

MCQ papers

DEAR SIRs

I do not think that the examiners' reply (*Bulletin*, May 1987, 11, 168–169) to concerns, particularly those raised by Dr Williams (*Bulletin*, May 1987, 11, 167) about the MCQ part of the MRCPsych examination should be the final word on the subject. Although the MCQ format is a reliable method of examining candidates, it is not necessarily the most valid, just as operational criteria do not necessarily improve the validity of psychiatric diagnoses, and every effort needs to be made to ensure that MCQ questions are of good quality. I am not convinced that the Working Party for Review of the MRCPsych considered the resource implications of their recommendation that the number of MCQ papers for the two parts of the examination should be increased from two to three.

MCQ questions are difficult to frame.¹ A high proportion of questions needs to be set for the first time in an examination, partly to ensure that the number of questions that would be recognised from previous examinations is low, and I should be interested to know what proportion of questions is newly set by the examiners. The bank from which questions are drawn for the examination needs to be large and continually expanding.

The policy of not publishing past MCQ papers leads to inequalities in the level of preparation of candidates because some trainees have managed to obtain copies of libraries of questions produced from recollections of previous papers. If past papers were officially published, the bank of questions for future examinations would need to be larger. It may not be necessary to publish the answers to the questions as well as the questions themselves to even out the advantages of candidates, but surely it is possible for the answers to specimen papers to be published, even if it means losing those questions from the bank forever. I think it could be generally appreciated that the answers given are correct only in the present state of knowledge of psychiatry and, in fact, it would be interesting to see how understanding of a particular issue in psychiatry changes over the years. Maybe, however, the examiners' reticence to publish the answers to questions does reflect their unwillingness to submit those questions and answers to quality control by psychiatrists in general.

There was no discussion in the Working Party report of the advantages and disadvantages of the different types of multiple choice question. In particular, the one-from-five and multiple completion formats (see Anderson, 1982, Chapter 1 for a description)¹ test judgement and discrimination, qualities obviously important in a psychiatrist, to a greater extent than the multiple true/false variety. However, these less well known formats are more difficult to set, and each stem does not produce five questions. To produce the same number of testable elements more questions have to be set, thus necessitating an increase in the bank of questions, with implications for resources in addition to the extra work involved in preparing these questions. The multiple true/false format has been favoured because it is easier and pro-

duces more questions, yet that does not imply it is more valid.

Are the examiners able to reassure trainees that they have sufficient resources to be able to produce a sufficiently large bank of high quality questions to ensure a valid MCQ examination? Failure to publish past papers and answers, at least, to the specimen papers may well be taken as an indication that they cannot, as will an unwillingness to consider other formats apart from multiple true/false, since formats which test judgement and discrimination would seem particularly appropriate for the MCQ paper, at least in clinical topics. I am not suggesting that the MCQ papers are replaced, but that they should be of a high standard and continually improving, as they seem to be, in fact, from my own experience. The actual paper I sat for my Part I examination did seem of higher quality than some of the questions I had seen circulating amongst colleagues before the examination. I hope that the questions continue to improve.

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REFERENCE

ANDERSON J. (1982) *The Multiple Choice Question in Medicine*. 2nd Edition. London: Pitman.

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Nobody would claim that any MCQ paper is the 'most valid' method for examining candidates. It is complementary to other aspects of the examination — written papers, clinicals and orals. Its aim is to test for certain kinds of factual information, and the hope is that within these limits all its questions will be valid. We agree with Dr Double's point that efforts are necessary to ensure that the questions are broad in scope, correct, unambiguous and fair. The recently formed Working Party on the MCQ is striving to achieve and maintain this state of affairs. It is casting the net widely for new questions, or for material from which new questions may be derived. All the Divisions and Sections of the College, and many other people, have been asked. Moreover, each question is carefully reviewed by the Working Party before being placed in the Bank. Every paper is carefully scrutinised during its preparation by the Examinations Sub-Committee. The preliminary Test and Membership Examination together contained 120 MCQs. The new Parts I and II have 150. The resources are available.

The proportion of completely new questions is rising, and we hope will continue to rise. But an adequate MCQ bank will have many questions which may be selected for use many times over, perhaps with significant modifications. It should have as low a sampling ratio as possible, and its papers should not be predictable.

Dr Double urges that the number of questions recognisable from previous examination should be low. We agree. In our previous letter we cautioned against attempting to memorise past questions. There can be many different MCQs on the same or closely similar topics.