



Fellowship Assessment

Handbook



FELLOWSHIP



Contact Details

Australian College of Rural and Remote Medicine
Level 2, 410 Queen Street, Brisbane, Qld 4000
GPO Box 2507, Brisbane, Qld 4001
P: (+61) 7 3105 8200 or 1800 223 226
F: (+61) 7 3105 8299
E: assessment@acrrm.org.au
ABN: 12 078 081 848

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1. Overview of ACRRM assessment

1.1 Primary Curriculum assessments

All candidates training towards FACRRM must complete the following Primary Curriculum assessments:

1. Formative Mini Clinical Evaluation Exercise (mini-CEX): completion of nine consults
2. Supervisor reports: minimum six monthly
3. Multi-Source Feedback (MSF): Satisfactory completion
4. Multiple Choice Question assessment (MCQ): Pass grade
5. Case Based Discussion (CBD): Pass grade
6. Structured Assessment using Multiple Patient Scenarios (StAMPS): Pass grade
7. Procedural Skills Logbook: Satisfactory completion

Standard

The standard for a successful outcome in modalities requiring a pass grade is that of a general practitioner practising safely and independently in a rural or remote community.

1.2 Advanced Specialised Training assessments

All candidates training towards FACRRM must also complete the assessments specific to their chosen Advanced Specialised Training (AST) discipline, as described in the table below:

AST DISCIPLINE	ASSESSMENT					
	StAMPS	Project	Supervisor Report	Logbook	Academic Paper	miniCEX 5 consults
Aboriginal & Torres Strait Islander Health		✓	✓			✓
Academic Practice		✓	✓		✓	
Adult Internal Medicine	✓		✓			✓
Anaesthetics	Please refer to the JCCA Curriculum					
Emergency Medicine	✓		✓	✓		✓
Mental Health	✓		✓			✓
Obstetrics	Please refer to the DRANZCOG Advanced Curriculum					
Paediatrics	✓		✓			✓
Population Health		✓	✓		✓	
Remote Medicine		✓	✓			✓
Surgery	✓		✓	✓		✓

Standard

The standard for a successful outcome in an AST StAMPS is a doctor working independently and practising safely at the level of a senior medical officer.

The academic standard expected for a completed project is at or near Masters Level. All projects require ethics approval.

1.3 Eligibility requirements

The eligibility criteria specified below must be satisfied before enrolment for assessment will be accepted. Additional recommendations should also be noted.

1. All applicants must have current medical registration with Australian Health Practitioner Regulation Agency (AHPRA) and be current financial members of ACRRM.
2. Applicants must be enrolled in one of the following pathways to enrol in any ACRRM assessment:
 - a) One of the three ACRRM training Pathways
 - ACRRM Independent Pathway (IP)
 - Vocational Preparation Pathway (VPP); or
 - Remote Vocational Training Scheme (RVTS); or
 - b) IMG Specialist Pathway.
 - c) AST outside of training.
3. Candidates on an ACRRM training pathway:
 - a) Prior to enrolment in Primary Curriculum assessment **must** have completed:
 - One year of ACRRM training or have received one year of recognition of prior learning, prior to enrolling for the **MCQ and MSF**
 - Two years of ACRRM training or have been awarded two years of recognition of prior learning, prior to enrolling for summative **CBD and StAMPS**Additionally, it is **recommended** that candidates have attained the following prior to attempting PC StAMPS.
 - Experience, preferably recent, in a rural/remote context
 - Have successfully completed (pass grade) MCQ or CBD (or both)
 - Have completed MSF with overall positive responses that are rated in the top 50% performance band
 - Have completed an organised StAMPS preparation activity with either ACRRM or their RTO.
 - b) Prior to enrolment in an Advanced Specialised Training (AST) candidates must be undertaking, have completed, or have received Recognition of Prior Learning for training in the discipline.
 - It is recommended that the assessments be taken in the later part of training.
 - It is not a prerequisite to complete all primary Curriculum summative assessment before undertaking the AST assessments.
4. Candidates on IMG Specialist Pathway
 - a) Prior to enrolment in assessment, **must** have completed a portion of their peer review period as specified in their individual requirements.

Assessment dates

Assessments enrolment, fees, event and results release dates are published on the College Assessment Dates and Enrolment [webpage](#).

2. The ACRRM approach to assessment

2.1 Introduction

The Australian College of Rural and Remote Medicine (ACRRM) provides a comprehensive and innovative assessment process reflecting world best practice in academic standards. The modalities have been designed to provide candidates with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflect the educational outcomes of the ACRRM training program and are relevant to the rural and remote context.

2.2 ACRRM definition General Practice

ACRRM has a broader definition of general practice that reflects the needs of rural and remote communities in Australia.

The general practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the general practitioner can deliver services in the ambulatory care setting, the home, hospital, long-term residential care facilities or by electronic means - wherever and however services are needed by the patient.

The general practitioner applies broad knowledge and skills in: managing undifferentiated health problems across the lifespan in an un-referred patient population; providing continuing care for individuals with chronic conditions; undertaking preventive activities such as screening, immunisation and health education; responding to emergencies; providing in-hospital care; delivering maternal and child health services; and applying a population health approach at the practice and community level. General practitioners work across a dynamic and changing primary and secondary care interface, typically developing extended competencies in one or more discrete fields of medicine, thereby ensuring community access to the range of needed services in a supportive network of colleagues and health care providers.

As the medical expert with the broadest understanding of a patient's health in their cultural, social and family context, the general practitioner has a key role in coordinating the care pathway in partnership with the patient, including making decisions on the involvement of other health personnel. He or she practices reflectively, accessing and judiciously applying best evidence to ensure that the patient obtains benefit while minimising risk, intrusion and expense. The general practitioner contributes clinical leadership within a health care team and is skilled in providing clinical supervision, teaching and mentorship.

2.3 Educational underpinnings

The ACRRM education and training program has been developed around the ACRRM Primary and Advanced Specialised Training Curricula. These curricula define learning abilities, knowledge and skills that rural general practitioners require. The learning abilities are organised under seven domains of practice. These learning abilities form the basis of the Assessment Blueprint for the Primary Curriculum. The Assessment blueprint is available at <http://www.acrrm.org.au/PrimaryCurriculum/Default.htm>

Each assessment is also mapped to the curriculum and details are provided in the chapters relating to each modality.

2.4 Philosophical underpinnings

ACRRM views assessment as an ongoing and integral part of learning. The process is developmental in nature, assists learners in identifying and understanding their strengths and weaknesses and provides guidance for additional development. It also enables candidates to become competent, confident and safe medical practitioners practising independently in their provision of health care to the public.

The College has developed the assessment program based on two key principles:

- The content of assessments is developed by clinically active rural and remote medical practitioners; and
- Candidates have the opportunity to participate in assessment within the locality where they live and work, preventing depopulating rural and remote Australia of their medical workforce (candidates and assessors) during assessment periods.

2.5 Programmatic approach

A feature of the College assessment process is the 'programmatic approach' i.e. assessment is integrated into all aspects of the curriculum and essentially a 'program' across the entire four years of training, rather than a specific instrument or assessment.

The programmatic approach allows ACRRM to combine assessment methods with different psychometric properties, as well as allowing for a combination of practice based and 'external' assessments. For example, there is a balance between the clinical assessment in StAMPS, which provides a highly structured and standardised approach, and the Case Based Discussion, which provides an assessment of the candidate's clinical practice in their own milieu. Each assessment has proven validity and reliability and each measures a different aspect of the candidate's skills and knowledge.

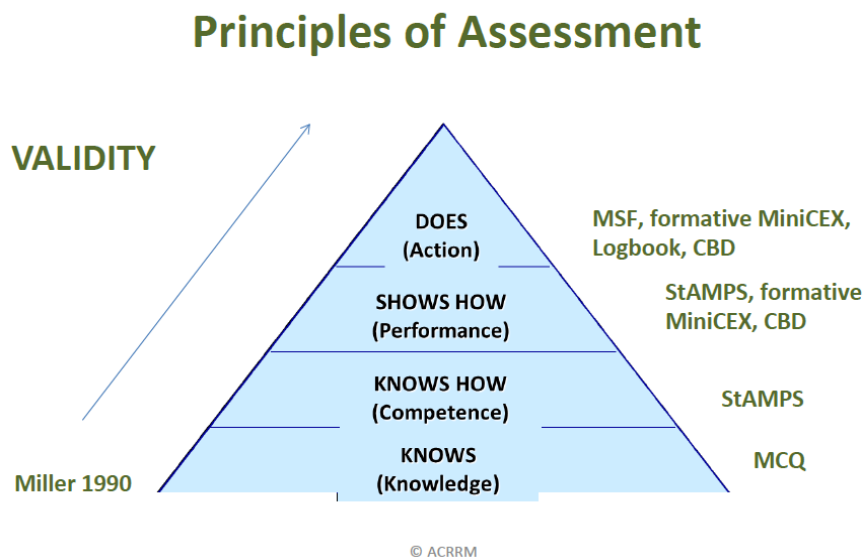
Similarly, the MSF and the formative miniCEX measure different attributes of the candidate's professional behaviour, one as perceived by patients and colleagues and the other through direct assessor observation. As each modality measures different aspects of the candidate's knowledge, skills and attitudes and from a different perspective, the combination of approaches provides a more nuanced and detailed picture.

Each candidate is required to achieve a minimum of a Pass grade in each of the summative assessment modalities, instead of simply totalling the scores and achieving an overall Pass score. This ensures that each candidate has the requisite knowledge, skills and attitudes as expressed through the educational objectives of the training program.

The combination of modalities ensures that each learning ability is assessed at least once during the four year program, although each individual modality only measures learning abilities appropriate to the modality of measurement. For example, professionalism is predominantly measured by the MSF assessment, while applied knowledge is predominantly measured by the MCQ assessment. See the Assessment Blueprint in the Primary Curriculum <http://www.acrrm.org.au/PrimaryCurriculum/Default.htm> plus the chapters in this handbook for abilities covered by each modality.

Collectively, the modalities embrace all four levels of Miller's Pyramid (Figure 1), so that candidates are required to demonstrate that they 'know', that they 'know how', that they can 'show how', and finally, what the candidate actually 'does' in the workplace.

Figure1



2.6 Assessors and item writers

The College has a team of writers, editors and assessors, who are led by Principal Assessors and the Director of Training.

The college aims to include as broad as possible representation of geographic and demographic membership in the team. Primary Curriculum assessment team members are required to be experienced rural practitioners who hold FACRRM. AST assessment team members are comprised of a combination of doctors holding Fellowship of ACRRM and doctors holding Fellowship of the relevant specialist college. All assessors have initial and ongoing training for their role.

There is a small “expert team” developing assessment items for MCQ and StAMPS with input from a larger group of practising rural doctors.

ACRRM uses a number of processes to evaluate the effectiveness of the Fellows who contribute to assessment modalities. Post-assessment feedback from registrars, assessors, invigilators and others involved in assessment is evaluated routinely after each assessment. This information is reviewed by the Principal Assessors and fed back to the assessors and/or writers as appropriate.

2.7 Quality assurance processes

The college utilises a range of quality assurance processes in the assessment program.

ACRRM has a documented process for standard setting and definition of the cut off point between pass and fail in each of the summative assessment modalities. These are described in the chapters relating to each modality.

Following an assessment, standard question reliability statistics such as Cronbach’s alpha are considered, with reliable questions/items placed in the repository for future assessments or to be included in publicly released practice assessments. Those with poor reliability are referred back to the editorial process for consideration of redevelopment or retiring.

When StAMPS is delivered across multiple sites, the assessors assessing the same scenario attend a moderator session together with the Lead Assessor to facilitate consistent delivery and marking of the scenario. At each StAMPS assessment centre one assessor is appointed as the QA or lead assessor. The QA assessor's role is to ensure that the assessment is delivered in a fair and consistent way. The QA assessor is rostered to observe all assessors over the assessment session; they also replace the assessor when there is a conflict of interest. The QA assessor provides feedback to assessors on areas noted for improvement. At the end of each StAMPS all assessors attend a debrief session. This includes an opportunity for assessors to calibrate their marking.

The StAMPS and CBD assessments are recorded. Prior to ratification of results, candidates with borderline grades are reviewed.

