MRCGP pass rate by medical school and region of postgraduate training

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Initiatives to measure and enhance the quality of higher education for both undergraduates and postgraduates (academic audit, teaching quality assessment) will shortly start to impact on medical schools in the United Kingdom.

We believe that it would be helpful to consumers of medical education (prospective students), to its providers (medical schools and their curriculum designers, postgraduate training schemes), and to its customers (medical care providers) if comparative output data on medical schools and postgraduate training were available. Without a national medical qualifying examination this is probably possible only by examining the performance of candidates for the major postgraduate examinations of the royal colleges.

Methods and results

To start such a process we analysed the pass-fail result of seven recent diets (December 1988-December 1991) of the membership examination of the Royal College of General Practitioners (MRCGP) by clinical
The proportions of trainees from the different regions who attempt the examination vary (but the available data on which to calculate these are unsatisfactory). The figures also take no account of the academic qualifications of students entering the various medical schools and the relevant "value added," though there are medical schools traditionally admitting well qualified applicants well down the list.

Taken together with data from the other major postgraduate examinations—for example, the membership of the Royal College of Physicians and the fellowship of the Royal College of Surgeons—these findings will, among other things, be relevant considerations for the location of the expansion of undergraduate medical education recently recommended in the report of the Medical Manpower Standing Advisory Committee.

We thank the examination board of the Royal College of General Practitioners for their encouragement to analyse and publish these data.


Correction

Is screening and intervention for microalbuminuria worthwhile in patients with insulin dependent diabetes?

An authors’ error and an editorial error occurred in this paper by K Borch-Johnsen and others (26 June, pp 1722-3). On p 1723 the last sentence of the first paragraph should have read: "The impact of treatment was calculated by using three different levels of effect, decreasing the proposed progression rate of 20% in microalbuminuria by 33%, 67%, and 100% (see table I) [not table I]." Also on p 1723 the symbols in the legend to figure 2 were incorrectly designated. The legend should have read: "Median life expectancy at onset of diabetes in patients developing microalbuminuria without intervention (C) and at treatment effect 33% (■) and 67% (□). Life expectancy of general population of Germany shown for comparison (○)."

National Health Service breast screening programme results for 1991-2

A typesetting error occurred in this article by J Chamberlain et al (7 August, pp 353-6). In table I the United Kingdom (all ages) percentage response rate should read 71-26, not 51-26.