

## THE M.R.C.PSYCH. EXAMINATION

### An Open Letter from APIT

The following letter has been addressed to Professor J. L. Gibbons, Chairman of the M.R.C.Psyh. Examination Committee.

Dear Professor Gibbons,

As you know, APIT has always opposed the M.R.C.Psyh. examination in principle, but as we are now saddled with it we feel that greater efforts should be made to make it less unsatisfactory.

We have held several workshops to teach M.R.C.Psyh. candidates the relevant examination techniques. It seems that in the clinical and viva a candidate's presentation and style are as important as his knowledge and we have attempted to help those who find this most difficult—principally overseas trainees. Our experience has brought to light several problems which are not easy to deal with because there is no standardized practice at different centres or amongst examiners. Perhaps this is not surprising as examiners are not trained in this way. These are the main problems that we encounter and we would be grateful if you could clarify them.

1. The Regulations state that five minutes should be allowed between the end of the hour that the candidate spends with the patient and his meeting the examiners so that he may write a formulation. We consider this misleading, as five minutes is inadequate for this purpose and this time is sometimes overlooked by the invigilator. Perhaps it should be increased to 10 or 15 minutes which would ensure that it is not overlooked and that the candidate is allowed to sit alone in a quiet room for this purpose before facing the examiners.

2. Within one hour it is impossible to collect a complete history, perform a mental examination and a physical examination and write a formulation. Which of these is considered most important by the examiners, and when is a physical examination necessary? If the examiner expects the candidate to have performed a physical examination and he has not done so, clearly the candidate is at a disadvantage even though he may have performed the other aspects well.

3. Well-trained candidates will have been taught that one should not attempt a formulation without the history of an informant and any other relevant information. Is it assumed that during the examination one is expected to write a provisional formula-

tion? If so this is not made clear in the instructions to candidates, and many cling to their initial formulation for fear of seeming indecisive even when given further relevant information by the examiner.

4. Do the examiners agree about what is expected in a formulation? We have drawn up our own scheme in order to teach those candidates, who have never been taught how to compose a formulation. We obviously run the risk of teaching them something that a particular examiner dislikes.

5. Are examiners instructed to watch the candidates interviewing their patient? If so, how is this to be done—during the initial history taking or afterwards? And what exactly is the examiner expecting of the candidate? Heaven knows how many styles of interviewing there are among consultants, and many trainees will only have experienced a few of these. Again, the candidate who performs this in a way different from the particular examiner's preference will be at a gross disadvantage. In the MRCP one has to perform certain tasks in front of the examiner but at least there is a standard clinical practice to follow. Unless this is clearly established in psychiatry it seems impossible to standardize for examination purposes.

Finally, it is clear to us (and probably to many examiners) that many trainees have not been adequately trained even in the basic skills, in spite of spending a reasonable length of time in an approved training post. We find ourselves teaching the content of the mental state, not how to present it to examiners! Appalling training will continue to be the main reason that the standard of psychiatry remains very low in some hospitals. Seven years' experience suggests that APIT was right in predicting that the examination would adversely affect training and thus lower, rather than raise, standards of clinical practice. The examination itself has now become the sole focus of attention for many trainees. Some benefit might be salvaged if standards of clinical practice, particularly regarding interview skills, were adequately spelled out in the examination protocols. If this were done then the forms that clinical tutors sign to say that a trainee is ready to take the examination would have some meaning.

FRANCIS CREED  
C. P. FREEMAN  
*on behalf of APIT*