

Membership of the Royal College of General Practitioners by assessment: attitudes of members and non-members in one faculty area

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SUMMARY

Background. Fewer than half of the principals in general practice in the United Kingdom are members of the Royal College of General Practitioners. As the membership examination is closely linked to the endpoint of vocational training, a case can be made for another method of entry to the RCGP for established principals. Such a method could be membership by assessment.

Aim. A study was undertaken to examine the attitudes of existing members and fellows of the RCGP to membership by assessment and to determine whether there was any demand from general practitioner principals who were not RCGP members to join by this route.

Method. One questionnaire was sent to all RCGP members and fellows in the Vale of Trent faculty area and another questionnaire was sent to those principals in general practice in the Vale of Trent area who were not RCGP members.

Results. In total, 396 (83%) of the 480 RCGP members and fellows responded, as did 543 (81%) of the 671 non-members in the faculty area. When asked if they were in favour of the concept of membership by assessment, 245 of the members and fellows replied yes (62%) and 138 replied no (35%). Of the non-members, 91 (17%) had previously been members of the RCGP; the main reason given by these general practitioners for relinquishing membership was that the annual subscription was too high (65% of 91 general practitioners). When the 451 general practitioners who had never been members were asked if they would be interested in joining the RCGP by an assessment method, 271 replied positively (60%).

Conclusion. There was widespread support from the members and fellows of the Vale of Trent faculty of the RCGP for the concept of membership by assessment. Principals in general practice in this area who had never been members of the RCGP showed a high degree of interest in joining by this method. Despite the caveats that must be applied, for example, to ensure that the standards are set appropriately, these results indicate that membership by assessment should be explored by the RCGP, and indeed a working party on the meaning of membership of the RCGP has been convened.

Keywords: general practitioner qualifications; MRCGP examination; assessment; doctors' attitude.

Introduction

FEWER than half of the general practitioner principals in the United Kingdom are members of the Royal College of General

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Practitioners.^{1,2} In the academic year 1992/1993, a total of 1997 certificates were issued in the UK by the Joint Committee on Postgraduate Training for General Practice but only 1301 of these trainees (65%) sat the examination for membership of the RCGP (MRCGP). From these candidates there were 1019 passes, so that only 51% of trainees in the UK became members of the RCGP in that year.² Within the medical profession, the discipline of general practice is unique in that doctors can become unsupervised practitioners without having passed the examination that allows entry to their discipline's royal college. Although many doctors take the MRCGP examination at the end of their vocational training for general practice, some do not. If general practitioners want to join the RCGP in later years, they may find it inappropriate to prepare for an examination which is designed to be taken at the endpoint of vocational training. Developments in the RCGP, most notably fellowship by assessment which has been in operation since 1989,³ have also prompted speculation that entry to the RCGP by an alternative method such as assessment of working practice might be more appropriate for established principals.

Membership by assessment is envisaged as being a process which would allow entry to the RCGP by means other than examination, provided that applicants could satisfy assessors that they were practising to defined standards; the membership examination would remain for trainees and for a period following completion of vocational training. Such a scheme would be a radical departure from the traditional method of entry. There would have to be substantial commitment from the RCGP to both conducting the assessments and administering the scheme. It could not be introduced without the support of the existing membership.

In 1991 the council of the RCGP warmly received a motion for membership by assessment. However, this initial positive response was overwhelmed at the subsequent meeting in 1992 by the negative responses from faculties. The view was expressed that membership by assessment would be unacceptable to RCGP members and that there would be no demand for the scheme. Fears were raised concerning the scheme's effect on the MRCGP examination. A study was designed and implemented to test the veracity of these expressed views among members and fellows in one faculty area as well as among non-members who were principals in general practice in that area.

Method

Two questionnaires were devised and piloted in April/May 1994. The study was carried out in June 1994. The names of the principals in general practice were obtained from the family health services authorities in the Vale of Trent area and were compared with a list of members and fellows of the Vale of Trent faculty.

Both questionnaires asked for information about which medical school the doctor had graduated from and whether or not vocational training for general practice had been undertaken. One questionnaire was sent to the members and fellows of the Vale of Trent faculty. This questionnaire looked at members' and fellows' attitudes to membership by assessment and whether or not they felt that this process could devalue the RCGP or the membership examination. The other questionnaire was sent to those principals in general practice in the Vale of Trent area who

were not RCGP members to determine whether or not they would be interested in joining the RCGP if membership by assessment became available. These principals were also asked if they had previously been members of the RCGP and, if so, they were asked about their reasons for relinquishing membership.

After an interval of four weeks, non-respondents were sent a reminder letter and duplicate questionnaire. Confidentiality was guaranteed to respondents. Data from the questionnaires were coded and analysed on SPSSPC.

Results

Questionnaires were sent to the 480 RCGP members and fellows of the Vale of Trent faculty; 399 questionnaires were returned, of which three were spoiled, and so 396 (82.5%) of the 480 questionnaires were analysed. Of the questionnaires sent to 671 general practitioner principals who were not RCGP members, 543 (80.9%) were returned and were analysed.

