

tantly for a profession burdened by the stress of increasing workload, the mythology and unanswered questions of the 'frequent attender' could be replaced by an evidence-based and efficient approach to the few patients who contribute such a large part of general practitioners' daily work.

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# Summative assessment — threat or opportunity?

THE examination for membership of the Royal College of General Practitioners is recognized as a suitable assessment of the completion of vocational training for general practice, but although the number of general practitioner registrars sitting this examination has increased, a substantial minority either choose not to sit the examination or fail to meet the standard required. These doctors can receive their certificate of satisfactory completion of vocational training because the MRCGP is not compulsory and is set to measure an optimum standard.

In 1993, the Joint Committee on Postgraduate Training for General Practice agreed that all doctors completing vocational training for general practice should have reached a nationally agreed standard.<sup>1</sup> In November 1995, it was agreed that the date of implementation would be 4 September 1996. Over the last 3 years, the regional advisers in general practice have worked to produce a four-part assessment package that covers the six areas identified by the joint committee: assessment of clinical knowledge and problem solving skills; assessment of communication and consulting skills; a written submission of practical work; and a trainer's overall report.<sup>2-4</sup> The results of a consensus conference to determine the content of the trainer's report are published in this issue of the *Journal*.<sup>5</sup> The RCGP has restructured its examination into a modular format. The new structure will facilitate

the use of the MRCGP in the JCPTGP's summative assessment framework.

General practice now has a complete package that has been specifically designed to assess minimum competence at the end of vocational training. Each of the four parts making up the package has been subjected to peer review through publication,<sup>2-4</sup> and each has used a combination of experts in the field and representatives of training practices to determine the standards. For each of the components, every region has arranged specific training for assessors, and there is a national system to ensure that the package is applied equitably across the UK. This compares favourably with the work in place to implement the certificate of completion of specialist training.<sup>6</sup>

As with all innovations, summative assessment poses opportunities and risks. Perhaps the most important opportunity will be a guarantee for patients that their general practitioner has reached a minimum standard of competence. General practice might be seen as the jewel in the crown of the National Health Service, but an incompetent general practitioner could make both the jewel and the crown inaccessible or inappropriate for patients.

General practitioner registrars may appear to have the most to lose with the implementation of summative assessment; indeed, this may have been the reason behind their resistance.<sup>7</sup> Yet

viewed objectively, registrars have much to gain. Appearance before the General Medical Council, under newly introduced performance procedures, or the threat of litigation for incompetent behaviour would probably be the most destructive events in a young doctor's career, and even if found not guilty, such events would be likely to sap morale and modify clinical behaviour. Now general practitioner registrars will be assured that they have met the minimum standard necessary to become a principal in general practice; should they fail to meet the standard, they will have an opportunity to extend their training to acquire the necessary skills. This must surely be preferable to funding the additional training themselves if they were identified through the General Medical Council performance procedures as being incompetent.

The introduction of summative assessment could equally be seen as a threat to trainers. Until now, they have declared their general practitioner registrar as being competent by signing the form denoting satisfactory completion of the training year. Although there has been agreement that the signature on the form represents a statement that the registrar has performed satisfactorily, the criteria and the standards used across the UK have varied. Now all trainers have a clearly laid out summative assessment report which they can discuss with their general practice registrar at the beginning of the training year and which they can use to assess the registrar's progress. This report, together with the other three parts of the assessment package, will be used to guide the trainer in his or her decision to sign the form denoting satisfactory completion of the training year. Guidance from the General Medical Council indicates that all doctors have a duty to take action when they are aware of an incompetent colleague;<sup>8</sup> the objective measures involved in summative assessment may provide a guide for such action.

Regional advisers in general practice and course organizers also face threats from the introduction of summative assessment. It is essential that summative assessment measures the content of vocational training; regional advisers and course organizers must continue to prepare young doctors for a career in general practice and the assessment programme should add to the educational process. As the assessments have been devised by those people intimately involved in vocational training, there can be little doubt about their complementary nature to the education of general practitioner registrars. However, there will inevitably be a small number of doctors who are not successful and who will either require additional training or career guidance. Until now, the decision not to sign a form denoting satisfactory completion of the training year has been taken after considerable discussion, and has often used the results of formative assessment, which is against educational principles. The introduction of summative assessment provides objective measures on which to base this decision. The breaking of the bad news to the individual registrar will continue to be a difficult task, but now the responsibility will fall to the regional adviser in general practice, who should be skilled in giving feedback, and the decision will be supported by objective evidence.

Concern has been expressed that the RCGP might be threatened by the introduction of summative assessment. It is possible that future general practitioners will be satisfied with a certificate of minimum competence; however, evidence to date suggests the contrary. It is already RCGP policy that all new principals entering general practice should have passed the MRCGP examination;<sup>9</sup> this policy is supported by the National Association of Health Authorities and Trusts.<sup>10</sup> Certainly, where there is competition for a post as a principal, the candidate who has demonstrated a high standard of competence must be preferable to one who has minimum competence.

Finally, concern has been expressed that the introduction of

summative assessment will reduce the attraction of general practice as a career. At a time when most other medical colleges are requiring membership of the appropriate college for entry to the specialist registrar grade, it seems unlikely that the introduction of an assessment of minimum competence will deter any doctors who are considering general practice as a career. Summative assessment was one of the recommendations of the *Hospital doctors: training for the future* supplementary report on general practice.<sup>11</sup> The other recommendations in the report, including redressing the balance between the hospital and general practice components of general practice training, the introduction of voluntary higher professional training for general practice, and the transfer of the general practice training budget to the postgraduate medical education and training budget, to be managed by the regional adviser in general practice, have been accepted in full during the consultation process.

It seems that summative assessment poses threats for all, those involved in general practice training, but the opportunities far outweigh the risks. It is to be hoped that it will help general practice to develop and take its rightful place in a primary-care-led NHS.

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