

WHY NOT?

Why not retake the College examination?

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IN the Spring of 1979 a trainer was assisting his trainee in preparation for the College Examination. He began to consider whether he himself could meet the same standard expected of his trainee, and decided to retake an examination he had previously passed.

Five others, all members of a general practitioners' workshop in the local postgraduate centre, volunteered to be probed in the same way. Unfortunately three of the five subsequently withdrew from the exercise, but the remaining three were permitted to sit the examination without fee, and with the assurances that confidentiality would be preserved and that there would be no loss of privilege in the event of failure. The examiners would not know their special status. The date was set for November 1979.

The written examinations were taken in nearby Birmingham and were considered by the three participating doctors to be a fair test of competence of a general practitioner. The MCQ as usual contained some weird oddities (does anybody know the hatching time of a nit?). The MEQ concerned the management of a not uncommon real life situation, and the TEQ asked about everyday matters upon which we all considered ourselves very experienced. The oral examinations in London provided rather more fun: one of our number was late due to a derailment, another faced the same examiner as in a previous year (who excused himself) and the third was grilled exhaustively on psychosexual disorders in spastics.

We were all pleased to learn a few days later, by personal letter from the Examinations Secretary, that we had passed by a very comfortable margin. The actual results are listed in Table 1 and compared with previous performance in Table 2. Doctor A is a Fellow of the College, aged 50, a principal in practice for 25 years who had not previously been examined. Doctor B is aged 35, a principal for six years who previously passed the exam in 1974. Doctor C is aged 33 years, a principal for six years who previously passed in 1976.

The overall performance in the exam was pleasing, although doctors B and C both noted a deterioration in

Table 1. Performance in MRCP examination, 1979.

Rank order out of 390 candidates and 229 passes			
	Dr A	Dr B	Dr C
MCQ	130	15	16
MEQ	186	147	89
TEQ	192	215	117
Total (including orals)	95	90	23

Table 2. Previous performance, Drs B and C.

	Dr B (1974)	Dr C (1976)
Number of candidates	183	440
Number of passes	131	336
Rank order		
MCQ	18	19
MEQ	13	280
TEQ	26	2
Total (including orals)	5	3

rank order. As would be expected, each doctor improved his overall rank order through the oral exam, which suggests that this to some extent measures maturity. We were surprised to find that each doctor performed relatively very much better in the MCQ than other parts of the written exam, and concluded that, as originally intended, this part perhaps measured breadth of knowledge in general practice. Previously we had held the opinion, as do many others, that the MCQ was a test of book knowledge poorly related to everyday practice and suitable only for young doctors fresh from training. We were all dismayed at our relatively poor showing in the Traditional Essay Paper. We thought the questions were fair and relevant and expected as mature doctors to produce excellent results. That we did not may indicate that the examiners were looking for a number of fixed points rather than a discussion of opinionable issues.

What lasting benefit do we claim for our efforts? One of us has reorganized all his books and reference papers. Another has established a time for regular reading. Each of us has increased his knowledge of the examination. This will benefit our trainees and possibly others who will read this paper.

Why not retake the College Examination?

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