PRACTICE OBSERVED

DRCOG

Time for change?

JAMIE BAHRAMI

The diploma examination of the Royal College of Obstetricians and Gynaecologists (DRCOG) has been in existence since October 1931, and it remains one of the most sought after qualifications in the United Kingdom. The college's 55th annual report shows that approximately 1415 candidates sat the examination in 1983, compared with 1188 in 1981 and 1236 in 1982, underlining the growing interest in this examination (Page), underlining the growing interest in this examination (Page), underlining the growing interest in this examination (Page) and the well-above that of any other postgraduate medical examination today (with the possible exception of the proposed part I of the membership examination of the Royal College of General Practitioners, with an envisaged pass rate of 95°.) The traditionalist may question the "usefulness" of an examination that allows almost every candidate who sits it to pass. But the past state of an examination reflects only the acceptable level of performance—that is, the standard set by its examining body enforted the pass that of the pass that being archivered?

As for as the DRCOG is increased, before the days of the two Well is that being archivered?

As far as the DRCOG is received, and the examination for the real "thing," which is usually followed a year or two later. And the examination at that time seemed to be a fair test of no serious consequence for these budding obstetricians.

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Testing GP trainees

Now, however, with the two part MRCOG very few doctors with specialist aspirations would waste their time and money on the diploma, and therefore the latter has become quite reasonably and the diploma and therefore the latter has become quite reasonably and the specialist and recognized by the examination committee of the RCOG and the syllabus and regulations of the present diploma make repeated references to general practice and its requirements. Yet the format of the examination—a written paper and clinical and oral examination—a written gaper and clinical and oral examination—a written gaper and clinical and oral examination with a traditional control of the result of the examination—a written from all the drawbacks of this method of assessment, which has led to its abandonment from the part I examinations from methership of the Royal Colleges of Physicians and General Practitioners. This is not too surprising as there is now ample evidence to suggest that the multiple choice question format is probably the violation of the Royal Colleges of Physicians and Central Practitioners. This is not too surprising as there is now ample evidence to suggest that the multiple choice question format is probably the violation of the Royal Colleges of Physicians and Central practice, the result of the Royal Colleges of the probably the colleges of the probably the resultance from the part of the MRCOG examination on exception.

More disturbing perhaps, the refutence to recognize the DRCOG Although right standards are to be deplered, flexibility bordering on indifference also leaves much to be desired. The standard must relate to what is acceptable in general practice, and this is not easy since the examiners are chosen from among distinguished and experienced specialists his have little first hand knowledge of the problems of general practice, by sharing the task and recognising the years of dedicated service, I believe that it does not allow enoug

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This has arisen both because of the accumulation of evidence of the harmful effects of orgareties moking, overweight, excessive alcohol consumption, and lack of physical exercise, and because of the recent findings that inter-ention by general practitioners of the recent findings that inter-ention by general practitioners orgareties smoking. Though the effectiveness of intervention for the other three areas has yet to be adequately evaluated, general practitioners are already coming under increasing pressure to incorporate health promotion of this kind into their routine clinical work.

There is little recent information on what patients think about the practice of health promotion by their family doctors. We have therefore aeried out a study to determine whether patients have therefore aeried out a study to determine whether patients have therefore aeried out a study to determine whether patients existed in problems relating to four areas of lifestyle—hamely, smoking, weight, drinking, and fitness. In addition, we have examined the patients' perceptions both of their own health problems in these areas and of the interest actually shown by their general practitioners.

Patients and methods

The study population consisted of all the patients aged 17 to 70 years inclusive who were registered with two general practices in a health corre bound on a council housing exist in Harlesden, practices, 345 (14). In the changed address without notifying the practice or left the practice or died. Current addresses were available for a total of 345 patients.

The self administered questionnaire which we designed for this study, the Health Surves Questionnaire, included questions relaining simple multiple choice of four responses was used throughout. The three sections release to the practice of the practice of

not.

A reply paid copy of the questionnaire was initially mailed to each patient in the study, accompanied by a covering letter signed by their general practionners. Reminder letters were sent as three and six weeks, the latter including a fresh reply paid questionnaire. At two months the records of the persistent mon-responders were tagged so that they could be identified on attending surgery and personally handed a copy of the questionnaire by one of their own general

practitioners. Questionnaire responses were coded and double checked before computer analysis. 21 esting and Armitage 21 linear trend analysis were used for comparing results in different groups. In addition to the patient questionnaire the five general practitioners who worked in the two practices eight exceed to goop of a questionnaire that asked whether they had regularly given advice on smoking, weight, drinking and fitness in their consultations over the 12 months before the start of the study. The responses to these questionnaires were analyzed manually.