RCGP members and fellows

Of the 396 RCGP members and fellows, 282 (71.2%) were men and 114 (28.8%) were women. They ranged in age from 27 to 81 years. Of these 396 respondents, 388 had graduated from a UK medical school (98.0%) and 317 had undergone vocational training for general practice (80.1%). When asked if they were in favour of the concept of membership by assessment, 245 replied yes (61.9%) and 138 replied no (34.8%); 13 did not reply to this question.

Members and fellows were then asked to indicate the extent to which they agreed with each of a series of statements. Results are shown in Table 1. Although the majority of respondents felt that membership by assessment would be acceptable, some had concerns regarding devaluation of the RCGP or of the membership examination.

Non-members

Of the 543 respondents who were not RCGP members, 412 were men (75.9%) and 131 were women (24.1%). They ranged in age from 29 to 67 years. Of these 543 respondents, 433 had graduated from a UK medical school (79.7%) and 353 had undergone vocational training for general practice (65.0%). When asked if

they had ever been a member of the RCGP, 91 replied yes (16.8%) and 451 replied no (83.1%); one non-member did not reply to this question.

The 91 general practitioners who had previously been RCGP members were given a list of four possible reasons for relinquishing membership and were asked to tick as many as they felt applied to themselves. The reasons and responses were: the annual subscription was too expensive, 59 general practitioners (64.8%); the RCGP gave the general practitioner no support, 32 (35.2%); the general practitioner did not agree with the political role of the RCGP, 30 (33.0%); and the RCGP had no relevance to the general practitioner's work, 23 (25.3%).

All non-member respondents were asked if they would be interested in joining the RCGP by membership by assessment if this method was translated into RCGP policy. Of the 451 general practitioner principals who had never been RCGP members, 271 (60.1%) replied positively.

Discussion

The imminent introduction in September 1996 of endpoint summative assessment for trainees and the acceptance of the MRCGP examination by the Joint Committee on Postgraduate Training for General Practice as a method of assessment link the examination even more closely to the end of vocational training.

Membership by assessment will allow those general practitioner principals who are not RCGP members to have the opportunity to become members by a method which would be suitably rigorous and appropriate for established principals. From the results of this study it appears that, contrary to the negative views expressed at the RCGP council meeting in 1992, this concept of membership by assessment would be acceptable to a substantial majority of RCGP members. There appears to be a potential market for this process, as 60% of principals who had never been RCGP members expressed an interest in becoming a member by assessment. The high response rate to this survey indicates that membership by assessment is a subject of interest both to RCGP members and to principals in general practice who are not members. The introduction of such a scheme, however, must be sensitive to the need to set its standards appropriately. It must neither be so difficult as to be beyond the aspirations of most competent general practitioners nor at a level at which it would be seen as an easy alternative to the MRCGP examination. The feasibility of such a scheme would also need to be carefully evaluated to ensure that it is within the RCGP's organizational capacity.

The results of this study were presented to the council of the RCGP in September 1994. In April 1995 a working party on the meaning of membership was convened and this group is expected to present a paper to the council of the RCGP in September 1995.

The process of fellowship by assessment has resulted in the RCGP gaining expertise in setting and monitoring criteria for quality in general practice.³ In the next few years the profession of general practice is likely to develop reaccreditation of general practices and principals in response to demands from government, and indeed from within the profession itself.⁴ If an alternative route to membership were established that was rigorous enough to command respect, the RCGP would become a more inclusive organization and it would take on a more representative role. In fulfilling its academic and leadership functions, a wider membership would be a valuable asset and would give the RCGP an appropriate platform for the 21st century.

References

1. Medical manpower standing advisory committee. *Planning the medical workforce*. London: Department of Health, 1992.

Table 1. Responses of members and fellows of the RCGP to statements about membership by assessment.

Membership by assessment:	% of members/fellows who		
	Agreed/strongly agreed	Were neutral	Disagreed/strongly disagreed
Will devalue RCGP (<i>n</i> = 396)	32.8	13.9	53.3
Will devalue MRCGP examination (<i>n</i> = 394)	41.6	19.0	39.3
Will be acceptable if standards are set high enough (<i>n</i> = 395)	62.8	7.6	29.6
Will allow entry to RCGP of GPs of quality who would have difficulty passing examination intended for end of vocational training (<i>n</i> = 391)	62.9	17.9	19.2
Will encourage dull uniformity (<i>n</i> = 391)	25.1	24.6	50.4
Should only be an option after at least 10 years as a GP (<i>n</i> = 394)	35.3	22.6	42.1

n = number of respondents to the statement.

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4. Neighbour R (ed). *Reaccreditation and recertification. An idea whose time has come?* London: RCGP, 1993.

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Food for thought...

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Winkens RAG, Grol RPTM, Beusmans GHMI, *et al.* Does a reduction in general practitioners' use of diagnostic tests lead to more hospital referrals? *June Journal*, p.289.

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