

years to come. There could be no worse basis for guidance on how to learn psychiatry.

Dr M. A. Sevitt (*Bulletin*, September 1986, 10, 248-249) may find encouragement from reading the Review Working Party's Report (obtainable from the Examinations Office) and from the Regulations for the MRCPsych June 1987 to June 1992 (to be published early next year). The Dean of the College has responded to his comments about fixed-percentage pass rates (*Bulletin*, December 1986, 10, 361). Dr E. S. Hussain is misleading in implying that, because the MCQ of the Preliminary Test 'predicts' success or failure in the examination in 90% of cases, the essay is unimportant. The usual pattern is similar to that reported in the *Bulletin*, (March 1986, 10, 60-63). The pass rate overall deviates little from 50%. Some 35-40% of candidates pass both parts, 25-30% pass only the essay paper, 10-15% pass only the MCQ, and 25-30% fail both parts. Over half of those who fail, fail in both parts. Thus success or failure in *either part* is strongly associated with the resulting pass or fail.

Professor R. H. CAWLEY
Chief Examiner

Professor H. G. MORGAN
Deputy Chief Examiner

Dr O. HILL
Chairman, MCQ Working Party

Mental Health Act 1983

DEAR SIRS

I wish to discuss certain views recently expressed in the recent letter of Dr Bamrah (*Bulletin*, December 1986, 10, 359).

Firstly, the assumption is implied in the letter that only psychiatric trainees are going to apply for Sec 12(2) Approval of the Mental Health Act 1983 (England and Wales). I would take issue with this, as general practitioners, prison medical staff and medical staff in the Police Service would also find such approval greatly facilitates their work. Secondly, I do not accept that all psychiatric training experiences are even broadly comparable. Specifically, the amount of first-hand experience of mental health legislation and in-depth understanding of its mechanism and practical application will vary.

The quotation of the MRCPsych as a criterion for assessing applicants for Approval is fraught with difficulties. I would accept that having passed the examination would mean that clinical and theoretical ability will have been tested; however, the testing of knowledge of the mental health legislation is not a major component of the present examination. Having recently sat the examination I can only recall about four questions dealing with mental health legislation and these were of a most general nature. This is not in fact surprising as there are four different versions of such legislation in the British Isles, and if the examination were to test this knowledge fairly candidates would need to have knowledge of all these. I suspect this would be very difficult to achieve.

In conclusion I would tend to agree that further stringent tests, whether by written or oral means, are an unnecessary

expense. I feel, however, that some form of brief orientation course prior to Approval being granted may be of benefit to certain applicants. Applicants who are not career psychiatrists may have certain anxieties about using their new found powers and might welcome such a 'refresher' course. Perhaps some form of peer group discussion of relevant areas, in addition to the use of case vignettes and video would be of benefit.

S. P. J. LYNCH

*Regional Secure Unit
Rainhill Hospital
Nr Prescot, Merseyside*

Multiple Personality Disorder (MPD)

DEAR SIRS

I am researching the phenomenon of Multiple Personality Disorder (MPD).¹ Although the American literature is replete with case studies and research reports (e.g.^{2,3}), one wonders as to the incidence and prevalence of MPD in the UK. Casual enquiry of a large number of acquaintances, psychiatrists and clinical psychologists has not produced a single case, even one based on 'hearsay'.

May I use your correspondence section to cast my net appropriately wider? If any of your readers has any information which might aid my current literature search, would they please contact me?

All replies will be acknowledged, and actively pursued, where practically and professionally possible.

RAY ALDRIDGE-MORRIS

*The School of Psychology
Middlesex Polytechnic
Queensway, Enfield, Middlesex*

REFERENCES

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- ²BRAUN, B. G. (Guest ed.) (1984) Symposium on Multiple Personality, *Psychiatric Clinics of North America*, 7, entire issue (195pp).
- ³BLISS, E. L. (1986) *Multiple Personality, Allied Disorders and Hypnosis*. Oxford University Press.

Experience of community orientated psychiatry

DEAR SIRS

I am currently convenor of the CTC Working Party looking at the implications for training of the closure of large mental hospitals. One particular aspect that we are interested in is how many Registrars and Senior Registrars have experience of community orientated psychiatry. We would be keen to hear from any trainees who could give us any information on their training in this area and where they obtained it, and also their opinions about this training. I would be pleased to receive these comments on behalf of the Working Party at the address below.

JAN SCOTT

*University Department of Psychiatry
The Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne NE1 4LP*