

DEAR SIRs

I wish to support Dr Sevitt's disquiet with the MRCPsych preliminary test (*Bulletin*, September 1986, 10, 248–249). I can offer the following explanation to re-inforce our concern that the examiners may be out of touch with what is going on at 'grass roots'.

The Multiple Choice examination of the preliminary test seems to predict success or failure in the whole examination in 90% of cases (*Bulletin*, October 1982, 6, 174–176). From my personal experience as an ex-trainee and from my teaching involvement with the junior trainees throughout my SR training, it seems that there is a high rate of repeat of the same MCQ. Therefore, one can conclude that the pool of these questions is limited with very low turnover. If a candidate gets the past MCQs, then he can easily be in the 'fixed' proportion of successful candidates, regardless of the standard of the individual candidate. If you have not got them, then he or she should be at least an above average candidate to squeeze through the exam. I feel that if the Multiple Choice examination were to predict success to such a high degree, then it needs to expand its pool with regular turnover so that the examination may be adequately doing the job for which it is intended.

E. S. HUSSAIN

*Greaves Hall Hospital
Southport*

DEAR SIRs

I have read with interest the debate concerning the present form and aim of the Preliminary Test. I would like to address the point of the 'fixed' pass rate that appears to be the current practice. Surely the point of the examination is to determine fitness to practise and train which would be best served by a minimum, albeit, high standard. Currently, a lot of trainees spend many long hours in the library cramming numerous facts rather than spending more time with patients applying the scientific principles learnt to giving a better standard of clinical care for the benefit of the patient.

KOLE JOHNSON

*The London Hospital (St Clement's)
Bow Road, London E3*

MRCPsych Part I: Specimen Paper

DEAR SIRs

The College Working Party should include their answers to the MRCPsych Part I Specimen Paper (*Bulletin*, October 1986, 10, 290–291). This would enable us to see whether there are still some badly worded questions, or questions where the answer can be seen as being either true or false depending on other factors.

It would be reassuring to future candidates to know that no-one disagreed with the College's answers and surely helpful to the College to know whether their answers produced a flood or a trickle of correspondence.

RODGER MARTIN

The Maudsley Hospital, London SE5

DEAR SIRs

With reference to the MRCPsych Part I specimen paper (*Bulletin*, October 1986, 10, 290), could you please send me a copy of the answers as there is at least one member who doesn't know them all!

What about publishing papers and answers in the *Bulletin* from time to time. This would provide a useful aid to quality control for some of us.

E. J. HILL

*11 Douglas Avenue
Te Awamutu, New Zealand*

DEAR SIRs

Reading compilations of old Multiple Choice Questions (MCQs) may be seen as one way of learning psychiatry and its basic sciences though not the most sensible, efficient or enthralling use of time. As a procedure for preparing for the examination it is risky. The candidate is liable to be misled because (i) some questions have been inaccurately reported or remembered; (ii) some were not remembered at all; (iii) some have been altered, radically or in detail; (iv) some have been discarded; and (v) others have been added.

Some topics in psychiatry are more suitable than others for testing by the MCQ. Such topics are naturally represented by several different MCQs in the bank. Frequent repetition of a topic is not the same thing as repetition of a specific question. So laboured memorisation can only be achieved by hard labour, and recall of previous questions is likely to be less useful than knowing the subject, attending closely to the precise questions asked, and applying informed reason to select the answers.

This is the current procedure. A standing Working Party looks after the bank and keeps it up to date. It actively seeks new questions from a wide range of Members of the College and others in related disciplines. Also it keeps the performance of individual questions—their validity, reliability and discriminating power—under constant review. It selects questions for each examination. The draft paper is then scrutinised in close detail by the Examinations Sub-Committee. Modifications or radical restructuring of individual questions are liable to be introduced at any stage. Experts may be consulted about particular points—not to judge esoteric truths but to ascertain the essential correctness and fairness of what the questions are and how they are put. Always those who are responsible for the MCQs have it in mind that psychiatry and related disciplines are fast developing new knowledge and new perspectives. They are not static subjects. So a question that would be correct this year might be less clearly so next year. This year's new knowledge may become aptly regarded as next year's required knowledge. Last year's question may have had its ambiguities removed.

Two conclusions emerge. Future MCQ papers are likely to become progressively less predictable from any span of awareness of previous questions. And publication of a paper from a past examination can provide only broad guidelines on procedural matters. Presenting it with its answers would be seriously misleading to readers in the

years to come. There could be no worse basis for guidance on how to learn psychiatry.

