New 'transparent' assessment methods make explicit to both student and assessor not only the content of the assessment, but also the criteria by which success or lack of success will be measured.[1] They are based on criterion rather than norm referencing, and are tackling some of the problems associated with more traditional forms of examination. The four parts to the proposed endpoint assessment of trainees, based on tests of factual knowledge and problem solving, practical work, evaluation of clinical and consulting skills, and the trainer's overall assessment,[2] will, hopefully, follow this pattern.

It is self evident that there is a need to ensure the safety of trainees about to leave the training arena to become fully fledged, independent practitioners. But why let the assessment process stop there? In the light of the decision of the Joint Committee on Postgraduate Training for General Practice to introduce assessment for trainees,[2] general practice has the opportunity to create an assessment system that can be both formative and summative in function. It can be based not on merely local, or even regional perceptions of a competent new general practitioner as suggested by Pereira Gray, but could be agreed nationally. With a national agreement on the standards embodied in such an assessment, the profession could establish an agreed definition of 'competence' in general practice, in line with reviews of training being carried out by other professions.[3] Current discussions relating to reaccreditation of general practitioners indicate that the issue is already one which is occupying the minds of many.[4] Such a framework of defined competence would allow students, trainees and practising general practitioners to work in a structured and self directed way towards achieving those standards. The endpoint assessment of trainees may then become a point on a continuum of training and development that begins with undergraduate training and ends at retirement.

Agreeing what such a continuum could look like would be arduous, but its existence would create a validity for the professional status of general practitioners, that could only be beneficial for both doctors and their patients. As change is on the way, it would be a shame to stop half way and miss this opportunity to create a national framework for assessment for all general practitioners.

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Sir,

I wish I could share Pereira Gray's upbeat view of compulsory summative assessment of vocational training (October *Journal*, p.402). He particularly welcomes the idea of an objective examination at the end of training. In contrast, I believe that the words of another strong RCGP protagonist, the late John Stevens, are as valid now as they were in 1973: 'Subjective and peer evaluation is of infinitely greater value than any so-called objective assessment. I believe it to be wholly wrong ever to prepare a trainee for an examination... To do so is an admission of educational failure'.[1] It was Marinker, a distinguished former RCGP examiner, who pointed out the dangers of examinations in controlling the curriculum of training.[2] I shudder at the thought, for example, of trainees practising videorecording their consultations with the idea of 'passing' in mind, rather than as part of a professional ethos of self criticism that does not stop the day training finishes.

From all over the country we hear of applicants to general practitioner training schemes being as scarce as oases in a desert. Is the prospect of another major compulsory examination likely to improve recruitment? Of course the public needs to be protected from incompetent doctors but, even if the proposed objective assessment were to work, it could well weed out the odd bad doctor at the price of a huge shortage of general practitioners. And is there really pressure from the public for such a 'bizarre *rite de passage*'?[1]

Pereira Gray admits that the details still need to be worked out. I share his admiration for many aspects of the MRCGP examination, but translating that examination to a compulsory endpoint assessment of training is more than a detail. Presumably the examination would have to be criterion referenced. This alone would alter its whole concept as it would be necessary to define precisely what standard is required to achieve a pass. I imagine there would be an outcry if the pass rate remained of the order of only 75%. If the standard is to be lowered, how is this to be done? How would the examiners feel about running an examination of a very different character and which might no longer be linked with RCGP membership? I, for one, will not be applying to become such an examiner.

'I am horrified when I think of the rigidifying influence and sheet waste of resources in erecting an examination industry to process well over 1000 candidates each year'.[1] 1994 would be a landmark year for me if instead we used those resources to try and restore the morale of our profession. Only then can we adequately serve the public.

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Videotaping consultations for assessment

Sir,

The efforts of those seeking to formalize the assessment of general practice trainees are to be applauded. However, the long-awaited discussion paper arising from the west of Scotland pilot project must be viewed with disappointment (October *Journal*, p.430). It fails adequately to justify the videotaping of live consultations, a technique which represents an unacceptable intrusion into the unique and intimate environment of the consultation.

To have cited the results of Martin and Martin does nothing to dissipate the ethical objections of many within and outwith the medical profession.[1] This study is often quoted by proponents of videorecording of consultations, but it is inherently biased, as patients would potentially be influenced by an impression that their doctors' participation rendered this to be an acceptable or desirable technique. Also of interest is the finding that 11% of those who consented disapproved of recording.

A recent survey of patients' attitudes to videotaping of consultations has found that approximately half would feel under pressure to participate in a videotaped consultation.[2] A significant majority anticipated feeling uncomfortable during such a consultation, said that they would find it either difficult to extremely difficult to forget that it was being recorded, and would not be able to discuss their problem(s) fully with the trainee.