editorial 'Satisfaction with the NHS' Ann and Brian Keeble (July *Journal,* p.269) continue to refer to general practitioners as 'he'. Thinking people have long since replaced the use of the generic 'he' (there are many perfectly satisfactory alternatives). What an irony to perpetuate this outdated form of sexism in an issue which also so elegantly describes the invaluable contribution of women as full time general practitioners.

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The (women) copy editors of the Journal make every effort to avoid sexist words but this one must have slipped through. Ed.

MRCGP examination

Sir,
I have to disagree with Steven Ford (Letters, September *Journal,* p.392) in his assertion that MRCGP is equivalent to some of the specialist examinations and diplomas that he lists. Each of the latter offers the chance of attaining a certain standard of academic knowledge in the relevant specialty. The MRCGP, however, can best be described as an examination for trainees and young principals. I suspect that most consultant obstetricians would be able to attain the DObstRCOG fairly easily, and yet the figures suggest that experienced principals often find it difficult to pass the MRCGP examination.

Surely the time has come for the College to plan an examination for general practitioners that encompasses their overall expertise and skills and which assesses candidates from a practice based perspective. Rather than comparing specialist examinations we could then have an examination and assessment system which would truly represent general practice and which we could rightly be proud of.

C.I.F. RUSSELL

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Advertising in the *Members' reference book*

Sir,
I have just received my copy of The Royal College of General Practitioners' *Members' reference book 1989.* I must protest at the inclusion in it of an advertisement for 'Spagyrik therapy' (p.365). It is claimed that 'this process automatically produces an analysis of the patient's state of health and the required medication'. This all-encompassing claim is backed by no evidence. One would hope that the College's motto suggested a concern for scientific values. The presence of such advertisements in the handbook leads one to doubt this.

It seems that the lavishness of the handbook has now reached such a degree that advertisements will be accepted from anyone, no matter how fraudulent, as long as they pay. The appearance of such advertisements in a College publication lends them an authority they do not deserve, and brings dishonour to the name of the College.

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What do you call a man who doesn't reply to letters?

Sir,
Readers of the *Journal* might be interested to hear of the East Anglian faculty's experiences in asking Mr Kenneth Clarke to attend its annual faculty symposium. I wrote a nice letter to the health secretary on 21 June 1989 inviting him to speak on the white paper and its implications, stressing that the faculty was keen to enter into a constructive dialogue, particularly on the more positive aspects. We had no reply. So a further letter was sent on 25 July 1989 asking for an early reply owing to our planning arrangements. On 8 September 1989 our provost, Dr Ian Redhead wrote again to Mr Clarke, again without reply. By the beginning of October we have still heard absolutely nothing, not even an acknowledgement to our letters.

Our experience may be typical of the way that Mr Clarke is choosing to treat the profession.

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DIGEST

This month • patients' criteria • financial incentives • silent HIV • uninformed consent

Government and patient criteria for good health care

AS the date for implementation of the new contract for general practitioners draws closer, debate within the profession rages on. The government sees the new contract as a means of improving standards of care in general practice by taking into account the needs of the consumer.

A study, published in the *British Medical Journal,* set out to determine whether patients' criteria of good health care in general practice were different from those of the government. Ten criteria derived from the government's white paper *Promoting better health* were randomly paired with 10 criteria obtained from a preliminary interview study with patients. A group of patients in a semi-rural practice were then asked to give their preference in each pair. The number of times each criterion was preferred was scored and its comparative importance ranked. The patients gave their most important criteria for good health care as a doctor who listens, a doctor who sorts out problems and usually seeing the same doctor. These were somewhat at odds with the government's proposals, and only three criteria originating from the government's white paper were in the patients' top 10. Older people gave priority to seeing the same doctor and having friendly ancillary