LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Summative assessment for GP registrars

Sir,

At a recent meeting of all Tayside trainers, it was concluded, after prolonged debate, that while the need for certification of trainee competence was undeniable, the current proposals for introducing Summative Assessment were both cumbersome and difficult to accept. Subsequently, these views were recorded in this letter which was circulated to all trainers (42) within Tayside. Over 80% of them (34) replied in writing confirming their support for the views expressed.

Several areas of concern are highlighted:

1. There has been insufficient consultation with ordinary trainers who will be expected to carry through much of the Summative Assessment process. Although the proposals may have been around for some time, it is only now that there is some detail that sensible discussion can take place about.
2. The very short timetable for introduction poses many problems, among which is a strong feeling that criteria and standards for the component parts are being hurriedly rushed through. Thus, it is unlikely for these standards to stand challenge when trainee registrars are referred and subsequently appeal.
3. There is serious concern expressed over the understanding that the multiple choice components of the assessment are being purchased from Australia. This would almost certainly mean that important aspects of UK general practice would be excluded by an examination not validated in this country. How can this be defended when the College probably possess this most thoroughly validated bank of MCQ questions on general practice in the world?
4. It is strongly felt that the resource issues have not been fully addressed. Some regions will have great difficulty in identifying sufficient assessors, protecting time to carry out assessments and training, and resourcing the whole process.
5. It seems that the workload of hard-pressed general practitioners will be increased once again, with extra demands being imposed.
6. It appears likely that Summative Assessment will come to dominate the registrar year to its overall detriment.
7. The medico–political and educational manoeuvrings behind the current proposals are quite frankly unacceptable in this day and age.

The need for competence certification is not challenged in any way, but a validated tool already exists in the form of the MRCGP which could be modified into a two-part examination with a little work and goodwill. Indeed, such proposals are already very much to the fore.

It is felt that Part I of the examination could consist of the current MCQ, modified to ensure an appropriate pass rate and augmented by a video assessment to ensure consulting competence. This would provide the basic test necessary to allow the VTR 1 to be signed. (This could also be supported by the trainer's report.) It is pointed out that, if young doctors wish to become members of the College, then they could do so at a later stage in their careers, by passing a new Part II examination.

It is well recognized that these eminently sensible and reasonable proposals are not new and have been around for some time. Considerable anger was expressed that they had been blocked for medico–political and not educational reasons.

It is felt that a golden opportunity to bring some much needed unity into general practice education and training as well as an overall boost to the bast majority of the professions morale is in danger of being lost. We would wish to know whether the views expressed so strongly by the trainers in this region reflect those being expressed elsewhere. If this is the case, we feel that there should be a major re-think of the JCGPT proposals.

In all other medical specialities, the mechanism for certification of competence of a period of higher professional training is through the relevant specialty College examination, thus achieving professional self-regulation. Why should general practice be any different? Unfortunately, a number of institutions and organizations in general practice have a vested interest in vocational training, including the RCGP, the GMSC, the JCPTGP, the Conference of Regional Advisors and the AUDGP. We would urge these bodies, even at this late stage, to attempt to come to an agreement on a single pathway to certification assessment.

If we fail our colleagues and the general practitioners of the future by settling for a poor and flawed compromise once again, then we deserve all the ridicule of our professional colleagues as well as the bemusement of our increasingly disenchanted patients.

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Heart failure in primary care

Sir,

The study by Dr Mair and colleagues (February *Journal*, p. 77) further emphasizes the problems faced by researchers when studying patients with heart failure in primary care. Firstly, they included patients diagnosed as having heart failure clinically. There are no uniform diagnostic criteria for congestive heart failure. In practice, however, the diagnosis of heart failure relies on clinical judgement based on a history, physical examination and appropriate investigations.[1] The patients should have the following symptoms: symptoms of heart failure, typically breathlessness or fatigue, either at rest or during exertion; or ankle swelling and objective evidence of major cardiac dysfunction at rest.[1] Breathlessness, ankle swelling and fatigue may be difficult to interpret particularly among elderly patients, the obese and in women.[1] Furthermore, inter-observer agreement on the presence or absence of symptoms may also be low.[2] At present, the echocardiogram is the single most effective tool for the objective evidence of heart failure.[1,3]

Secondly, the investigators scrutinized records to determine what investigations had been performed for each of the patients including blood urea and electrolytes to assess for renal function in the preceding 12 months. However, there is no evidence to show that annual assess-