

VIEWPOINT

Membership examinations and Royal College finances

I. C. MCMANUS

"... there must be some liberal-minded men among the fellows, who would scorn to take a fee in this way, without explaining what becomes of it ... the only answer I could get to my private inquiries was, that every-thing was correct according to the regulations of the College ..."—"A Licentiate", *Lancet* 1830-31; i: 799-800.

Royal College examinations in the UK are expensive for young doctors. High fees coupled with high failure rates may mean that a senior house officer or registrar has to spend £1000 or more on gaining a qualification that is essential for career progression. Why do Colleges charge so much?

Like other financial institutions, the Royal Colleges prepare annual accounts. However, since they are not public companies they cannot be required to produce those accounts on demand (and like other bodies—eg, polytechnics—they may choose to hide behind the mask of confidentiality¹). Nevertheless, most Colleges readily provide copies of their financial statements, often as part of glossy annual reports. When I asked the Colleges for such statements, one checked that the inquiry was "a bona fide request" before acquiescing, and another asked that I should "Please, with your own discretion, regard the information given with the confidentiality it deserves". The council of the Royal College of Physicians and Surgeons of Glasgow discussed but declined my request because the financial statement "is confidential to Fellows and Members". The Royal College of Physicians of Edinburgh said that its accounts were "confidential to Fellows and Members of the College, and [are] not normally available to others, unless they can specify a particular reason which satisfies our council". The Royal College of Surgeons of England sent their ten-page document on payment of £5, "as a contribution to the costs of producing the report".

It is difficult to extract comparable figures from the balance sheets prepared by the various Colleges. Most Colleges provide a simple statement of the income received from examination fees, but it is far harder to estimate the expenses incurred in running the examination in order to calculate the profit. Expenses are either direct (examiners' fees, travel, printing, &c) or indirect (overheads from maintaining offices, buildings, and so on). Some Colleges clearly distinguish the two types. Thus the Royal College of Surgeons of Edinburgh has direct examination expenses of £166 500, examiners' fees of £256 100, and indirect expenses of £291 300, making a total of £713 900. There are about 3500 candidates each year, so the costs amount to roughly £200 per candidate. Since income is £879 000, the profit of £149 000 (14.7%) does not seem unreasonable. Some Colleges are more explicit on other aspects. The Royal College of Radiologists claims to spend £3855 on the hire of examination halls; however, there is no obvious mention of indirect expenses, so the apparent profit of 29.9% on an exam income of £85 555 may be unduly high.

The table shows the income, expenses, and profits of each Royal College. Their annual reports have been taken at face value, and profits are expressed as a percentage of income.

Colleges differ widely in the profits they seem to make

EXAMINATION INCOME AND EXPENSES (£) (FOR YEAR ENDING DEC 31, 1989, UNLESS OTHERWISE STATED)

College	Income	Expenses	Profit	% Profit	Notes
College of Anaesthetists	458 000	374 000	84 000	18.3%	1
Royal College of General Practitioners	361 920	292 304	69 616	19.2%	2
Royal College of Obstetricians and Gynaecologists	304 400	194 700	109 700	36.0%	3
Royal College of Pathologists	124 951	118 310	6641	5.3%	4
Royal College of Physicians of London	790 641	361 337	429 404	54.3%	5
Royal College of Physicians of Edinburgh	..	..	..	..	6
Royal College of Psychiatrists	314 980	301 748	13 232	4.2%	7
Royal College of Radiologists	85 555	59 961	25 594	29.9%	8
Royal College of Surgeons of Edinburgh	879 000	713 900	165 100	18.8%	9
Royal College of Surgeons of England	455 000	392 000	149 000	32.7%	10
Royal College of Physicians and Surgeons of Glasgow	..	..	..	..	11

(1) For 12 months to June 24, 1989, figures extracted from overall accounts of the Royal College of Surgeons of England. Allocation of expenses as direct or indirect not clear.

(2) For 12 months to March 31, 1989.

(3) Expenses include £94 600 for salaries in the examination department.

