sympathetically and humanely as possible by all concerned, especially Sir John Wood as Chairman of the Mental Health Review Tribunal. It was accepted that the safeguard of atuomatic reviews was aimed at the chronically detained schizophrenic patient who would not apply for a hearing. Nevertheless, it is law and applies indiscriminately to all detainees. It is regrettable that exceptions cannot be made. Othewise, if this unfortunate lady survives, there will be further distressing and 'futile' reviews ahead of her. Suggesting exceptions to the Act raises the issue of who should decide which cases should not be subject to repetitive and automatic reviews? The obvious answer, with all the advantages of impartiality, is the Mental Health Review Tribunal itself. The Mental Health Review Tribunal ought to have the power, in exceptional circumstances and at their discretion, to prevent further automatic reviews. Their powers were extended by the 1983 Act, why not extend the power to cover this unfortunate instance and similar ones.

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Performance of foreign born candidates at the MRCPsych examinations

DEAR SIRS

I have been looking closely at the lists of successful candidates at both parts of the MRCPsych between 1976 and 1984, which are published in the *Bulletin*. I was alarmed and a bit surprised to see that British born candidates make up, on average, 73% of successful candidates in the Membership and Preliminary examinations. On this basis one could say that foreign born candidates have only one-third the chances of passing either exam as compared to British born entrants. However, this is assuming that equal numbers of British and foreign born doctors enter for the examination—but this is unlikely. Foreign born candidates usually out-number British born candidates, at least at London centres, by as much as two to one. This must mean that the real odds against a foreign doctor passing the exam at a given sitting is well near six to one. This is staggering in itself without also considering that many of the foreign doctors are taking the examination for the second or third time, and can hardly be called 'naive' candidates.

This appalling state of affairs has hardly been explained, although suggestions have been made that it may be due to poor English, unfamiliarity with the multiple choice format, or generally poor knowledge. The thinking seems to be that it is the last.[1] In this light it is surprising that the College allows candidates to continue to sit for exams for which they are supposedly not ready, year after year. However, there is a further possibility, which people seem to shirk from, that foreign born candidates may be subject to discrimination in some way or another. The College allocates index numbers to candidates, but they do not seem to be used. Candidates have to write down their names and nationalities on a piece of paper in the examination room; they write their names on the answer sheet of MCQ paper; and during clinical and oral examinations, names, rather than index numbers, are used.

I suggest a few ideas which will reassure foreign doctors that they are being treated fairly. One suggestion is that index numbers should be used more realistically, and candidates' names should not be available to the panel that decides the list of successful candidates. Possible bias at clinical examinations is more difficult to eliminate, but by using index numbers exclusively, any bias in allocating candidates to patients may be avoided. A more radical move would be to change the status of the clinical examination, such that if a candidate passes both the essay and MCQ but fails the clinical, he should be required to re-sit the clinical only after six months, on payment of a further fee. He should only re-sit the whole examination if he fails a written paper as well.

I am not expecting that these ideas will be taken up avidly by the College, but if there is *no* discrimination, then I do not see what harm they can do. On the other hand, I think they will be vastly reassuring to the large number of foreign doctors who come to this country for training only to find that they are trapped in a miserable cycle of disillusionment and despair, with little prospect of their returning to their own countries with the qualification for which they came to Britain.

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The Dean, Dr J. L. T. Birley, replies:

Many of the issues which Dr Onyango has raised are discussed in the report of the Trainees' Forum held last

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