

Shining schoolboy is now a faded being

... but Dr Jon Garvey keeps aiming for the jackpot at the Royal College.

I AM somewhere in London on an overcast spring morning. As I sidle up to the entrance of an anonymous-looking building, I not-ice a fellow general practitioner from Chelmsford slink furtively from a taxi.

'Are you here too?' he asks incredulously — and then adds, 'I haven't told my wife I'm here.'

Inside the entrance we find yet another Chelmsfordian, rather older than we are and looking

extremely uneasy. Can there really be so many of us, and we didn't know it?

You might ask, or more likely would be too polite to ask, what this strange rendezvous might be, which causes such secretiveness among close colleagues? The Medical Branch of Alcoholics Anonymous? The Fellowship of Professional Foot Fetishists?

Wrong—we are all assembled for the written part of the examination for Membership of the Royal College of General Practitioners.

All around stand little knots of fresh-faced youngsters—they look young even to *me*—murmuring the Seven Causes of



Erythema Nodosum like a rosary. Other familiar faces drift past — a college acquaintance, my first fellow-houseman, a whizz-kid from medical school—all had seemed destined for consultancy at the time I had known them, and all now look faintly uncertain as to why they are here.

I am not sure why I am here either, in view of the steady and conspicuous decline in my cerebral neurone population over the past two decades.

The shining and insufferable schoolboy who treated the eleven-plus more or less as a formality has given way to a faded being standing with an air of senile resignation. The only thing that sustains me is the assertion of its originators that the examination is merely a test of day-to-day competence.

An apocrine pungency fills the air. It reminds me of the mass psychosis that hung low over Cambridge at examination time, and exemplified by the philosophy student who knocked at my door at 11pm, having revised his own subject, and asked if he could revise mine.

Here, however, nobody seems aware of the philosophical absurdity of having revised for months for an examination which purports to assess day-to-day competence.

Most of the assembled are saying that they will not re-take the examination if they fail, but of course they will. It is like playing a one-armed bandit, and once you have lost the first £100



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stake, you will keep on putting in the £75 re-take fee until you hit the jackpot.

The Modified Essay Question is first, and it must be admitted that it is a fair test of coping with 'real' situations. For the uninitiated it consists of a progressive unfolding of a clinical situation, on which you are invited to make comments and suggestions.

It is therefore quite good fun, until you are asked to draw conclusions about a woman's psychology based mainly on a description of her son's asthma symptoms. I should have joined that Balint group.

A quick break for coffee and irritable colons and we are back for the Traditional Essay Paper, which conjures up visions of titles like 'The role of cupping in chlorosis', but is in fact, like the rest of the exam, trendy. We are asked to describe the subject matter for a talk to the Young Wives' Group on 'When to visit your doctor'. Good stirring stuff.

We then have lunch in the cafeteria, and as I munch my wife's wholemeal marmalade sandwiches, and see a little group of trainees clustered round their course organiser like a class of convent children at a museum, I cannot help being grateful that my own training scheme was less well organised.

After lunch is the moment we've all been waiting for — the Multiple Guess Questionnaire. I can't help feeling that the college has got this badly wrong. It ought to be testing things you think you know but don't, whereas it largely tests things you don't

need to know, but could easily look up.

For example, one question asked the dosage range of a particular drug used frequently in neurology clinics, but infrequently in general practice — the examiners presumably think that looking at MIMS is unprofessional.

Some of the questions are misleading under stress conditions—asking if hypoprolactinaemia is a side effect of Putabutin when in fact it is hyperprolactinaemia — too many marks are dependent on a small area of knowledge—10 points on lithium pharmacology— and one question, on NHS certificate Med 3 and Med 5, is actually impossible to answer correctly, as what is true for one of them is false for the other.

Perhaps it is sour grapes on my part, as in six years of practising MCQs I have never increased my scores, but I leave the hall resigned to the probability that the computer will judge my day-to-day competence and find it wanting.

After the ordeal, my Chelmsford colleague and I retire to a hostelry for mineral-water to purify our muddled minds, and we reflect on the hundred pounds' worth of disjointed prose we have left behind in the hall. Only when I get home do I realise that I have also left my umbrella behind.

Jon Garvey is a GP in Chelmsford, Essex.



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