ACRRM formally evaluates the validity and reliability of each assessment modality prior to finalising results. Formal statistical testing is completed after each MCQ and StAMPS assessment to identify any discrepancies that may suggest that the assessment was not fair for all or some candidates. This analysis includes performance breakdown of each StAMPS scenario for each day and each venue as well as examiner grading and candidate cohort analysis. CBD assessment is formally analysed through regular year-round session review and statistical analysis at the end of each year.

ACRRM conducts ongoing evaluation of the assessment process to ensure fairness and equity for all participants. After each assessment all those involved are invited to provide feedback via an anonymous online survey.

The results of these processes feed directly back to the training and assessment management team, informing policy and procedure and contribute to the ongoing development and refinement of all processes. This process also provides a formal route to inform the training program about the educational impact of the assessment modalities.

The Assessment Committee provides oversight of all aspects of the assessment process. This duly constituted committee reports to the Education Council.

2.8 Incidents or irregularities

A candidate or assessor who has a concern about the management or conduct of the assessment should complete an [Incident Report](#). Incident Reports must be provided to the ACRRM Assessment Team within two working days after the assessment.

Examples of misconduct or other irregularities may include:

- Disturbances (e.g. unexpected noisy consulting room)
- Disruptions (e.g. loss of power or telephone malfunction)
- An uncooperative candidate or assessor
- Not following the assessment procedure

2.9 Results

When all post exam quality assurance processes are complete, a recommendation is presented to the ACRRM Board of Examiners. The Board of Examiners meet approximately bi-monthly, to ratify results and determine any remediation that is required in the event that a fail grade is awarded.

Candidates are provided with a results notice following ratification by the BOE.

Once available, results are uploaded to the “My Documents” section of a candidate’s “My College” dashboard, accessible from the ACRRM website. Candidates receive an email notification once results are uploaded.

The dates for release of results are published on the [Assessment Dates and Enrolment webpage](#).

2.10 Assessment Public Report

A report is published on the ACRRM website following each PC and EM StAMPS and MCQ assessment. CBD public reports are published annually. The public report provides assessment statistics, a description of the scenarios/questions, feedback from the Principal Assessor and a summary of stakeholder feedback and improvements planned.

The assessment public reports are published on the specific assessment webpage to coincide with release of assessment results.

3. Preparing for assessment

It is important that candidates present for assessment at the optimal time. This includes having the appropriate range of experience and adequate preparation. Developing a Training Plan to plot the timing and sequence of assessment is crucial.

The ACRRM assessment process is designed to ensure that clinical experience remains the principal mode for learning the knowledge, skills and attitudes for proficiency as a rural and remote medical practitioner.

Clinical experience should be supplemented with appropriate texts and other resources. The Primary Curriculum includes a list of recommended texts and other resources at the end of each Curriculum statement.

Candidates are advised to familiarise themselves with the format of each assessment prior to participating. See the [website](#) and the chapters in this handbook on individual assessment modalities for further information. The College provides study groups and mock assessments to assist with StAMPS preparation.

Candidates have a responsibility to ensure that they are well when presenting for assessment and that any medical or other conditions are treated prior to sitting the assessment.

3.1 Study groups

StAMPS study groups are held for the Primary Curriculum and AST Emergency Medicine StAMPS assessments. These study groups are held via online virtual classrooms, facilitated by experienced Medical Educators and are run in the weeks leading up to the assessment, with candidates able to enrol in the study groups after enrolling in the assessment. Fees apply.

3.2 StAMPS mock assessments

ACRRM offers mock StAMPS assessments to allow candidates to practice StAMPS assessment questions under assessment conditions. Candidates who sit the mock StAMPS assessment are provided with both face-to-face feedback on the day, and formal written feedback following on from the assessment. The mock assessment is suitable for candidates preparing for all StAMPS assessments. It is recommended that candidates undertake the mock assessment in the semester prior to enrolling in the StAMPS assessment. Fees apply.

Enrolment and dates for both study groups and mock assessments are available on ACRRM website at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>.

3.3 Registrar guides

The ACRRM Registrar Committee developed two guides for ACRRM candidates. One handbook focusses on Primary Curriculum assessment and the other Advanced Specialised Training assessments. The guides outline useful information on ACRRM assessment for registrars by registrars and are available on the ACRRM website at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>.

3.4 Assessment attempts

The College requires candidates to be active in preparing for assessment. Where assessment attempts are unsuccessful there is an increasing expectation around preparation undertaken.

Candidates who do not obtain a pass grade at the first attempt are strongly recommended to undertake a focused learning intervention prior to reattempting. Following a second unsuccessful attempt a focused learning intervention is mandated and evidence may be requested at enrolment. Candidates who remain unsuccessful following a third attempt will be required to show evidence of substantial remediation at re-enrolment.

Candidates who seek to enrol for further attempts must make application to the Censor in Chief. Applications must be received at least one month prior to the assessment enrolment closing date. Evidence is required from the candidate of personal insight and reasons for unsuccessful assessment attempts along with a comprehensive learning plan that includes approaches that were not undertaken previously. The Censor in Chief may accept the enrolment for the next assessment, accept the enrolment but require deferral for six to 12 months to allow more time to prepare or convene a Doctor in Training Review Panel in accordance with the [Doctors in Training Review policy](#).

4. Enrolling in assessment

4.1 Eligibility requirements

The minimum eligibility criteria specified in section 1.3 plus any mandated remediation conditions must be satisfied before enrolment for assessment will be accepted.

4.2 Leave

Registrars are not eligible to undertake MSF, CBD or formative miniCEX whilst on leave from training.

Registrars may be eligible to undertake MCQ and/or StAMPS assessments whilst on leave from training, however permission from the Censor is required before enrolment. The request to enrol must be supported by the Training Organisation and provide sufficient information to assure the Censor in Chief that it is an appropriate time to participate in assessment.

4.3 Enrolment

Enrolment in Assessment is available on the ACRRM website at <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>. The fees for each assessment is reviewed annually and set on a cost recovery basis. Enrolments must be received by the enrolment closing date specified on the Assessment Enrolment page. Late enrolments cannot be accepted.

Readiness/ appropriateness to participate

Candidates are advised to consider whether they are ready to participate in each assessment and to discuss this with their supervisor and/or medical educator before enrolling. The following should be considered prior to enrolling in any assessment:

1. The MCQ assessment covers the broad scope of rural and remote practice including: community primary care and hospital care; Emergency Medicine, Population Health and Aboriginal and Torres Strait Islander Health. Therefore, those candidates who practice in one focal clinical discipline or those without rural/remote and community primary care experience may find the MCQ particularly difficult.
2. Candidates are advised to consider the type of health service they will be in when enrolling into CBD. The most appropriate service is a rural community primary care service or other service where continuity of care is provided. Where possible, case notes should be obtained from this type of service, however participation in this assessment when working in ED or an RFDS role is possible.
3. Candidates are advised not to undertake any assessment unless they are appropriately prepared and sufficiently familiar with both the process and associated assessment techniques required for the assessment, as well as the content that will be measured. ACRRM strongly recommends that candidates consider the material in this document and the practice questions through their usual learning methods e.g. quiet reading, peer discussion, supervisor discussion and role-play with peers.
4. While it is possible to undertake the assessments in any order, ACRRM strongly recommends that MSF be completed early in training and that all candidates obtain a

pass grade in MCQ prior to undertaking CBD and StAMPS. StAMPS is recommended to be undertaken last.

5. Prior to attempting PC StAMPS, it is recommended that candidates have:
 - Experience, preferably recent, in a rural/remote context
 - Successfully completed (pass grade) MCQ or CBD (or both)
 - Completed MSF with overall positive responses that are rated in the top 50% performance band
 - Completed an organised StAMPS preparation activity with either ACRRM or their RTO.
6. ACRRM strongly discourages candidates who have failed an assessment modality from simply re-enrolling without undergoing some form of structured learning or remediation program.

4.4 Undertaking assessment outside of Australia

ACRRM has provisions in place for candidates who wish to undertake assessment outside of Australia. In all cases, candidates who wish to undertake any assessment offshore must contact the Assessment Manager for further advice before finalising enrolment.

The MCQ and StAMPS assessments can be completed offshore, subject to appropriate invigilation and technical requirements being met. The candidate will incur any additional costs i.e. videoconference line charges to Australia.

New Zealand has the same requirements as Australia for invigilation and venues. For all other countries, only formal Australian Government overseas missions are acceptable (e.g. embassy, consulate, trade mission, military offices) and their officials are the only persons acceptable as invigilators.

The MSF, CBD and formative miniCEX must be undertaken in an ACRRM accredited teaching post and therefore cannot be completed offshore.

4.5 Enrolment terms and conditions

1. All candidates are strongly recommended to discuss readiness for assessment with their medical educator prior to enrolment. Once enrolled, postponement of enrolment cannot be accepted.
2. If a candidate's application is declined or they withdraw from any assessment, they must re-enrol in that assessment again for a future sitting. Declined or withdrawn enrolments will not be reinstated.
3. Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. ACRRM reserves the right not to process an enrolment or to withdraw any candidate from enrolment in an assessment if they have been unsuccessful in any other assessments.
4. In the event that a Fail grade is awarded for any assessment, ACRRM reserves the right to request a candidate to enrol and successfully complete one or more items of assessment that they may have been previously exempted from.
5. Candidates awarded a fail grade in an AST summative project are given the opportunity to revise the project and resubmit for grading. A re-grading fee of \$310 applies.
6. Limited places are available for the StAMPS. In the event that an assessment session is oversubscribed, places will be awarded to those candidates who have successfully completed other assessments, in particular the MCQ, and who have also completed the most training time. StAMPS enrolments cannot be confirmed until after the enrolment closing date.
7. Fees cover the provision of the assessment and the remuneration of invigilators and assessors where relevant.
8. Candidates are responsible for their own travel, accommodation and any other associated costs, such as venue bookings.
9. CBD, MSF and formative miniCEX must be undertaken in an ACRRM teaching post accredited for PRRT.
10. For the MCQ, CBD and StAMPS, all documentation requested must be provided to ACRRM by the dates specified in the information email which is sent after the enrolment closing date.
11. The electronic declaration section on the Assessment Enrolment Application must be completed. This Declaration incorporates a statement to provide authority for ACRRM to inform a candidate's training organisation of their enrolment and to share their summative assessment results. This ensures that training organisations are informed of ongoing progress throughout training, enabling a co-ordinated approach to training.

5. Assessment Policies

A range of policies relate to assessment. A short summary is provided below and the policies are available at <http://www.acrrm.org.au/training-towards-fellowship/overview-of-fellowship-training/policy>

5.1 Academic Code of Conduct

The Academic Code of Conduct aims to provide a clear statement of the College's expectations of doctors and others participating in education or training programs in respect to personal and professional conduct and a duty to disclose a review of, or changes to medical registration.

5.2 Academic Misconduct policy

The Academic Misconduct Policy defines how alleged breaches of the Academic Code of Conduct are investigated and the penalties that may be applied for proven misconduct.

5.3 Special Consideration policy

Special consideration may be granted to accommodate a disadvantage suffered by a candidate which is beyond his/her control and which is likely to or has affected participation in training or assessment. The Special Consideration policy includes provision for special consideration of circumstances known in advance that may affect participation in training and/or assessment or occurring shortly before or during an assessment

- Application for situations known in advance should be made at the time of assessment enrolment.
- Application for situations occurring shortly before or during an assessment must be made prior to or within two working days after the assessment.

The applications must be made using the special considerations form, available at: <http://www.acrrm.org.au/training-towards-fellowship/activities-and-resources>

5.4 Refund policy

The refund policy details information relating to assessment and the circumstances under which refunds are paid.

5.5 Reconsideration, Review and Appeals policy

Any person who is dissatisfied with, and adversely affected by an assessment result may, within 28 days, apply to have the decision reconsidered. This process is described in the Reconsideration, Review and Appeals Policy.

The policy defines College decisions that can be reconsidered, reviewed or appealed along with the processes, timeframes and possible outcomes.

The policy provides for:

- reconsideration by the original decision making body and/or
- a review by a committee of ACRRM Fellows who were not involved in the original decision, and
- an appeal by an independent group of College Fellows and persons who are not members of the College.

Please note that the first step in the process is reconsideration.

