August 2019 Essay-style Examination

Post-examination Report

The Royal
Australian &
New Zealand
College of
Psychiatrists

Essay-style Examination

The Committee for Examinations followed established procedures to set the August 2019 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 August 2019 Essay-style Examination across Australia and New Zealand was 224. This is the highest number of candidates sitting the examination since the start of the 2012 Fellowship Program. The pass rate for the August 2019 Essay-style Examination was 46%. Of the candidates who sat the Essay-style Examination for the first time, approximately 52% passed.

The Committee 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.

Critical Essay Question (CEQ)

In the context of core psychiatric skills around writing for communication and influence, as well as the broader role of the psychiatrist in the community, it remains an essential skill for every psychiatrist to be able to critically appraise and analyse, in real time, then discuss common concepts relevant to psychiatry and the psychiatrist's role, including across wider society. These concepts may have interpersonal, systemic, clinical, research, ethical, historical or cultural implications, among others. All of the CanMEDS competencies may potentially be relevant to this process. These principles underpin the CEQ.

The cohort was provided with a quote which gave candidates a good opportunity to discuss a range of issues very relevant for psychiatrists in contemporary practice. The quote, relating to therapeutic alliance, allowed the candidate to explore history, ethics, clinical work and research. The quote was broad in its scope to allow for a breadth of responses drawing on many aspects of psychiatric practice and systems.

Overall, the August 2019 cohort performed slightly better in the CEQ question compared with previous examinations (average score was 59%). The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continued improvement. However, the worst performing domain was where candidates were required to demonstrate their ability to draw a conclusion. This domain scored the lowest of all domains at 28%, and examiners felt that conclusions were rushed and ill-considered. The spread of scores suggests that the quote and score criteria combined to generate a useful level of discrimination between performances.

In terms of evident weaknesses, many candidates provided a formulaic and generic framework without specifically relating the response to the actual quote – structures can be useful but the content must be relevant to the question being asked. Candidates need to be reminded that quoting research findings holds weight if they can include some form of reference, such as the lead author at the very least. While some candidates' essays did not have a logical flow, markers actively sought to identify where marks could be awarded, despite this.

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Modified Essay Question (MEQ)

MEQ 1

The first MEQ presented a straight forward scenario of a patient's concerns regarding the long term complications/risks of antipsychotic medication. This scenario could be expected as one that the candidates would encounter regularly in their clinical practice. It asked the candidate to deal with a specific patient concern, and what they would do (rather than what they theoretically know).

Candidates performed relatively well on this MEQ. Most candidates were able to identify long term complications of the medication use. Most candidates provided a rationale rather than just a listing, and understood the need to evaluate risk and current mental state. While many candidates spoke at length about the risk, they often did not address whether or not there were legal grounds to continue to treat the person under the MHA. Very few considered addressing risk benefit analysis in response to the patient, and only a couple addressed the evidence level available. Consideration of non-pharmacological treatment options often did not occur.

MEQ 2

MEQ 2 was predominately concerned with governance. It also covered clinical aspects (working with interpreters, ECG findings). Candidates performed least well on this MEQ. The majority of candidates simply listed their responses without a rationale when they were expected to explain and discuss. There was a lack of demonstrated knowledge around multifactorial etiology of prolonged QTc, approach to investigation and management.

There was a good understanding of the requirements for protected time and working through assessment requirements.

Supervision and feedback is a core skill needed by psychiatrists from their first day of employment, and thus an important aspect of training to be assessed. This is an important area to examine each candidate's knowledge base.

MEQ 3

This vignette was based on important basic knowledge that all candidates should be familiar with. There was opportunity for candidates to present information that could be drawn from clinical experience, as well as textbook knowledge. The majority of candidates performed well.

The candidates demonstrated strengths in their capacity to think through the assessment requirements of a patient with a chronic anxiety disorder, and in their written communication skills. The format of responses to the 'justify' and 'explain' prompt was better than in previous examinations. Most candidates in the cohort knew the overall approach to treatment. There was a good understanding of individual/patient factors, and overall a good standard of responses.

Despite the question mentioning issues relating to the patient's parents, a number of candidates seemed to ignore the role of carers in supporting care and were not mindful of their needs. Candidates tended to communicate very rudimentary descriptions of CBT/ERP, and had haphazard approaches to pharmacotherapy.

Many candidates rewrote/reiterated sections from the stem which is unnecessary. Many candidates made a number of assumptions about the patient from the stem, and wrote at length from that standpoint e.g. assumptions about cultural and socioeconomic background.

MEQ 4

This vignette involved the assessment and treatment of a specific disorder. It reflected a commonly encountered and important clinical scenario. The question was clear in wanting information around psychological treatment rather than general management.

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Most candidates indicated a sensitive approach to the patient's disclosure of past abuse. There was a good understanding of the range of psychological treatments and what they entailed. However, some candidates took a very narrow approach and did not justify their answers. Significance of developmental history, family history and collateral history was often ignored by many candidates, and demonstrated poor focussed training.

Many responses overlooked the immediate management of the presentation. Much of the discussion about confidentiality versus disclosure/mandatory reporting was poorly considered. Generally, candidates made presumptive diagnoses rather than addressing formulation and provisional diagnoses.

MEQ 5

Candidates performed best on this MEQ. They showed a good understanding of basic principles associated with carer support in dementia, a very common clinical scenario. Responses were required to have a strong focus on non-medical approach to behavioural issues of dementia.

Many candidates failed to provide justification for their responses, despite instructions clearly stating that no marks would be awarded without justification. This MEQ required candidates to demonstrate their ability to prioritise information with reference to the scenario, and to synthesise relevant concepts to provide a clear and coherent response.

Some indicators of general time management issues were evident given the brevity of many responses, and some candidates not attempting the question.

Final comments

Overall, better performances were seen in the curriculum areas of assessment, specific disorders (psychosis), old age, sociocultural awareness and treatments in psychiatry. Statistics on curriculum performance also showed that candidates demonstrated a poor understanding of professional communication and liaison, leadership, governance and legal frameworks.

Candidates are reminded of the importance of reading the question carefully, and including answers specific to the questions being asked, yet maintaining overall perspective, for example, considering the context and broader outcomes. 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 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 numerous instances where the candidate had not read the instruction clearly, often failing to gain marks for not heeding the instruction, such as 'list and justify'.

Time management and pacing is important in examination preparation to ensure all questions are answered in the time given.

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

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