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Assessment of competence for entry to general practice — formative or summative?

ASSESSMENT of competence to practise family medicine is well established in Australia, Canada and the United States of America,¹ yet has been slow to receive acceptance in the United Kingdom, despite successful efforts to establish general practice as a separate discipline. The reasons for this reluctance are complex, but may well be related to the emphasis on innovative educational approaches to both vocational training and continuing medical education. Furthermore, there has been little pressure, until recently,² from either the government or regulatory bodies such as the General Medical Council for formal assessment. Nevertheless, some 80% of trainees take the membership examination for the Royal College of General Practitioners at the end of vocational training, 80% of these passing first time and about half of the remainder passing at their second attempt (Dastur T, RCGP examinations board, personal communication).

A sea change appears to be upon us; the General Medical Council has begun the difficult task of setting up machinery to test the allegedly incompetent general practitioner, as well as other doctors, and the mood of the profession as a whole has moved to encompass both reluctant acceptance and enthusiastic support for accrediting competence³ in general practice, at least upon entry. However, actual performance is notoriously hard to measure and competence (as measured effectively by the MRCGP examination, for example) has not been proven to correlate with performance.³

Another difficulty remains: some teachers of general practice feel that a gold standard examination at the end of vocational training may be counterproductive, leading to superficial learning aimed only at passing the assessment, with subsequent failure to integrate the information gained.^{4,5} Thus, summative assessment, although recognized by some as the most powerful stimulus to learning that we have,⁶ is viewed with suspicion. The word doctor means teacher and doctor-teachers, by virtue of their profession, may feel uncomfortable in making assessment decisions which might result in profound career effects for those judged incompetent. To overcome this discomfort the concept of diagnostic or formative assessment has been gladly embraced by those involved in general practice training. Entirely laudable, no judgement is made but the assessment is concerned with the improvement of performance. Thus, 'marking and grading involve summative assessment while reviewing and giving feedback involve formative assessment.'⁷ The introduction to the occasional paper on Manchester rating scales describes their purpose as 'evaluating performance at regular intervals and measuring improvement.'⁸

Unfortunately the concepts of summative and formative have polarized views of assessment, whereas they really express different ends of the same spectrum. For example, regular testing of medical students in anatomy may be regarded as mini-summative as it eventually leads to a grading for the students; evaluation of general practitioner trainees by their teachers, for example using the Manchester rating scales or simulated patients, is regarded as formative, the end result being used solely for diagnostic feedback. But is this really so? Any assessment must contain an element of judgement by an outside party, either matched to a criterion formulated by experts, or to performance by the students' peers in the same testing area. The diagnostic feedback may be helpful but the profile which emerges may not remain secret. Trainers, course organizers, consultants, hospital staff and patients will all make judgements about a doctor which will leak into the general pool of consensus opinion when career references and judgements are made at the end of vocational training. This blurring of a benign formative assessment has been recognized by students and general practitioner trainees for many years and justifies the suspicions which they often express. They would argue that formative assessment is only truly formative if the assessment and assessor have no part or influence in decisions affecting career progress.

Formative assessment has two further weaknesses which need to be acknowledged. First, it may map out the trainee's strengths and weaknesses but often does not perform a diagnostic function in indicating the causes of those strengths and weaknesses.⁹ Secondly, it is lacking in reliability; judgements are made by the trainer or course organizer where influences such as the halo effect and confirmation bias may play a significant part.¹⁰ Despite attempts to define specific grading levels (as in the Manchester rating scales) no consistency between those using the scales is guaranteed. This lack of consistency in formative assessment is almost considered a benefit (or possibly a relief) by teachers. Hence the recent statement in a regional assessment package 'This means that it is not so important that the different methods used to provide a formative assessment need stand up to the strict criteria of validation or reliability.'¹¹

A further caveat applies to attempts at predicting future competence. Entwistle stated 'in my view, any assessment should steer clear of prediction. What assessment can do is report achievement at a specific time, and criterion-referenced reports are much more informative than traditional measures. But they are no more clairvoyant.'¹² The reduction of insurance premiums for those who have passed the MRCGP examination may present

a minor exception to that statement, but we need to recognize his view.

How, then, may the present situation be improved? Formative assessment must remain non-judgemental, confidential and, above all, must work towards a reliable diagnostic role. Summative assessment should be accepted as reliable evidence of competence at any one time, a gold standard for the consumer, the patient. It needs to work more towards validity, the true evaluation of performance at the hands-on level. The two assessments are quite separate in their function and need to be recognized as such; failure to do so will lead to further confusion.

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