

# October 2020 Essay-style Post-examination Report



## **Essay-style Examination**

The Committee for Examinations followed established procedures to set the October 2020 Essay-style Examination, and to determine the pass mark. Standard setting to determine the pass mark involved Fellows from around Australia and New Zealand.

In order to pass the Essay-style Examination, candidates are required to pass the CEQ component as well as obtain marks greater than the overall cut score -1 SEM (standard error of measurement). Both trainees and the partially comparable Specialist International Medical Graduates sit the Essay-style Examination.

The number of candidates sitting the October 2020 Essay-style Examination across Australia and New Zealand was 266. Of this cohort, 163 candidates were unsuccessful on the exam. As communicated by the Board on 13th October 2020, unsuccessful attempts were recorded as a “no result”. An exam attempt was not recorded for these candidates. The pass rate for the October 2020 Essay-style Examination was 39%. Of the candidates who sat the Essay-style Examination for the first time, approximately 48% passed.

The Committee for Examinations reviewed the performance of borderline candidates across the examination, and where possible awarded a ‘Conceded Pass’. Candidates are reminded that the regulations stipulate that the CEQ must be passed in order to achieve an overall pass in the Essay-style Examination.

Candidates are provided feedback as to their performance in identified curriculum areas taken from the syllabus in their result letter. In a departure from usual process, candidates were informed on 18<sup>th</sup> January 2020, earlier than scheduled, of the outcome of their attempt. Trainees’ result letter was released via InTrain and for SIMG via MY RANZCP on 10<sup>th</sup> February.

## **Critical Essay Question (CEQ)**

The cohort were provided with a quote which was largely about the development of expertise. It required an appreciation of the psychosocial milieu of each clinical interaction and; of the creation of shared meaning and growth. Candidates were able to expand on ideas aligned with principles of recovery, trauma informed care and patient centred care. Many candidates were able to relate this quote to clinical situations and, discussed the role of the narrative in the development of the psychiatrist.

Overall, the quality of CEQ submissions has continued to improve over recent years. Many candidates had a good plan for the essay and wrote complex sophisticated essays. The best essays took a broad view of learning from patients and how it looks in practice. They often returned to the quote to discuss it in the context of those practices. Some candidates were able to think more broadly beyond a generic framework and incorporate more contemporary and broader social considerations.

The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continuing improvement (63% average score). The improving quality of content suggests that candidates are reading more extensively, and this is actively encouraged. We recommend candidates read broadly as part of their preparations for the CEQ.

In many of the poorer quality essays, there was no substantial link to the quote. The writer apparently failed to appreciate the depth of the quote and the opportunity for reflection. References to the quote need to be substantial. Many essays were generic and a significant number of essays featured only on recovery focussed practice without considering the growth of the clinician from listening to patients’ stories. It is recommended that candidates read the question carefully, think about the Fellowship Competencies that could be applicable for that particular essay (a generic Marking Guide is available on the College website), and plan out their response.

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## **Modified Essay Question (MEQ)**

### **MEQ 1**

The first MEQ presented an important topic on basic knowledge and clinical symptoms of ADHD which is a contemporary and relevant topic.

Generally, candidates performed poorly in this question. There was a lack of focus on core issues with prescribing, and there were responses with insufficient breadth. Many candidates outlined a generic management plan rather than specific treatments for ADHD.

Many candidates did not justify their answers and provided only lists in their responses when the questions specifically requested, "Outline (list and justify)".

### **MEQ 2**

MEQ 2 vignette covered a key topic in old age, and was about OCD assessments and treatments.

The cohort did not perform well on this MEQ. A large proportion of the cohort did not distinguish between primary and differential diagnoses. Many candidates did not understand that the question asked them to explain the phenomenology for the diagnoses or make reference to the patients presenting features.

Many candidates missed marks for not responding appropriately to the question type.

Content knowledge deficits, relating to the mechanisms of action and the appropriate use of a range of psychotic medications, were evident for a minority of candidates. This does not reflect the Junior consultant standard.