Results

Results

The general practitioner questionnaires were returned satisfactorily completed. All five general practitioners stated that they had regularly completed. All five general practitioners stated that they had regularly completed. All five general practitioners stated that they had regularly counter work during the 12 months before the study starred. Of the M52 patients included in the study, 2477 (72°.) returned a questionnaire within six months of the original radius (patients) and from 1000 of the incompletely desirated to 1500 states (patients) and form 1000 of the incompletely desirated to 1500 states (patients) and the study of the incompletely desirated to 1500 states (patients) and desirated with no decipherable response so the analysis is based on the remaining 4650 questionnaires. The response tast for mean and women were for a greater seponse rate with increasing age for both scase (pp. 0.01). Reposmits to: Nouled your general paratiments he interested? (Table 13—1500 states) and the states of the questions in this section ranged from 32°. for finess problems to 33°. for weight problems. The proportions for smoking and drinking problems were 81° and 80°, respectively. Significantly more women than men thought that problems, but the states of the section of the

TABLE 1—Should your general practitioners be interested?

	Weight problems		Smoking problems		Drinking problems		Fitness problems	
	No of men	No et women	No of men	No of women	No (") of men	No : of women	No :) of men	No (%) of women
Should be interested Should not be interested Don't know	793+ 41 128 13 63 6	1095+ 85 97 8 98 7	777 79 149 15 57 6	1009 51 143 11 92 8	744* 77 163 17 54 6	978* 81) 153 13 77 (6)	689 72 179 19 91 9	888 (73) 200 (16) 136 (11)

	Weight problems		Smoking problems		Drinking problems		Fitness problems	
	No of men	No of women	No of men	No : . · of women	No : of	No (%) of women	No (**) of men	No (%) o women
Have seemed interested Have not seemed interested Den't know	461 -47 193 -20 325 -33	574 48 224 19 393 33	5287 : 54. 158 : 16 290 : 30	5951 48 199 16 444 36	4251 44 198 21 335 35	440* 38 233 19 515 43	392* 41 209 -22 358 -37	437° 36 249 20 545 44

the examiners to meet informally, exchange ideas, and analyse their own experiences. Despite doubts about the efficacy of training examiners, I believe that there is a need to develop a more professional approach to the task of examining.

The present examination can only assess some of the knowledge gained by the candidate as a result of six months work in an apractice of the standard problems of general practice errainin uncertain, especially if most of the experience of the assessors is from working in hospitals. Furthermore, there is a danger that the candidates lack of proper and relevant knowledge may be brushed asside by the kind examiner in the mistake holled the size of the experience of the assessors is from working in hospitals. Furthermore, there is a danger that the candidates lack of proper and relevant knowledge may be brushed asside by the kind examiner in the mistake holled the size of the experience of a sense of the proper and relevant knowledge may be brushed asside by the kind examiner of the DRCOOI have often being long to the experience of the properties of the propertie

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BRITISH MEDICAL JOURNAL VOLUME 289 I SEPTEMBER 1984 assess the candidate's ability in cognitive as well as behavioural skills that are relevant to general practice.

The examination committee of RCOG have been remarkably courageous over recent years in adding general practitioners to their rank of examiners. This is a welcome start and the college deserves every recent for it. But whether on not this will bring a fundamental change in the aims and structure of this examination remains to be seen.

In the control of the structure of this examination of the start of the control of the c

Smith R. Becoming a member of the Royal College of Physicians: trial by MCQ Br Med J 1902;285:1341-2. Ebel R. Estentials of educational measurement. 3rd ed. New Jersey. Prentice Hall, 1979.

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*Harper AC, Ren WB, Norman GB, Band CA, Feightner JW. Difficulties in clinical skill evaluation Med Edus (1981):17 or "Newble Di. Houter J, Shiddhard PF. The selection and training of examiners for "Newble Di. Houter J, Shiddhard PF. The selection and training of examiners for "Newble Di. Houter J, Shiddhard PF. The selection and training of examiners for "Newble Di. Houter J, Shiddhard PF. The selection and training of examiners for "Newble Di. Houter J, Shiddhard PF. The selection and training of the Common and Common to the Common and Common medical services creates Br Mid J 1984, 208 87.

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Practice Research

General practitioner and health promotion: what patients think

PAUL G WALLACE, ANDREW P HAINES

Abstract
Although there has been growing interest in general practitioners' participation in promoting health, little is known about the attitudes of their patients. Thus we sent a copy of a self administered questionnaire (the Health Survey Questionnaire) to 3482 patients aged 17-70 who were registered with two practices in north west London. Questions about attitudes to and perceptions of general practitioners' interest is weight, moking, drinking, and satied whether they thought that they had a problem in any of these areas.