Application fees

Reconsideration	\$ 600
Review	\$1200
Appeal	individual quote will be provided

Lodgement of requests

Requests for reconsideration, review or appeal must be formally lodged with the College within 28 days of the original decision being made using the [Application for Reconsideration or Review of a Decision](#) form.

5.6 Doctor in Training Review policy

The Doctor in Training Review Policy outlines the requirements for managing situations where a doctor's place in an ACRRM training or assessment program requires review to determine if withdrawal from the program is warranted.

A doctor in training's place in an ACRRM training or assessment program may be reviewed where there are significant and continuing concerns about a doctor in training's performance.

6. Mini Clinical Assessment Exercise

6.1 Introduction

The Mini Clinical Assessment Exercise (miniCEX) is a work-based assessment used to evaluate a candidate's clinical performance in real life clinical settings.

Candidates are eligible to commence miniCEX for the Primary Curriculum once working in a post accredited for Primary Rural and Remote Training (PRRT) and for AST once working in a post accredited for the specific AST.

All candidates training on an ACRRM pathway, irrespective of RPL awarded, must complete a formative MiniCEX assessment that assesses a minimum of nine patient interactions (consults)

Additionally, some candidates working towards Fellowship may be required to complete a summative miniCEX. This will be determined at the discretion of the Censor in Chief.

6.2 Standard

Formative MiniCEX

Formative miniCEX is designed to inform learning. Candidates are evaluated according to their level of training and experience.

MiniCEXs may be conducted in real time, face to face or remotely using virtual technology. Some miniCEXs may be conducted using recorded consults; however recorded consults should not be used to assess physical assessment skills.

Nine miniCEX reviews must be submitted to obtain 'satisfactory completion' for formative assessment.

A minimum of five miniCEX consults are to be submitted to ACRRM by the end of PRRT year 1 and all nine miniCEX consults must be submitted by the end of PRRT year 2.

The nine miniCEX consults during PRRT must include a:

- reasonable range of types of consults, age groups and both genders.
- minimum of five physical assessments, each from a different body system:
 - Cardiovascular
 - Respiratory
 - Abdominal
 - Neurological
 - Endocrine
 - Musculoskeletal region
 - Mini-mental state assessment
 - Neonatal/paediatric
 - Antenatal (first visit)
- detailed history taking of at least one new patient or detailed updating patient database information on a returning patient (of at least medium complexity).

Physical assessment is required to be undertaken in the context of a patient consultation. A 'Physical Assessment Reference' document is provided for guidance on undertaking a

systematic physical assessment see <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>

A formative miniCEX can be conducted within the context of the candidate's medical educator visit or at any time at the instigation of the candidate or supervisor. The miniCEX reviews are to be conducted by a doctor, meeting one of the following criteria:

- an ACRRM accredited supervisor or
- holding a Fellowship of ACRRM or
- a Medical Educator from an ACRRM accredited training organisation.

At a minimum three different reviewers are required to complete the nine miniCEX assessments. Three of the miniCEX assessments must be conducted by a Medical Educator from an ACRRM accredited training organisation (who does not work in the same workplace as the candidate).

Candidates who have completed formative miniCEXs meeting the 2015 requirements may count these towards the miniCEX requirements outlined above.

Summative miniCEX

Summative miniCEX may be required to be completed as part of the Fellowship Assessment. These are arranged by the College and assessed face to face by one College appointed FACRRM assessor.

Advanced Specialised Training

Candidates undertaking Advanced Specialised Training in a clinical discipline are required to have a formative miniCEX conducted on a minimum of five patient interactions (consults) during AST. See the AST curricula for specific information.

6.3 MiniCEX tool

Formative miniCEX consists of two key components:

1. A short encounter between a candidate and patient which is observed by a supervisor. This encounter generally consists of a focused history taking and assessment and takes approximately 15-20 minutes.
2. Discussion of patient management and provision of oral and written feedback to the candidate by the supervisor to assist the candidate in planning for future patient encounters. This takes approximately 5-10 minutes.

There are five scoring categories:

1. Overall clinical competence
2. Clinical management
3. History taking
4. Communication skills
5. Physical assessment

For each consultation, each category is scored:

- Excellent
- Satisfactory

- Borderline
- Unsatisfactory

Candidates undertaking summative miniCEX are not provided with feedback prior to ratification of results.

1. Overall clinical competence

Characteristics of a 'satisfactory' candidate in this area may include:

- demonstrates a systematic approach
- is consistently competent across the marking categories and
- has made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate in the clinical situation.

2. Clinical management

Characteristics of a 'satisfactory' candidate in this area may include:

- makes an appropriate diagnosis
- formulates a suitable management plan relevant to the context
- selectively orders or performs appropriate diagnostic studies
- considers the risks and benefits to the patient
- has a clear and demonstrated understanding of the patient's community needs, the socioeconomic context, and the particular mortality and morbidity patterns of that community and
- provides high quality care to the patient, family and broader community that is delivered locally (as far as possible).

3. History taking

Characteristics of a 'satisfactory' candidate in this area may include:

- effectively use appropriate questions to obtain an accurate, adequate history with necessary information, and responds appropriately to verbal and non-verbal cues.

4. Communication skills

Characteristics of a 'satisfactory' candidate may include:

- explores the patient's problem using plain English
- is open, honest and empathetic
- negotiates a suitable management plan/therapy with the patient
- shows respect, compassion and empathy
- establishes trust
- attends to the patient's needs and comfort
- shows awareness of relevant legal frameworks and
- is aware of their own limitations.

Where relevant, the candidate demonstrates an understanding of the differing cultural beliefs, values, and priorities of Aboriginal and Torres Strait Islander people, as well as other cultural groupings regarding their health and health care provision, and the candidate communicates effectively respecting these cultural differences.

5. Physical assessment

Characteristics of a 'satisfactory' candidate in this area may include:

- follow an efficient and logical sequence
- performs an appropriate clinical assessment
- explains the process to the patient and
- is sensitive to the patient's comfort and modesty.

For the purpose of fulfilling the mandatory requirements of the miniCEX, it is expected that the physical assessment will be a thorough and complete assessment of the relevant system. See 'Physical Assessment Reference' for guidance on the standard expected for physical assessment.

The miniCEX form, patient consent form, Physical Assessment Reference and miniCEX assessment rubric are available on the [miniCEX webpage](#).

To assist candidates and reviewers in this process, an online training module is available on the College's online learning platform. Users can enrol in this module using the "My Online Learning" tool via the "My College" dashboard, accessible from the ACRRM webpage.

6.4 Roles and responsibilities of the reviewer

The reviewer observes and scores consultation using ACRRM miniCEX form with reference to 'Physical Assessment Reference' where relevant.

The reviewer provides oral and written feedback to the candidate. The completed form is given to the candidate and a copy submitted to the Training Organisation.

6.5 Roles and responsibilities of the candidate

The candidate is responsible for ensuring that they meet the mandatory requirements for miniCEX within the specified timeframes. Candidates ensure that completed miniCEX forms are provided to their Training Organisation. It is also strongly recommended that a copy is uploaded to their ACRRM dashboard.

6.6 Roles and responsibilities of the Training Organisation

The Training Organisation is responsible for reviewing the completed miniCEX forms and ensuring that any concerns are identified and addressed.

The Training Organisation monitors that mandatory requirements are met and that ACRRM is provided with a copy of completed miniCEX forms.

7. Multi-Source Feedback

7.1 Introduction

The Multi-Source Feedback (MSF) is a well-recognised, valid and reliable method of assessing interpersonal and professional behaviour, development and clinical skills.

Candidates are eligible to enrol in the MSF after completing 12 months of training. The assessment must be undertaken in a post accredited for Primary Rural and Remote Training.

7.2 Standard

Candidates individual results are compared against a national benchmark based on all ACRRM candidates who have participated in the MSF process.

Candidates are required to demonstrate satisfactory completion of at least one MSF.

This requires submission to ACRRM of:

- a completed MSF report covering the two components;
- a completed reflective exercise; and
- evidence of discussion about the report results with a Medical Educator and remediation if required.

Once all the components of the MSF have been completed, the MSF will be presented to the ACRRM Board of Assessors to determine 'Satisfactory Completion'. If concerns are raised in any component of the MSF the Board of Assessors may require the candidate to repeat all or part of the MSF.

The MSF must be conducted through Client Focused Evaluations Program (CFEP). The ACRRM version of the MSF is the preferred tool. Alternate versions of MSF offered by CFEP are also acceptable. Both components of the tool must be completed however; it is acceptable to undertake the CFET components and DISQ separately. If completed separately a completed reflective exercise is required for each component. See the CFEP website for further information <http://www.cfepsurveys.com.au/default.aspx>

Timeframe for completing the MSF

Candidates must have fulfilled the requirements of all three components of the MSF process within four months from the date of enrolment.

Candidates must submit completed self-reflective exercise and evidence of discussion with Medical Educator to CFEP within two months from date MSF report received.

In extenuating circumstances, an extension of time may be considered, subject to the candidate providing CFEP with a written and verifiable statement of the reasons for the requested extension, prior to the expiration of the deadline.

In the event that the deadline is exceeded without prior approval, ACRRM reserves the right to report an 'incomplete' grade. In this instance the candidate will be required to re-enrol, pay the MSF assessment fee and recommence the process.

7.3 MSF tool

The MSF tool consists of two components:

1. A colleague assessment tool and a self-assessment tool; (collectively known as Colleague Feedback Evaluation Tool — CFET) and
2. A patient assessment tool (Doctors Interpersonal Skills Questionnaire — DISQ).

Colleague tool

The Colleague Tool involves a minimum of 12 nominated colleagues participating in a questionnaire.

Colleagues are required to rate the candidate in 20 different areas. There is also a provision for qualitative comments.

Nominated colleagues will be emailed on the candidate's behalf by CFEP and invited to participate online, where a PIN is issued for the participant to access the CFEP website and complete the questionnaire.

ACRRM strongly recommends that candidates provide CFEP with their completed Colleague list as early as possible to facilitate timely completion of this tool, particularly as some colleagues may take some time to respond.

Self-assessment tool

Completion of the self-assessment is a mandatory requirement for the MSF. ACRRM recommends that the online self-assessment is completed early in the process to avoid inadvertently overlooking this requirement.

CFEP will email the candidate and provide them with a website address and password to access the online self-assessment.

Patient tool

The Patient Tool involves a minimum of 30 patients participating in an **anonymous** questionnaire. Patients are required to rate the candidate in 12 different areas. There is also a provision for qualitative comments.

There are strict instructions that must be followed for the Patient Tool to ensure patient anonymity.

CFEP will post 40 Patient Questionnaire forms to the candidate with instructions on how these should be collected. The process for obtaining patient feedback must be strictly adhered to. Failure to do so will result in a Fail grade being awarded.

MSF report

A candidate 'mean' score for each question is provided. National means and performance bands have been calculated from data generated from previous ACRRM candidates.

7.4 Roles and responsibilities of the candidate

Logistical considerations

- Candidates must inform CFEP that they are undertaking MSF for as part of ACRRM training requirement.

- Candidates must also advise CFEP of the practice environment they will be working in whilst undertaking the MSF.
- Candidates undertaking their MSF in an environment where a significant proportion of the patients may experience difficulty in completing a questionnaire are able to ask an appropriate person e.g. an Aboriginal Health Worker to assist the patients in completing the form. Candidates can also request CFEP to send an alternative DISQ patient survey for an AMS.

Colleague tool

- Candidates must complete and return the Colleague list providing names and email addresses of at least 15 colleagues.
- An email address must be provided for each nominated colleague. Email addresses must be independently verifiable by ACRRM and CFEP.
- CFEP suggests nominating:
 - **Five doctors**
 - three GP colleagues who are close to the candidate, e.g. neighbouring GPs, partners
 - two doctors from outside of the candidate's immediate practice, e.g. consultant, candidates
 - **Five Non-Medical Clinical Colleagues**
 - This should include a mix of people within a candidate's practice and also elsewhere, e.g. practice nurses, pharmacists, physiotherapists, midwives and
 - **Five managerial or administrative staff.**
 - This should include a mix of people within the candidate's practice and also from elsewhere, e.g. practice manager, reception staff, managerial staff of the local Primary Health Network.

