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Changes to the MRCPsych examination – an update

The proposed changes to the MRCPsych examinations were published in the *Bulletin* in July 2000 (Katona *et al*, July 2000, **24**, 276–278). The timetable for the changes to the examination were indicated in the article.

After further discussions by the Implementation Working Group, the body that is concerned with the logistics of implementing the changes to the MRCPsych examination, two changes have been recommended of which candidates and examiners should be aware.

(a) The new extended matching items (EMI) questions will be introduced into the MRCPsych Part I examination in Spring 2003 as planned. It has been demonstrated that EMI questions test a wider range of clinical skills than the multiple choice question (MCQ) format. In a recent pilot examination of EMI questions in Part I of the examination in Autumn 2000, these questions were found to have good psychometric properties in terms of distinguishing between good and bad candidates, and were acceptable to the candidates. EMI questions will therefore replace part of the MCQ examination so that in future the written section of the Part I examination will consist of both MCQ and EMI questions. Examples are to be found on the College website (http://www.rcpsych.ac.uk/traindev/exams/regulation/emisamp.htm). Alternative formats are being developed in a further pilot examination in Spring 2002 for both parts of the examination and examples of these will be posted on the website. However, EMI questions will not be included in the Part II examination until Autumn 2003.

(b) The revised curriculum for basic specialist psychiatry training and for the MRCPsych examination is scheduled for publication within the next 3 months. In the Autumn 2001 MRCPsych examinations candidates should be aware that the questions set in both parts of the examinations will be based on the old curriculum. Sufficient time will therefore be available for candidates to examine the revised curriculum, which will be used as a basis for the questions set in both the written and clinical papers in the Spring 2002 examination.

Stephen Tyrer Chief Examiner, **Simon Fleminger** Chairman, EMI Working Group

Election of Sub-Deans

Council will be electing Sub-Deans at its meeting on Wednesday 31 October 2001. There are currently four Sub-Deans, three of whom are eligible for re-election. The Sub-Deans work closely with the Dean, Professor Cornelius Katona, and it is likely that the successful candidate will work in the area of examinations.

If you would like further information please contact Professor Cornelius Katona by 1 October 2001 (e-mail: ckatona@rcpsych.ac.uk).

Vanessa Cameron Secretary, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

Royal College of Psychiatrists' Board of International Affairs

Just as in the 19th century, when it was realised that public health – or ill health – was often the product of poor social conditions requiring municipal and national action to address it, so in the 21st century it is evident that many of the factors that determine health now require international action. The immediate threats to global health include over-consumption, environmental damage and misuse of medicines, and many international forums have focused on the consequences for physical health. However, as countries address these more tangible problems and improve the physical health of their population, their mental health needs become more apparent and more pressing. In many countries these needs are acknowledged and appropriate training for health care professionals is provided and/or is being developed. However, with the growing gulf in prosperity between rich countries and poor, it is important that mental health services in the latter do not become – or do not continue to be – the Cinderella services that they were for so many years in the UK.

Our College, with its tradition and reputation of experience in postgraduate education and its historical links with many countries, is well placed to play a role in the direct provision of training that should be appropriate to the needs of the country concerned and should not seek to exploit its workforce to remedy service deficiencies in the UK.

A continuing contribution to international education, although an important responsibility, should be seen as the starting point for the College's future global role, rather than an end-point. As a starting point it allows the development of relationships with the people likely to become leaders of the discipline within different countries, and it also offers the College – and through the College, the profession as a whole – the opportunity to learn from other countries' experiences about cultural differences, different pathologies, different treatment approaches and so on. This development of genuine partnerships between equals, benefiting all parties, is of fundamental importance for the College's international role. The decline in the number of overseas trainees in recent years is evidence and warning that the old ways are no longer sufficient.

Instead, the College must reach out and become involved not just with the English-speaking Commonwealth countries, but increasingly with the countries in the European Economic Area. This will require the College to be wholeheartedly committed to organisations such as the World Psychiatric Association, the Association of European Psychiatrists and the World Health Organization, as well as developing strong links with sister organisations in other countries.

We appreciate that any such efforts require significant investment of precious time and money. This investment is essential, not just for the College's continued international prestige, but also because of our responsibility to advocate actively equality of mental health worldwide. Our concern must be for the mental health of all the world's citizens, not just the 'mental health of the nation'.

Finally, remembering the not too distant history of the use of psychiatry for political purposes, the Royal College of Psychiatrists should lead the way in advocacy of human rights, individual freedom and ethical and moral issues, which are fundamental to good mental health.

Hamid Ghodse Vice-President and Director of International Affairs

Invitation

The Board of International Affairs has been set up by Council with a specific remit to make recommendations and comment on recommendations or decisions by other College committees whenever these have international implications. The Board will meet at least four times a year. It has its own office and the administrative support at the College. But this is just a beginning.

You are hereby invited to help us to define specific issues that, in the light of the above article, you think we should be concentrating on, by applying for one of the posts of Appointed Member of the Board of International Affairs.

