institution, did not and could not fall into this category. The fact that this topic, amongst many others was openly and compassionately discussed again represented the safety of the group and the fact that anxiety could be contained.

At the end of any period of psychotherapy, it is appropriate that the patient experiences anxiety and depression. As the life of the group came to an end, these feelings were anticipated and this particular group of psychotic patients expressed their feelings in very concrete terms. However, again due to the safety of the group, this anxiety and depression was held and hence allowed the work of internalising the good experience of the group to take place.

Measuring success of psychotherapy with the mentally disordered offender is an important question which must be repeatedly raised. As indicated it was impossible and undesirable to separate the group from life within the hospital as a whole and I can only agree with Dr Murray Cox's statement that 'it is highly unlikely that psychotherapy "per se" could claim success or be blamed for failure'.

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REFERENCE

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'Bridges over Troubled Waters'

DEAR SIRS

As a Consultant Psychiatrist in Mental Handicap I feel obliged to comment on the NHS Health Advisory Service Report on Services for Disturbed Adolescents.

The report, although acknowledging the unsatisfactory state of affairs in the service provision for the adolescents with mental handicap, suggests very little in the way of remedies. It is all very well to say that adolescents with mental handicap should have access to the ordinary facilities but if ordinary facilities are not tailored to suit the needs of these people, outcome is less than satisfactory.

The Psychiatry of Mental Handicap Section of the Royal College of Psychiatrists has been forcefully advocating that the psychiatric needs of the mentally handicapped are special and cannot ordinarily be met within the general psychiatric set-up. The main reasons for this are:

(1) Most Regional Services are reluctant to accept mentally handicapped adolescents (mentally handicapped people being a minority in such a group may face scapegoating).
(2) Staff working in these adolescent units do not normally have training in the field of mental handicap.
(3) Some of the problems and needs of the mentally handicapped adolescents are different, e.g. chronologically they may be 12–19 but emotionally and intellectually they may be functioning at a much younger age. In fact some of the problems of adolescency like maturation, developing sexuality and the conflict of independence versus dependence are faced by mentally handicapped at a much later age than their normal counterparts. Because of adolescent unit's insistence on certain age group, these people miss out on these services.

In view of this may I suggest that either there should be separate facilities for adolescents with mental handicap or staff working with adolescents should have training in the field of the Psychiatry of Mental Handicap, or Consultant Psychiatrists in Mental Handicap should provide visiting Consultancy to these units on a regular basis.

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MRCPsych Preliminary Test

DEAR SIRS

To some extent Dr Sevitt's suggestions (*Bulletin*, September 1986, **10**, 248–249) have been incorporated in the revised MRCPsych Examination starting in the Autumn of 1987. Part I taken after the initial year's training will be a test in basic clinical psychiatry to include the subjects which all trainees should be learning—and teachers training—in their first year. Subsequently, in Part II, the relevant basic sciences will be tested along with clinical knowledge and skills. Details are set out in the Review Working Party's Report, which is available from the College.

There is not a 'fixed' pass rate for the Preliminary Test or the Membership Examination. Pass rates have fluctuated between approximately 45–60% in the past 10 years. All MCQ tests are 'peer referenced' so that the pass rate varies very little, but the other ingredients of the present Preliminary Test and of the Membership Examination are 'criterion referenced'. It is possible to make up for failure in the MCQ (but not of the Clinical) by good marks in other parts of the examination.

We make internal checks to see whether the MCQ is bringing down more and more bright candidates. In that case one would expect an increasing number of people with good essay marks to fail on their MCQ. There is no such evidence that this is happening. It is of course possible that there has been a general rise in the standard of the examination in the past 15 years, but not, I think, to an unwarranted extent. Some members might regard this as a change for the better.

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Dean