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