

## the columns

### correspondence

# Pass mark for MRCPsych examinations

I have just learned with amazement and indeed horror from one of the senior house officers (SHOs) that in order to proceed to the second examination (the objective structured clinical examination) candidates will need to score 78.2% in the multiple choice question paper of the MRCPsych part I exam. It does seem extraordinary that one could get 78% in an exam and still fail. Is the exam too easy or has the standard been raised too high in an attempt to ensure that roughly 50% of the applicants pass each time.

It may be a reflection of declining cognitive abilities, but the exam seems very much harder than when I passed it 20 years ago. It certainly seems that the present crop of SHOs have to dedicate themselves much more single-mindedly to the exam than did my peers.

I have seen several excellent well educated trainees be unsuccessful in gaining their membership and hence lost to psychiatry. It seems ironic at a time of great shortages of psychiatrists in the National Health Service (NHS) and indeed at a time when the NHS seems to be trying to attract any available psychiatrist from overseas to work in Britain.

One might ask whether the apparently better preparation of the candidates for the MRCPsych exam has pushed the standards unnaturally and undesirably high. Should there be a debate in the wider College membership about this?

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# The MRCPsych examination application process: room for improvement?

Communication and empathy are hall-marks of psychiatry. These skills are rightly emphasised throughout training and the MRCPsych examinations. I would like to think the College displays these qualities in its dealings with trainees. However, the application process for the examinations raises concerns that this is not always the case.

The College aims to notify applicants of eligibility 'approximately four weeks in advance [of the exam]'. However, some candidates have learned of their ineligibility less than 2 weeks prior to the exam, and then only after contacting the College themselves. In the event of such late decisions, any appeal would need to occur with urgency, yet the frustrating inability to speak to the appropriate authority prevents this and perpetuates distress.

At a minimum the College should keep to its own standards. However, since a preparation time of 6 months has been recommended for the part II examination (Naeem et al, 2003), I would suggest a longer period of notice, such as 8 weeks, is necessary. This would spare unsuccessful applicants the trauma of the final 2 months, when revision is most intense.

I appreciate that approval of eligibility is a laborious process. The ever-increasing number of applicants means the College might be relying on an outdated system. Perhaps the extra examination revenue generated could provide a more efficient system, thus minimising the anxieties of applicants.

Is there a danger of trainee disillusionment with the College regarding the examination procedure, and could this impact upon recruitment and retention of future psychiatrists?

NAEEM, A., RUTHERFORD, J. & KENN, C. (2003) The New MRCPsych Part II exam  $\,-\,$  golden tips on how to pass. Psychiatric Bulletin, **27**, 390–393.

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#### **Response of Chief Examiner**

I am pleased to have the opportunity to respond to the letters from Drs Finlayson and Turner. Dr Finlayson's letter relates to how the standard of an examination is set, particularly in the multiple choice question (MCQ) paper. It is, of course, self-evident that the actual mark scored by any candidate is not in itself meaningful without consideration of the relative difficulty of the question paper to which the score relates. Hence it is possible to have a paper that is so easy that a score

below 95%, for example, would indicate that the candidate is poor. It is also possible that a paper is so hard that a score of 35% deserves to pass. The case I have been making is that scores need to be set in the context of the actual examination paper and not in the context of the quality of the candidates. This is the method that the College adopts in relation to deciding what standard to set, that is to say, what the pass mark should be. This is technically referred to as criterion-referencing as opposed to normreferencing and is the currently accepted method for determining the pass mark in MCQ examinations. Standard-setting is thus neither arbitrary nor capricious. There is no evidence that the MCQ paper is any harder than it was 15 years ago. There is also little evidence that the performance of candidates has substantially altered in the same period. In fact the performance of candidates as a group varies, but not significantly from sitting to sitting.

Turning to Dr Turner's letter, the College's aim is to notify candidates at least 4 weeks in advance of the written paper whether their application has been accepted. In very exceptional circumstances, where the candidate's eligibility requires special attention, this may slip. The Associate Deans who deal with eligibility are usually working to a tight time frame; none the less, they keep the candidate's interest to the fore while ensuring that the regulations are adhered to. Flexibility, fairness and justice are the watchwords. Communication with trainees by the College staff and officers is characterised by courtesy. I appreciate that candidates are anxious about the examinations and also that this anxiety may adversely influence their perception of the application and examination process. What is remarkable is the degree to which College staff and officers retain their good nature in the face of illtempered behaviour. In general, independent observers of the College examinations remark upon the efficiency and dedication of all who contribute to the process. This is not to say that there is any sense of complacency.

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