Patient tool

The candidate is responsible for contracting a member of staff, e.g. a receptionist or an administrative officer to collect the completed Patient Questionnaires. This must be a person who has an opportunity to see the candidate's patients after consultations.

The candidate is responsible for ensuring that the contracted person is provided with instructions to ensure this process is undertaken anonymously and in an ethical and professional manner, as follows:

- The candidate must hand the Patient Questionnaires with sufficient envelopes to the contracted staff member for collection
- The patient must not be advised of the questionnaire or invited to participate until after a consultation has been conducted
- A confidential process must be adopted (a sealed box) for collecting completed questionnaires
- Patients should preferably complete the questionnaire whilst in the waiting room before they leave the premises
- An envelope must be provided to each patient in which they must place their completed questionnaire
- Completed questionnaires must be handed back in a sealed envelope
- If a patient insists on taking questionnaires away to complete, these must be returned the following day

- Under no circumstances should the candidate be given access to individual questionnaires
- Sealed questionnaires are not to be opened by anyone and
- When a minimum of 30 questionnaires has been completed, these should be posted to CFEP in the large envelope provided.

CFEP will also provide instructions for this process when they send Patient Questionnaires to candidates.

7.5 Summary of MSF process

- Candidate enrolls with CFEP
- CFEP email the candidate with a Colleague List form, which the candidate completes and returns to CFEP
- CFEP post to the candidate patient questionnaire forms and instructions for how patient participation should be arranged
- Candidate completes the online self-assessment
- Once all three components are completed, CFEP collate and process the information, generating a report
- CFEP sends report to candidate and ACRRM
- ACRRM sends report to Training Organisation
- Candidate completes self-reflection exercise and discusses report with Medical Educator and designs a learning plan to address any areas for development
- Candidate submits self-reflective exercise and evidence of Medical Educator discussion to ACRRM
- ACRRM Board of Assessors (BOE) determines if MSF has been completed satisfactorily
- Once available, results are uploaded to the “My Documents” section, in a candidates “My College” dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

8. Multiple Choice Question

8.1 Introduction

The Multiple Choice Question (MCQ) assessment assesses recall, reasoning and applied clinical knowledge.

Candidates are eligible to enrol in the MCQ after completing 12 months of training.

The main focus of the MCQ assessment is to assess ability to manage medical care in a rural or remote environment. The assessment aims to cover all domains of rural and remote practise.

To optimise performance in MCQ, candidates should have a breadth of experience in the contexts of rural practice. The College strongly recommends that at least six months experience in rural community primary care be completed prior to sitting this assessment.

Candidates should commence study at a minimum six months prior to sitting MCQ. Candidates could also consider forming a study group or seeking a study buddy through the College's Registrar's Facebook group.

An online MCQ familiarisation activity is available for candidates enrolled in the assessment..

8.2 Standard

Candidates are required to gain a pass in MCQ. The standard expected is that of a general practitioner practising safely and independently in a rural or remote community.

Standard setting for the MCQ is based on the modified Angoff method. This involves setting a standard score for test items prior to the test, using judgements by experts based on the projected performance of 'borderline candidates'.

The pass mark for each assessment is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions that have not performed well.

8.3 MCQ Venue

Location

The MCQ assessment is conducted via the Internet through a secure website. Candidates have the option to undertake the assessment within or close to their own local community or at a central assessment centre. All assessment venues and invigilators must be officially approved by ACRRM to ensure the assessment is conducted in a professional, consistent and fair manner.

See Appendix 1 for the process, rules and regulations for arranging an MCQ venue.

Candidates who select to sit the MCQ at a central assessment centre will be awarded their preference on a first come, first served basis.

Timing

All candidates will undertake the MCQ on the same day and at the same time, regardless of their location. Candidates and invigilators will be notified of their assessment start time in Australian Eastern Standard Time. Each candidate and invigilator is advised to check their local time zone and adjust the start time to account for any differences, if necessary.

8.4 MCQ tool

The assessment is conducted over three hours (180 minutes) and consists of 125 multiple-choice questions.

Questions

Questions are written and researched using up-to-date Australian references. Each question is designed to address specific components of the curriculum and focuses on topics and concepts that are important to the everyday experience of rural and remote doctors in practice. The assessment questions are written by practising rural doctors and reviewed by a panel of doctors.

Questions mostly consist of a clinical case presentation, a brief targeted lead-in question and four options from which candidates are required to choose the single best option. The stem of the clinical case may include text and images. There are no negative marks for incorrect answers.

A sample of questions may be found on the ACRRM [MCQ webpage](#).

Content

The assessment covers a balance of acute care cases, common and less common presentations, male and female patients, indigenous and non-indigenous patients, from the age groups of paediatrics, adults and elderly.

The MCQ assessment aims to cover all domains of rural and remote practice. The approximate percentage of cover for each domain is outlined below.

Number	Domain	Percentage of assessment content **
1.	Provide medical care in an ambulatory and community setting	30 – 40%
2.	Provide care in a hospital setting	15-25%
3.	Respond to medical emergencies	20 -30%
4.	Apply a population health approach	3-10%
5.	Address the health care needs of culturally diverse and disadvantaged groups	3-10%
6.	Practice medicine within an ethical, intellectual and professional framework	3-10%
7.	Practise medicine in the rural and remote context	3-10%

**The total of this column is greater than 100% due to multiple domains being assessed multiple times within one assessment

The assessment aims to sample the Primary Curriculum statements. The approximate percentage of questions appearing in an assessment is outlined in the table below.

Number	Curriculum statement	Percentage of assessment content **
1.	Aboriginal and Torres Strait Islander Health	5-10%
2.	Adult Internal Medicine	20-30%
3.	Aged Care	5-15%
4.	Anaesthetics	2-5%
5.	Business and Professional Management	2-5%
6.	Child and Adolescent Health	10-15%
7.	Dermatology	3-8%
8.	Information Management and Information Technology	0%
9.	Mental Health	4-8%
10.	Musculoskeletal Medicine	5-10%
11.	Obstetrics and Women's Health	5-10%
12.	Ophthalmology	1-4%
13.	Oral Health	1-4%
14.	Palliative Care	4-8%
15.	Radiology	1-4%
16.	Rehabilitation	1-4%
17.	Research and Teaching	1-4%
18.	Surgery	4-8%

**The total of this column is greater than 100% due to multiple domains being assessed multiple times within one assessment

8.5 MCQ familiarisation activity

Each candidate enrolled to sit the MCQ assessment is provided with access to a 125 question online MCQ familiarisation activity (MCQFA).

The purpose of this MCQFA is to allow candidates the opportunity:

- To become familiar with the online platform and software used in the delivery of the actual MCQ assessment
- To become familiar with the format of questions used in the actual MCQ assessment
- To provide an opportunity to 'test run' the actual computer that will be used on the day of the assessment.

The MCQ familiarisation activity is NOT designed to:

- Provide any guidance about content that will be covered in the actual MCQ assessment
- Outline the level of difficulty for questions which will appear in the actual MCQ assessment
- Give any indication whether a candidate is likely to pass the actual MCQ assessment
- Give feedback to the candidate about gaps in their knowledge
- Explain the reasoning behind correct or incorrect answer options.

As with the actual MCQ assessment, candidates are required to choose the single best answer for each question. One mark is awarded for each correct answer and there are no marks deducted for an incorrect answer. After candidates have completed all the questions and pressed the submit button, they immediately receive their overall score with the opportunity to review each question individually to see if answered correctly.

MCQ FA questions are updated regularly. Please note that the ACRRM Assessment team will not enter into any discussions about the questions or answers appearing in the MCQFA.

Access to the MCQ FA is available until two weeks before the assessment and candidates have the opportunity to attempt the FA three times. The FA provides candidates with six hours to complete the questions, however in order to gain the most benefit from participation it is suggested that candidates try and complete the MCQFA under 'summative assessment conditions' i.e. over 144 minutes (1.44 minutes per question) and without accessing additional resources.

The MCQFA can be attempted from any computer that meets the minimum technical specifications. ACRRM strongly recommends that candidates use the same computer for the MCQFA that will be used in the actual MCQ assessment, as this provides opportunity to identify any IT difficulties with the computer beforehand. There is no requirement for invigilation or supervision while candidates are online undertaking the MCQFA.

8.6 Roles and responsibilities of the candidate

Each candidate is personally responsible for the following:

- Providing the ACRRM Assessment Team with an email address that is accessed regularly
- Reading the MCQ Process, Rules and Regulations and abiding by the rules stated
- Returning the MCQ Assessment Arrangements Form in full by the specified date confirming the assessment location and

- Acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

ACRRM will correspond with all candidates via email. It is the candidate's responsibility to ensure that they provide all of the requested documentation to ACRRM by the dates specified in correspondence to candidates.

Where documentation remains outstanding on two weeks prior to the assessment date, the candidate will be withdrawn from the assessment without refund.

8.7 Summary of MCQ process

- candidate enrolls in the MCQ
- after receipt of the enrolment form, ACRRM sends a confirmation of enrolment email containing essential information and documentation to be completed and returned
- candidates return the MCQ Arrangements Form, IT Testing form (if relevant) and by the date specified
- candidates have access to the MCQ familiarisation activity (MCQFA) until two weeks before the assessment
- ACRRM provides a confirmation of assessment arrangements by email to candidates and
- ACRRM provides a confirmation of assessment arrangements by email to invigilators.

9. Case Based Discussion

9.1 Introduction

Candidates progressing towards FACRRM may be required to successfully complete the Case Based Discussion (CBD) assessment. Candidates are eligible to enrol in the CBD after completing 24 months of training, or as directed by the College.

CBD is an assessment of clinical reasoning and application of knowledge in a clinical context. The candidate needs to demonstrate evidence of their clinical knowledge and how they apply that knowledge by appropriately assessing patients, formulating differential diagnoses, ordering relevant investigations and applying appropriate management plans.

The CBD assessment takes place over three one hour sessions. A different examiner conducts each session and two (2) cases are discussed in each one-hour session.

All three CBD sessions must take place within a six-month period from the date of the first session. Please refer to quality assurance section below for further detail on behind the scenes processes.

Candidates submit twelve (12) cases in total for the entire assessment. Of these twelve (12), six (6) cases will be chosen to be assessed. Candidates will be notified of the cases to be discussed at the beginning of the session.

This assessment is ideally suited to candidates who are working in a primary care context, however candidates working in an emergency or RFDS setting may still complete this assessment. Case note requirements differ for each of these settings. These are outlined in the 'exam context' section below. Note: a combination of notes from both settings can be submitted.

The cases supplied for assessment are those of actual patients that presented to and were managed by the candidate. The candidate is to provide actual evidence in the form of de-identified patient records for this assessment.

Candidates **must** be the attending doctor in the cases for discussion. It is possible that additional consultations conducted by other doctors may be included where these contribute to the overall approach/ case discussion.

The CBD assesses five categories: -

- communication skills,
- history taking,
- physical assessment,
- clinical management and
- professionalism.

To achieve a 'Pass' grade, the candidate must achieve a global rating of 'At expected standard for FACRRM' in a minimum of five (5) of six (6) cases assessed. Results of each session will not be advised throughout the assessment. The overall results will be ratified by the Board of Examiners once the three CBD sessions are completed.

The standard for a successful outcome in each modality is that of a doctor practising safely and independently at Fellowship level.

9.2 Case Note Requirements

Submissions should contain sufficient clinical information for assessors to be able to undertake a comprehensive evaluation of the candidate's clinical knowledge and clinical reasoning skills.

Candidates must submit **12** cases covering a minimum of **six** of the curriculum statements listed below. One **mental health** case must be included in the submission.

The last consultation listed in the case notes should be no older than 3 months at the time of submission.

Case notes and supporting documentation must be **completely de-identified** to maintain patient privacy. Patient date of birth and gender details must be retained in the notes for assessment.

Permission to use patient records must be sought from the employer.

