

Would candidates, randomly-chosen or in whole cohorts, accept, over and above the examination, a test of their emotional state? What test would be acceptable, reliable and valid as a measure of disabling anxiety rather than inevitable or useful arousal? Should it be applied before or after the candidate has been examined, and how long before or after? Precisely what questions would it answer? Should we not prefer to concentrate on finding ways of reducing excessive anxiety; if so how can we go about this?

The matter of 'Examination techniques', Dr Azuonye's next point, provides a challenge to the examination and the examiners as well as to the educators responsible for helping the candidate to prepare for the event. How important is 'technique' in an examination which aims to be as fair a test as possible of the candidate's knowledge and competence? The necessary skills for display of knowledge and competence should not be recondite. Yet they seem to be important enough to be learned and taught. Opportunities for rehearsal with senior colleagues are bound to be useful.

In his final point Dr Azuonye imputes grossly unethical behaviour to the examiners. Would such disagreeable men and women be honest in their self-report? We will look into it as soon as Dr Azuonye supplies grounds for his allegation.

R. H. CAWLEY  
Chief Examiner

DEAR SIRs

Dr Azuonye is partially correct in his assumption that one of the aims of the 1985 Trainees Forum was to 'pin-point' reasons for a higher failure rate in the MRCPsych for overseas graduates having first established that it was indeed the case. There were, however, other aims of a less ambitious kind such as highlighting the problem and providing some facts upon which reasoned argument could then be based.

The survey by Professor Cawley, in spite of its detailed analysis, revealed no consistent cause in the discrepancy in pass rates. There was no part of either examination that caused significantly more failures in overseas graduates. It is difficult to determine how to test Dr Azuonye's hypotheses (a), (b), (c) and (e) further since another measurement or examination of these abilities would be needed which was also independent of the MRCPsych examination. Which would be the more valid?

Professor Cawley, in his letter, has pointed out the problems of assessing anxiety and self-doubt in examination candidates. Regarding the final hypothesis of discrimination, this would be even more difficult to assess, as Professor Cawley has pointed out. It is something that the CTC is sensitive to, although the Dean has not found any evidence of its occurrence<sup>1,2</sup>. The College is aware that it must be seen to be against discrimination as well as actually being so. The College has recently agreed to questions regarding 'Nationality' and 'Place of Birth' being removed from the Examination application form.

The one hypothesis that Dr Azuonye does not mention is that success at the MRCPsych may be partially determined by place of training. It was the hope of the CTC Working

Party that when the College computer was installed future monitoring of the Examination would include analysis of this variable, even if it would not be possible to control for all other variables.

The CTC Working Party also made some recommendations<sup>2</sup> regarding interviewing skills, examination techniques and feedback which it believed were important in any attempt to alter the discrepancy in pass rates. The CTC hopes that these recommendations will be considered carefully by clinical tutors and MRCPsych Course Organisers as well as being brought to their attention by local trainees. The Central Approval Panel has already recommended the provision of interviewing skills training in basic professional training. It has also agreed that visiting teams should ask what help and advice is offered to trainees who fail the Examination.

PETER WHITE

Chairman, Collegiate Trainees Committee

#### REFERENCES

- <sup>1</sup>BIRLEY, J. L. T. (1986) Performance of foreign candidates at the MRCPsych examinations. *Bulletin of the Royal College of Psychiatrists*, 10, 54-55.  
<sup>2</sup>WHITE, PETER (1986) Why do overseas trainees fail? *Bulletin of the Royal College of Psychiatrists*, 10, 59-60

### *The HAS—the quango's defence*

DEAR SIRs

A number of points arise from the response of Dr P. Horrocks (*Bulletin*, June 1986, 10, 145-146) to recent criticisms of the *modus operandi* of the HAS:

- (i) In common with members of the Mental Health Commission, the Director believes himself to have access to special sources of wisdom concerning the nature of 'good practice'. Apparently it is possible to pass this knowledge on, or at least to select for such knowledge, and thus to ensure that 'the constitution of the visiting teams . . . . . continuously reflect current perceptions of good practice' (p. 146, and also p. 146 HAS teams 'are far too experienced' to be misled by 'unsubstantiated' opinions concerning service provision).
- (ii) This knowledge does not come from research. 'To comment on other areas, such as research, would not be our responsibility . . . . .'. One appreciates that there may be a difficulty in assimilating research findings with received wisdom from the more customary sources. It is salutary that the Director has confirmed that no contamination of the latter by the former is allowed to take place.
- (iii) The costs of the exercise are not inconsiderable. £5,000 per health district per year presumably means 1.5 to 2 million pounds a year for the country as a whole. This takes no account of the disruption of services (and even dissension) caused by an HAS visit.
- (iv) In spite of his repeated protestations to the contrary the Director's predilection for particular types of psychiatric management cannot be concealed. Thus 'traditional psychiatry' is 'facing a challenge' and 'must no longer be bounded by the hospital perimeter but reach out possibly to treat and support most of its patients close to their homes'.