

## The Collegiate Trainees Committee and the MRCPsych Examination

Since its inception in the late summer of 1979 the Collegiate Trainees Committee has devoted considerable time to discussing the present and future status and organization of the MRCPsych Examination. The following is a summary of the views of the Committee as collated by its Examination Working Party.

The CTC proposes that minor modifications to the present examination be undertaken in the short term and that consideration of the question of the future of the examination, with the possibility of more radical changes, be the remit of a working party to be set up by the Education Committee as soon as possible.

The minor modifications proposed are as follows:

1. The Preliminary Test should examine knowledge of basic clinical skills as well as basic sciences. This should be done by an MCQ and a series of short essays. The acquisition of clinical knowledge in the first year of psychiatric training must be seen to be important. Examining for clinical knowledge after one year may encourage trainees, consultants, clinical tutors and postgraduate course organizers to recognize this.
2. In the Membership Examination the interviewing skills of the candidate should be observed. This is a controversial issue which did not find favour in a consumer survey of trainees, (*Bulletin*, Jan 1981, p 8) and would be time-consuming and expensive. Nevertheless the CTC feels this to be an essential part of the clinical examination. One sug-

gestion is that a videotaped or audiotaped recording of the long case interview should be made available for assessment by the examiners.

3. The Membership Examination should include a series of videotaped short cases to be shown to the candidate, who would then answer questions in the form of short notes on the cases shown.

4. The Syllabus for the MRCPsych should be more detailed than at present.

5. Candidates who have failed (and possibly those who have passed) should receive more detailed feedback on their performance in the Preliminary Test and Membership Examination.

6. To aid in the standardization of the examination more training should be available to examiners, who should be chosen carefully and assessed for their skills in examining.

In the longer term the CTC would like to see the College explore the possibility of combining a more clinically biased Preliminary Test with a Diploma in Clinical Psychiatry. Other issues, such as the use of simulators as patients, continuous assessment during training and the submission of case reports by candidates, also deserve full consideration.

The changes proposed may incur expense, but this may be acceptable in the pursuit of a fairer and more valid test of psychiatric skills.

CAROL TROTTER

*Member of CTC Working Party on Examinations*

## Reviews

**Handbook for Inceptors and Trainees in Psychiatry**, edited by Thomas Bewley and Sasi Mahapatra. Royal College of Psychiatrists. 1980. £2.00.

Those who are concerned with trainees' matters at the College have not been idle over recent years; the second edition of this handbook is twice the size of the first. Much of the material in the first edition remains unchanged, largely because it consists of factual information concerning the constitution of the College and regulations for its examinations. The longest chapter remains that which lists the College committees—the list has increased with the addition of the new Trainees Committee.

Much of what is new, however, is relevant and helpful to new trainees in psychiatry. Ashley Robin's chapter on In-Service Training and Clinical Responsibility, for example, has been specially written as 'an immediate aid to new trainees' on the basis that it is best to do things properly from the beginning. This has not been the case for many trainees, and *provided* that tutors put this handbook (or

something equivalent) in the hands of their SHO's on the first day in the specialty it will be a most useful contribution to the improvement of training. Similarly, the chapters that give hints on job hunting and coping with the MRCPsych examination (especially the examples of questions) will be much appreciated by many trainees.

However, in its attempts to be helpful the handbook runs into difficulty because of confusion within the College. On page 60 the hints on how to pass the examination describe the formulation in one way, but on page 61 it is described differently. This simply reflects the shoddy state of an examination which, after ten years, has still failed to describe clearly what is expected of candidates.

In many respects the official edicts of the College and other organizations do not fit nicely with the helpful chapters on how to cope with difficulties in training. This is just as if British Rail published with their timetable details of how to cope with train cancellations and delays! The official regulations (of both the DHSS and the College) concerning part-