I hope) to 'reduce the number of poor or marginal candidates', a multiple choice questionnaire (MCQ) paper seems to be the most obvious choice. Its reliability and validity are beyond doubt and, in terms of 'feasibility' and 'examiner time', this method is least demanding. It also happens to be the commonest form of Part I examination used by our sister colleges, and they have been examining a lot longer than we have.

J. BAHRAMI

Bradford Vocational Training Scheme
Field House Teaching Centre
Bradford Royal Infirmary
Bradford
West Yorkshire BD9 6RJ

Sir,

I welcome the lively correspondence on the MRCGP, which appeared in the January issue of the *Journal.* The same issue contained a report by Stanley and colleagues (January *Journal* p.9) on the development of tools for formative assessment during vocational training. There are three aspects of this work on which I would like to comment: first, the nature of the assessment tool itself; second, its possible future use; third, the further light which this throws on the debate about the MRCGP examination and College membership.

The report reveals the work of the examiners at its best. Educational need has been identified, and tackled in a properly rigorous way. The 11 areas of assessment seem to be highly relevant to the practice of medicine, and no doubt reflect an analysis not only of examination performance, but of the experience of the researchers as teachers of medical students and vocational trainees. However, the paper itself is almost entirely preoccupied with arguments about the reliability of the examiners' observations, about the relative independence of the 11 areas, and about the discriminating power of one or other question. These are, of course, matters of great moment when one comes to ask about the fairness and economy of educational assessment. They are, however, secondary to the much more important matter of the examination's validity.

I would therefore urge the writers to publish a further paper in which they describe their thinking. We need to know about the experiences and the debates which resulted in the construction of this assessment tool. In particular we need to know about the value judgements which underpin their work. Such a paper from the examiners, although it would lack the accustomed cosmetics of a research report (tables and correlations) will nonetheless enrich the literature of general practice, and throw light on the current development of our subject.

Although the intention seems to have been to create a tool of formative assessment, we are offered the prospect that this may become mandatory, a Part I of a subsequent pass/fail diploma. The nature of the assessment would then change fundamentally. It would no longer be purely formative, but would become summative, regulatory and so, yet again, distort the educational process.

There is another aspect of the future use of this instrument, which deserves consideration. It was applied to vocational trainees who on average had had some four to five months experience of general practice. In other words, *de facto,* these young doctors were in that phase of their medical education which Todd describes as 'general professional training'. In the future, therefore, our College may wish to join with sister colleges in the further development of some such instrument as a means of enhancing the early years of training for all future clinicians.

If the examiners will reflect on the difference between what it is that they are assessing in their projected Part I examination, and the MRCGP examination which would follow it, they may be able to describe the true content of vocational training. When they come to look at this true content, I suspect that they may find that it can best be validly assessed in terms of performance review.

The introduction of sound formative assessment during vocational training would allow us to create a socially responsible certificate of satisfactory completion of training. This would remove one of the last defences of the MRCGP, that it acts as a guarantor of good training. To argue for the MRCGP examination simply as a stimulus to further learning, as the writers do in their concluding paragraph, is to create a self-fulfilling prophesy. Every examination provides would-be candidates with a stimulus to prepare for it: this says nothing, however, about the relevance of this preparation to the quality of subsequent professional performance.

Let me add a footnote. The debate about the MRCGP examination and its relationship to membership of the College is an important one and is being conducted by serious and honourable people. It adds nothing to the power of the arguments to impugn bad faith, or to attack the character of colleagues, or to misinterpret their views and then deride these as childish and naïve, or to blow trumpets of self-congratulation as a means of sustaining a point of view. The tone of this debate, no less than its outcome, may have much to say about what sort of College we are to become.

MARSHALL MARINKER
*Director, The MSD Foundation*

Tavistock House
Tavistock Square
London WC1H 9LG

## The MRCGP revisited

Sir,

I have been here before; I know all about it. May I therefore, pour my teaspoonful of oil on the troubled inferno of the debate. I have been here for the past 20 years, an Associate, and will remain so while the College remains unaltered. No urgent ambitions have driven me to vault the membership fence, but from my comfortable position on the edge of the enclosure; a mass of 'mediocrity' (R.D. Walker, January Letters, p.37) behind me; a glittering but smaller display of talent in front, I can see much that disturbs; mainly that the crowd have not come to the games, or if they have are throwing bottles at the officials. I also notice that some of the flashier performers of a few years ago have disappeared from the scene and are now smoking in the toilets! Perhaps a regular mass jog away from the stadium in which crowd, athletes and officials voluntarily join in might do more to raise the general level of fitness than the eliminating time trials we have used up to now; although I suppose those that needed to show off might be allowed to do so occasionally.

NIGEL EARLY

The New Surgery
Ashover
Derbyshire

## Careers in general practice

Sir,

I should like to make the following comments on Dr McKinlay's otherwise excellent leading article 'A career in general practice' (January *Journal* p.3). First in regard to female principals he cannot surely assume that because North[1] found that 94 per cent of females in his survey were working part time within two years of completing their vocational training this state of affairs would continue. Many females have a period of part time