Multiple Choice Question Examination

The COVID-19 pandemic saw a number of accommodations to the RANZCP examinations, including a change in delivery format for the MCQ exam from computer-based to paper-based. This change allowed a small number of candidates to sit locally due to travel restrictions in place at the time.

The standard of the MCQ exam was not affected. The Committee for Examinations followed established procedures to create the November 2020 Multiple Choice Question (MCQ) Examination and to determine the overall pass mark. The pass mark was determined through intensive standard setting exercises involving Fellows across Australia and New Zealand.

The pass rate for the 199 candidates who sat the MCQ Examination throughout Australia and New Zealand was approximately 85%. This was slightly higher than for February 2020. Out of those candidates who sat the exam for the first time, approximately 88% were successful.

Further analysis showed that the average candidate had 22 months of training recorded on their College training record, which is on par with other cohorts sitting the MCQ exam. Of the cohort who had over 36 months of training, 68% were successful in the exam.

Candidates were provided performance feedback in identified curriculum areas, covering diagnostic and clinical categories. These areas include: Assessment, Basic Science/Medical Knowledge, Epidemiology, Diagnosis & Classification, and Public Health, Ethics and History, Phenomenology, Psychiatry, Philosophy & Psychodynamic Principles, Specific Areas of Practice, Specific Disorders, and Treatments in Psychiatry.

The feedback provided is intended to identify relative strengths and weaknesses of candidates by Examination content area.

Critical Analysis Problems (CAPs)

The two Critical Analysis Problems presented to the cohort were drawn from articles about a randomized controlled trial and an observational study.

The cohort demonstrated strong knowledge on approximately 1/3 of the questions with the remaining questions proving more challenging and discriminating.

The cohort found CAP 2 relatively easier than CAP 1.

All CAP questions are categorized within Stages 1 and 2 of the 2012 Fellowship Program syllabus as basic sciences and medical knowledge.

The CFE would like to remind all candidates that the ability to read and interpret the professional literature is regarded as a core skill of a psychiatrist. Candidates are expected to have knowledge of different types of research studies, controls, sources of bias, basic descriptive and analytic statistics, and reporting of findings. You can access a detailed guide to the knowledge that may be assessed in the CAP component on the College website: RANZCP Guidelines for CAPs
Extended Matching Questions (EMQ) / MCQs

Analysis of the cohort responses indicated that for some questions a relatively high level of unexpected patterns emerged. After verification of the question structure and scoring key, the Committee for Examination determined that the cohort needed to improve their knowledge in the areas of Medication and the elderly, Neuropsychiatric symptoms/syndromes, Depression and treatment and Alzheimer’s disease.

Demonstrated areas of relative strength by the cohort were in the areas of Phenomenology, Assessment, Specific Areas of Practice and Specific Disorders.

The Specific areas of practice were broken down to the categories of Child and Adolescent, Consultation Liaison, Forensic and Old Age. Despite the small number of questions within each category (between 2 and 5 questions), candidates were strongest at Consultation Liaison and Child and Adolescent.

Specific disorders were also broken down into Eating, organic, personality, sleep, substance use disorders and Trauma related dissociative categories. The cohort performed relatively better on Eating, personality and sleep disorders.

The CFE would like to remind candidates that, as the MCQ examination is predominantly a knowledge-based examination, it is important for candidates to ensure that they are up to date with basic sciences and medical knowledge.

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