

development of methods which would be suitable. Perhaps such payments might even help offset the costs of College membership and the greater costs of fellowship.

For most of the large membership of the College, participation in College activities consists of receiving (and sometimes reading) the *Journal* and paying their subscriptions. If the MRCGP examination were taken after a year or two in general practice the College would shrink to a smaller, but far more involved membership who are at present starved of the funds necessary to put their ideas to good use.

A scheme of making higher qualifications more attractive by financial incentives may result in a more involved membership, but would not change the perceived remoteness of the College headquarters. The only way to achieve a sense of belonging is to meet regularly with like-minded people but most general practitioners will not be prepared to travel more than a few miles to meet their colleagues. Accordingly, the College must function at district level in order to achieve this sense of belonging. One advantage of the increasing College membership is that there should now be sufficient interested people to spark off activity in almost any conveniently small area. Many faculties have already set up such district groups, and it is these that will provide the focus that is needed for the future.

Thus, by combining district based activity with financial incentives for gaining higher qualifications it may become possible to move towards the goal that many of us wish to achieve — a large, broadly based, and powerful College in which a significant proportion of its members feel involved.

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References

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555)*. London: HMSO, 1989.
2. Fry J. At the crossroads of time. *J R Coll Gen Pract* 1987; 37: 280.

Sir,

Since becoming a trainee, I have felt that the MRCGP examination is something of an anathema. The College states that its prime aim is to be concerned with the broad day to day operating standards of general practice. To this end, it should be able to afford its members a forum for the sounding out of ideas for the improvement of primary care, ideas coming from the working membership, rather than authoritarian statements from a seemingly

elite and remote group. All general practitioners should have an interest in the improvement of the professional standards of their work and thus wish to be members of the College.

Why then have an examination to become a member? As the College exists essentially for the improvement of standards, qualification for membership should be by virtue of being a principal in general practice and not by taking an examination. There should be a minimum standard necessary to be a general practitioner and it should be the responsibility of the trainee schemes to ensure that anyone qualifying for the Joint Committee on Postgraduate Training for General Practice certificate reaches that standard. Just as importantly, doctors should have the ability to maintain that standard and commitment for the whole of their professional lives. The idea that people may qualify as doctors, qualify to be a principal in general practice and yet fail to reach the standard required by the Royal College of General Practitioners to become a member is nonsense. To then say that anyone passing through a scheme satisfactorily will not fail the MRCGP examination makes the examination unnecessary. I therefore agree with Dr Roberts (January *Journal*, p.30) about the necessity of making trainee schemes more responsible for ensuring the quality of doctors completing their courses. The people who will not satisfactorily complete a trainee scheme should be identified along the way and helped to achieve the adjudged criteria or helped to find their place in medicine elsewhere, if it is clear they are not suitable general practitioner material.

I cannot agree, however, with Dr Roberts' idea of giving financial inducements for passing the examination. It would not say anything about competence or commitment to general practice, only about a doctor's need for the money. As for a career structure, I would have thought that attaining the FRCGP would be sufficient provided that justice is seen to be done when it is awarded.

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Richard Colman: GMC candidate

Sir,

I am a candidate in the General Medical Council election in June. My concern for the profession goes beyond the advertising issue in which I am currently involv-

ed. The June edition of the *Journal of Medical Ethics* carries a full debate of this issue.

With world wide budget travel over a number of years I have developed a strong sense of survival and independence, a love of people and a concern for the more environmental and spiritual rather than material values of life. My respect needs to be earned.

Helped and encouraged by a supportive wife I have looked critically at medical care. Deciding that full time general practice constituted a real threat to my existence as well as inevitably compromising my medical care I started in independent practice, preferring to offer more of me to fewer people. I also work as a medical boarding doctor for the Department of Health.

My recent dispute with the standards committee of the GMC over the advertising issue has been a sobering experience which has led me to believe that the GMC is becoming more concerned with the professional than the public interest. The sponsoring of candidates by the British Medical Association and the royal colleges encourages this. My reason for standing in the election is to counteract this unhealthy trend and to represent the independent and vital spirit of a profession.

My concern for people and my professional colleagues raises points of relevance to the GMC. I have a deep concern for the health of doctors. I believe that medical education both undergraduate and postgraduate is limited by adherence to the reductionist model. As a student of moral philosophy I have become critical of much medical dogma. The ethics of the profession need to be reviewed.

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Social programme at Brighton

Sir,

There appears to have been a misunderstanding about the social programme at the College's spring meeting in Brighton (Letters, February *Journal*, p.81). The events were chosen specifically with husbands as well as wives of general practitioners in mind. The sentence referred to by Dr Haworth means that the wives of the organizing committee arranged the alternative academic morning on 'Stress and the family' themselves to appeal to the whole family, and indeed 'accompanying persons' rather than 'wives' was carefully used. I trust this clears up any confusion.

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