MRCGP(International) development day

The 6th MRCG(Int) Development Days were held this year between 22 and 24 May, hosted by the Royal College of General Practitioners at Princes Gate in London. Invited participants from sister colleges and associations came from as far as Japan, India, Sri Lanka, Pakistan, Afghanistan, Oman, Brunei, the United Arab Emirates, Kuwait, Saudi Arabia, Nigeria, Kosovo, Malta, and Turkey, reflecting the wide and diverse interest in this RCGP project.

The seminar was preceded by hands-on pre-conference workshops on 21 May, facilitating capacity building through test-writing exercises, with the practical outcome of producing material for the MRCGP(Int) test banks. Topics included multiple-choice question writing for applied knowledge assessment, and scenario writing and rehearsal for clinical skills assessment and OSCE. The sessions were facilitated by Dr Mei Ling Denney, Dr Adrian Freeman, Dr Anwar Khan, and Mr Richard Wakeford. These workshops were very useful and practical, since relevant primary care scenarios were presented, discussed, and developed.

There followed 3 days of reflective discussion and frank analysis of the essence of the MRCGP(Int). As expected, the focus was on assessment methodologies, and particularly on design, implementation and results, and critical appraisal of the outcomes of such processes. Invited lecturers from the RCGP and from various participant countries reported on the current achievements in assessment of postgraduate family medicine, or on developments in family practice and health systems which may have an impact on how one may perceive standards or assess one against them.

Highlights included the lecture on 'The new RCGP Curriculum for GP training in the UK' indicating that curriculum development is a dynamic process. Consequently, even in 'model' countries such as the UK the need for change in the curriculum and in assessment techniques is felt. In this particular case the influence of the European academy of teachers of family medicine, EURACT, and its new international educational agenda for family medicine was quite evident. The new RCGP curriculum is primarily conceptualised as a programme of academic support, and itemises the principles of a sound assessment framework to reflect that primary need. The lecture by Dr Nayeem Azim, 'Triumph in the face of adversity: Developing a Primary Care Training Centre in Kabul, Afghanistan' reflected his bubbling enthusiasm and demonstrated a case-study of 'how to do it' despite a clear lack of resources and limited support by national bodies. The development days offered many other opportunities to share in cutting-edge expertise and hands-on experience, and to participate in rich discussions of complex and emerging themes in the field of assessment of family medicine. Much of the discussion was held in small groups, which also encouraged useful networking of attendees.

The MRCGP(Int) shows promise as a roadmap for various countries striving to train high-quality family doctors. The focus is on a standardised assessment framework which is adapted to the diverse perspectives and challenges reflecting diversity in culture, ethnicity, geography, disease, and healthcare systems among the interested countries. The implementation of such standards involves political decisions of participant colleges, besides substantial resource expenditure. These are large and expensive steps, and many participants required more substantial evidence on a direct relationship between assessment results and doctor performance before committing themselves. There was also a call for more direct involvement of international graduates in the decision-making processes of the RCGP.

The authors enjoyed attending the MRCGP(Int) development days this year. We met and shared experiences with

colleagues from all over the world, who echoed our interest in improving and maintaining high standards of training in the domain. We are delighted that the RCGP is supporting its vibrant International Department to develop and maintain these contracts, and thank John Howard, Jenny Stock and the rest of the International Department, as well as the excellent lecturers and facilitators, for making it all happen.

Hakan Yaman (Turkey) and Jean K Soler (Malta)

Mike Fitzpatrick

Brazilian bikini wax and the designer vagina

One of the most striking features revealed in one of Jan van Rymsdyk's famous illustrations in William Hunter's 1774 anatomy of the human gravid uterus is an exuberant display of pubic hair. This is of contemporary interest because of the remarkable disappearance of female body hair over recent years. This began with the removal of axillary hair, continued with the depilation of the legs and has now extended to the cultivation of a range of pubic tonsures, extending from bikini waxing to full shaving. From the perspective of the examination couch, variations on these practices, once the preserve of religious and ethnic minorities, have become commonplace, especially among young women. (I leave aside here the more marginal trend for young men to shave their chests, legs, and even scrotums).

In June, a case was reported in which a 20-year old Australian woman developed a streptococcal and herpetic septicaemia following a bikini wax: of course, folliculitis and contact dermatitis are not uncommon complications of this procedure. In a perceptive commentary, *Guardian* women's editor Kira Cochrane draws a parallel between the trend for pubic hair removal and the growing demand for the surgical procedure known as the 'designer vagina'.[1]

According to a recent *BMJ* review, the number of such operations carried out on the NHS has doubled in the past 5 years and, having encountered two requests for such referrals in my surgery, I can confirm that demand appears to be growing.[2]

Although popularly dubbed the 'designer vagina', the techniques of 'cosmetic genitoplasty' rarely involve the vagina (though some require the reconstitution of the hymen): they usually mean reducing the labia majora and labia minora. According to the authors of the *BMJ* review, 'our patients uniformly wanted their vulvas to be flat with no protrusion beyond the labia majora, similar to the prepubescent aesthetic featured in advertisements'. They report that women often bring along pornographic photographs 'to illustrate the desired appearance'. The emphasis on 'flattening' the external genitalia is strikingly similar to the views of defenders of the practice of female circumcision — and indeed, some contributors to the *BMJ* discussion insist that the designer vagina should be regarded as a form of female genital mutilation.[3]

As Kira Cochrane observes, 'what's interesting is that while male genital surgery tends to revolve around the wish to be bigger and more "manly", female genital surgery is all about becoming smaller, tighter, hairless, virginal — more childlike, essentially.'

'We all like to moralise about enhancement technologies, except for the ones we use ourselves' writes Carl Elliott in his brilliant study of 'a cultural tradition in which the significance of life has become deeply bound up with self-fulfilment'.[4] It is true that we are inclined to raise our eyebrows at those who resort to Botox, take Viagra or give their children Ritalin. Yet, in one way or another, we are all at it, whether we are going to the gym, following the Atkins diet, or taking vitamins, statins or SSRIs.

However, quite apart from the medical and surgical risks associated with the designer vagina, the resort to surgery by adult women seeking self-fulfilment by returning their bodies to a childlike state marks an extreme development of the quest for identity through the manipulation of the body rather than through interaction with the world. It is a disturbing manifestation of contemporary medicalisation, reflecting the diminished expectations and degraded subjectivity of modern society.

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