

August 2022 MEQ Examination

Post-examination Report



MEQ Examination

The Committee for Examinations followed established procedures to set the August 2022 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; this appears in their result letter. Candidates were informed on 9th November 2022, earlier than scheduled, of the outcome of their attempt. Result letters were released via InTrain, and the MY RANZCP website, on 30th November 2022 for trainees and SIMG candidates respectively.

Table 1: Summary – August 2022 MEQ

	No. of candidates
No. of candidates enrolled in the MEQ examination	281
No. of candidates successful	154 (54.8%)
No. of candidates passing on their first attempt	55.39%
No. of candidates who elected to sit the MEQ and CEQ papers on the same day	115
No. of these candidates who were successful in the MEQ and CEQ paper (%)	52%
No. of SIMG candidates passing	50%
No. of trainee candidates passing	55.7%

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)". 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)

Table 2: Average marks achieved in each MEQ

MEQ	Marks worth	Average mark achieved (with SD)
1	29	17.62 (3.4)
2	35	17.88 (3.9)
3	36	14.81 (3.7)
4	25	10.52 (3.3)
		Overall average mark 60.83/48.7%

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Commentary below on each MEQ was provided by the markers.

MEQ 1

The first MEQ related to a common ED presentation covering clinical and administrative realities that trainees would be familiar with. Curriculum areas of Assessment, ethics and Leadership, governance and legal frameworks were covered by this question.

Most candidates were able to identify legal frameworks embedded in the question as important and were able to write from clinical experience. The MEQ touched on both ethical and clinical governance that were important concepts to draw out of this assessment.

Whilst this MEQ performed well (60.7% average marks achieved), many candidates did not pay attention to the *describe (list and explain)* prompts, providing lists without expanding on their answers thus did not receive any marks.

MEQ 2

MEQ 2 is a relevant question on pregnancy and highlights a serious and important clinical presentation which candidates need to be able to manage safely in clinical practice. The scenario provided a broad range of opportunities to demonstrate and explain the relevance of these principles in clinical practice. Principles of recovery-oriented practice reflecting core knowledge was a question where the average mark achieved was a disappointing 51%.

As a cohort: there was some familiarity with the use of psychotropics in pregnancy, when a patient is breast feeding, and transmission across placenta or via breast milk. Candidates recognised the importance of a person's autonomy and ability to make life decisions. In this question, markers were pleased with the recognition of the importance of including a person's social network.

Some candidates performed poorly because they listed recovery principles without explaining the relevance of these to this particular context. Few candidates demonstrated awareness of relevant frameworks for guiding recovery oriented mental health practice in the Australian and New Zealand contexts.

MEQ 3

MEQ 3 tested knowledge of somatoform disorders, professional communication and liaison and treatments.

Markers felt this is a very good question in assessment a trainee's ability to think laterally in a clinical setting. The presentation of the patient within the question is something that is of reasonably high prevalence. Trainees continued to demonstrate an unfamiliarity with current diagnostic nomenclature.

Trainees continue to struggle with providing appropriate justification for their answers. A common recurring example evident was that trainees would list generalised anxiety disorder as a differential diagnosis, but their justification was limited to "appears anxious". This is insufficient to gain marks. Many trainees attributed the presentation to factitious disorder or malingering, often with very contrived reasoning. There was nothing in the question to have suggested this.

Finally, trainees should be encouraged to read the questions. Often trainees justified the need for thyroid function tests as part of their organic differential diagnosis, but the question clearly stated that the thyroid function tests were normal already.

This MEQ performed poorly with a 41% average marks achieved.

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MEQ 4

MEQ 4 was a repeat question relating to the relevance of ECG monitoring in psychiatric practice. This is regarded as relevant for day-to-day safe practice. This MEQ covers treatments, basic sciences, and medical knowledge areas of the curriculum.

The vast majority of candidate performed poorly in this question. Most could not accurately state the relevant QTc intervals of concern for men and women. Many did not consider fatal outcomes; few elaborated on the risk factors for prolonged QTc other than pharmacotherapy. Many candidates appeared inexplicably to focus solely on the monitoring requirements for clozapine. Here again, marks were lost due to insufficient justifications or explanations.

Final comments

All MEQs addressed clinical scenarios which are encountered in clinical practice in Australia and New Zealand. Candidates performed well in the following curriculum areas; assessment, ethics, history and philosophy and specific disorder –psychosis. In general, candidate performance demonstrated a poor understanding of areas of basic sciences, medical knowledge, professional communication and liaison, psychology, philosophy and psychodynamic principles. 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.

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.

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