

The final point that Mr Palmer makes is to query the validity of our measure of cannabis use. He appears to have misread the definition – we did not ask about ‘smokes’ at all. We asked participants how often they ‘used cannabis’ without specifying the method of delivery. We assume the word ‘used’ is unambiguous and involves ingestion in some manner.

Finally, we follow no political agenda but seek only to inform the general public and policy makers using sound epidemiological evidence resulting from good study design, careful analysis and cautious interpretation. Our article represents a step towards filling the evidence void in the current polarised debate about important public health and policy issues surrounding cannabis use (Strang *et al*, 2000).

Ashton, H. (2002) Cannabis or health? *Current Opinion in Psychiatry*, **15**, 247–253.

Coffey, C., Carlin, J. B., Degenhardt, L., et al (2002) Cannabis dependence in young adults: an Australian population study. *Addiction*, **97**, 187–194.

Nelson, C. B., Rehm, J., Uston, T. B., et al (1999) Factor structures for DSM–IV substance disorder criteria endorsed by alcohol, cannabis, cocaine and opiate users: results from the WHO reliability and validity study. *Addiction*, **94**, 843–855.

Strang, J., Witton, J. & Hall, W. (2000) Improving the quality of the cannabis debate: defining the different domains. *BMJ*, **320**, 108–110.

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MRCPsych exams

I read with interest the informative editorial on the MRCPsych examination by Dr Tyrer and Professor Oyeboode (2004). I agree with the authors' view that examinations require continuous assessment and refinement and also note their admission that political and external factors are likely to drive further changes.

However, I am still puzzled to note their ambiguity over defining the direction of change in the future. They give three examples of potential future directions:

modularisation of courses with assessment at the conclusion of modules; continuation of high-stakes tests; and regrading of the record of in-service training (RITA) as an exit examination at the completion of higher specialist training. However, their description of these examples is vague.

This is an era of heightened societal expectations, increased regulatory control and external scrutiny of professionals. There remains at least a theoretical possibility of external quality assurance standards and mechanisms being imposed on the medical Royal Colleges, including the Royal College of Psychiatrists.

Eraut (1994) has argued that a professional's competence has at least two dimensions, scope and quality. Scope concerns what a person is competent in – the range of roles, tasks and situations for which their competence is established or may be reliably inferred. Quality concerns judgements on the quality of that work along a continuum. Determining the acceptable and measurable cut-off points on the quality dimension for senior house officers, specialist registrars and consultants remains an important task for the profession.

Schön (1987) has argued that if professions are blamed for ineffectiveness and impropriety, their schools are blamed for failing to teach the rudiments of effective and ethical practice. Greater emphasis on the processes of training, reflective practice, training the trainers, continuing professional development, relevant educational research and interprofessional learning would help to sustain and enhance the profile of psychiatry in the society. The profession requires a clear direction from its leaders.

Eraut, M. (1994) Concepts of competence and their limitations. In *Developing Professional Knowledge and Competence*, pp. 163–181. London: Falmer.

Schön, D. A. (1987) Preparing professionals for the demands of practice. In *Educating the Reflective Practitioner*, pp. 1–21. San Francisco, CA; London: Jossey-Bass.

Tyrer, S. & Oyeboode, F. (2004) Why does the MRCPsych examination need to change? *British Journal of Psychiatry*, **184**, 197–199.

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Authors' reply: We have noted Dr Faruqui's comments on our editorial. Dr Faruqui believes we should be more specific about recommendations for psychiatry examinations in the future, and argues that we have been ambiguous in not defining the format for future psychiatry examinations in more detail.

The Royal College of Psychiatrists is not able independently to direct the course of examinations in the future. The Postgraduate Medical Educational and Training Board has indicated what principles should hold in postgraduate examinations, and the Royal College of Psychiatrists follows these as well as observing the practices of the other medical Royal Colleges.

There is a move to include workplace assessments as part of the panoply of assessment of competence. The methods to achieve this have not yet been fully described or, indeed, evaluated. The degree to which this kind of assessment will form part of the assessment of a candidate in a future MRCPsych examination has not been made explicit.

This is the present state of affairs. We are not expressing our own opinions in this part of the editorial; we are indicating the present state of play. We believe that competence is judged by public examinations and that performance is measured by workplace assessments that approximate to what occurs in the real world. Quality of work is not assessed in examinations and we do not believe that this is part of the remit of examination boards.

Declaration of interest

S.T. is the immediate past Chief Examiner of the Royal College of Psychiatrists and F.O. is the present Chief Examiner and is a member and examiner of the Professional Licensing Assessment Board of the General Medical Council.

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