Curriculum statements

1. Aboriginal and Torres Strait Islander Health
2. Adult Internal Medicine
3. Aged Care
4. Anaesthetics
5. Child and Adolescent Health
6. Dermatology
7. Mental Health* (Mandatory)
8. Musculoskeletal Medicine
9. Obstetrics and Women's Health
10. Ophthalmology
11. Oral Health
12. Palliative Medicine
13. Radiology
14. Rehabilitation Medicine
15. Surgery

9.3 Exam context

Community care setting

Cases should:

- Include clinical notes for 2-3 consultations for each case
- Be at least medium level of complexity - not URTIs or medical certificates
- Contain evidence that the candidate is the attending doctor
- Demonstrate continuity of care
- Include investigations and candidates should be able to explain clinical reasoning on all aspects

Examples of relevant investigations include but are not limited to: -

- results for review
- referral to specialists or other health care providers,
- preventative health care plans.

Emergency or RFDS Setting

Cases should be described as high risk. Each case is required to contain any ONE of these elements in ANY of the three categories listed:

- One or more chronic illness, with severe exacerbation or progression
- Acute or chronic illness or injury which poses a threat to life or bodily function e.g. multiple trauma, acute MI, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness, with potential threat to self or others, peritonitis, ARF
- An abrupt change in neurological status, e.g., seizure, TIA, weakness, sensory loss

A clinical example is included here:

'A 68-year-old male presents with chest pain with a good story for unstable angina. The patient has a history of hypertension (which is not well controlled on presentation) as well as stable diabetes. You personally review the EKG and CXR, order troponins and start the patient on a heparin drip. You also order an echocardiogram.'

9.4 Quality Assurance

CBD is a complex examination requiring significant behind the scenes quality assurance work prior to scheduling of assessment sessions. This quality assurance process ensures that candidates have the highest chance of success in this assessment. If case notes are not sufficient or appropriate for assessment, candidates will be advised and asked to submit further cases.

ACRRM's CBD quality assurance process:

- Internally review of all case notes and attachments for compliance and privacy
- External clinical review of case notes to ensure complexity and domain coverage
- Scheduling of sessions with trained and experienced FACRRM
- All exam sessions recorded and randomly moderated/ reviewed
- Review of recording of session where a candidate fails both cases with one examiner
- Review and endorsement of all session outcomes by Principal Examiner prior to presentation to Board of Examiners
- Ratification of results by Board of Examiners
- Post assessment candidate and examiner evaluation

9.5 Enrolment

Candidates enrol online when all case notes are ready for submission.

Upon enrolment candidates must provide the following:

- Twelve (12) compliant cases;
- Community Profile form
- CBD Case Notes Summary and Declaration form
- Assessment Code of Conduct (if not previously supplied)

Case note de-identification

Case notes must be completely de-identified to ensure the confidentiality and privacy of patient clinical details. Notes that contain identifying information will not be able to be assessed and submission of these may result in a "fail" grade.

Tips for de-identifying notes:

- Print off the relevant clinical data for the cases from the computerised medical record system.
- Cover/ delete patient names, phone numbers and address with **whiteout**. Do not delete gender, DOB or date of the consultation. Note: Black felt pen does not sufficiently cover details.
- Scan the de-identified notes and save them as a PDF file of less than 5mb.
- Upload into the 'My Documents' portal on the 'My College' dashboard, accessible from the College website. Please select the document type 'CBD Case'. **Do not email, post or fax case notes.**
- If it's not possible to scan and upload cases, contact the College immediately to discuss other options.

Enrolment for the CBD assessment is not complete until all cases are received.

9.6 Exam venue

The CBD assessment is conducted via teleconference. An invigilator must be present at the start of each session.

The CBD venue can be any one of the following:

- a medical practice (private or government owned),
- a hospital or
- an administration office area (private or government).

Exam cannot be conducted in a private residence

The assessment room:

- Must not have access to or contain any reference material,
- All computers in the room must be turned off.

9.7 Invigilator

All candidates must arrange an invigilator to be present in the room at the beginning of the session. An invigilator must be a person 25 years of age or older who currently holds a reasonable position of responsibility.

The invigilator's role during the session is to verify the identity of the candidate and ensure the integrity of the venue and assessment. Invigilators must be approved by ACRRM; see the invigilator section for further information.

Most candidates find it convenient to use a staff member or colleague working in the same facility such as a practice manager or practice nurse. Other examples of suitable invigilators include; staff member from a regional training organisation, school teacher/principal, librarian, member of the clergy, bank officer, law enforcement, officer, justice of the peace, clerk of the court, senior administrators, staff member from a rural clinical school, staff member from a Medicare Local/Primary Health Network, or other professional person **not related** to the candidate.

All invigilators are subject to approval by ACRRM.

9.8 Cancellation

Candidates are to advise ACRRM as soon as possible if they are unable to attend a scheduled session. Failure to attend a session without provision of a minimum of one week's notice will result in an additional administration charge of \$395.

Note: Where a candidate is more than 10 minutes late, the exam session will be cancelled

9.9 Conduct of the Session

Candidates must:

- Be present in the room and dial into the number provided at least five minutes prior to session scheduled start time.
- Have their invigilator present at the start of the session. Note: the invigilator will be asked to leave once the examiner has confirmed the candidate ID and setting is appropriate
- Have a printed copy of the clinical notes submitted.
- Be alone in the exam room with access to the submitted printed clinical case notes only and no other clinical material, either printed or electronic.
- Listen to the pre-assessment briefing and respond to examiner questions
- Advise the examiner if unable to hear or understand the questions.
- Advise the College of any incident through submission of an incident report to assessment@acrrm.org.au within 48 hours of session.

Invigilators must:

- Sign the 'Summative CBD Invigilator Declaration' form and return it to ACRRM prior to the CBD session.
- Check through the printed clinical case notes and ensure no written notes (except the candidate's own clinical notes) are attached.
- Check the room that will be used for the discussion has a phone and that the candidate does not have access to any materials other than their case notes. Computers and other electronic devices must be switched off.
- Ensure that the candidate is alone in the room
- Be present in the room with the candidate at least 5 minutes prior to scheduled session start time.
- Verify the identity of the candidate with the assessor and ensure the integrity of the venue and assessment.
- Once the session has started, leave the room and remind any surrounding persons that a private and confidential discussion is taking place in the room for approximately one hour.

9.10 Checklist for candidates

- Read the CBD Process, Rules and Regulations contained in this handbook
- Return signed Code of Conduct if not completed previously
- Enrol in the assessment
- Obtain permission from employer to use case notes
- Complete the community profile

- Ensure case notes meet the requirements as stated in the handbook including at least one mental health case
- Complete the CBD case notes summary form with the curriculum statements(s) for each case covered and the number awarded to each case
- Number all 12 case notes according to the summary form
- Ensure all case notes are de-identified
- Source a suitable room and invigilator once session date/time is confirmed

9.11 Assessment Standard

A candidate practising 'at the expected standard for FACRRM' would be expected to:

- demonstrate an overall systematic approach and be consistently competent across grading categories
- make clear efforts to ensure patient comfort and safety and to reduce risks where appropriate
- have effective communication skills
- take an appropriate history and assessment
- consider appropriate diagnoses based on information gathered
- arrange for relevant further tests to clarify the diagnosis
- provide appropriate management and include short and some long-term recommendations based on information gathered, and
- involve the patient in decision making.

Each case will be given a global CBD rating of either:

- 'At expected standard for FACRRM' or
- 'Below expected standard for FACRRM'.

To pass the CBD assessment overall, candidates will need to achieve 'At expected standard for FACRRM' in five of the six cases.

Candidates who do not obtain a 'pass' grade will be required to enrol in a future semester and complete all three sessions (six cases) again.

9.12 Grading

There are five grading categories scored by the assessor for each case that determines the global rating for that case.

The five grading categories are:

1. Communication skills
2. History taking
3. Physical assessment
4. Clinical Management in the local context
5. Professionalism

Ratings for each category are as follows:

- 'Satisfactory'
- 'Unsatisfactory' or
- 'Not Observed'.

All three sessions will be conducted irrespective of the outcome of each individual session.

Results are reviewed once all three (3) CBD sessions are completed and endorsed by the Principal CBD Examiner. A recommendation is presented to the ACRRM Board of Examiners for ratification.

Grades are reported as Pass or Fail.

Please note that the Assessment staff will not enter into any discussions about candidate performance in the assessment.

Once available, results are uploaded to the “My Documents” section, in a candidates “My College” dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

9.13 Grading categories in detail

Characteristics of a ‘satisfactory’ candidate in this category include:

1. Communication skills

- Communication skills sound.
- Some patient centred communication evident. Builds trust and rapport with patient well, respectful and compassionate.
- Explores patient issue using a range of relevant question types. Asks patient for their story.
- Shows empathy and respect. Considers and discusses impact of presentation on patient function.
- Demonstrates empathy when breaking bad news.
- Flexible in approach.
- Advice provided appropriate with patient involvement in decision making.
- Explains aspects of care clearly.
- Considers cultural values, attitudes and beliefs

2. History taking

- Obtains a clinical history that reflects contextual issues including presenting problems, epidemiology and cultural context.
- Questions focused and appropriate.
- Patient perspective considered including impact of presenting issue on patient function and lifestyle.

3. Physical assessment

- Sound assessment conducted and a number of key differentials considered.
- Assessment organised, logical and efficient.
- Relevant signs and symptoms all accurately covered.
- Patient comfort and safety considered.

4. Clinical management

- Diagnosis accurate.
- Provides patient with most plausible diagnosis based on appropriate range of evidence gathered.
- Explains severity of episode and range of treatment options.
- All required appropriate tests arranged.
- Management plan specific to patient needs and function.

- Management plan relevant to the candidate's community
- Short-term management strategies (including what to do if another acute episode) and possible long-term management plan discussed with patient, including impact on patient's lifestyle and function and family involvement where appropriate.
- Discusses the impact of change on the patient.
- Follow-up arranged and organises next appointment and follow-up pathology test.
- Addresses ethical / potential legal / work cover issues clearly.

5. Professionalism

- Ensured patient privacy and confidentiality.
- Clinical documentation was in accordance with professional standards.
- Demonstrated a commitment to team work, collaboration, coordination and continuity of care.
- Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.
- Critically appraised own performance.

The best preparation for CBD assessment will be clinical practice and having case based discussions with supervisor(s) and medical educator(s).

9.14 CBD questioning style and examples

The type and style of questions used in the CBD requires candidates to demonstrate evidence of their clinical knowledge and how they apply that knowledge; by appropriately assessing patients, formulating differential diagnoses, ordering relevant investigations and providing suitable management plans.

Below are some examples and/or style of questions used.

The assessor may start by asking the candidate questions like:

- What issues you felt the case raised?
- What issues you felt needed resolving and
- What you found challenging/difficult?

The assessor will also ask questions to demonstrate how you approach each grading category below.

Category 1: Communication Skills

Example Questions:

- How did you establish the patient's point of view? What consultation skills did you use to do this?
- Were there any cultural dimensions to this consultation? How did you pick these up?
- Did you explore the impact it had on other family members? What did you find? How did you support them?

Category 2: History Taking

Example Questions:

- What differential diagnoses did you consider? What features made each one more or less likely?
- Specifics about the case: duration, symptoms, specific features e.g. what features of the chest pain suggested a PE rather than an MI.
- Excluding the serious diagnoses: For example: What alarm features did you enquire about? How did you carry out a suicidal risk assessment? How did you exclude a brain tumour? etc.

Category 3: Physical Assessment

Example Questions:

- I see from the notes that there is no reference to examining her. What is the reason for that?
- Is there any other assessment you might have considered?
- When performing a cardiovascular assessment, what signs do you check for on the face and hands?

Category 4: Clinical Management in the local context

Example Questions:

Diagnosis:

- What were you particularly worried about in this case?
- Did you use any tools, guidelines or frameworks to help you with the diagnosis?

Treatment decisions:

- What were your options? Which did you choose? Why this one? Convince me that you made the right choice.
- What information (from Hx/Ex/Ix) did you find helpful in this case? Why? How did you elicit those?
- Were there any ongoing problems that added to the complexity of this case?

Category 5: Professionalism

Example Questions:

- Did this case make you think of any greater social/health care changes/provision we need to consider for your local community? Did you make any suggestions to anyone to consider this?
- Had you any ethical considerations when dealing with this case? What were they? So how did you resolve this?

The CBD assessment is an assessment of clinical reasoning and application of knowledge in a clinical context. The CBD session is not to provide the candidate with any formative feedback such as strengths and weaknesses of the candidate's performance.

