initial marking, it is impossible to sit beside one's coexaminer for 30 minutes without forming a (usually accurate) impression of what the co-examiner's mark is likely to be. All of these factors would tend to increase the interexaminer agreement but not necessarily increase the reliability of the vivas.

A more thorough analysis would enable us to judge whether the commonly held view that vivas are inherently unreliable can now be revised.²

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- 1 Wakeford R, Southgate L, Wass V. Improving oral examinations: selecting, training, and monitoring examiners for the MRCP. *BMJ* 1995;311:931-5. (7 October.)
- 2 Hubbard JP, Levit EJ, Schumacher CF, Schnabel TG. An objective evaluation of clinical competence. *N Engl J Med* 1965;272:1321-37.

Authors' reply

EDITOR,—L M Campbell and T S Murray's statistical orientation and skill are well known, but the primary purpose of our article was descriptive—to document the development of the oral examinations for membership of the Royal College of General Practitioners. We have evidence that the agreement of examiners in a single oral examination, corrected for chance, is improving as a result of our approaches, but it is difficult to evaluate the reliability of an oral examination in any sophisticated way when each examiner records only a single, overall mark, as at present. Thus we are currently asking examiners to record their grades for each component topic in oral examinations; this will permit calculation of the internal consistency of the examinations, and these data will be reported as soon as possible.

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Summative assessment for general practitioner registrars

Has been implemented experimentally in Yorkshire

EDITOR,—Linda Beecham's report concerning summative assessment for general practitioner registrars states that "no English region has written to all its registrars,"¹ but this is not true. In Yorkshire (since 1993 and at regular intervals) the progress of summative assessment has been communicated to all the registrars, trainers, course organisers, and others involved in postgraduate medical education. In addition, my associate advisers and I have visited our various training schemes in the past two years, discussing assessment with the various groups of registrars and trainers. Also, at our unique annual summer school, which most of our registrars in general practice attend, we have for several years openly and frankly discussed the proposed package of summative assessment.

In addition, in 1994 we implemented summative assessment on an experimental basis—being the only English region to do so—to test our infra-

structure and to help us select and train an appropriate number of assessors. All this has been achieved without causing any major disquiet or, indeed, giving rise to any costs for registrars.

At a recent meeting of the executive council of the Conference of Postgraduate Advisers and Universities of the United Kingdom it was decided that, regardless of the delay in regulatory changes, summative assessment would be introduced as a professionally led system of assessment from September 1996 without any financial cost to registrars. It may be reassuring to the registrars and others who may be misled by the current barrage of ill informed speculation in the media to learn that the current package satisfies the test of reliability and validity set by the joint committee.

In addition, other methods of assessment are being developed and tested—for instance, in Yorkshire for the past two years we have assessed a range of projects that may become part of the written submission necessary for summative assessment. We have also invested a great deal of time and resources in developing patient simulated surgery as an alternative method to video assessment to test clinical skills.

In brief, whether we like it or not, summative assessment will be introduced. The present package is good and workable. To improve the package and develop other and perhaps better methods of assessment, however, we need the wholehearted involvement of registrars in general practice, even though for the time being this will be on a voluntary basis. The time has come to stop mixing politics with education: let us get on with the task in hand.

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- 1 Beecham L. Registrars may withdraw from summative assessments. *BMJ* 1995;311:1170. (28 October.)

Proposals may damage one of finest examples of postgraduate medical education

EDITOR,—Registrars in general practice neither are ill informed about nor misunderstand the proposals for summative assessment, as is suggested by T Stuart Murray and Jacky Hayden respectively.^{1,2} It is precisely because they perceive both the dangers to training that the plans threaten and the precipitate and unprofessional manner in which they are being implemented that so many future general practitioners are expressing so much concern.

The two authors indicate the inconsistency and lack of rigour that are reflected in the assessment as proposed. One of the principal tenets of the package is that a national standard of competence should be applied. Hayden, however, indicates what many have found—that in some regions, as a result of funding difficulties and practical difficulties, the only component that will be used this year will be the structured trainers' report, which has not yet been fully tested, let alone validated. This makes it difficult to support the assertion that the package is either national or fair.

While there may now be "awareness" of the proposals for summative assessment among registrars in general practice, this is hardly an adequate level of information for people whose future depends on an examination process that began three months ago and for which no syllabus, firm timetable, or arrangements for further education for those who fail have yet been arranged. It is disgraceful that no national communication to doctors has been made in advance of the proposals and that what little communication there has been has been devolved to regional advisers in general

practice, almost half of whom last year were unable even to supply data on the numbers of registrars in general practice in their region.

Registrars in general practice are in favour of assessment that is valid, reliable, and equitable and welcome any procedure that will improve their training. For their own reasons the Joint Committee for Postgraduate Training in General Practice and the Conference of Postgraduate Advisers have chosen to press ahead with plans that fulfil none of these criteria. It is particularly disturbing that these plans are being forced through by some senior members of the profession in a manner that, if applied by an outside body such as the government, would be condemned by all.

In the meantime, as no regulatory changes will be made before September 1996, registrars in general practice should be reassured that, provided their trainer agrees with them, the current procedure for accreditation is the only requirement and the summative package is entirely optional.

A system must be devised that does not require every general practitioner in training to be subjected to arbitrary and meaningless tests, has the full support of the profession and educationalists, is well planned in advance, and includes both recurring new funding and any necessary regulatory changes. Not to ensure this minimum standard will further worsen the perception of general practice and will damage what has become one of the finest examples of postgraduate medical education.

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Attitudes of consultant physicians to Calman proposals

Royal College of Physicians gave qualified support to proposals

EDITOR,—Several aspects of Hugh M Mather and Robert S Elkeles's paper giving the attitudes of consultant physicians to the Calman proposals require correction and clarification.¹

Firstly, it is wrong to say that the Royal College of Physicians "made no attempt to ascertain the views of those colleagues who are most directly affected." The president and other officers of the college travelled throughout Britain to discuss the Calman proposals with consultants and trainees both before the report was finalised and after its publication. In addition, the report was regularly on the agenda of meetings open to all fellows, at which they can speak, and of meetings of the council, some of whose members are elected fellows and members. We also published our concerns in the college's commentary and newsletter.

Secondly, contrary to what was originally thought, detailed predictions by the college working with the specialist societies indicate that there will not be a reduction in middle grade staff, and this view is largely accepted by the Specialist Workforce Advisory Group. There will, however, be a reduction in the contact time between patients and doctors as trainees spend time away from clinical work to be formally educated and consultants deliver the education.

Thirdly, we did indeed, as contributors to the response of the conference of royal medical colleges, give qualified support to the proposals, which carry two important benefits: they bring structure to training schemes that hitherto have been haphazard and have used time served as a proxy for content; and the training programmes