(4) For 12 months to June 30, 1989, expenses include both direct costs and overheads.

(5) For 12 months to Sept 29, 1988, expenses include £72 467 put down to salaries for the MRCP(UK) central office.

(6) Financial statement not made available.

(7) Expenses "including proportion of establishment and administrative expenses".

(8) Expenses do not apparently include indirect expenses.

(9) Expenses include both direct and indirect expenses.

(10) For 12 months to June 24, 1989, figures exclude income/expenses from dental exams and exams for College of Anaesthetists. Allocation of expenses as direct or indirect is not clear.

(11) Financial statement not made available.

from postgraduate examinations. Some, such as the Royal College of Psychiatrists, seem to make little profit, although that effect could also be produced by creative accounting and the inflation of notional expenses. With only about 1100 candidates in 1988-89, the Royal College of Psychiatrists has the highest per caput expenses of any College—£275 per candidate—and its indirect expenses represent 47% of its examination expenses, compared with 28% at the Royal College of Pathologists. The expenses of the Royal College of Obstetricians and Gynaecologists at about £37 per caput for 1900 membership candidates seem low, and make one wonder whether indirect expenses are anywhere taken into account. The Royal College of Physicians tops the list of absolute and percentage profit: the figure of £429 404 total profit, representing 54.3% of examination income, accords with a previous estimate² that in 1985-86 the MRCP part I examination, consisting entirely of a single, computer-marked, multiple-choice examination, cost £25 000 to administer and generated income of £200 000.

Should Colleges make profits from postgraduate examinations? Clearly they should not make losses (and the Royal College of Pathologists and the Royal College of Psychiatrists appear to have done so in recent years). In view of the vagaries and uncertainties of financial management and prediction, Colleges would therefore be prudent to aim for a small working profit. Since the Colleges are bodies that are "charitable, forbidden to act in [their] members' interests, ... concerned with training, maintenance of standards, and protection of the public, further[ing] scientific advance, and commission[ing] studies designed to

ADDRESS: Imperial College of Science, Technology and Medicine, St Mary's Hospital Medical School, Praed Street, London W2 1NY, UK (Dr I. C. McManus, MD).

improve the delivery of care",³ it is questionable to what extent profits should subsidise other College activities—one such example might be the £50 422 spent in 1989 by the Royal College of Physicians on "Official entertaining including new Members and Other Dinners &c". Although Colleges differ in the extent to which indirect expenses finance the College infrastructure—60% of administration is financed from examination fees at the Royal College of Surgeons of Edinburgh but only 12% at the Royal College of Psychiatrists—these differences may reflect the range of other professional activities that are carried out. Nevertheless, even the most worthy of such activities should not be financed by younger members of the profession who are trying to become specialists, as is clearly recognised in the explicit statements of principle by some Colleges: "It was agreed at the [Royal] College [of Psychiatrists]'s inception that it should not make a profit from its examinations".⁴ Young doctors already regard Colleges as exclusive clubs, and high "entrance fees" can only reinforce that impression. In a few years time, when senior house officers and registrars are also repaying large debts from student loans, there will be a real risk that Colleges with high examination fees (or high failure rates) will become once more the exclusive haunts of those with private incomes. One should also remember that overseas candidates provide a large proportion of College revenue—in 1988–89, 52% of the 23 738 candidates sitting registrable examinations had qualified outside the British Isles. In some Colleges, overseas candidates are a clear majority—eg, 79% of the 2513 candidates sitting the FRCS(Glas) examinations.

In 1988–89 the Colleges together received over £3.5 million in examination fees, of which over £1 million was recorded as profit. Has any of that income been used to evaluate or conduct research into those examinations, or to improve their quality? Although Colleges like to refer to the immense effort put into examinations,⁵ little research is published,⁶ and Colleges seem willing only to report rudimentary statistics about their results. For example, I lately wrote to the larger Colleges asking for the pass rates of candidates sitting examinations for the first, second, or third time.⁷ Only the Royal College of General Practitioners could provide such basic figures; the others either did not reply or else claimed that their information systems did not allow the extraction of such straightforward data.