9.15 Roles and responsibilities of the assessor

The primary responsibility of the assessor is to ensure that the candidate is provided with the opportunity to demonstrate their clinical abilities under fair and uniform testing conditions, and to ensure the integrity, consistency and fairness of the assessment process.

Assessors' responsibilities include to:

- advise ACRRM of any conflict of interest with the candidate to be assessed
- advise as early as possible if the session needs to be rescheduled
- select two cases for discussion from the cases provided by the candidate
- dial into the CBD session at least five minutes prior to scheduled start time
- talk to the invigilator to confirm candidate identify, that the candidate is alone in a room with no access to information and the candidate has the printed clinical case notes.
- conduct a pre-assessment briefing session (maximum 5 minutes) before the first case is conducted. This briefing is to ensure that the:
 - candidate is informed of the assessment process

- mandatory requirements and the standard required for a positive outcome are explained and understood
- candidate is aware of the criteria they will be assessed against, and
- candidate and assessor's perceptions of the assessment match
- advise the candidate which two cases have been selected for discussion
- allow up to 30 minutes to discuss each case
- ask questions relating to the cases selected for discussion
- score the candidate according to marking criteria and return completed forms to ACRRM within two working days of the session
- inform ACRRM of any incidents relating to the assessment as soon as possible and submit an incident form within two working days.
- relevant policies and procedures for the conduct of the CBD are adhered to and that the integrity of the assessment session is not compromised.

The examiner must not be on call during the assessment and will not interrupt the assessment process by responding to any electronic communication device.

As this is a summative assessment, the examiner is not permitted to provide feedback to the candidate.

The examiner must not under any circumstances offer an opinion of performance or whether they consider the candidate has scored a Pass or Fail grade.

9.16 Misconduct and irregularities

A candidate or examiner who has a concern about the management or conduct of the assessment should complete an Incident Report. Incident Reports must be provided to the ACRRM Assessment Team within two working days after the assessment. Incident Reports submitted after two working days will not be accepted.

Examples of misconduct or other irregularities may include:

- candidate unwell
- disturbances (e.g. unexpected noisy consulting room),
- disruptions (e.g. loss of power or telephone malfunction)
- an uncooperative candidate or examiner
- not following the CBD assessment procedure and
- breach of the examination process (e.g. the integrity of the assessment is compromised).

9.17 Remediation / multiple fails

The ACRRM Board of Examiners will ratify results and determine any remediation action required in the event that a Fail grade is awarded.

Candidates who attain a Fail grade will be required to re-attempt the entire CBD assessment.

ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the assessment.

Candidates are permitted three attempts at the CBD.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. This process is described in the Doctors in Training Review Policy, available on the ACRRM website at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from training and/or other assessment/s may be required to undertake further training and/or previously exempted assessments.

10. Structured Assessment using Multiple Patient Scenarios

10.1 Introduction

The Structured Assessment using Multiple Patient Scenarios (StAMPS) is a blend of the Objective Structured Clinical Assessment (OSCE) and the traditional viva voce assessment.

StAMPS aims to test higher order functions in a highly contextualised framework, where candidates have the opportunity to explain what they do and demonstrate their clinical reasoning, instead of simply providing evidence of knowledge, listing facts or recalling protocols. The assessors also ask the candidates how they would deal with system or patient factors that prevent the 'standard' approach being applied.

StAMPS is used as a modality for assessing against the Primary Curriculum (PC) and a number of Advanced Specialised Training (AST) Curricula.

The information in this chapter specifically relates to the Primary Curriculum StAMPS, however much of the information will also apply to AST StAMPS. Specific information relating the AST StAMPS is found in the individual [AST curricula](#).

The main focus of the PC StAMPS assessment is to assess ability to manage medical care in a rural or remote environment. The assessment aims to cover all domains of rural and remote practice.

Candidates must complete 24 months of training to be eligible for the PC StAMPS.

PC StAMPS should be the final assessment that candidates sit, once all other PC assessments have been successfully completed.

Candidates should ensure they have substantial experience across rural and remote community primary care and hospital and emergency care.

Practising the skills required for StAMPS is also very important. See the [StAMPS webpage](#) for information on preparing for StAMPS.

10.2 Standard

Candidates are required to achieve a pass grade in StAMPS.

The standard expected is that of a general practitioner practising safely and independently in a rural or remote community.

Grading is based on the 'overall impression' score:

- If a candidate has achieved a satisfactory or higher grade in all eight scenarios, they will have passed the assessment.
- If they have achieved a borderline score for one scenario, but satisfactory in the other seven, they will have passed.
- In the case of only five scenarios being at a satisfactory or higher grade, the overall result will be a fail.
- In those cases where there is not a clear result, the other grading categories are then considered, with the category 'Develop appropriate management plan that incorporates relevant medical & rural contextual factors' being the next to be viewed and then if there is still no clear result the other three categories are reviewed.

Each grading category is viewed individually and the overall impression is just that, it is not a 'composite score' of the other grades awarded for the scenario.

StAMPS standard setting is achieved through assessor training, scenario specific marking sheets and using a grading matrix based on the number of overall borderline and unsatisfactory marks awarded by the assessors to determine a pass grade.

10.3 StAMPS venue

Location

The StAMPS is conducted either face to face from a central assessment centre or by videoconference with each candidate in their home region and all assessors at one assessment centre. The method of delivery for each session is specified on the enrolment form. Candidates who select to sit the Face to Face StAMPS and choose to sit at a central assessment centre will be awarded their preference on a first come first served basis.

Timing

The StAMPS will be delivered in a series of rotations over one or two days, dependent upon the number of candidates undertaking the StAMPS. Candidates and invigilators will be notified of their assessment start time in Australian Eastern Standard Time (AEST). Candidates and invigilators must check their local time zone and adjust the start time to account for any differences, if necessary.

10.4 StAMPS tool

Scenario description

The scenarios are in the viva voce format where the candidate discusses the scenario directly with the assessor. The candidate may be asked to clarify their answers when these are unclear and to expand on answers when there is insufficient detail.

Each scenario takes the form of introductory case information and then approximately three questions relating to that case, sometimes with additional unfolding information provided.

StAMPS scenarios are written and researched using up-to-date Australian references. Care is taken to ensure that the scenarios reflect realistic patient presentations or issues that a Fellow of ACRRM might reasonably encounter.

The StAMPS scenarios are designed to measure the candidate's understanding of core and general principles, rather than only applying them to the specific nominated patient. The scenarios reflect real life where often clinical management is required prior to a definitive

diagnosis being known. The scenarios and questions are sometimes unfolding in nature, allowing information to be progressively revealed.

Candidates are provided with an opportunity to explain the rationale behind their thinking, as well as an opportunity for the assessor to explore issues in greater depth than is possible in a written paper.

Context

The context of the assessment is described in the Primary Curriculum [StAMPS Community Profile](#).

The 'Community Profile' details key logistical issues about the location where the assessment is set; and provides information regarding other relevant community factors.

The setting is a rural town in Australia. The candidate is the most senior doctor in the town and works across the general practice and local hospital. The candidate is on a one in four on call roster and does outreach clinics in Aboriginal communities. Telephone specialist back up is always available including a video telehealth facility at the hospital.

The profiles are published on the ACRRM website. Candidates are permitted to retain the 'Community Profile' for reference during the reading time and throughout the assessment.

Content

PC StAMPS aims to cover all domains of rural and remote practice. The approximate percentage of cover for each domain is outlined below.

Domain	Percentage of assessment content**
1. Provide medical care in an ambulatory and community setting	60-70%
2. Provide care in a hospital setting	20-30%
3. Respond to medical emergencies	12-16%
4. Apply a population health approach	8-12%
5. Address the health care needs of culturally diverse and disadvantaged groups	13-17%
6. Practise medicine within an ethical, intellectual and professional framework	10-15%
7. Practise medicine in the rural and remote context	100%

**The total of this column is greater than 100% due to multiple domains being assessed multiple times within one assessment

The assessment aims to sample across the Primary Curriculum statements. The likelihood of a curriculum topic appearing in an assessment is outlined in the table below.

Key: ***** always covered to * occasionally covered

Curriculum statement	Likelihood of the topic appearing in an assessment
Aboriginal and Torres Strait Islander Health	*****
Adult Internal Medicine	*****
Aged Care	****
Anaesthetics	**
Business and Professional Management	*
Child and Adolescent Health	*****
Dermatology	**
Information Management and Information Technology	*
Mental Health	*****
Musculoskeletal Medicine	***
Obstetrics and Women's Health	*****
Ophthalmology	**
Oral Health	*
Palliative Care	***
Radiology	**
Rehabilitation	*
Research and Teaching	*
Surgery	**

Format

Candidates are provided with 10 minutes prior to the start of the assessment to read the Assessment Printed Material. This material, which will be handed to them by the invigilators, provides background information for each scenario. Candidates are permitted to read all the eight scenarios during this assessment reading time.

Candidates will be expected to have read and be prepared for their first scenario by the start of the assessment.

The StAMPS consists of eight scenarios, each of ten minutes duration. There will be a five - minute interval between scenarios during which time the candidate should read the material for their next scenario. On occasions, there may be a 10-minute interval after the fourth scenario has been delivered. ACRRM will advise candidates and invigilators if this will be the case.

Assessors will not repeat the assessment scenario as candidates will be expected to have read this in the reading time and during the intervals in preparation.

Candidates remain in one room (or have one continuous video conference link) and assessors rotate between candidates.

10.5 Rules for the conduct of the StAMPS

Mandatory arrival time prior to the start of the assessment reading time:

- invigilators at least 30 minutes and
- candidates at least 30 minutes.

Items not permitted in the assessment room

Candidates are not permitted to access any material or communication device in the assessment room. In particular, the following items are NOT permitted during the assessment:

- printed or handwritten documents or notes
- medical notes or textbooks – including medical dictionaries, PDAs, pagers, recording devices, radios, calculators, iPods, MP3 players; iPads and laptops
- bottles of water with labels or food (clear plastic water bottles are permitted) and
- candidate's mobile phone, watches or other electronic communication devices.

Three pencils and eight sheets of paper will be provided by the invigilator. Candidates are permitted to bring multi coloured pens into the assessment room.

Candidate's arrival procedure

Candidates must:

- submit valid photographic identification (e.g. driver's licence or passport) to the invigilators for verification of identity
- switch off and surrender to invigilators mobile phones and any other electronic devices for the duration of the assessment
- surrender to invigilators any item in their possession as specified previously under Items Not Permitted in the Assessment Room
- receive paper and pencils as specified under - Invigilator's Arrival Procedure and
- have the Community Profile and Rotation Plan in preparation for the assessment.

Procedure for connecting to the assessment site (StAMPS via videoconference only)

The videoconference unit must be switched on. Information Technology (IT) technicians will dial each venue to connect videoconference units. Once the call is received the invigilator will accept the call and wait for instructions from the assessment centre (ACRRM staff).

An ACRRM staff member will perform an introduction to the assessment and check:

- that the candidate is present
- that the invigilator is present
- the mobile number of the invigilator
- the location of the assessment venue
- that the invigilator has the Assessment Printed Material
- that the candidate has the Community Profile
- that the candidate has their Rotation Plan and
- the order in which the scenarios will be delivered to the candidate compared to the candidate's Rotation Plan.

Invigilators will be instructed to present candidates with the Assessment Printed Material at the start of the assessment reading time specified on the Rotation Plan.

As IT technicians are unable to connect all sites simultaneously, the call could be received between 30-10 minutes prior to the start of the assessment reading time.

Assessment reading time

The reading time is intended for candidates to study the Assessment Printed Material for each scenario in conjunction with the Community Profile. Candidates should refer to the Community Profile, where necessary, throughout the assessment.

If undertaking the assessment by videoconference and there is a delay in connecting with the site, the candidate should be given the reading material at the reading time recorded on the rotation plan.

Candidates may read all scenarios and are permitted to make notes during the reading time and assessment if they wish, using the paper provided.

Candidates are expected to have read the material for their first scenario, prior to the start of the assessment.

Candidates will be provided with a Rotation Plan specifying the order in which the scenarios will be delivered to them. The Rotation Plan should be read in conjunction with the Assessment Printed Material, to ensure that candidates prepare for the scenarios in the correct order they will be delivered.

