The College

Examinations Forum

A further Examinations Forum was held on 19 December 1979. Forty people attended including 12 trainees. The Forum discussed what might currently be considered to be wrong with the present Examination system and how it might be changed.

PROFESSOR J. L. GIBBONS pointed out that the Examination served two functions—the assessment of clinical competence at a particular stage of training (at present at the end of general professional training) and the stimulation of learning. It was important that the educational influence of the examination should be beneficial for candidates. All examinations had deficiencies. It would be possible to improve the Membership by the gradual introduction of minor modifications, such as some video material, an altered timetable of the clinical examination and so on. Or the Examination could be radically altered, probably as the result of deliberations of a Working Party that would include experts drawn from outside the College. This alternative would be exciting but would inevitably involve a major increase in the Examination fee.

The Clinical

There was general discussion about the assessment of clinical competence. In the United States all Boards have abandoned the use of patients in the clinical examination except the Board of Psychiatry and Neurology. The Canadian College uses one patient and the Australian and New Zealand College use three and have three clinicals. In the US and Canada the examiners must watch the candidates while they examine the patient. It was considered that for psychiatry the actual examination of a patient was important, and discussion took place on whether it would be desirable for further examiners to be present in order to study the process of examination of patients.

PROFESSOR KENDELL introduced a discussion on the place of neurology and general medicine in the Examination, suggesting that the content of the Examination was a very influential indication of the skills the College considered important for psychiatrists. Although the clinical examination was intended to test medical and neurological skills as well as purely psychiatric ones, it rarely did so in practice. As a result candidates had learnt that there was generally no need for them to examine patients physically, and that on the rare occasions when examiners did ask questions about physical findings an apology that they had not had time to examine the patient physically was almost invariably accepted. Not everyone agreed that this was so, or that it was important for the medical and neurological skills of potential psychiatrists to be tested, though it was pointed out that extensive clinical experience of neurology is still mandatory for all candidates for the American Board's Examination (which also contains a separate neurology viva) and that in the Australasian Membership one of the candidate's five cases for report must be one of organic disease of the nervous system. It was agreed that the limited time available in the College Examination, both for the candidate to examine his patient and for the examiners to examine the candidate, was an important part of the problem; and that both would probably have to be increased before medical and neurological skills could be tested without detracting from the examination of fundamental psychiatric skills.

Multiple choice questions

There was doubt expressed by some of those present that two multiple choice papers (one for the Preliminary Test and the other for the MRC Psych) could be maintained, as this required a much larger 'bank' of questions than is currently easily available. The relative importance of clinical and theoretical material was discussed, and the suggestion was made that the MCQ in the Membership Examination might be removed and transferred to the Preliminary Test. Logistically it should be easier to produce a better single MCQ than to try to achieve a higher standard for the two present MCQ's. There was also a demand from trainees for more clinical material to be examined in the Preliminary Test. It was pointed out that the MCQ in the Preliminary Test predicted the final results but that this might simply reflect the fact that it carried a large percentage of the total marks. The MCQ in the Membership was a less good predictor, partly because it only formed a quarter of the examination and partly because the Clinical was the major determinant of success.

Essays

There was general agreement that the least satisfactory part of the Examination was the single essay in the Preliminary Test.

Research Option

It was agreed that the Research Option had not proved the success that was hoped, in that in practice it was simpler

for a candidate to take the other (written) part of the Examination. There was a suggestion that able candidates should be allowed to sit the Membership Examination after two years in psychiatry but not formally be allowed to become Members of the College until they had completed their period in Approved posts after three years. One suggestion was that this might be available to candidates successfully taking the Research Option.

Videotape

There was a general discussion of the place of a video test in psychiatric examinations, and it was noted that a small pilot scheme would be tried out in Birmingham in the Spring Examination. It was pointed out that the logistics were difficult and there were still problems in relation to provision of tapes, confidentiality and reliability of equipment and videotape in a multiple centre examination. It was noted that these had been overcome in the London Final MB Examination which had employed videotapes as the basis of short cases on several occasions. They have also been used by the American Board (who rotate their examination between centres, but do not have a simultaneous multicentre examination).

Writing up of cases and the submission of case histories

This was discussed, and although there was some support for the idea (including the suggestion that this should form part of the basis for a viva) those who knew of submissions in other countries thought that some of them were spurious or apocryphal and could not easily be judged by the examiners, and again there were mixed views about the feasibility of this suggestion.

Examiners

There was some criticism of the lack of standardization in the clinical examination. It was stated that it was believed that there were differences in the pass rate at different centres, and there appeared to be differences between examiners at the same centre. There are known to be differences of opinions between them, for example, as to what constitutes a 'formulation'. It was thought that examiners would benefit from more training in examining skills and that they might be given even more detailed instruction. A special one-day examiners' meeting is to be held later this year (including some examination exercises), when there will be further discussion of how examining skills can be improved, what further feedback they can be given on their performance as examiners (hawk or dove) and how the examination itself might be changed.

Pass rates

DR CHRISTINE HASSALL gave a summary of results from further analyses of the Preliminary Test (Tests 9-17) and Membership Examination (Examinations 8-15). In the Preliminary Test the proportion of the three 'origin' groups (UK group, Indian/Arab, and 'other') remained almost unchanged when the nine examinations were aggregated, but showed considerable variation between examinations. The proportion of women candidates had increased. The pass rate was lower than in Tests 1-8, both for each of the origin groups and for males and females, though the difference for the latter was small. In Membership Examinations 8-15 the 'origin' groups again showed little change. There was a greater proportion of candidates without the DPM or higher psychiatric qualifications, in more junior posts and with only the minimum of experience in psychiatry, than in earlier examinations. As in the Preliminary Test, the pass rate was lower for Memberships 8-17 than 1-7, particularly for the Indian/Arab group. This was reflected in the fact that, overall, this group made up just over half of those resitting the examination.

