

February 2021 Essay-style Post-examination Report



Essay-style Examination

The Committee for Examinations followed established procedures to set the February 2021 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 (MEQ + CEQ) -1 SEM (standard error of measurement). Both trainees and the partially comparable Specialist International Medical Graduates sit the Essay-style Examination.

As communicated by the Board on 14th December 2020, unsuccessful attempts were recorded as a “no result”. An exam attempt was not recorded for these candidates. Participation in the Targeted Learning program is mandatory for trainees after two unsuccessful attempts. These include attempts on the “no disadvantage” exams in October 2020 and February 2021. Targeted Learning is designed as a supportive educational tool and has been of immense benefit to trainees in subsequent attempts.

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 19th May 2021, earlier than scheduled, of the outcome of their attempt. Result letters were released via InTrain, and the MY RANZCP website, on 2nd June 2021 for trainees and SIMG candidates respectively.

No. of candidates enrolled in the Essay-style paper	200
No. of candidates successful	114 (57%)
No. of candidates passing on their first attempt	65%
No. of SIMG candidates passing	44%
No. of trainee candidates passing	60%

Critical Essay Question (CEQ)

The purpose of the CEQ assessment is to test skills considered essential for consultant psychiatrists. The skills align with CANMED roles, and allow candidates to demonstrate the ability to evaluate and critically appraise a proposition relevant to psychiatry, apply evidence-based assessment and demonstrate a capacity for balance reasoning.

The candidates were provided with a prompt in the form of a quote. They were expected to address the quote and critically discuss it in essay form, including a consideration of contrasting view points, and providing a conclusion. Members of the Writings Subcommittee agreed the quote was highly topical and relevant, and expected to allow for a range of opinions and responses.

Candidates responses were assessed across seven domains of the CEQ Marking Guide. High quality essays were wide-ranging in scope, reflective and, provided balanced appraisals of the quote. There was evidence of critical thinking in many of the essays. Of interest, the quote (sourced from Menkes D and Dharmawardene V (2019) Anti-psychiatry in 2019, and why it matters. Australian and New Zealand J of Psychiatry 53(9): 921-922) provided candidates the opportunity to display their knowledge of historical issues and how these applied to contemporary psychiatry-

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[CEQ Marking Guide \(ranzcp.org\)](https://www.ranzcp.org)

The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continuing improvement (65% average score). The ability to identify and develop a number of lines of argument that are relevant, also the ability to consider counter arguments performed well (63.05% average score).

Of concern to the committee was the preponderance of generic essay responses. We encourage candidates to practice and there is evidence as more candidates are passing the CEQ component of the essay-style paper. However, the significant proportion of formulaic responses suggests many candidates are not applying themselves to the particular quote provided.

Handwriting continues to be an issue and syntax errors make reading and comprehension difficult.

From August 2021, the decoupled Essay-style paper is accompanied by more time to plan and compose responses in the CEQ. We are hopeful this will provide candidates with more opportunities to carefully consider their responses.

Modified Essay Question (MEQ)

Many candidates did not justify/explain their answers and provided only lists in their responses when the questions specifically requested, “Outline (list and justify)” or “Describe (list and explain)”.

[MEQ instructions to Markers \(ranzcp.org\)](https://www.ranzcp.org)

MEQ 1

The first MEQ presented an important topic on ethical principles relevant to psychiatry and the scenario would be familiar to all trainees. It examined a number of areas of common clinical practice such as chronic mental illness and substance abuse, treatment non-adherence, compulsory treatment, disengagement and, ethical issues. These are important concepts to be familiar with and to be able to apply when working in psychiatry. Some candidates recognised that specific ethical principles applied, such as autonomy, beneficence, non-maleficence amongst others. Generally, candidates performed poorly in this question and did not explore principles of justice beyond community-based ethics. Many others did not consider the responsibilities of the treating psychiatrist. One of the questions in this MEQ pertained to valid/informed consent; many candidates responded to one element only, that of capacity.

MEQ 2

MEQ 2 pertained to out-of-home care in childhood and was about assessment and treatment in child and adolescent psychiatry in the emergency department. The marking guide accommodated a broad range of response types covering multiple domains relevant to the scenario allowed trainees.