Late arrival of candidates

Candidates who arrive within 30 minutes of the start of the assessment may be allowed to enter the room and undertake the assessment at the discretion of the invigilator and/or ACRRM. Candidates who arrive late are not permitted any reading time or any extension of time in which to complete their assessment. Consequently, the candidate will have missed all or part of at least one scenario, seriously compromising their ability to score an overall Pass grade in the assessment, regardless of how well they perform in the remaining scenarios.

Any candidate arriving more than 30 minutes after the assessment start time will not be permitted to participate under any circumstances.

Invigilators should note the late arrival and associated reasons on an Incident Report, which must be provided to ACRRM within two days of the assessment.

Leaving the assessment

Candidates who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by the invigilator to the bathroom door. Extra time will not be provided for bathroom breaks.

Candidates are not permitted to leave the assessment room within the first 30 minutes of the assessment for any reason, with the exception of a medical emergency or in the event of a fire.

The end of the assessment (StAMPS via videoconference only)

Once the eight scenarios have been completed the videoconference connection must remain untouched until an ACRRM staff member has concluded the assessment, given permission for the videoconference link to be terminated and confirmed that the candidate is no longer required.

Only after this confirmation is the assessment completed and the videoconference unit can be turned off. This additional time is required in case there has been a technical problem with the assessment and the assessors require additional time to assess the candidate.

Communicating with other candidates undertaking StAMPS

The StAMPS assessment is often delivered over multiple rotations. Candidates in the second or third rotation on a day will be quarantined until the next group of candidates have arrived. Candidates are not permitted to discuss the assessment with any other candidates undertaking the StAMPS assessment until all scheduled rotations have concluded (this could be over a two-day period). Any such communications will be considered a breach of the Code of Conduct and the College will take action accordingly.

10.6 Roles and responsibilities of the candidate

Candidates are personally responsible for each of the following:

- providing the Assessment Team with an email address that is accessed regularly
- reading the StAMPS Process, Rules and Regulations and abiding by the rules stated and
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

ACRRM will correspond via email with candidates to make arrangements for their assessment. ACRRM will not be held responsible for candidates inadvertently failing to reply or deleting emails sent.

It is the candidate's responsibility to ensure that all of the requested documentation is provided by the date specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding two weeks prior to the assessment date, the candidate will be withdrawn from assessment and no refund will be given.

10.7 Summary of the StAMPS process

- Candidate enrolls in the StAMPS
- After the enrolment closing date, ACRRM sends a confirmation of enrolment email containing essential information and documentation to be completed and returned
- Candidate returns the StAMPS Arrangements Form by the dates specified
- ACRRM provides a confirmation of arrangements email to candidates
- ACRRM provides a confirmation of arrangements email to invigilators (where relevant) attaching the Rotation Plan and
- ACRRM emails invigilators (where relevant) to provide the Assessment Printed Material.

11. The Procedural Skills Logbook

11.1 Introduction

The ACRRM Procedural Skills Logbook (Logbook) provides a structured and objective assessment of the candidate's key psychomotor procedural skills.

The Logbook contains those procedural items from the ACRRM Primary Curriculum.

Satisfactory completion of the Primary Curriculum logbook is a mandatory requirement for award of FACRRM for all candidates, unless exempted through RPL.

The Primary Curriculum logbook is available through the "My Training Portfolio" section on a candidate's "My College" dashboard, accessible from the college website. The Primary Curriculum Procedural Skills Logbook must be submitted online.

A hardcopy of the Procedural Skills Logbook is available for informal use, see <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/logging-procedures-performed>

Completion of an additional procedural skills logbook is also a mandatory requirement for an AST in Emergency Medicine and Surgery.

11.2 Standard

All procedures in the logbook are important and many procedures are essential. Registrars are required to achieve certification at specified competency levels or higher for:

- 100% of the **essential** logbook procedures and
- 75% of the **important** logbook procedures.

Each item has a defined minimum level of competency that must be met before the certifier can assign competency. A higher level of competency is also acceptable e.g. a candidate appropriately performs a specified task to the standard of an independent practitioner on a real patient when only simulation is required, is eligible for the certifier to sign that competency has been achieved.

In decreasing level of complexity, the four different levels of minimum competency levels are, performed the procedure to the standard of a:

- A. Practitioner operating independently – demonstrated on a real patient
- B. Pass in an accredited course or certified satisfactory by a supervisor – demonstrated on a simulated patient
- C. Practitioner under supervision – demonstrated on a real patient
- D. Practitioner assisting an independent practitioner – demonstrated on a real patient

Candidates are required to present their logbook to either their principal supervisor or medical educator for inspection and discussion at least every six months. The candidate is wholly responsible for maintaining their logbook including ensuring each entry is accurate. If procedures cannot be certified at the specified competency level but can be certified at a lower level, this should still be recorded.

Minor changes to the Procedural Skills Logbook were implemented in 2019. All registrars should aim to meet the new requirements. If all requirements cannot be met, a letter of explanation must be emailed to training@acrmm.org.au following submission. The Censor in Chief will continue to use discretion around satisfactory completion, for registrars who commenced training before 2019.

Procedural Skills Logbooks submitted for completion of training will be audited if there are concerns about the accuracy of the logbook.

11.3 Logbook tool

The certifier must have personally observed the candidate perform the procedure or personally observed the outcome of the procedure performed. An example of the latter would include the receiving Emergency Department consultant examining a patient who has undergone an emergency retrieval and who has had a chest tube inserted by the candidate at another location. Even though the consultant was not present when the tube was inserted, he/she would be able to ascertain whether the procedure had been correctly performed.

When each individual item is successfully performed in a safe, competent, professional and ethical manner, the certifier (i.e. the person who witnessed the candidate complete the procedure) or candidate can complete the relevant certification documentation.

The 'certifier' refers to the person immediately responsible for the actions of the candidate to ensure patient safety. The minimum qualification for performing the role of a certifier in the logbook is a registered medical practitioner at the rank of senior registrar or equivalent. Where possible, the certifier should hold a Fellowship or other appropriate postgraduate qualification in the relevant discipline. The certifier of a procedure is not necessarily the candidate's day to day supervisor or principal supervisor.

A procedure will be accepted as certified if either:

- sufficient information is recorded about the location and the certifier to allow ACRRM to verify that the procedure was certified; or
- the procedure is signed off by a certifier.

When to commence the logbook

Logbook entries may begin at any point in the candidate's training cycle or during the 12 months prior to enrolling as a candidate.

Medical students in their final two years can commence having some procedures in the Primary Curriculum logbook certified during a rural clinical school placement, as follows:

- oropharyngeal airway
- intravenous access
- spirometry and peak flow measurement
- nasogastric tube insertion
- perform Glasgow coma scale
- local anaesthesia
- fracture plaster case
- use ophthalmoscope
- urethral catheterisation on male
- urethral catheterisation on female and
- perform foetal heart sound detection.

12. Projects

12.1 Introduction

Projects are a substantial piece of original work done by the candidate. Options for projects depend on the discipline but may include:

- research and development of a practical resource
- research and development of a local disease prevention or health promotion project
- a research project that contributes to current knowledge in a particular discipline and relating to key learning objectives in the specific curriculum.

Projects are the main summative assessment for AST in:

- Academic Practice
- Aboriginal and Torres Strait Islander Health
- Population Health
- Remote Medicine Project requirements

Candidates are strongly encouraged to share their project through:

- publication in a peer-reviewed journal
- presentation in the workplace or training organisation as appropriate or
- oral presentation or poster at a conference

12.2 Standard

Candidates are required to achieve a pass grade in their project. The academic standard expected for a completed project is at or near master's Level. All projects will require ethics approval. A candidate's project proposal, academic supervisor's report and details of ethics approval must be submitted to ACRRM for review and approval by the Censor in Chief **before commencement** of the actual project.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length.

Candidates should aim to complete the project during the 12 months AST training time.

The written report is assessed against the project criteria. Projects that meet the standard are awarded a pass grade.

Projects that do not meet the standard are awarded a fail grade and information will be provided on what aspects require improvement to meet the standard. Candidates can revise and resubmit the project for regrading. This is recorded as a second attempt. An additional fee may be charged for regrading. Grades are ratified at the next meeting of the Board of Assessors and candidates notified of the outcome.

12.3 Content

The project must relate to the key learning objectives in the specific curriculum; see <http://www.acrrm.org.au/training-towards-fellowship/curriculum-and-requirements/advancedspecialised-training>

The completed project proposal must include:

- The type of project that is being proposed
- The aim of the project or question being addressed
- The project value or importance to the field
- How the project is relevant to the chosen AST curriculum
- The methodology that will be used to collect and evaluate information/ data
- Details of the candidate's progress with the ethics approval
- Submission of the academic supervisor's report in relation

The completed written submission must include:

- the projects' aim/question
- the projects' value or importance
- that appropriate permissions were gained including ethics approval
- a critique of the relevant literature (literature review)
- the methodology used to collect and evaluate information/ data in the project
- interpretation of results
- a discussion of major findings
- an evaluation of success
- a sound conclusion and
- recommendations for further work.
- Submission of a report completed by the academic supervisor in relation to the completed project

12.4 Academic supervisor

Candidates are required to have an Academic Supervisor to provide support and guidance in completing the project. Local rural clinical school or training organisations may be able to assist in identifying a suitable supervisor. An Academic Supervisor report must be submitted with the project proposal and with the final project. The supervisor report is initiated by the candidate. The candidate completes their section first and then the supervisor.

12.5 Teaching post

While undertaking a project in Academic Practice, Population Health or Remote Medicine candidates may work in any post accredited by ACRRM for Primary Rural and Remote Training (PRRT) providing it also meets the criteria for the specific AST, e.g. if doing Remote Medicine the post must be in remote location.

If undertaking AST in Aboriginal and Torres Strait Islander Health the post must hold ACRRM AST accreditation for this discipline. Note: Aboriginal and Torres Strait Islander Health posts may be accredited for both PRRT and ASTs.

Candidates continue to require a clinical supervisor, as with the post this may be a supervisor accredited for PRRT. Clinical supervisor reports also continue to be required each six months using the PRRT supervisor report.

12.6 Support

The College offers the following support for Candidates undertaking projects:

- Providing feedback on the project proposal.
- Assistance with finding an Academic Supervisor if the Candidate has been unable to find a suitable supervisor.
- Facilitating peer support through linking Candidates completing a project.

12.7 Process for undertaking a project

Enrolment

Candidates must enrol in the project at the beginning of their AST. Enrolment is completed online at <http://www.acrrm.org.au/training-towards-fellowship/reporting-andassessments/dates-and-enrolment>

A completed project enrolment form must be uploaded as part of enrolment process. Candidates must document a project timeline demonstrating completion of the project within 12 months.

Acknowledgement of enrolment

Once enrolled an ACRRM staff member will make contact to acknowledge the enrolment and confirm next steps.

Project proposal

A project proposal must be submitted once the project has been planned. The Project proposal must cover at a minimum:

- The type of project that is being proposed e.g. research, development of a resource
- The aim of the project or question being addressed
- The project value or importance to the field
- How the project is relevant to the chosen AST curriculum
- The methodology that will be used to collect and evaluate information/ data
- Details of the candidate's progress with the ethics approval

The project proposal must be accompanied by an Academic Supervisor Report.

Project approval

The College will review the proposal against the criteria set for the project. The proposal will either be given approval or feedback will be provided on what is required to gain approval.

Final project

A written report on the project must be submitted within 12 months. The final report must be accompanied by an Academic Supervisor Report.

Appendix 1

MCQ Process, rules and regulations for candidates arranging own venue

Candidates arranging their own venue must:

- source and book a suitable venue with adequate IT facilities for the assessment;
- ensure that the IT internet speed and browser tests are performed on the computer to be used for the assessment, and that the MCQ IT Testing Form is completed and returned by the date specified;
- source a suitable assessment invigilator by the specified date;
- have a contingency plan if the invigilator withdraws at short notice. Candidates are unable to sit the assessment without an appropriate invigilator;
- complete and return the MCQ Assessment Arrangements Form (including invigilator contact details) by the date specified; and
- acknowledge receipt (via email) of important information emailed, where acknowledgement is requested.

Arrangements for the assessment venue

It is the candidate's responsibility to ensure that the logistical arrangements are successful on the assessment day, including ensuring access to the building (this may ordinarily be locked), assessment room and the designated assessment computer.