It cannot be morally acceptable for Royal Colleges to use professional examinations for making profits from a captive market to which it is the monopolistic supplier of a rare commodity. It has been reported⁸ that the Universities Funding Council (UFC) is to refer universities to the Monopolies and Mergers Commission for operating a cartel during the recent bidding exercise for student numbers. Are the Colleges similarly vulnerable? If Colleges do make profits then the monies should perhaps be reinvested into the study of the examinations themselves (and such studies should, of course, be published). Finally, it is worth emphasising that membership examinations are registrable qualifications with the General Medical Council; that the General Medical Council is the publicly accountable body which should therefore investigate the conduct of the examinations; and that the General Medical Council should also examine carefully the necessary precondition for taking those examinations—the payment of large sums which may be used not only to cover examination costs but also to strengthen the finances of the Colleges.

I thank Ms Noreen Glynn for her help in reading the Colleges' accounts.

REFERENCES

1. Hancock D, Davis J. Adding up to a lack of accountability. *Guardian*, Oct 10, 1990: 23.
2. Silverstone PH. Examining examiners. *Lancet* 1990; **335**: 730.
3. Marston A. Intercollegiate surgical examinations. *Lancet* 1990; **335**: 1594–95.
4. Birley JLT, Morgan HG. Examining examiners. *Lancet* 1990; **335**: 730.
5. Fleming PR, Syme J. Examining the Royal Colleges' examiners. *Lancet* 1990; **335**: 1040.
6. Editorial. Examining the Royal Colleges' examiners. *Lancet* 1990; **335**: 443–45.
7. McManus IC. Does performance truly improve when candidates resit post-graduate examinations? Paper presented at annual meeting of Association for the Study of Medical Education, Manchester, September 1990.
8. Editorial. Universities for sale? *Nature* 1990; **348**: 2.

BOOKSHELF

Immunotherapy of Urological Tumours

Edited by J. B. de Kernion. Edinburgh: Churchill Livingstone. 1990. Pp 347. £40. ISBN 0-443042624.

Twenty years ago the first publication of the results of clinical trials of BCG in acute leukaemia started a decade of rising and then dwindling hope that immunotherapy was a practical and effective treatment for human cancer. Just over ten years ago, as interest in immunotherapy had virtually disappeared, Morales reported 9 patients with recurrent superficial bladder cancer, 8 of whom were rendered tumour-free. But so many other drugs were available which produced a similar effect, without the cystitis which accompanies BCG, that little notice was taken of this observation until 1985. Then long-term results began to show the durability of complete response to BCG, which has now become a standard treatment world wide. This book, based on papers from an international congress on immunotherapy of urological tumours held 2 years ago, reviews the global results and reports on new trials which confirm the importance of BCG and its advantages over intravesical chemotherapy. It also includes data from early clinical trials on interferon, keyhole-limpet haemocyanin (KLH), and gamma interferon—all of which have produced some encouraging responses and the hope that there may be further gains from combined regimens.

By contrast to the dramatic responses seen in bladder cancer, the effects of alpha and gamma interferon and interleukin-2 on renal cancer are unclear. One small trial of adjuvant alpha interferon after nephrectomy, with a slightly higher incidence of recurrence in the control arm, serves mainly as a reminder of the importance of adequate sample size and properly controlled randomised trials. Dose choice and standardisation can be even bigger headaches for cytokine researchers, as shown by one study in which gamma interferon produced no response at the maximum tolerated dose, but a response in more than a third of patients at a low dose.

There are sections on tumour markers and experimental immunology of tumours. Cyclosporin immunosuppression of animals receiving carcinogen is shown to increase the proportion of the bladder affected by non-invasive tumours by a factor of 2.8 and the proportion affected by invasive tumour by a factor of 4.7—the first clear evidence that immunosuppression may accelerate carcinogen-induced tumours.

The editor, helped by his material, has managed to