annual general meeting of the south London faculty that many young doctors who pass the examination let their membership lapse after asking the question 'What does the College do for me?' As a founder member of the College and still playing an active role in retirement, I find such a question disturbing. But, having read Dr Head's letter I can see more clearly what is meant. His letter made no mention of a member developing more fully through College membership or of making a contribution to the life of a College which depends greatly on those who teach, organize, research and examine, and promote the highly professional role now available in what was formerly a misprized area of medicine.

Dr Head sees the MRCGP examination only as a help to gain entry into practice during a period of competition. I see no objection to this, and all that is needed is a document to prove a candidate has passed. But I strongly believe that the registrable qualification 'MRCGP' should not be granted simply on passing an examination, with only training experience to go on. As a former MRCGP examiner I always felt we could assess little more than a first MB in candidates with such limited experience in whom attitudes had not developed into values. Instead, those who wish to place the letters after their name should be assessed after five years in practice according to a 'What sort of doctor?' formula. Those who apply would be considered by a special committee at faculty level, much as candidates for fellowship are, at present, evaluated centrally.

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Corrigendum

In a letter in the July issue 'General practitioners: prevention of HIV disease/AIDS' the second paragraph stated that educational objectives for future general practitioners in the area of AIDS/HIV infection were being developed in 1981, five years ahead of the rest of the UK. This should have referred only to general educational objectives in genitourinary medicine.