

August 2021 MEQ EXAMINATION

Post-examination Report



MEQ Examination

The Committee for Examinations followed established procedures to set the August 2021 MEQ Examination and to determine the pass mark. Standard setting to determine the pass mark was conducted at College Standard Setting Meetings and at Satellite Standard Setting Meetings across Australia and New Zealand.

The Committee for Examinations reviewed the performance of borderline candidates across the examination, and where possible awarded a 'Conceded Pass'.

Candidates are provided feedback as to their performance in identified curriculum areas taken from the syllabus in their result letter. Candidates were informed on 10th November 2021, earlier than scheduled, of the outcome of their attempt. Result letters were released via InTrain, and the MY RANZCP website, on 24th November 2021 for trainees and SIMG candidates respectively.

No. of candidates enrolled in the Essay-style paper	269
No. of candidates successful	130 (48%)
No. of candidates passing on their first attempt	52%
No. of SIMG candidates passing	37%
No. of trainee candidates passing	49%

A total of 174 candidates sat for both the MEQ and the CEQ exams on the day. About 45% of those candidates passed both the exams and 33% passed one of the two exams.

Modified Essay Question (MEQ)

Many candidates did not elaborate on their responses such as justifying/explaining their answers, and provided only lists in their responses when the questions specifically requested, "Outline (list and justify)" or "Describe (list and explain)".

MEQ 1

The first MEQ presented an important opportunity to show content and the practical application of CBT. The question allowed candidates to think of a broad range of issues when conducting psychotherapy. Candidates in general were familiar with psychotherapies recommended in the treatment of depression. Marks were lost when candidates did not follow the specific instruction to *debate* the psychotherapy options. Candidates are reminded to make themselves aware of the instructions in each question. More information can be found in the guide 'MEQ Instructions to Markers', [MEQ instructions to Markers \(ranzcp.org\)](https://www.ranzcp.org/MEQ-instructions-to-markers)

This MEQ was performed well with a 59% average marks.

MEQ 2

MEQ 2 pertained to a common scenario of a woman with schizoaffective disorder who was considering pregnancy, her progress during the pregnancy, and subsequent to the birth of an infant. The questions pertained to issues around assessment, ethics, psychosis, and perinatal areas of the curriculum.

Most candidates had a good grasp of key assessment components and understanding of key risk in the perinatal/post-partum period, and paid due attention to the importance of family and social connectedness. There was also a good opportunity to explore how recovery principles apply to practice. Generally in the third vignette, candidates appropriately identified the scenario as a psychiatric emergency and responded appropriately. Medico-legal aspects were generally considered. Examiners commented on the lack of comprehensive discussion about ethics, involvement of specialist teams, and broad discussion of the issues supporting the patient in the decision-making process. Answers often showed minimal understanding of concepts of recovery-based care. Furthermore, there was limited longer term planning or anticipation of care needs.

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This MEQ had a 51% average marks.

MEQ 3

Candidates performed relatively well on this MEQ, achieving on average 63% of available marks. MEQ 3 was very common scenario, which tests the width and breadth of management of delirium and alcohol withdrawal. The question covered a many aspects of the clinical care of a patient presenting with a substance abuse disorder including psychosocial issues, the welfare of a dependent as well as considering the differential diagnostic issues between mental health issues, medical or acute alcohol withdrawal, pain, and capacity.

Many candidates did not arrange answers in a structured way and this meant that remembering to mention salient features of the history as applicable in this scenario – at times, the medical, psychological or drug and alcohol history, mental state examination, the physical examination or relevant investigations, was missed or incomplete.

Markers commented on the candidates not providing the responses asked for, which led to markers not being awarded. Candidates are reminded they will not be awarded marks for not following the instruction in the question. In this MEQ, many candidates did not 'justify' their responses. For example, provision of a justification for asking about relevant aspects applicable to this scenario, or for ordering certain investigations.

This MEQ was performed well with a 63% average marks.

MEQ 4

This vignette tested candidates' key understanding of the assessment of capacity and is essential in psychiatry. The vast majority of the cohort were able to identify that a non-delusional religious belief was often shared between other individuals of the same religious denomination.

The majority of candidates lost marks for not sufficiently explaining their responses. Overall, the question about ethics and professionalism performed poorly, in line with previous performance in this area of practice.

This MEQ was performed poorly with a 48% average marks.

MEQ 5

Generally, candidates performed poorly in this question with variable attention to basic life support, the emergency assessment of the obtunded patient, consideration of monitoring level of consciousness, and did not explore principles of justice beyond. Most candidates did not explicitly refer to the use of a sedation scale in their assessment of the unrousable patient. Some candidates failed to note that the patient was unrousable and focused their answer on management of aggression.

Candidates had difficulty explaining why information was gathered. Stronger candidates explained how the information about psychiatric history and drug and alcohol history would be used to formulate hypothesised explanations for the presenting problem, choose appropriate management, and consider differential diagnoses, rather than just listing the components of a psychiatric and drug and alcohol history.

Overall, most candidates did well in recognising the urgency of attending to physical assessment of a medically compromised patient in a psychiatric setting and requirement of immediate assessment and observations, seeking urgent medical input and considering transfer of the patient to a more appropriate setting. Most of the cohort recognised the need for least restrictive care and often involvement of family and patient in the process. There was a strong knowledge of non-pharmacological approaches to managing an acutely behaviourally disturbed patient.

This MEQ was performed with a 51% average marks.

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Final comments

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; assessment, specific areas of practice – consultation liaison, specific disorder – substance use disorder, also mood. In general, candidate performance demonstrated a poor understanding of areas of basic sciences, medical knowledge, ethics, history and philosophy, phenomenology, and sociocultural awareness. This suggests that further experience, reflection, and study is required for success in the examination.

Junior consultant standard answers are required that 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 feedback with practice answers.

Candidates are reminded of the importance of reading the question carefully and including responses specific to the questions being asked whilst maintaining overall perspective.

Candidates are reminded of College resources and strongly advised to practice on past examination papers which can be found here ([Modified Essay Question - 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 it was evident the candidate had not read the instruction clearly. Time management and pacing is important in the exam and should be part of a candidate's preparation to ensure all questions are answered in the allocated time. Practicing under timed conditions is recommended. This has improved with more time available in recent examinations.

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.

Dr Nathan Gibson
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Committee for Examinations

Dr Sanjay Patel
Co-Chair
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