Dr M. A. Sevitt (*Bulletin*, September 1986, 10, 248–249) may find encouragement from reading the Review Working Party's Report (obtainable from the Examinations Office) and from the Regulations for the MRCPsych June 1987 to June 1992 (to be published early next year). The Dean of the College has responded to his comments about fixed-percentage pass rates (*Bulletin*, December 1986, 10, 361). Dr E. S. Hussain is misleading in implying that, because the MCQ of the Preliminary Test 'predicts' success or failure in the examination in 90% of cases, the essay is unimportant. The usual pattern is similar to that reported in the *Bulletin*, (March 1986, 10, 60–63). The pass rate overall deviates little from 50%. Some 35–40% of candidates pass both parts, 25–30% pass only the essay paper, 10–15% pass only the MCQ, and 25–30% fail both parts. Over half of those who fail, fail in both parts. Thus success or failure in *either part* is strongly associated with the resulting pass or fail.

Professor R. H. CAWLEY
Chief Examiner

Professor H. G. MORGAN
Deputy Chief Examiner

Dr O. HILL
Chairman, MCQ Working Party

Mental Health Act 1983

DEAR SIRS

I wish to discuss certain views recently expressed in the recent letter of Dr Bamrah (*Bulletin*, December 1986, 10, 359).

Firstly, the assumption is implied in the letter that only psychiatric trainees are going to apply for Sec 12(2) Approval of the Mental Health Act 1983 (England and Wales). I would take issue with this, as general practitioners, prison medical staff and medical staff in the Police Service would also find such approval greatly facilitates their work. Secondly, I do not accept that all psychiatric training experiences are even broadly comparable. Specifically, the amount of first-hand experience of mental health legislation and in-depth understanding of its mechanism and practical application will vary.

The quotation of the MRCPsych as a criterion for assessing applicants for Approval is fraught with difficulties. I would accept that having passed the examination would mean that clinical and theoretical ability will have been tested; however, the testing of knowledge of the mental health legislation is not a major component of the present examination. Having recently sat the examination I can only recall about four questions dealing with mental health legislation and these were of a most general nature. This is not in fact surprising as there are four different versions of such legislation in the British Isles, and if the examination were to test this knowledge fairly candidates would need to have knowledge of all these. I suspect this would be very difficult to achieve.

In conclusion I would tend to agree that further stringent tests, whether by written or oral means, are an unnecessary

expense. I feel, however, that some form of brief orientation course prior to Approval being granted may be of benefit to certain applicants. Applicants who are not career psychiatrists may have certain anxieties about using their new found powers and might welcome such a 'refresher' course. Perhaps some form of peer group discussion of relevant areas, in addition to the use of case vignettes and video would be of benefit.

S. P. J. LYNCH

*Regional Secure Unit
Rainhill Hospital
Nr Prescot, Merseyside*

Multiple Personality Disorder (MPD)

DEAR SIRS

I am researching the phenomenon of Multiple Personality Disorder (MPD).¹ Although the American literature is replete with case studies and research reports (e.g.^{2,3}), one wonders as to the incidence and prevalence of MPD in the UK. Casual enquiry of a large number of acquaintances, psychiatrists and clinical psychologists has not produced a single case, even one based on 'hearsay'.

May I use your correspondence section to cast my net appropriately wider? If any of your readers has any information which might aid my current literature search, would they please contact me?

All replies will be acknowledged, and actively pursued, where practically and professionally possible.

RAY ALDRIDGE-MORRIS

*The School of Psychology
Middlesex Polytechnic
Queensway, Enfield, Middlesex*

REFERENCES

- ¹ALDRIDGE-MORRIS, R. Book in preparation (Prentice-Hall).
- ²BRAUN, B. G. (Guest ed.) (1984) Symposium on Multiple Personality, *Psychiatric Clinics of North America*, 7, entire issue (195pp).
- ³BLISS, E. L. (1986) *Multiple Personality, Allied Disorders and Hypnosis*. Oxford University Press.

Experience of community orientated psychiatry

DEAR SIRS

I am currently convenor of the CTC Working Party looking at the implications for training of the closure of large mental hospitals. One particular aspect that we are interested in is how many Registrars and Senior Registrars have experience of community orientated psychiatry. We would be keen to hear from any trainees who could give us any information on their training in this area and where they obtained it, and also their opinions about this training. I would be pleased to receive these comments on behalf of the Working Party at the address below.

JAN SCOTT

*University Department of Psychiatry
The Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne NE1 4LP*