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CORRESPONDENCE

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- *No letter should be more than 400 words.*
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LMSSA: a back door entry into medicine?

SIR,—We see little need now for non-university licences to practise medicine. Such licences had an important role in the past, and universities were comparative latecomers: the profession was jealous of its right to control entry into medicine. There may also have been subtle differences of emphasis between university and non-university examining bodies in their judgment of professional competence. We suspect, however, that these are all issues of the past.

Home students traditionally use non-university examinations as convenient insurance policies or late lifebelts. With the careful control of medical manpower and medical immigration, only a handful of refugee graduates or senior students strictly need non-university licences to obtain a registrable diploma in the United Kingdom, assuming that refuge implies the right to continue an intended career here. British residents (or those with the right to settle here) who graduate abroad are now outside planned needs and presumably should not be permitted to requalify here: a real "back door" problem if medical unemployment is to be avoided. Graduates or diplomates from European Community countries may, of course, practise anywhere within the community.

The need for a non-university licence would disappear completely if some universities made provision for the few essential, suitably trained, and entitled outsiders to sit their final examinations. Such a single system of professional licence to practise through university graduation would be simple to operate, being standardised by the use of external examiners and well guarded against academic abstraction by using both clinical academics and National Health Service consultants as examiners. But the universities would need to agree (as we think they should anyway) on the number of attempts to be allowed. We support the general university practice of (*a*) holding qualifying examinations every six months, (*b*) requiring further supervised study between attempts, (*c*) limiting attempts under all normal circumstances to a period within two years of completing the course, (*d*) requiring students to take their university finals before any alternative examinations, and (*e*) not allowing students who fail irretrievably in any part of their course (making them ineligible for university finals) to move sideways to a non-university qualification.

Universities, however, rightly mistrust uniformity, cherish the freedom to order their own affairs, and are already under threat of too much direction from the centre. Also some schools integrate examination procedures into their course, operating continuous assessment schemes rather than a formally separate final examination. Non-university licences to practise will, therefore, probably continue in the United Kingdom. We would then press for a single United Kingdom diploma, with examinations mounted by one examining board formed from current licensing bodies and held at a few centres in a way similar to the very successfully standardised MRCP(UK) examination. We believe that such a move would eliminate any concern about standards—justified or not. We would also press for attempts at the non-university examination to be limited in the same way as for university finals, with special regulations for overseas graduates as appropriate.

If the non-university examinations were held at the same intervals but slightly staggered after the university finals students would within two years of qualification have eight opportunities to qualify —four university and four non-university. Surely that is enough. Failure to qualify at the first or second attempt is rare and is usually symptomatic of non-academic problems, which the profession would be wise and responsible to recognise, in the best interests not only of future patients but of the individuals themselves.

Is it not time for a calm, critical review of this historical and legal jungle? And in whose hands does the initiative lie?

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SIR,—As an examiner for the LMSSA, I find Richard Wakeford's attack on this qualifying examination extraordinary (4 April, p 890). Who is Richard Wakeford, does he really know what he is talking about, has he seen the examination in progress, what does he really know about the examination standards of the LMSSA or those of the various MB examinations, and why should he pick on the LMSSA rather than the other two non-university qualifying diplomas? Does he know that the General Medical Council has been making a very thorough scrutiny of all these examinations, including two attendances at viva voce examinations at which I have been present, and has made a detailed report to the Society of Apothecaries (which has been acted on) and is visiting again this summer?

I can assure Richard Wakeford that in pathology the standards are similar to those of the London University final MB examination, for which I also examine (as do or have done most of the LMSSA examiners). As for having an alternative mode of entry into the profession, this is essential for those who, for a variety of honourable reasons, are or have become excluded from taking the degree examinations of a British university. If Richard Wakeford succeeded in keeping such doctors out he would find that he had excluded some excellent practitioners, whose skills even he might one day