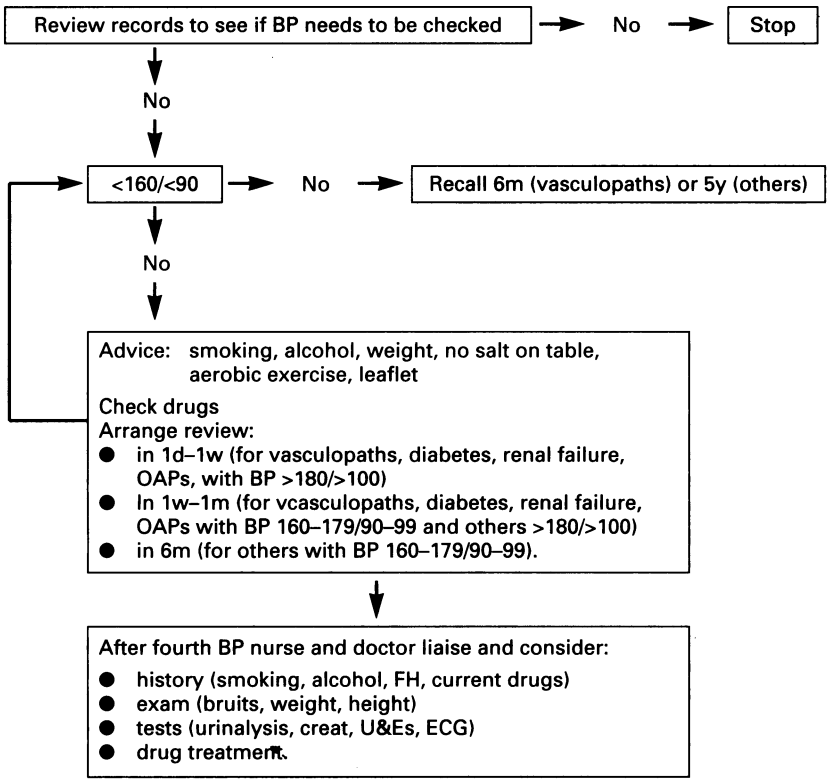

Figure 1. Framework for opportunistic risk-based blood pressure monitoring.

Summative assessment

Sir,

The leading article by Pereira Gray (October *Journal*)[1] summarizes the lengthy and tortuous process by which we have arrived at summative assessment. Although we believe he is right to celebrate many of the achievements in education attained by our discipline, we do not believe summative assessment to be one of them. Pereira Gray refers in passing to the critiques of summative assessment, but his editorial does not do justice to the very real concerns that are now becoming apparent as this new model of end point assessment is implemented universally. Rhodes has reported[2] that, in line with standard assessment theory, the 'high stakes' minimum competency assessment was narrowing the curriculum and affecting standards for the GP training year. We would concur with Neighbour[3] that it is not easy to define competence, and this is certainly not achieved with the current summative assessment package.

We have now completed our first full year of summative assessment, and our results, as with professional groups,[4] have shown that minimum competency testing is inefficient. In North Thames (West), of the 80 who have been assessed we found one registrar who would not otherwise have been recognized as needing two months remedial training. A huge effort was needed by GP registrars, assessors, and deans to find this, and we have had many worried, angry, or distressed GP registrars contacting the office during the year. The cost to the taxpayer for the 80 registrars in running summative assessment has been £62 000 — money we believe could have been more effectively spent in promoting formative assessment systems associated with adult, reflective learning.

As Pereira Gray points out, we are the only medical specialty that allows those with only 'minimum competence' to practise. By allowing entry into general practice of those with only minimum competence (whatever that means), rather than the MRCGP, we are neither 'protecting the public' nor advancing our discipline. The new modular MRCGP, as described by Haslam,[5] is set well above minimum competence. It will have the desirable effect of preventing those who have not received competence from practising, and at little cost to the taxpayer.

We are in total agreement with Haslam when he states:

> Assessment should not simply be a means of assessing minimum competence...it is becoming clear that other Health Service professionals are expecting that GPs should have reached a high rather than minimum standard of competence. There can be no logic in accepting lower standards in the medical specialty that is least supervised, hardest to do well in, and easiest to do badly.[5]

MARTIN RHODES
PATRICK C PIETRONI

Department of Postgraduate General Practice
North Thames West
Imperial College School of Medicine
Hammersmith Campus
Hammersmith Hospital
Ducane Road
London W12 0NN

References

1. Pereira Gray D. Summative assessment of vocational training: to be required by law. [Editorial.] *Br J Gen Pract* 1997; **47:** 608-609.
2. Rhodes M, Wolf A. The summative assessment package: a closer look. *Education for General Practice* 1997; **8:** 1-7.
3. Neighbour R. The modular MRCGP - an end or a beginning? [Back Pages.] *Br J Gen Pract* 1997; **47:** 680-681.
4. Shepard L, Kreitzer A. The Texas teacher test. *Education Researcher* 1987; Aug/Sept: 22-31.
5. Haslam D. Refining the MRCGP. [Editorial.] *Br J Gen Pract* 1997; **47:** 610-611.

Folic acid supplements

Sir,

The paper by McGovern *et al* (October *Journal*)[1] shows disappointing results in the proportion of women taking folic acid supplements before conception, with only 21% of postpartum women in Glasgow reporting having done so. The retrospective nature means that even this low estimate may be subject to recall bias. Fifty-eight per cent of the women in their study group had planned their pregnancy; thus 64% of those women who could have benefited from the reduced risk of a neural tube defect (NTD) that can be achieved with folic acid supplements did not do so. These results are consistent with recent similar surveys in Leeds[2] and Birmingham,[3] where 30.1% (1996) and 26% (1996) of women respectively reported they had taken folic acid prior to conception.

As the Health Education Authority's £2.3 million, three-year campaign to promote the benefits of folic acid draws to a close, we must look to new ways of improving the uptake of this important health message.

It has been estimated that over 35 000 pieces of GP advice on folic acid, given during contraception consultations, would