

# February 2023 MEQ Examination

## Post-examination Report



### MEQ Examination

The Committee for Examinations followed established procedures to set the February 2023 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.

Candidates are provided feedback on their performance in identified curriculum areas taken from the syllabus; this appears in their result letter. Candidates were informed on 10<sup>th</sup> May 2023. Result letters were released via InTrain and the MY RANZCP website on 7<sup>th</sup> June 2023 for trainees and SIMG candidates, respectively.

**Table 1: Summary – February 2023 MEQ**

	No. of candidates
No. of candidates enrolled in the MEQ examination	267
No. of candidates successful	185 (60.4%)
No. of candidates passing on their first attempt	76.35%
No. of SIMG candidates passing	50%
No. of trainee candidates passing	55.7%
No. of candidates who elected to attempt the MEQ and CEQ papers on the same day	83
No. of these candidates who were successful in the MEQ and CEQ paper (%)	55.2%

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-marking-guide \(ranzcp.org\)](https://www.ranzcp.org/MEQ-marking-guide)

**Table 2: Average marks achieved in each MEQ**

MEQ	Marks worth	Average mark achieved (with SD)
1	33	19.06(4.2)
2	30	15.0 (4.9)
3	20	10.76 (1.5)
4	28	12.34 (3.8)
5	14	9.21 (2.7)
		Average total mark 66.37/53.1%

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Commentary below on each MEQ was provided by markers.

### **MEQ 1**

The first MEQ related to a relevant presentation that trainees would be familiar with. Curriculum areas of assessment, management, sociocultural awareness, consultation liaison and treatments 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 ethical and clinical governance, which were important concepts to draw from this assessment.

However, many candidates failed to address the question, instead focussing on general themes like risk assessment, capacity assessment, and exploring past psychiatric history rather than current issues. Many candidates also did not understand the importance of explicitly stating how and about what you would liaise with the treating team.

Whilst this MEQ performed relatively well (57.75% average marks achieved), many candidates did not pay attention to the Outline (*list and justify*) prompts, providing lists without expanding on their answers and thus did not receive any marks.

### **MEQ 2**

MEQ 2 is a relevant question on sexual harassment, bullying and leadership in the workplace which candidates need to be able to manage appropriately in clinical practice. Committee for Examinations (CFE) considered this question to be important to be assessed due to the issue being prevalent in society and the public reports identifying this issue as arising in clinical care settings.

Please note that the scenario in the question was designed to prepare candidates for some of the particularly challenging predicaments they may find themselves in, even as a junior consultant. The College has an ongoing responsibility to care for, support and prepare trainees and SIMGs, from the commencement of and throughout training, to manage the range of challenging and potentially traumatic issues that may confront trainees, SIMGs, pre- and post-Fellowship, in clinical care and team settings.

The College has an ongoing commitment to ensure that it has an awareness of these issues. Trauma informed practice statements are published by the College. [Trauma-informed practice | RANZCP](#)

The College considers that engaging in discrimination, bullying and/or harassment is a professional and ethical issue, as reflected in the RANZCP's Code of Ethics and is never acceptable. The College is committed to providing a safe, inclusive, and welcoming environment for all members and aims to achieve this by having a zero-tolerance approach to any form of discrimination or harassment, including but not limited to sexual harassment. However, the College must continue its journey to ensure all members feel empowered to report sexual harassment.

Many of the cohorts had careful consideration in their answers. Many trainees were able to identify the impact the role may have on personal wellbeing. They also explored the role itself in a thorough manner, acknowledging the importance of understanding roles, governance structures, and the impact of limited resources. However, many candidates appeared to feel that the leadership role operated without being connected to a larger organisation and to systems of support and did not discuss consulting about decisions.

The question provided an interesting insight into the perception of leadership and leadership roles. Candidates who could maintain a systematic approach were able to achieve more marks.

MEQ 2 covered curriculum areas of Leadership, Governance and relevant legal frameworks, professional communication, liaison, ethics, history, and philosophy.

This MEQ had a 50% average marks achieved.

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### **MEQ 3**

MEQ 3 tested knowledge of trauma-related scenario that is complicated by substance use and relationship stressors and management of this situation. This MEQ had an average of 44% marks achieved.

There were some significant deficits in terms of knowledge. Candidates tended to adopt an approach to understanding problems in engagement that ignored how the context of the meeting might affect engagement - so that the role of triaging and assessment, the role of treatment setting, the role of legal structures (related, for example, to coercive treatment or privacy and confidentiality) and the relevance of the consumer's personal relationships were overlooked; instead candidates tended to focus on more pathologising views of the consumer.

Similarly, there was less consideration of the clinician's potential to stigmatise the consumer or consideration of how factors such as gender, sexuality and ethnicity might influence the way the power dynamic between doctor and patient is played out.

An important weakness was the tendency to overlook physical health in this patient's presentation. Few candidates articulated that a review or examination of the patient's physical state is important even though there were potential physical health comorbidities.

In terms of offering care to this consumer, candidates tended to focus on treating the diagnosed condition (PTSD) without considering how evidence for treatment of this disorder could be incorporated into a person-centred care plan for this consumer. As such, the role of addressing alcohol use was less considered; and the way that care could be recovery oriented was much less clear. There was often poor consideration of social and vocational parameters of recovery or the dilemmas with how the partner could be included in the consumer's care planning.

Markers discourage the use of abbreviations unless they are extremely common. This is particularly the case for blood tests which often change over time and between jurisdictions. Poor exam technique included not justifying (just listing) or inadequate or irrelevant justification.

### **MEQ 4**

MEQ 4 covered broad areas of psychiatric patient care in a consultation liaison setting with the importance of liaising with all pertinent caretakers and systems along with cultural and social issues, including specifics for drug dependency management, medical issues, and trauma related issue. It also focuses on details of migrant care management.

This MEQ covers eating disorders, basic sciences, medical knowledge, professional communication and liaison and treatment areas of the curriculum.

The vast majority of candidates performed poorly in this question; many candidates failed to recognise that this was a consultation liaison question and an eating disorder question, resulting in generally low marks.

This MEQ performed poorly, with 44% average marks achieved.

### **MEQ 5**

This MEQ performed well, with average marks of 66% achieved.

MEQ 5 covered assessment, mood, personality, treatments, and psychology, philosophy, and psychodynamic principles of the curriculum.

Candidates showed a good understanding of comorbidities associated with and impacting the assessment of a depressive episode—reasonable coverage of medication review and compliance issues.

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### **Final comments**

All MEQs addressed clinical scenarios encountered in clinical practice in Australia and New Zealand. Candidates performed well in the following curriculum areas; psychology, philosophy and psychodynamic principles, specific disorder – mood, specific areas of practice – addiction and treatments. In general, the candidate's performance demonstrated a poor understanding of areas of basic sciences, medical knowledge, professional communication and liaison, and a specific area of practice – consultation liaison. This suggests that further experience, reflection, and study are 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. We refer you to the College website for slides from the MEQ pre-Congress workshop conducted on 28<sup>th</sup> May 2023 [meq-writtens-congress-2023.pdf \(ranzcp.org\)](#)

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. This has improved with more time available in recent examinations.

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