February 2024 MEQ Examination

Post-examination Report

Modified Essay Questions (MEQ)

The MEQ Examination was held on Tuesday 20th February 2024.

The Committee for Examinations followed established procedures to set the February 2024 MEQ Examination and to determine the pass mark. Standard setting to determine the pass mark was conducted at The College and at Satellite Standard Setting Meetings across Australia and New Zealand.

The Committee for Examinations reviewed the performance of borderline candidates across the examination. Please note that, as candidates' performance is carefully scrutinised by the committee, results are final and will not be reviewed.

Candidates are provided feedback on their performance in identified curriculum areas taken from the syllabus; this appears in their result letter. Result letters were released via InTrain and the My RANZCP website on 22 May 2024 for trainees and SIMG candidates, respectively.

Table 1: Summary – February 2024 MEQ

	No. of candidates
No. of candidates enrolled in the MEQ examination	276
No. of candidates successful	166 (60%)
% of candidates passing on their first attempt	72.8%
% of SIMG candidates passing	38.2%
SIMG candidates passing	13/34
% of trainee candidates passing	63.2%
Trainee candidates passing	153/242

General comment

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)." On the other hand, some candidates included detailed justifications/explanations which were unnecessary in a "List" question and likely consumed excess time in the exam. 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-marking-guide (ranzcp.org)

Candidates are advised to restrict themselves to commonly used abbreviations or acronyms; some candidates appeared to use region-specific acronyms which could not always be interpreted. Markers hail from both Australia and New Zealand and may not be familiar with abbreviations or acronyms which may not be in common parlance.

Table 2: Average marks achieved in each MEQ

MEQ	Marks worth	Average mark achieved (with Standard Deviation)
1	30	9.73 (3.6)
2	30	17.83 (4.2)
3	27	11.07 (2.9)
4	21	12.12 (2.9)
5	17	9.37 (2.5)
		Average total mark: **60.12** (48.1%)

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Commentary below on each MEQ was provided by markers:

MEQ 1 (Brody, aged 24)

The first MEQ was a realistic and common consultation liaison scenario, and tested the candidate's ability to provide clinical leadership by demonstrating key competencies in communication, collaboration and medical knowledge.

Many candidates appeared to not read the instruction in MEQ 1.2 clearly, focussing instead of the clinical aspects of the vignette; the question tested knowledge on considerations when conducting telehealth assessments.

The final question in this MEQ depicted a common scenario in CL Psychiatry. This question performed less well than expected as responses provided by candidates often were vague or ill-defined though some candidates performed well.

Many candidates did not cover public health aspects of a potentially communicable disease, or issues regarding containing the infection. This MEQ covered diagnosis and classification, and public Health areas of the curriculum as well as professional communication and liaison.

MEQ 2 (Barry, aged 56)

MEQ 2 addressed a complex hoarding and substance use disorder scenario in a middle-aged male with schizophrenia, and tested the ability to conceptualise broadly and identify a management plan. MEQ 2 covered curriculum areas of assessment, epidemiology, diagnosis and classification and public health, treatments in psychiatry and substance use disorders.

The first two questions in MEQ 2 related to assessment of hoarding; candidates faired reasonably well in this question though marker feedback included an absence of justification for points listed. Candidates need to be aware that, in many circumstances, assessment or diagnostic type of questions will usually seek justifications.

The final question in this MEQ was a typical scenario of a patient wishing to be discharged from the ward. Here, candidates often failed to consider multiple aspects of the case when devising a management plan, such as nicotine replacement, management of hoarding.

MEQ 3 (Jack, aged 20)

MEQ 3 provided an important clinical scenario to assess differential diagnosis, communication, ethics, welfare, treatment and prognosis. The question tested knowledge of ADHD and GAD, and many were able to list and compare symptom profiles. However, most candidates seem not to have appreciated the similarities and overlap between the two conditions and thus failed to identify the specific differences as instructed.

There was a good knowledge of pharmacological treatment and psychosocial interventions. Many candidates recognised that ADHD is no longer viewed as a childhood disorder rather a developmental disorder with various presentations during different developmental stages.

The second question in this MEQ sought to consider various causes of worsening inattention; this question did not perform as well as expected. The final question in this MEQ asked about management of ADHD; markers have commented that candidates did well with respect to the pharmacological management of ADHD but poorly on psychological and multimodal approaches. Many ignored the role of a parent or carer, and others did not consider joint decision-making.

MEQ 3 covered the following areas of the curriculum: assessment, psychology, philosophy and psychodynamic principles and professional communication and Liaison.

MEQ 4 (Ashleigh, aged 23)

MEQ 4 covered assessment, professional communication and liaison and somatoform disorder areas of the curriculum based around a Functional Neurological Disorder and management scenario.

This MEQ performed well with an average of 58% marks achieved. The first question was based on assessment principles and candidates in general performed well. Markers commented on candidates not individualising their responses to this particular patient, thereby losing time for including points irrelevant to the question, such as consideration of statutory mental health legislation. Many candidates seemed not to consider asking the nursing staff for information based on their observations, or Ashleigh's perspective.

The second question in this MEQ asked about management of a patient with FND. This question performed poorly as candidates appeared not to consider psychological and psychosocial aspects of the management of FND, or the role of a rehabilitation approach with a multidisciplinary care team.

This question asked for skills learned in a consultation liaison in psychiatry term and was core knowledge. The question allowed candidates to address management.

MEQ 5 (Kelly, aged 4)

This was a repeat question. There was a good understanding of consultation liaison and professional communication liaison in MEQ 5. The question mirrors situations encountered in clinical practice, allowing candidates to demonstrate their ability to apply theoretical knowledge to practical scenarios.

The cohort failed to consider the context of the referral and the difference between a consultation being sought from another team with primary responsibility for the patient/situation compared to a situation where the psychiatrist is directly responsible for care. Given the vignette takes place on a ward, there was limited exploration of the ward-relevant factors that may need to be considered.

A significant number of candidates restricted their answers to the possible diagnoses that Kelly's father might have, rather than possible explanations. This limited the number of marks that could be achieved as well as lists without justification.

MEQ 5 covered assessment, professional communication and liaison, consultation liaison and psychology, philosophy and psychodynamic principles areas of the curriculum.

Final comments

All MEQs addressed clinical scenarios encountered in clinical practice in Australia and New Zealand. Candidates performed well in the following curriculum areas; assessment, specific disorders – psychosis and somatoform disorders. In general, the candidate's performance demonstrated a poor understanding of areas of psychology, philosophy and psychodynamic principles, and specific disorders – anxiety and organic. This suggests that further experience, reflection, and study are required for success in the examination.

The exam is set to a standard expected of a candidate at the end of stage 3. Thus, candidates are expected to provide responses 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.

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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. We also refer candidates to the College website for slides from the MEQ pre-Congress workshop conducted on 28th May 2023: meq-writtens-congress-2023.pdf (ranzcp.org). 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 are 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.

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