

# The College

## Why do Overseas Trainees Fail?

PETER WHITE, Chairman, Collegiate Trainees' Committee (on behalf of CTC Working Party on Problems of Overseas Doctors)

Do overseas graduates fail the MRCPsych exam more than indigenous graduates; if so, why? After passing the MRCPsych exam, do overseas graduates do less well in their career: if so, why? A trainees' forum was held at the College Quarterly Meeting in February 1985 to try to provide some answers to these questions. Professor Cawley (Chief Examiner) presented comparative data regarding failure in the MRCPsych. Dr Bhate (Chairman, Overseas Trainees' Sub-Committee, OTSC) gave preliminary results on the OTSC's career survey of all successful MRCPsych candidates from November 1981 and April 1982. Dr Julie Hollyman (Chairman, Collegiate Trainees' Committee, CTC) chaired the forum which was attended by an audience including examiners, consultants and trainees.

### Overseas graduates and the MRCPsych

Professor Cawley's report of his findings is reproduced in full on pages 60–63.

### Career survey

Dr Bhate presented preliminary data on those doctors who had been successful at the MRCPsych in 1981–2; this report will be published in a future issue of the *Bulletin*. Was there evidence of different success in higher training? Of the 249 members who were approached, 83% returned the postal questionnaire. Analysis again was by place of medical graduation—61% were male, 61% were from UK/Eire and 89% were fully registered. The largest foreign group was from Asia, mainly the Indian Sub-Continent. Other areas were minimally represented, so the analysis was made comparing the UK/Eire group and the Asian group.

Asian graduates were four times as likely as UK/Eire graduates still to be registrars. As senior registrars they were more likely to be in mental handicap and were three times as likely to express dissatisfaction with their present job. Problems of return to their country of origin were compounded, in Indian graduates, by their government's withdrawal of recognition for the MRCPsych.

Regarding success after membership, Dr Bhate's preliminary results show there are significant differences. We must hope that the full analysis will provide a focus as to where the main problems lie and therefore challenge the College to seek appropriate remedies. In the meantime there is a useful pamphlet on the problems of overseas trainees in psychiatry which is available free of charge from the Overseas Trainees' Sub-Committee.<sup>1</sup>

### Discussion

The discussion which followed concentrated mainly on

examination failures. Ways suggested to improve the pass rate in overseas graduates included the following: the Short Report should be more quickly implemented, increasing trainee standards by competition for less places; tutors should be encouraged to spot the obvious failure early on and give counselling and advice to prevent disappointment after many years of training; the Preliminary Test should be more of a screening test; and the inconsistency across the country regarding teaching in examination techniques and interviewing skills should be abolished. It was also suggested that overseas graduates were not used to certain parts of the examination and therefore needed coaching in these techniques. Feedback on the examination could be made automatic after the third failure to overcome the problem of candidates not applying for it. Concern was expressed that education was not as good at peripheral hospitals, but there were no data from the exam results to support this contention either way. This information might be available at a later date when examination records have been computerised. A recent survey by the CTC of the role of psychiatric tutors did not support the idea that education was worse at peripheral hospitals.

The Dean, Dr Birley, pointed out that the College was the only College to provide feedback on its Membership Examination. He found it depressing that a large number of those candidates who fail never ask for feedback to be sent to their tutor. He recently found that, of 38 previous failures at the Preliminary Test, 35 had not asked for feedback. In answer to the suggestion that more overseas graduates should become examiners, the Dean informed the forum that wide-ranging consultations and suggestions from Divisions as well as academic departments took place to choose examiners. His aim was to achieve a balance between specialities, regions, the NHS, academic departments, as well as young and old. He thought that selection on merit was preferable to positive discrimination. The Dean had observed a considerable number of clinicals and orals and had found no evidence of discrimination against overseas candidates, nor of a more lenient attitude towards them on the part of examiners who had originally come from overseas.

The final point from the floor was that the standard of the examination should not be reduced as a way of increasing the pass rate, since this would reduce its value.