This MEQ was reasonably well performed, and many candidates had a good framework for answering the question. Most candidates gave good consideration of a behavioural analysis and identified contemporary issues relating to the diagnosis of childhood bipolar disorder. Disappointingly, very few candidates made

reference to the boy’s indigenous background or its putative role in his current presentation. Candidates who performed poorly in this question appeared to take too narrow a focus in their approach when they could have considered a biopsychosocial-cultural approach.

Candidates are reminded that information presented in a scenario is there for a purpose; examiners will take care to remove extraneous information when setting questions. This may assist candidates with contextualising their response.

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MEQ 3

MEQ 3 pertained to socio-cultural issues faced by many in psychiatry. The vignette, used in a previous examination with some changes, focussed on diagnostic considerations, the role of stigma in mental health, and disengagement from treatment. This MEQ was designed to enable the candidate to think of their dual role as clinician and supervisor. There was a strong understanding of the breadth of possible diagnostic explanations. Many candidates were able to articulate risks associated with unplanned self-discharge of a person that are relevant to their clinical diagnosis.

Collectively the cohort showed an appreciation of different domains of stigma (self-stigma, structural stigma, and social stigma). Some candidates recognised gender and ethnicity as potential sources of discrimination and stigma. Many candidates appeared to overlook how the caregiving system and their own roles might contribute to stigma.

Disappointingly, many candidates failed to consider a range of options for re-engagement following self-discharge, though a number of candidates identified strategies to re-engage with the patient including outreach, liaison with the GP, and gender-appropriate and culturally congruent interventions.

Many candidates failed to provide justification for their responses. Despite instructions clearly stating that no marks would be awarded without justification.

MEQ 4

This vignette involved a common clinical scenario about a young man who presents to the emergency department demanding benzodiazepines, after which he lodges a complaint with the service and, fails to engage in follow up. This MEQ covered curriculum areas of assessment, governance, relevant legal frameworks and treatments.

Many candidates had a solid knowledge of relevant historical data pertinent to substance use disorder and showed a good coverage of risk issues.

Candidates did not grasp components of the question relating to the management of a clinical situation and hospital complaints procedure. Overall, the question about governance performed poorly, in line with previous performance in this area of practice. Many did not consider how to offer support to the first-year registrar whilst still considering the ongoing responsibility for the patient.

MEQ 5

Candidates performed relatively well on this MEQ, achieving on average 59% of available marks. The vignette presented a situation frequently encountered in clinical practice and it was expected that the cohort would have performed well. This question addressed treatment resistant (hard-to-treat) depression and comorbidities that contribute to the lack of response to traditional treatments. MEQ 5 accessed areas of curriculum which cover assessment, personality, mood, substance abuse and treatments in psychiatry.

The cohort generally identified borderline personality disorder (BPD) as a major provisional diagnosis in addition to treatment resistant depression. Most identified the main psychological therapies for BPD, and there was generally good coverage of developing and implementing a safety plan. Lifestyle factors were also identified by many as well as the need for intervention in harmful alcohol use.

A large proportion of the cohort did not heed the question which asked for "the most likely diagnosis and differential diagnoses" and provided only a list of possible diagnoses with justifications. Engagement of the patient was often missed with a focus on descriptions of acute crisis management and assessment.

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Psychoeducation about BPD was not well described. Many of the answers tended to focus on general theory of management rather than engaging this particular patient.

Final comments

The pass rate continues to improve. Marks continue to be lost unnecessarily when questions are not carefully considered and there is an absence of an elaboration, justification or, description.

From August 2021, the CEQ and MEQ examinations will be decoupled. Based on statistical analysis, there is a greater likelihood of this being advantageous for candidates.

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, sociocultural awareness ethics and specific areas of practice - addiction.

In general, candidate performance demonstrated a poor understanding of areas of leadership, governance and relevant legal frameworks, professional communication and liaison, also ethics, history and philosophy. 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. At junior consultant standard, answers are required to reflect a capacity to appreciate both broad issues and specific perspectives, as well as 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 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
Chair
Committee for Examinations

Dr Sanjay Patel
Co-Chair
Written Subcommittee

A/Prof Brett Kennedy
Co-Chair
Written Subcommittee