The response rate was 12% of those who responded, the proportions who thought that their general practices are supported to the proportions of the practices of the proportions who thought that their general practices are supported to the proportions who thought that their general practices are supported to the proportions who thought that their general practices are supported to the proportions who thought that their general practices are proportions who thought that their general practices are proportions.

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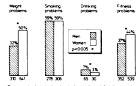
general practice
ANDREW P HAINES, MRCP, MRCGP, senior lecturer in general practice

titioners should be interested ranged from 72% in the case of fitness to 85% for weight, but only 38%, thought that general practitioners had in fact been interested in fitness and only 48%, thought so about weight. Forty one per cent of the respondents thought that they had a fitness problem, 42%, a weight problem, and 58% of the smokers thought that they had a smoking problem, or the second problem, but the second problem, and the s

There has been much interest in the potential for the participa-tion of general practitioners in promoting a healthy lifestyle.

weight problems to 41. for fitness problems, while for those who thought that their general practitioners had not seemed interested the range was from 10°: in the case of smoking problems to 21. for fitness problems.

**Reposure to: Do you think you have a problem? [Figure]—Completion rates for the questions in this section ranged from 80°. to 92°. The problems of 41°. In fitness problems. Twenty four per cent stated that they had a smoking problem (43°) of the respondents smoked and 5°. of these thought that they had a problem; Two up for the order problems thought that they had a drinking problem (67° of the before receiving the questionness problems, and 60°. of the drinkers feit they had a problem; finding the great problems of the problems. The only significantly more men than women had a drinking problem. The only significantly more men than women had a drinking problem. The only significant your rem than women had a drinking problem. The only significant your men than women had a drinking problem. The only significant your men than women had a drinking problem. The only significant your men than we weight problems, the proportions increasing processing from a weight problems, the proportions increasing processing from the section problems.



Patients with and without a problem by their own assument: attitudes to and perceptions of general practitioner interat—Of the patients who stated that they had a problem, the proportions who thought that their general practitioners should be interested ranged from 79° for smoking problems to 91°, for weight problems, with 89° for smoking and 83°, for fitness problems. Except for drinking, these proportions were significantly higher (p. 00%), that for the patients of the patients of the patients of the patients of the patients with a problem who thought that their general practitioners had seemed interested ranged from only 43°, for firmking. These proportions were all significantly higher than for the patients who did not think that they had a problem ps. 0.05°, from the less, between 11°, practitioners had not seemed interested and a further 20°, to 40° were unsure

Discussion

The overall response rate of 72", to the questionnaire compares favourably with similar studies where rares have ranged from 40° to 59°, "." "Orgother with the generally high completion rates for individual questions, this indicates that our Health Survey Questionnaire was well accepted by patients in general practice. The higher response rates among women and older patients may be the result of their greater interest in health and related topics. These patients, however, also tend to have higher consultation rates and he better acquainted with their general practitioners and thus may be more inclined to participate in Most of the patients expected their general practitioners to be interested in weight, smoking, drinking, and fitness problems, with small though statisticall's significant differences between the proportions for the four areas. Similar results were found in a

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UK study undertaken some time ago where 80° of patients in general practice expected to be given helpful advice on health at the general practicuser's surgery or the clinic, and in the United patients expected to receive encouragement from their family doctor to lose weight, give up smoking, and take more exercise.* The observation that younger patients, especially women, have a greater expectation of general practitioner interest in weight, fitness, and drinking problems indicates that a change in strude may have occurred with time. Because of possible to distinguish between a cohort effect, with those born in more recent years having a greater expectation of general practitioner interest and a decline in patients' expectation of general practitioner interest with increasing age. In view of the lower response rates among younger age groups it is also possible that they sounger patients with lower expectation of general practitioner interest with increasing age. In view of the lower response rates among younger age groups it is also possible that they sounger patients with lower expectations of general practitioner interest with increasing age. In view of the lower response rates among younger age groups it is also possible that they sounger patients with lower expectations of the association between smoking and ill health.

Substantial proportions of patients felt that they had a weight, smoking, or fitness problem, and 4°, thought that they had a weight, smoking, or fitness problem, and 4°, thought that they had a weight, smoking, or fitness problem, and 4°, thought that they had a weight with the proposition of the subsection has only bec

We thank the Sir Jules Thorn Charitable Trust and the Royal College of General Practitioners for the award of the fellowship in general practice, our colleagues to Bowman, Gellert, and Teuten for their kind cooperation, and Angela Booroff, Eva Goldenberg, and also thank Richard Allen, Patrick Bernann, and Douglas Jones for help with the data analysis and the Brewers' Society for financial support.