February 2022 MEQ Examination

Post-examination Report

The Royal Australian & New Zealand College of Psychiatrists

MEQ Examination

The Committee for Examinations followed established procedures to set the February 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 11th May 2022, earlier than scheduled, of the outcome of their attempt. Result letters were released via InTrain, and the MY RANZCP website, on 8th June 2022 for trainees and SIMG candidates respectively.

Table 1: Snapshot:

No. of candidates enrolled in the MEQ examination	226
No. of candidates successful	140 (62%)
No. of candidates passing on their first attempt	65%
No. of candidates who elected to sit the MEQ and CEQ papers on the same day	87
No. of these candidates who were successful in the MEQ and CEQ paper (%)	54%
No. of SIMG candidates passing	46%
No. of trainee candidates passing	64%

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)

Table 2: Average marks achieved in each MEQ

MEQ	Marks worth	Average mark achieved (with SD)
1	34	14.15 (3.9)
2	24	14.45 (3.3)
3	20	11.58 (3.5)
4	23	14.94 (3.5)
5	24	13.76 (4.1)

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Commentary below on each MEQ was provided by the markers.

MEQ 1

The first MEQ related to the important issue of sleep and its relevance to ŧ psychiatry, and quality improvement. The question draws on a well-established knowledge base and required some ability to consider how that knowledge can be used in a different context.

Beyond a superficial understanding of quality and safety, there was little ability to demonstrate knowledge of change processes. Candidates often gave very generic advice and did not consider what strategies could be implemented at the level of the inpatient unit. Only a small number of candidates demonstrated an accurate understanding of the stages of sleep, and many had no understanding of the physiology of sleep. This is concerning given the extent of sleep disturbance in psychiatric patients.

MEQ 2

MEQ 2 is a common scenario of a man who is HIV positive and has substance use issues. The questions pertained to issues around epidemiology, substance use, psychological and treatments areas of the curriculum. There was a generally limited knowledge of psychotherapy modalities and some candidates appeared to provide a scattergun list, often not pertinent to the scenario. Many candidates talked about grief, and advocated for peer support and lived experience workforce as being instrumental in helping people on their recovery journeys. Most also considered the impact of psychoactive substance on the patient's biological treatments. The majority of candidates demonstrated a good understanding of HIV and mental health. Of concern, some candidates made unfounded assumptions that the patient was homosexual and/or an adulterer.
Some candidates appeared not to read the instruction carefully, providing detailed responses for "List" questions for which they were not awarded marks, meaning they lost valuable time in the exam.

MEQ 3

MEQ 3 tested knowledge of socio-cultural awareness and specific areas of practice – indigenous/Māori areas of the curriculum.
The question asked candidates to list and justify factors associated with the likelihood of the patient being incarcerated in the future. Marks were lost when candidates did not follow the specific instruction to justify factors. Many candidates showed a good breadth of knowledge in indigenous mental health and forensic issues in rural settings.

MEQ 4

This vignette tested several key aspects of clinical care and is a common clinical scenario. MEQ 4 assesses the basic essential skills in formulating differential diagnoses and identifies psychological cultural factors as management barriers. In general, candidates did well in providing a differential diagnosis and being able to elaborate and justify their offered disorders.
Most of the cohort outlined several aspects of stigma without necessarily identifying them as such. Some candidates were familiar with systems and processes for managing a client who has disengaged from the community services.
There was a general feeling of a greater level of sophistication evident in the responses provided in this MEQ.

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 performed strongly with a 65% average marks.

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MEQ 5

MEQ 5 was a question relating to OCD and tested a scenario often seen in the public sector. This MEQ covers assessment, treatments, and anxiety areas of the curriculum.
Generally, candidates peformed strongly in questions pertaining to pharmacological management strategies, and had a good understanding of basic CBT principles.
Weaknesses apparent include not being able to think more systemically when working with an adult patient, not addressing perpetuating factors (such as family factors), and a lack of knowledge of exposure-response prevention intervention.
There was a tendency to not follow the instruction in the question (such as “list and explain”).

This MEQ was performed with 57% average marks.

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, epidemiology, diagnosis & classification and public health, specific disorder – substance use disorder, also impulse control, mood and organic. In general, candidate performance demonstrated a poor understanding of areas of basic sciences, medical knowledge, child and adolescent psychiatry, and sleep. 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.

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