Very few candidates mentioned the role of a psychiatrist in mitigating the risks or the risks to treatment in terms of disengagement, poor insight, mistrust of medical staff, elderly abuse, or exploitation of this patient by his wife and family.

MEQ 2.1 presented as particularly problematic with unexpected low scores for all candidates. Examiner feedback indicated some unintended difficulties and issues regarding interpretation of responses. MEQ 2.1 was subsequently excluded from the exam results for all candidates. The proportional contribution of the MEQ section of the exam to the Total score was preserved by scaling the MEQ scores.

### **MEQ 3**

This vignette was based on ECG interpretation and knowledge of QTc, which covers the assessment area of basic sciences, medical knowledge, and treatments. Most candidates showed knowledge that when prescribing antipsychotics, cardiac side-effects need to be explained and monitored. Most candidates also involved the patient and family in decision making.

A significant number did not display an awareness of the need to review past medical history, particular cardiac issues and medications or other factors contributing to prolonged QTc. Many candidates did not acknowledge the importance of monitoring QTc, or of the need for longer term follow up with ECG in cases with an abnormal QTc.

### **MEQ 4**

This vignette outlines a common scenario with an overseas trained medical graduate working in a regional centre. This MEQ covers curriculum areas of professional communication, governance, and sociocultural awareness.

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Candidates showed empathy and concern for the registrar with a consistent focus on finding the cause/s and providing appropriate supports. Most candidates addressed the basic aspects of the question whilst many did not address the nuances of the scenario. Some candidates did not read the vignette carefully and assumed they were the treating psychiatrist. There was a poor understanding of the role of regulatory bodies such as AHPRA (in the Australian context) and mandatory notification. Often, candidates provided lists without justification, as required by the question. Simply listing relevant areas resulted in no marks awarded.

MEQ 4.1 presented as particularly problematic with unexpected low scores for all candidates. Examiner feedback indicated some unintended difficulties and issues regarding interpretation of responses. MEQ 4.1 was subsequently excluded from the exam results for all candidates. The proportional contribution of the MEQ section of the exam to the total score was preserved by scaling the MEQ scores.

## **MEQ 5**

Candidates performed well on this MEQ, with 68% of marks achieved. The vignette was of a scenario frequently encountered in clinical practice and it was expected that the cohort would have performed well. MEQ 5 accessed areas of curriculum which cover assessment, old age, treatments in psychiatry, and legal framework.

The cohort had a good grasp of the biological factors contributing to confusion and was able to identify likely delirium as an important differential diagnosis to consider and exclude. Most candidates had a reasonable grasp of prescribing practice that ensured a rational medication regime was administered.

## **Final comments**

The CEQ continues to achieve a reasonably high pass rate however performance on the MEQs was relatively poor and detracted from the overall pass rate.

All of the MEQs addressed clinical scenarios which are encountered in clinical practice in Australia and New Zealand. Candidates performed well in the following curriculum areas; ethics, sociocultural awareness and specific areas of practice - Old Age. The average performance of the cohort in the area professional communication and liaison, and treatments in psychiatry suggests that further experience, reflection and study is required for success in the examination.

Candidates are reminded of the importance of reading the question carefully and including responses specific to the questions being asked whilst maintaining overall perspective. At junior consultant standard, answers are required to reflect a capacity to appreciate both broad issues and specific perspectives, and an understanding of clinical governance. Candidates are reminded of College resources and strongly advised to practice on past examination papers which can be found here ([Essay-style Exam - previous exams | RANZCP](#)). Candidates are encouraged to use supervision opportunities to discuss consultant perspectives in their daily clinical work and to seek advice and formative feedback on practice answers.

In all MEQs, there were many instances where the candidate had not read the instruction clearly. Time management and pacing is important in the exam and should be part of candidates' preparation to ensure all questions are answered in the allocated time.

As usual, there were instances where markers had major trouble deciphering candidates' handwriting. We strongly recommend that candidates are mindful of their handwriting to ensure marks are not missed because the examiner cannot decipher what had been written.

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