### Recommendations

The CTC Working Party on the Problems of Overseas Doctors feel that the following suggestions would improve

the chances of success of overseas graduates at the MRCPsych exam:

- (1) There should be access to videotaped interviewing skills teaching, as well as access to a mock examination, with videotaping where appropriate. The Working Party believe this to be the most important recommendation.
- (2) Psychiatric tutors should strongly encourage failed candidates to apply for feedback and provide advice and counselling regarding examination failure. Where a candidate is very unlikely to succeed at the exam, he

or she should be given advice to that effect as early as possible.

- (3) An *opting out* rather than *opting in* scheme for feedback, which would otherwise be automatic after a third failure, might overcome the reticence of candidates in applying for feedback.

#### REFERENCE

- <sup>1</sup>Cox, J. L. & BHATE, S. (1983) *Overseas Trainees in Psychiatry*. Leaflet available from Overseas Trainees' Sub-Committee, Royal College of Psychiatrists.

## Overseas Graduates and the MRCPsych

R. H. CAWLEY, Chief Examiner

Between 1977 and 1984 the pass rates for the Preliminary Test for UK/Eire candidates varied between 64% and 84% whilst those for overseas candidates were in the range 23% to 42%. Corresponding figures for the Membership Examination were 61% to 70% and 25% to 43% respectively. During those years overseas candidates were in the majority, comprising 60–65% of those taking the Preliminary Test and 50–55% of those taking the Membership Examination. Over the last two years the proportions have fallen to 40–50%.

This paper presents: (i) a detailed analysis of the results of one Preliminary Test (September 1984) and one Membership Examination (November 1984); and (ii) a comparison of parallel cohorts of home and overseas candidates

who made their first attempts at the Membership in 1974–79.

#### The Autumn 1984 Examinations

As always the largest numbers of overseas candidates came from the Indian Sub-Continent (Table I). Hassall and Trethowan grouped the Arabs with the Indians in their analysis,<sup>1</sup> but examination of current figures suggests that it is now more appropriate to compare the three main sub-groups of candidates according to whether their basic medical qualification was in the UK or Eire, in the Indian Sub-Continent, or elsewhere. UK/Eire trainees fare best and the Indians worst with the others from overseas taking an intermediate position (Table II).

#### Number of attempts

Of the candidates in the Preliminary Test, 64% were making their first attempt, 18% second, and 18% third and subsequent attempts. Corresponding figures for the

TABLE I  
Medical schools of graduation of candidates

| Graduated in medical schools in:                | Number of candidates (%) |
|---|--------------------------|
| <b>A. Preliminary Test: September 1984</b>      |                          |
| UK/Eire   | 191 (52)                 |
| Indian Sub-Continent                            | 114 (31)                 |
| United Arab Republic                            | 16                       |
| Europe  | 15                       |
| Far East  | 13                       |
| Africa  | 10                       |
| N. America, Australasia                         | 9                        |
| Total   | 368                      |
| <b>B. Membership Examination: November 1984</b> |                          |
| UK/Eire   | 198 (55)                 |
| Indian Sub-Continent                            | 97 (27)                  |
| United Arab Republic                            | 21                       |
| Europe  | 15                       |
| Far East  | 7                        |
| Africa  | 15                       |
| N. America, Australasia                         | 9                        |
| Total   | 362                      |

TABLE II  
Pass rates among British and Overseas candidates

|   | Number of candidates | Pass |
|---|----------------------|------|
| <b>A. Preliminary Test: September 1984</b>      |                      |      |
| All candidates                                  | 368                  | 45%  |
| UK/Eire   | 191                  | 66%  |
| Indian Sub-Continent                            | 114                  | 18%  |
| United Arab Republic                            | 16                   | 25%  |
| Other countries                                 | 47                   | 32%  |
|   | 63                   | 30%  |
| <b>B. Membership Examination: November 1984</b> |                      |      |
| All candidates                                  | 362                  | 53%  |
| UK/Eire   | 198                  | 68%  |
| Indian Sub-Continent                            | 97                   | 28%  |
| United Arab Republic                            | 21                   | 48%  |
| Other countries                                 | 46                   | 41%  |
|   | 67                   | 43%  |