

discussed by the College if our multi-cultural profession is to be equipped to provide mental health services for our increasingly cosmopolitan society.

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PSYCHIATRIC TRAINING IN CANADA

DEAR SIR,

As an Irish graduate completing residency training in Canada, I feel compelled to respond to Dr Berger's article on 'A Comparison of Psychiatric Examinations in the United States and Canada' (*Bulletin*, October 1978 p 175). The article is inaccurate in several respects, and gives quite a distorted view of residency training in Canada to United Kingdom graduates.

As the vast majority of graduates who pursue careers in psychiatry in the United Kingdom or Ireland now sit the MRC Psych examination, the comparison with the MRCP is somewhat misleading—the MRC Psych is, of course, taken after a similar period of training to the United States or Canada. Since 1976, the written portion of the Canadian examination consists solely of multiple-choice papers. Having sat both the MRC Psych and the Canadian examination within the last year, I was struck by the similarity between the two rather than by any differences. Although a small number of questions will always appear ambiguous (particularly to the more obsessional among us), I felt the questions in the Canadian examination were reasonably fair. In comparing the Canadian and American examinations, Dr Berger draws some sweeping conclusions. As Chief Resident, I had the responsibility of organizing the clinical portion of the Canadian examination, and had an opportunity to observe the examiners closely. In spite of the usual student bias against exams and

examiners, I was impressed by the understanding of the examiners and struck by the care that was taken to be as fair as possible.

Dr Berger, is, however, on most uncertain ground when he draws inferences about residency training from his observations about the respective examinations. In the four years of training in Canada, two years must be spent in fulfilling the set requirements of the Royal College of Physicians and Surgeons of Canada. The remaining two years may be spent in those branches of psychiatry in which the Resident is particularly interested. In the University of Toronto programme, the Resident receives regular supervision not only from his immediate supervisor but also from a supervisor in long-term psychotherapy. Those who are interested in analytically oriented psychotherapy can, and often do, undergo a personal analysis, and the majority of graduates can and do 'survive' in office practice after graduation.

In my experience, the Canadian Resident is allowed considerable responsibility for his patients and can gain experience in a variety of treatment modalities. To suggest that 'other than to prescribe drugs, or press a button, most might be regarded as inadequate to treat the patient themselves' is, I feel, a distortion of the true situation.

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DEAR SIR,

I am writing to you regarding the article 'A Comparison of Psychiatric Examinations in the United States and Canada' by Dr Joseph Berger.

That article is misleading, inaccurate and unfair.

Dr Berger is wrong when he says that 'the legal requirement in some Provinces' to practice Psychiatry is the FRCP (C) exam. What he should have said is that in our National Health System only the specialists can charge specialist fees. There are, however, many general practitioners, with or without proper psychiatric training, who limit their practice to psychiatry or, more narrowly, psychotherapy, and as long as they are licensed practitioners, they are entitled to the general practitioner's fee for the particular psychiatric procedure. It is similarly true that many general practitioners perform surgical procedures and, they too have to settle for a general practitioner's fee for that procedure which is lower than that of a certified surgeon.

Dr Berger is also very inaccurate in describing the Canadian examination where he says 'a written part

comprising an essay section', because the essays were used for the written part of the examination in the past, and in the transitory period in the early 70's for a couple of years there was a written part that was a combination of essays and multiple choice questions. The last such exam was held in September 1974 and ever since that time the Canadian written examination is completely a multiple choice questionnaire.

While the multiple choice examination was criticized in the past, the general consensus is that this has improved in the last three or four years and we feel that the Canadian multiple choice exam is as relevant as the ABPN.

In September 1978, for the first time, the Royal College accepted candidates who finished two years of approved residency training with the understanding that if they pass the multiple choice exam, they will complete their examination at the end of their fourth year with the oral-clinical part of the exam.

It is both inaccurate and unfair to say that the pool of examiners in the Royal College is 'highly variable in quality'. In Canada, unlike other places in the world, one can be trained in psychiatry only in a University Centre and therefore it is logical that most (but not all) examiners come from University Centres. The 'variability' was remedied particularly in the last four years by intense marathon sessions that all the examiners have before the actual oral exam and the consensus of what is expected in the exam is clearly defined and, barring personality factors, the examination criteria are very uniform indeed. Since the examiners of the Canadian Royal College have less candidates to examine, there are logically fewer examiners. The 'variability' is, to my mind, much likelier to happen in a larger pool like the US.

It is a matter of opinion whether two half-hour interviews (one on tape) is more accurate in evaluating the competence of the candidate than a one-hour observed interview with one patient, followed with one hour of questioning. I find the statement that in Canada the candidate is seen as a 'student' while in the United States as a 'colleague' quite unfounded, because, after all, the examination is the meeting between examiners and the examinee and it is a matter of subjective evaluation which examining board is 'friendlier'. I have polled half a dozen of my former residents who have taken the ABPN exam recently and all of them felt that the oral examination in the United States was somewhat more authoritarian than when they took the Royal College Exam. Once again I feel that it is a subjective response and therefore Dr Berger's statement is not based on proven facts.

Likewise, Dr Berger's contention that a 'Canadian candidate usually has less understanding of what is actually happening with the patient' is patently

inaccurate if not malicious. On the list of examiners of the Royal College at any one time, the great majority of examiners are either psychoanalysts or psychoanalytically oriented psychiatrists who are keenly interested in whether the candidate knows 'what is actually happening with the patient'.

While in the past some of the Canadian training Centres did not have an organized, integrated training program in psychotherapy, it is no longer the case and to the best of my knowledge, in all 16 University based Centres in Canada, psychotherapy is taught systematically and thoroughly. Indeed, it is a basic requirement of the Royal College, and a Centre that did not teach psychodynamic psychiatry and psychotherapy would not be accepted by the Specialty Committee for Psychiatry of the Royal College. While in our training programs we are not neglecting to teach psychopharmacology, psychophysiology and other non-psychotherapeutic parts of our specialty, all of our programs insist on teaching psychotherapy, with the result that the overwhelming majority of our trainees in practice spend most of their time in psychotherapeutic practice, as reported by the Government-run insurance agency.

I was somewhat surprised to see that you printed Dr Berger's statement that the MRC Psych exam is 'almost an admission requirement to commence specialty training' in the UK. It is my understanding that the Royal College of Psychiatrists Membership requirement is two to three years of specialty training.

Dr Berger is also somewhat inaccurate when he fails to acknowledge that in the US the change from a three year residency into a four year residency in psychiatry has resulted in US trainees becoming eligible for the American Board of Psychiatry and Neurology Exam after their completion of the fourth year of training. He is right that those who have undergone the three year residency training program have to wait for another two years of practice to complete the oral part of the ABPN exam.

I would like to conclude with the personal note that I know of no graduate of any of the Canadian Psychiatric Training Centres who has passed the Royal College exams in Canada and failed the ABPN. On the other hand, I have personal knowledge of several colleagues who trained in the United States, passed the ABPN exam and then had great difficulty passing the Royal College exam.

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Secretary-General, COPE.

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