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school)
- regional training organisation (offices)
- hospital education or administration departments (offices)
- school facility (e.g. primary or secondary)
- TAFE college or adult education centre
- police station
- court house and
- other venues may be suitable upon approval by ACRRM.

Examples of previous venues deemed suitable is available on the ACRRM website at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>

Under no circumstances can a MCQ venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government) or a retail business premises. Hospital administration offices and education centres are deemed an acceptable venue, but no medical textbooks are permitted to be in the room to be used for the MCQ.

When identifying a venue, candidates will need to ascertain the following:

- after hours arrangements (access to the building/assessment room, and requirements for institutional log on to the computer terminal). As assessment invigilators may not have authority to access premises, the presence of a representative of the organisation providing the venue may also need to be present during the assessment

- specifications of the assessment room (good lighting, quiet location, good ventilation, sufficient space)
- adequate IT facilities, as specified by ACRRM and
- any associated costs for use of the venue (this cost is at the candidate's expense).

Where possible, ACRRM will assist candidates in sourcing a venue for the MCQ. However, sourcing and booking venues and arrangements for access to the venue and the computer on the day of the assessment remain the responsibility of the candidate. ACRRM will not be held liable in the event that the candidate or invigilators are not able to gain access to the venue or the computer for any reason on the day of the assessment.

Undertaking the MCQ overseas

Candidates are able to undertake the MCQ outside of Australia, subject to appropriate invigilation and technical requirements being met, with the candidate meeting any additional costs. While New Zealand has the same requirements as Australia, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices).

In all cases, candidates who wish to undertake the assessment offshore must contact the Assessment Team for further advice before finalising enrolment.

Information technology requirements

It is the candidate's responsibility to ensure that the assessment venue has a computer that meets the required IT specifications for completing the assessment. Candidates are not permitted to undertake the assessment using their personal laptop or computer.

The IT requirements include:

- Stable broadband internet connection (128/128 kbps)
- Windows Internet Explorer 8, 9, 10 or 11

ACRRM will provide a website to test that a computer meets the minimum browser requirements.

To confirm adequate IT specifications, the MCQ Assessment IT Testing Form (incorporating internet speed and browser checks) must be completed and returned by the date specified.

ACRRM only supports this IT configuration and ACRRM will not be liable for any difficulties caused by using alternative configurations. Please contact the Assessment Team on 1800 223 226 or 07 3105 8200 to check or clarify any IT compatibility issues.

The website address of the assessment and user name and password information will be provided to candidates and invigilators in the confirmation of arrangements email.

ACRRM strongly advises candidates to use the same computer for the practice MCQ that will be used when undertaking the actual MCQ assessment. This provides opportunity to ensure that any technical difficulties can be identified in advance of the assessment day.

Invigilator requirements

Each assessment venue must have an invigilator. If more than four candidates are sitting in the same venue, there must be a second invigilator. A person currently holding a reasonable position of responsibility is considered suitable to be an invigilator for the MCQ. Examples of those deemed suitable as an invigilator are as follows:

- school teacher/principal;
- librarian;
- member of the clergy;
- bank officer;
- law enforcement officer;
- justice of the peace;
- clerk of the court;
- staff member from a rural clinical school;
- staff member from a division of general practice;
- staff member from a regional training organisation (assuming they have not had a significant involvement in the candidate's training);
- senior administrators; and
- for overseas candidates, only officials from formal Australian Government overseas missions (e.g. embassy, consulate, trade mission, military officers) are acceptable.

The above list is an example only and by no means exhaustive. Persons with other occupations will be considered.

All invigilators are subject to consent by ACRRM, who has the discretionary authority to approve or decline each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the candidate will be notified and required to nominate another invigilator.

Persons under the age of 25 will not be accepted as an assessment invigilator unless they have significant previous experience in assessment supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the assessment, close work colleagues or educators who prepared the candidate for the assessment are not eligible to act as an invigilator.

Under no circumstances can the invigilator be on call or be available for any concurrent duties or activities during the assessment.

Nomination of invigilators

Candidates are responsible to choosing a suitable and reliable invigilator. ACRRM strongly advises candidates have a contingency plan if the invigilator withdraws at short notice and that candidates keep a note of their invigilators' mobile numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

In the event an invigilator becomes unavailable, candidates must source another invigilator immediately. If the candidate is unable to source another invigilator they must contact ACRRM immediately. Candidates are not able to sit the assessment without an appropriate invigilator.

ACRRM will correspond with invigilators via email to confirm arrangements made for the assessment and to provide the website address, username and password to access the assessment. However, it remains the candidate's responsibility to ensure that invigilators arrive at the correct venue at the correct time (according to the location of the venue). ACRRM will not be held liable for invigilators not being at the correct venue at the correct time, regardless of the College's involvement in assisting to source suitable invigilators.

Appendix 2

StAMPS Process, rules and regulations for arranging a video conferencing venue

Candidates undertaking StAMPS via videoconference are responsible for:

- sourcing and booking a suitable assessment venue
- ensuring the video conferencing equipment to be used for the assessment at the nominated venue meets the minimum IT specifications
- sourcing and booking a suitable assessment invigilator
- completing the StAMPS Arrangements Form in full and returning this by the date specified.

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school)
- regional training organisation (offices)
- hospital education or administration department (offices)
- school facility (e.g. primary or secondary)
- TAFE college or adult education centre
- police station
- court house and;
- Australian Embassy, Consulate or International Trade Office (for candidates sitting overseas).

Other venues may be suitable upon approval by ACRRM.

Under no circumstances should the videoconference venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government) or a retail business premises. Hospital administration offices and education centres are deemed an acceptable venue, but no medical textbooks are permitted to be in the room to be used for the StAMPS.

When identifying a venue, candidates will need to ascertain the following:

- after hours arrangements - access to building/assessment room, requirements for institutional log on to the videoconference unit. (Please note that the assessment invigilator may not have authority to access these and the presence of a representative of the organisation providing the venue may also need to be present during the assessment)
- specifications of the assessment room (good lighting, quiet location, sufficient space, good ventilation)
- adequate videoconference facilities
- any associated costs for use of the venue (this cost is at the candidate's expense) and
- that the videoconference facility is not used for medical emergencies.

Where possible, ACRRM will assist candidates in sourcing venues for the StAMPS. However, sourcing/booking venues and arrangements for access to the venue and the videoconference unit on the day of the assessment remains the responsibility of the candidate. ACRRM will not be held liable in the event that the candidate or invigilator is not able to gain access to the venue for any reason on the day of the assessment.

Undertaking the StAMPS overseas

Candidates are able to undertake the StAMPS outside of Australia, subject to appropriate invigilation and technical requirements being met, with the candidate meeting any additional costs. While New Zealand has the same requirements as Australia, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices).

In all cases, candidates who wish to undertake the assessment offshore must contact the Assessment Team for further advice before finalising enrolment.

Information technology requirements

It is the candidate's responsibility to ensure that the assessment venue has a videoconference unit that meets the required IT specifications for completing the assessment.

The minimum requirement is:

- H323 ITU standards or SIP video-conferencing system with IP or ISDN capability

Testing of videoconference equipment

Technical staff will contact all venues in the weeks leading up to an assessment to test the videoconference unit that is to be used for the StAMPS. If there is any change after the StAMPS Arrangements Form has been submitted, it is essential that candidates inform the Assessment Team.

ACRRM recommends that candidates contact their assessment venue in the week leading up to the assessment to ensure that the videoconference room and unit they initially booked remain the ones to be used on the day of the assessment and that no changes have been made. Any changes made could be detrimental to the delivery of the assessment if ACRRM is not informed beforehand.

Requirements for invigilators

Each assessment venue must have one invigilator. Candidates are strongly advised to ensure that they have a contingency plan if the invigilator withdraws at short notice.

In the event an invigilator becomes unavailable, candidates must source another invigilator immediately. If the candidate is unable to source another invigilator they must contact ACRRM immediately. Candidates are not able to sit the assessment without an appropriate invigilator.

A person currently holding a reasonable position of responsibility is considered suitable to act as an invigilator for the StAMPS. Examples of those deemed suitable to be an invigilator are as follows:

- school teacher/principal
- librarian
- member of the clergy
- bank officer
- law enforcement officer
- justice of the peace
- clerk of the court
- staff member from a rural clinical school
- staff member from a regional training organisation (assuming they have not had a significant involvement in the candidate's training)
- senior administrators and

- for overseas candidates, only officials from formal Australian Government overseas missions e.g. embassy, consulate, trade mission, military offices) are acceptable.

The above list is an example only and by no means exhaustive. Persons with other occupations will be considered. All invigilators are subject to consent by ACRRM, which has the discretionary authority to approve or decline each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the candidate will be notified and required to nominate another invigilator.

Persons under the age of 25 will not be accepted as an assessment invigilator unless they have significant previous experience in assessment supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the assessment, close work colleagues and educators who prepared the candidate for the assessment are not eligible to act as an invigilator.

Under no circumstances can the invigilator be on call or be available for any concurrent duties or activities during the assessment.

Nomination of invigilators

Candidates are responsible to choosing a suitable and reliable invigilator. ACRRM strongly advises candidates have a contingency plan if the invigilator withdraws at short notice and that candidates keep a note of their invigilators' mobile numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

In the event an invigilator becomes unavailable, candidates must source another invigilator immediately. If the candidate is unable to source another invigilator they must contact ACRRM immediately. Candidates are not able to sit the assessment without an appropriate invigilator.

ACRRM will correspond with invigilators via email to confirm arrangements made for the assessment and to provide the website address, username and password to access the assessment. However, it remains the candidate's responsibility to ensure that invigilators arrive at the correct venue at the correct time (according to the location of the venue). ACRRM will not be held liable for invigilators not being at the correct venue at the correct time, regardless of the College's involvement in assisting to source suitable invigilators.

ACRRM strongly recommends that candidates keep a note of their invigilators' mobile number and email address to confirm final arrangements and/or in the event of an emergency.

Videoconference disconnect during the assessment

The IT staff will be monitoring all videoconference connections throughout the assessment and will be immediately aware if the line drops out. If that occurs, please wait for the ACRRM assessment centre to dial in to the videoconference unit again.

If the line drops out during a scenario, the assessor will immediately ring the invigilator's nominated mobile phone and continue the assessment by teleconference until the videoconference line is restored.

For this reason it is crucial that ACRRM is provided with the correct mobile number for the invigilator. Invigilators must ensure that their mobile phone has a fully charged battery, but switched to discreet (vibrate) mode and visible as previously stated.

Candidates will not be disadvantaged by a line drop out, as the assessor will take this event into consideration. If the assessor requires further information to score the candidate on this

scenario, the assessor will continue this scenario during the additional time available after all scheduled eight scenarios have been completed.

If any technical issues are experienced for any reason either the invigilator or candidate must declare the incident to ACRRM at the end of the assessment. In this event, Incident Reports must also be completed by the candidate and an invigilator and provided to ACRRM within two days after the assessment.

Technical issues are taken into consideration by the Board of Examiners prior to awarding a final grade.

Checklist for candidates

- read the StAMPS Process, Rules and Regulations
- source a suitable assessment venue
- ensure that the videoconference unit to be used at the nominated venue meets the minimum IT requirements
- source a suitable assessment invigilator
- ensure that the StAMPS Arrangements Form is submitted by the dates specified.

Appendix 3

Glossary of terms used in the handbook

ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AHPRA	Australian Health Practitioner Regulation Agency
AST	Advanced Specialised Training
CBD	Case Based Discussion
CCT	Core Clinical Training
DRANZCOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
FACRRM	Fellowship of Australian College of Rural and Remote Medicine
IP	Independent Pathway
JCCA	Joint Consultative Committee for Anaesthetics
MCQ	Multiple Choice Questions
MCQFA	MCQ familiarisation activity
MSF	Multi-Source Feedback
PRRT	Primary Rural and Remote Training
PC	Primary Curriculum
PRRT	Primary Rural and Remote Training
RPL	Recognition of Prior Learning
RTO	Regional Training Organisation
RVTS	Remote Vocational Training Scheme
StAMPS	Structured Assessment using Multiple Patient Scenarios
TO	Training Organisation