technique, as they had to alter the pass mark after the papers had been marked because their first pass mark failed 50% of those who took the assessment. Campbell, Howie and Murray stated that paper-based assessments, including MCQs, are not good predictors of actual performance.[2]

The authors state that there needs to be further validation of the audit project, so they did not refuse a certificate on the grounds of an unsatisfactory audit.

The video assessment caused most of the registrars to fail, yet this is a very subjective form of assessment, as Campbell, Howie and Murray pointed out, since 'assessors showed limited agreement on the individual components of rating scales.'[2] Yet this paper concluded that most of the unsatisfactory trainees were identified by observing their behaviour in consultations.

I watched with interest as the registrars took summative assessment in September; they tell me that it is ruining their registrar year as about 50% of tutorial time is spent in discussing summative assessment and how they are going to pass. They say that they are developing two consultation styles: one for the video sessions and one for when they have to see a similar number of patients as the partners.

I feel that if this process is to become mandatory then we need some objective measures of competence, otherwise we are going to exclude registrars who are poor performers in exams but are not necessarily incompetent. We have to be careful that the time this assessment takes does not mean that registrars are not as well educated in general practice at the end of the year as they were before the assessment was introduced.

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2. Campbell LM, Howie JGR, Murray TS. The use of videotaped consultations in the assessment of general practice trainees. *Br J Gen Pract* 1995; **45:** 137-141.

Sir,

In their paper on summative assessment, Campbell and Murray list six criteria for assessing audits in the practical component (July *Journal,* p 412).[1] As audit assessors in the West of Scotland we believe that two of the criteria are inaccurate or misleading.

They quote, 'the cycle should be completed if possible' as one of the criteria. If completion of the cycle means a collection of data, interpretation and proposals for change, it was agreed by the group of assessors that this was essential. If it means a second collection of data and evidence of change, this was never envisioned and certainly not even required for the purpose of summative assessment.

They also state that 'the audit should be of educational value.' This has never been one of the criteria used in assessing audits for summative assessment in the West of Scotland.

Perhaps they should remember that, in this context, audit is being used for assessment, not education.

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PhD, MSc and MD degrees

Sir,

I agree with JDM Douglas's comments (Letters, July *Journal*) on Bruce Arrol's previous letter,[2] in which he suggests that the MD in general practice should be supervised or be replaced by the PhD or the MSc, both of which are usually supervised.

It should be emphasized that, in the UK, the MD is not just a pass degree, as in many other countries; but there is no way of telling by the letters MD alone whether the degree was obtained by examination or by thesis (as is usual in this country). One way would be to add 'UK' to an MD gained in this country: MD(UK). I obtained my MD in 1958[3] without any help or supervision whatsoever, and the first doctor to read my thesis was the examiner.

On 28 February 1968, Professor Sir Melville Arnott, at that time Professor of Medicine at Birmingham, wrote to me expressing his feelings towards the MD thesis in general, and I have had his permission to quote the conclusion to his letter:

> I would emphasize that the MD is regarded as a senior doctorate to the PhD. The candidate is expected to find his own problem and to work it out and present his thesis without securing prior approval of the subject or programme of work. It is judged solely on its scientific and scholastic merit, and I feel sure there is considerable scope in general practice for the provision of useful theses of this nature. The degree does not have a vocational significance in the same sense as a membership of your college or the MRCP. It, however, seeks to recognize scientific and scholastic excellence.

In my young days, I used to be a mountaineer and rock climber, and almost invariably climbed alone — I preferred it that way. In some ways, it was like writing an MD thesis. Writing an MD thesis alone and without help is a great achievement and creates greater self-confidence than if it had been written under supervision. The experience of writing an MD thesis in this way cultivates curiosity and an obstinate determination to pursue a task, however difficult, to its ultimate conclusion.

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Detecting psychiatric illness

Sir,

Hannaford's and colleagues' paper (June *Journal*) evaluating the effect of an educational programme on general practitioners' ability to detect psychiatric illness is of great interest in that it demonstrates the ability of the programme to modify behaviour in a selected population of interested practitioners. Whether these results are generalizable outside the volunteer group is open to question.

The question the paper does not address, however, is whether the change in behav-