This is an honorary post and it is probable that you will need to devote

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approximately one session per month (including committee meetings). You will report to the Director of International Affairs. Interviews will be held on the afternoon of Tuesday 2 October 2001.

If you are interested in applying, please contact Mrs Joanna Carroll, Postgraduate Educational Services Administrator (Overseas Liaison), Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG by 28 September 2001.

Vanessa Cameron Secretary, Royal College of Psychiatrists

Institutional Abuse of Older Adults

Council Report CR84 £5.00. 24 pp.

This report was prepared amid increasing concerns about the care of elderly patients in long-stay settings and newspaper criticism of doctors' attitudes to older people. Abuse is maltreatment as a single or repeated act or neglect; it may be intentional or due to ignorance or thoughtlessness, by a person or persons in a position of power. It covers five domains: physical, sexual, social, psychological and financial. It is underrecognised and underreported. Elder abuse takes many forms, ranging from subtle interactions to acts that are frankly criminal. What links the range of behaviours is that they occur in situations in which the victim is dehumanised. The abuser relates through power in the absence of clear thinking. Institutional abuse includes individual acts or omissions and managerial failings in which the regime of the institution itself may be abusive.

The subject of elder abuse has generated an increasing body of literature but little specifically about the role of doctors. This report aims to define the role of doctors in prevention, detection and management of abuse in institutions, to raise awareness, improve practice and to extend an understanding of a social, organisational and individual psychodynamic perspective to the aetiology and manifestation of abuse. Some abusive behaviour is consciously enacted. The majority is out of ignorance, unthinking and ageism, factors that can be addressed in training.

Doctors are in a position to influence significantly the culture and atmosphere of the units where they have patients. Old age psychiatrists have a responsibility to take the lead in prompting an examination of ageism and the capacity for abuse in the homes and wards where they work.

The report concludes with a list of recommendations for the organisation, the clinical setting and training. The recommendations are applicable to other vulnerable people in institutions.

J. Garner **S. Evans**

Community Care

Council Report CR86 £7.50. 64 pp.

This new Council Report replaces the College's previous position on community care, *Caring for a Community*, published in 1994 (CR36). Its aim is to summarise the College's views on the core components of humane and effective community care for adults of working age with mental illness. It reflects the significant changes in the UK context over that time – both the increasingly critical stand taken by some politicians and interest groups, and the welcome emphasis on clinical governance and evidence-based practice enshrined in the recent National Service Framework (NSF). This report has evolved alongside the NSF, and covers much of the same ground. Some of the terminology will have changed but we have retained terms (such as keyworker – instead of care coordinator) that were in current use during our deliberations. It does not deal with issues of training or workforce planning because these are considered elsewhere.

We have tried to strike a balance between being comprehensive and being focused. Colleagues have told us that they would like some concrete figures and proposals to work around, both to aim at and to use in local discussions. This has inevitably involved judgement and selectivity about the content. Not all these judgements can be supported by research findings but we have consulted widely. Despite the prescriptive style of some of these suggestions they in no way deny the importance of local circumstances or the need for local sensitivities and adjustments.

This is a clinically-led document. We believe that psychiatry, working closely with our partners (members of the wider multi-professional mental health team, social services and the users of the service and carers), should take an active lead in the continuing development of community services. We should neither back off from them nor adopt a reactive stand to externally driven policy.

Professor T Burns Working Group Chairman

Proposal for a Special Interest Group in Primary Mental Health Care

Procedure for establishing a special interest group:

(a) Any member wishing to establish a special interest group shall write to the Registrar with relevant details.
(b) The Registrar shall forward the application to Council.
(c) If Council approves the principle of establishing such a special interest group then it will direct the Registrar to place a notice in the *Bulletin*, or its equivalent, asking members of the College to write in support of such a group and expressing willingness to participate in its activities.
(d) If at least 120 members reply to this notice, then Council shall formally approve the establishment of the special interest group.

In accordance with this procedure, Council has approved the establishment of a Special Interest Group in Primary Mental Health Care.

Standards II and III of the *National Service Framework for Mental Health* state that people with common mental health problems should have their needs identified and assessed in primary care, with management occurring along locally agreed guidelines as far as possible either in primary care or with recourse to community resources, using NHS Direct and other care pathway management systems for guidance. Evidence suggests that there is a need for standardisation with regard to care pathways at the primary/secondary care interface. It is envisaged that a special interest group in this area could provide a forum for members of the College sympathetic to these issues to share ideas and experience in this area.

Joint meetings and conferences with the Royal College of General Practitioners could be organised as part of the process of consultation and liaison, and members of that College could be invited to join the group, once established.

Members are invited to write in support of this group and express willingness to participate in its activities. Interested members should write to Miss Sue Duncan at the College. If 120 members of the College reply to this notice, then Council shall formally approve the establishment of this special interest group.

Mike Shooter Registrar, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

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