Multiple failures

There was a discussion of candidates who had failed on five or more occasions and were no longer allowed to sit the Examination. It was noted that 27 had failed the Preliminary Test on five occasions and 31 had failed the Examination itself on five occasions. All the candidates who had failed on five occasions had been reviewed; the majority of them had failed badly on all attempts. Many of these candidates had not improved in their performance, suggesting either that training was having no effect or that they were not having appropriate training.

Continuous assessment

There was a discussion, initiated by the trainees, of the need for continuous assessment during training, and also whether this could be incorporated into the total marks of the examination. It was pointed out that whereas this is possible in a medical school where a student has many trainers, the situation is much more difficult if a candidate has only worked for three or four people and might have grounds for complaint if adverse reports were made about him. Although continuous assessment was favoured in theory by most participants, the formidable practical difficulties in introducing it made it unlikely that at this stage it could be incorporated as a part of the examination.

Syllabus

There was a general discussion of whether or not a syllabus was required for the Examination. Some felt that it might now be desirable to encourage others (for example, the Association of University Teachers of Psychiatry) to produce an agreed statement of both the objectives and the details of postgraduate education at this stage. Others felt that as the College holds the Examination it should be responsible for producing a fuller syllabus. (The AUTP hope to have a report shortly on the appropriate core content of psychiatric

training. This will be studied by the Standing Committee of the AUTP with a view to making recommendations to the Education Committee and the Examinations Sub-Committee.)

Feedback

The present arrangements for providing information about a candidate's performance in the Examination are that with the candidate's written consent information is sent to his tutor (or consultant chief). Information is not given directly to candidates' nor is it given to tutors without the candidates permission. Some trainees had been unaware that some information about performance could be fed back to candidates and tutors. It was pointed out that information could now be given on the results in three sub-sections of the Multiple Choice in the Preliminary Test (1. Neurobiology and Genetics; 2. Psychology, Statistics and Child Development; 3. General and Dynamic Psychopathology), but it was not possible to do this for the MCQ in the Membership Examination itself, since all sub-sections would be very small. Other feedback depended on the reports written by examiners on essays, clinicals and vivas. There was discussion of how to improve this to provide better feedback to candidates' tutors, and this will be one of the topics for discussion by examiners later in 1980.

THOMAS BEWLEY
Dean

FORENSIC PSYCHIATRY SECTION

Honorary Secretary's Report

During the year contributions have been made to the College's evidence to the Royal Commission on Criminal Procedure, and the Committee of Inquiry into the Prison Services. A Working Party examined the role of the visiting psychotherapist in penal establishments and made recommendations concerning the Home Office panel of consultant psychiatrists. Professor Bluglass chaired the Special Committee of Council considering the White Paper on the Mental Health Act, and the College continues its discussion in this area with HM Government.

At the request of the Section, a Special Committee of Council was set up on Regional Secure Units, and is soon to report. Members of the Executive Committee continue to serve on the Secretary of State's Advisory Group on Regional Secure Units.

The Forensic Psychiatry Advisory Sub-Committee of the JCHPT has completed its preliminary assessment of senior registrar training posts in the specialty.

In September 1979 a symposium was held at Pidgate College on the subject of Regional Secure Units, and in March of this year the Section held a conference on Mental Disorder and Crime.

The Appeal to commemorate the late Dr Peter Scott has resulted in the establishment of a trust fund, and the inaugural Peter Scott Lecture was given by Sir Leon Radzinowicz at the Spring Quarterly Meeting 1980.

We record with pleasure the election of Professor Gibbens to an Honorary Fellowship of the College, and the appointment of our Chairman, Dr Bluglass, to be Professor of Forensic Psychiatry at the University of Birmingham.

P. BOWDEN
Honorary Secretary

ELECTION OF FELLOWS

The following Members have been elected to the Fellowship:

Shirley A. Abell, A. B. Ahmed, F. T. Antun, A. Anumonye, G. H. B. Baker, P. A. Barker, S. Benjamin, A. W. Black, I. F. Brockington, J. M. Carlisle, Enda Casement, E. S. Chesser, R. H. Culpan, L. N. Daly, G. Davies, T. G. Davies, S. A. Dissanayake, M. F. Dixon, Marjory Foyle, P. L. Gallwey, E. B. Gordon, J. Gotea-Loweg, J. M. G. Grigor, J. C. Gunn, M. T. Haslam, C. F. Herridge, R. N. Herrington, R. C. Hicks, J. P. Horder, B. D. Hore, Edna Irwin, B. James, H. V. R. Jones, N. Kaye, Arthur Kerr, G. Kerr, K. M. Koller, N. I. Lavin, J. S. Lyon. A. A. McKechnie, G. P. Maguire, Helen Mair, Sheila Mann, A. Morrison, Isabel Moyes, A. A. Nadim, H. S. Obeid, E. G. Oram, T. P. Powell, J. Price, A. L. Proctor, P. H. Rack, S. Rajah, A. H. Reid, E. B. Ritson, M. A. H. Russell, Elsie Rue, A. Ryle, S. M. Saleh, M. R. Salkind, V. Satkunanayagam, J. P. Scrivener, S. M. Smith, R. P. Swinson, G. F. Spaul, Uma Sreenivasan, Sabina Strich, M. J. Tarsh, C. J. H. Thesiger, D. O. Topp, R. J. Wawman, C. A. H. Watts, A. D. Weatherhead, M. G. T. Webb, E. Wilkes, N. Win, Lorna Wing, Imre Zador.

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