Assessment drives learning.

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It is increasingly recognised that doctors require formal vocational training to work effectively in Family Medicine. A broad range of knowledge and skills is essential to deal with the wide variety of problems met in practice. In the past doctors moved straight from leaving medical school to work as general practitioners. Internationally it is now accepted that a period of at least three years training post qualification is essential, as with every other clinical specialty. However, in many countries formal training for Family Medicine has been slow to develop. The task of deciding what a family medicine doctor needs to know and do is complicated. This is inevitable given the large number of skills required – clinical and interpersonal.

The Royal College of Family Physicians of Thailand (RCFPT) has set out a curriculum for training for Family Medicine in collaboration with the Universities. High standards of training are the aim. The problem is that training standards across the country are not consistently high. Yet for entry to the College there must be a robust assessment process which assures the public that the doctor has reached the appropriate level of skill to work in Family Medicine. The College's Diploma of Family Medicine must therefore be carefully planned to ensure that doctors who are successful in the assessment process have acquired the necessary broad range of knowledge and skills needed.

The Health Care Reform Project is working with the College to support the development of an assessment process which achieves this. Internationally, examinations have been changing. Essays are rarely used in medicine nowadays. It is recognised that a large number of questions is necessary to cover all the areas of knowledge in the curriculum. New techniques are being used to develop questions which don't just assess isolated facts but require the doctor to apply his knowledge to patient scenarios. These can be difficult to construct and a large number must be written to test across a family medicine curriculum. Similarly, tests of clinical skills are changing from the older format of assessing a doctor on a single case to asking them to take a series of standardised tasks each of around ten minutes. These cover a range of skills from taking a relevant history (clinical and psycho-social), examining the patient, making a working diagnosis and agreeing a management plan with the patient, and offering appropriate health

education advice and support. These are called Objective Structured Clinical Examinations (OSCEs). Real and "simulated patients", i.e. actors who are given a script to learn, can be used.

Clearly, it is a challenge to set up these new forms of assessment. The Thai-European Health Care Reform Project is working with the RCFPT to support change in their examinations. Why? Well, we know that if the examinations are set carefully this will ensure that the doctors who pass are the ones with the skills needed for Family Medicine. However, there is an additional rationale. The reality is that assessment drives learning. Students will study what is in the test and, because of time constraints; they will pay less attention to areas of the curriculum which fail to appear in the examination. It is said that assessment is the "tail that wags the dog". By producing high quality assessments we aim to promote better standards of training in preparation for taking the college's examinations. This is proving successful in a Family Medicine assessment process across five South Asian countries where formal vocational training is often lacking. MRCGP [INT] South Asia has been developed by the countries themselves and is supported and accredited by the UK Royal College of General Practitioners: this is providing the stimulus for training courses to be established as doctors strive to prepare for the examination, which takes the form of an Acquired Knowledge Test (AKT) test and an OSCE.

Through the Thai-European Health Care Reform Project, two RCFPT Examination Board members have visited Sri Lanka to observe the South Asia MRCGP [INT] OSCEs in progress. One College member, during a secondment to the UK, visited the Clinical Skills Assessment Centre to observe the UK examination in progress. Training standards need to be improved but RCFPT is to be congratulated on the hard work being undertaken to accomplish the changes and to further professionalise Family Medicine in Thailand. We are delighted to be collaborating with the College in this challenge. ■