

Discussions focused around professional standards, quality and content of training and service development, and highlighted common interests and goals faced by professional organisations in Europe as well as the differences shaped by national economic, political and social contexts. Dr Muijen led on the relationship between the WHO and various organisations. The participants recognised the need for a Europe-wide effective body with clear terms of reference and sufficient resources to advocate for mental health. The group felt that liaison with key stakeholders in Europe needs to be improved. It was agreed that an informal forum initially would be very helpful and the right way forward. A cautious and measured approach to further collaborative work was accepted and discussions will continue at forthcoming meetings in Berlin (2010) and Amsterdam (2011).

College visit to Bangalore, India

In March 2010 the College officers were invited by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore to a 2-day conference where, in a prelude to International Women's Day, the President gave an illustrated talk entitled 'The mind of a woman: portrayal in Bollywood', which emphasised the importance of accurate and responsible portrayal of mental illness in film.

Professor Anthony Bateman, Chief Examiner, used the occasion to explore the feasibility of running the MRCPsych examination in India. Professor Bateman and Dr Amit Malik, among others, talked about the changes to postgraduate training in the UK, such as competence-based training and workplace assessments.

The conference was crowned with the signing of a memorandum of understanding between the College and NIMHANS to set out a general framework for collaboration and exchange of research, experience and the organisation of joint activities.

The College launches a new book review section online

If you enjoy reading, or perhaps recommend books to your patients, then please consider contributing to our new book review section of the College website (<http://www.rcpsych.ac.uk/mentalhealthinfo/bookreviews.aspx>). You can read reviews, sort books according to the reviewers' ratings or click on a link to buy a book from Amazon. If you do not have time to write a review perhaps some of your patients might like to contribute. We are interested in any type of book, including fiction, self-help or academic books, as long as they have a mental health theme.

CORRESPONDENCE

Correspondence should be sent to:

Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk

Clinical Assessment of Skills and Competencies examination

Sir: As a psychiatric trainee I had the opportunity to appear for the Clinical Assessment of Skills and Competencies (CASC) examination as an exit exam towards MRCPsych. In a letter published in the April 2010 issue of *International Psychiatry* (volume 7, number 2, p. 51) authors Joan M. Anzia and David J. Lynn say that they were impressed by the efficiency and economy of the design and implementation. The purpose of the present letter is to raise some of the concerns candidates have.

In the examination we never know what is expected of us to pass a certain station, as it is a double-blind procedure where we do not know what is in the patient's script and neither do we know what weight is attached to each task in the examiner's script in each scenario. The College claims that simulations are true to life, which is right, but we do not see patients for 7–10 minutes.

In the letter it is stated that consistent, clear internal validity is attained, but reliability is ignored. There are two pass grades: 'A', which means a candidate displayed 'clear competencies'; and 'B', which reflects 'adequate' competencies. As a trainee I claim that this is the area where the subjectivity of individual examiners plays a huge role. It is entirely up to the individual examiner to differentiate between clear, adequate and unsystematic approaches. Over

the past 2 years, pass rates have been around only 30%, which in itself raises questions about the appropriateness of the CASC examination. There is a sense of mistrust, as the College does not mention on its website the relevance of seeing patients in 7–10 minutes or how the pass mark of 12 out of 16 stations was derived.

There is no record of the candidate's performance at CASC, so really we cannot challenge a result if we are not satisfied. If we fail, we get utterly unhelpful feedback. For example, such feedback might say either that there was concern or that there was no concern. Skills like 'fluency' or 'analysis and synthesis of opinion' or, say, 'lack of focus on the task' are not quantifiable. How would I know what it was in my performance that made the examiner think that my analysis and synthesis of opinion were weak?

Lastly, it was stated in the letter that the CASC examination is economic, but this is not true. Over the past few years the examination fee has been raised consistently, to the point where it now costs as much as a third of our monthly salary, excluding accommodation and travel expenses.

I would say that the reliability of this examination is questionable and in statistical terms the percentage pass reflects chance only.

Shailesh Kesharwani

Core Psychiatric Trainee, South West Peninsula
Psychiatric Rotational Training Scheme, Plymouth, UK,
email shailesh.kesharwani@plymouth.nhs.uk