

Dr Double mentioned that the bank needs to be large and continually expanding. That point has already been covered. We agree. In addition every question needs to be kept under review, and its past performance scrutinised. It needs to be modified and refined to keep up with the times and to ensure the greatest possible clarity and relevance. In a good bank, few questions go for long without modification.

Dr Double suggests that past papers should be published. If this were done, many people might hope to predict the contents of the next paper by studying a set of past papers. This is not a good way to learn psychiatry. Matters to do with the examination should not inculcate bad habits. Trainees may have 'libraries of questions'. These may be worthless for many reasons. We touched on this in our previous letter.

The same considerations attach to the matter of providing answers to specimen papers. The examination should subserve the educational function. It is not good educational practice to encourage students to contemplate stale MCQs and their answers. Nor would this activity help with passing the examination. If anybody wishes to see how particular issues in psychiatry become differently understood over the years the best thing they can do is study the literature.

We do not see the MCQs as calling for 'quality control' in Dr Double's sense. Psychiatrists in general are the producers: as many as possible of the Members and Fellows of the College (and others) submit questions. The Working Party studies them, and selects and alters as necessary to reach an unambiguous and fair product. The Examinations Sub-Committee appointed by the Court of Electors takes responsibility for each paper as a whole.

Much thought has been given to the possibility of using different types of multiple choice questions. All the medical Royal Colleges use the multiple true/false format. It is in some ways easier to set and administer. It is also good for candidates to know that all MCQs follow a uniform pattern. Mixing in different types of format would be confusing, and add enormously to the expense of marking. The candidates' knowledge, judgement and discrimination are tested [only to a limited extent] by MCQs. Other parts of the examination evaluate these as well as other abilities, such as clinical reasoning, in differing but complementary ways.

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Continuing medical education

DEAR SIRS

We are writing with reference to Dr Peter Brook's paper on this subject. (*Bulletin*, February 1987, 11, 38–42). In the questionnaire, respondents were asked to tick which of the few named journals they read. The journals did not

include any of the most widely read journals covering the subject of child psychiatry. There was no mention, for example, of the *Journal of Child Psychology and Psychiatry*, the leading journal in our field, nor of *Developmental Medicine and Child Neurology* for those with particular interest in paediatric liaison, chronic handicap etc, nor of the *Journal of American Academy of Child Psychiatry*, another international scientific journal, nor of any of the journals concerned with treatment in child psychiatry such as *Family Process*, *Family Therapy*, etc. It is thus erroneous to conclude that child and adolescent psychiatrists read less than others in different sub-specialties since no mention of the main journals had been made in that particular question.

When the questionnaire was sent, the poor design of the question concerning journals read was pointed out to Dr Brook. Also, when the first draft of this paper was circulated through the College, this matter was discussed with Dr Brook but the inaccuracies were not corrected and the paper that was published in the *Bulletin* is seriously misleading.

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DEAR SIRS

We are sorry to learn that Professor Kolvin and Dr Gath believe that the question concerning journals was poorly designed and that in consequence our paper was seriously misleading. If we had included every important journal in every specialty of psychiatry the list would have been enormous — Kolvin and Gath named six for child psychiatry alone — and the answers would have been of little value.

The paper did not pretend to constitute a comprehensive survey of the reading habits of psychiatrists, whether generalists or working in the specialties. Of necessity the enquiry was brief, merely asking about the use made of four important journals, namely, the *British Medical Journal*, *Lancet* and two major general psychiatric journals. The latter two were chosen because we assumed that they were likely to be read by psychiatrists in all specialties. They have both recently contained papers by distinguished child psychiatrists including Professor Kolvin himself, while both he and Dr Gath act as assessors for the *British Journal of Psychiatry*. We find it difficult to believe that Child Psychiatrists, more than other sub-specialists, should be expected to throw their *British Journal of Psychiatry* unread into the waste paper basket.

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