

Handbook for Fellowship

Assessment



Australian College of
Rural and Remote Medicine

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Applicability of the Content of this Handbook

The information contained in this handbook only applies to the year in which the assessment item is undertaken by the candidate, not the year of enrolment. While every effort has been made to ensure the accuracy of the content of this handbook, ACRRM reserves the right to introduce changes at any time. Candidates already enrolled in the affected assessment modality will be notified of any relevant change.

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ACRRM Overview

Summary of Summative Assessment requirements

All registrars training towards FACRRM must complete the following Primary Rural and Remote Training summative assessments:

1. Multiple Choice Question exam (MCQ): Pass grade
2. Mini Clinical Evaluation Exercise (miniCEX): Pass grade
3. Structured Assessment using Multiple Patient Scenarios (StAMPS): Pass grade
4. Multi-Source Feedback (MSF): Satisfactory completion
5. Procedural Skills Logbook: Satisfactory completion

Registrars are also required to obtain a Pass grade in each of the assessments for their chosen Advanced Specialised Training Discipline as described below.

DISCIPLINE	SUMMATIVE ASSESSMENT				
	MiniCEX	StAMPS	Project	Supervisor Report	Logbook
Aboriginal & Torres Strait Islander Health			✓	✓	
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		✓		✓	✓

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

Registrars who do not obtain a pass grade after three attempts in an assessment modality will be referred to a Registrar Review Panel for review. This process is described in the Registrar Review Policy, see [Appendix 6](#).

Summary of Formative Assessment requirements

All registrars training towards FACRRM must complete the following Primary Rural and Remote Training formative assessments:

- miniCEX of at least six consultations (compulsory for candidates commencing training from 2012 and strongly encouraged for all others).

Registrars are also required to complete the following formative assessment specific to their chosen Advanced Specialised Training Discipline as described over.

DISCIPLINE	FORMATIVE ASSESSMENT		
	MiniCEX (5 Consultations)	Supervisor Report (at 6 Months)	Project (1500-2000 Words)
Aboriginal & Torres Strait Islander Health		✓	
Adult Internal Medicine	✓	✓	✓
Emergency Medicine		✓	
Mental Health	✓	✓	✓
Paediatrics	✓	✓	✓
Population Health		✓	
Remote Medicine		✓	
Surgery		✓	✓

Eligibility requirements

The eligibility criteria specified below must be satisfied before enrolment for assessment will be accepted.

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.
3. Candidates on a training pathway:
 - a) Prior to enrolling in Primary Rural and Remote Training assessment, candidates enrolled on a training pathway 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** (i.e. in year two, three or four of training).
 - two years of ACRRM training or have been awarded two years for recognition of prior learning, prior to enrolling for summative **miniCEX** and **StAMPS** (i.e. in year three or four of training).
 - b) Prior to enrolling in an Advanced Specialised Training assessment it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in the discipline.
 - It is recommended that the assessments are taken in the later part of training.
 - It is not a prerequisite to complete all primary training summative assessment before undertaking the AST assessments.
4. Candidates on IMG Specialist Pathway
 - a) Prior to enrolling in assessment, doctors enrolled in the specialist pathway must have completed a portion of their peer review period as specified in their requirements.

1. The ACRRM Approach to Assessment

Introduction

The Australian College of Rural and Remote Medicine (ACRRM) provides a comprehensive and innovative assessment process reflecting world best practice in academic standings. 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 training program and are relevant to the rural and remote context.

Philosophical Underpinnings

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

The two key core principles:

- The content of examinations is developed by clinically active rural and remote medical practitioner; 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 examiners) during examination periods.

Historical Development

The ACRRM assessment process was initially developed in 2006 in consultation with an international panel of medical education experts and senior experienced rural and remote medical practitioners. Since then, ongoing consolidation and development is managed in-house through the office of the Principal Examiners, the Assessment Committee and support from membership.

College Fellows make a commendable contribution to assessment activities. The Assessment Manager is responsible, under the direction of the Principal Examiners, for the coordination of summative assessment, including workshops for item writing and test construction that will involve members of Assessment panels.

Educational Underpinnings

The ACRRM education and training program is directly structured around the ACRRM Primary Rural and Remote Training and Advanced Specialised Training Curricula. The curricula define learning outcomes that are the assessable knowledge, skills and attitudes that general practitioners require. The learning outcomes are organised under seven domains of practice. These learning outcomes form the basis of the Assessment Blueprint for the Primary Rural and Remote Training, see [Appendix 2](#).

Assessment Modalities for Primary Rural and Remote Training

The following modalities are used in the Primary Rural and Remote Training assessments. These assessments are undertaken by all registrars.

Formative – for the purpose of feedback and personal development the following are required:

- Mini Clinical Evaluation Exercise (miniCEX)

Summative – count towards final marks for purposes of certification:

- Procedural Skills Logbook
- Multi-Source Feedback (MSF)
- Mini Clinical Evaluation Exercise (miniCEX)
- Multiple Choice Question (MCQ)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)

A detailed description for each modality is provided in later chapters.

Assessment Modalities for Advanced Specialised Training (AST)

Advanced Specialised Training (AST) assessment requirements vary across the range of discipline areas available. Registrars undertake assessment in their chosen AST discipline. Individual requirements are provided in later chapters.

Formative – for the purpose of feedback and personal development:

- Supervisor report
- Project
- Mini Clinical Evaluation Exercise (miniCEX)

Summative – count towards final marks for purposes of certification:

- Procedural Skills Logbook
- Supervisor Report
- Project
- Mini Clinical Evaluation Exercise (miniCEX)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)

Programmatic Approach

A core feature of the ACRRM 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 examination.

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' examinations. For example, there is a balance between the clinical examination in StAMPS which provides a highly structured and standardised approach, and the miniCEX which provides an assessment of the candidate's clinical practice in their own milieu. Each examination has proven validity and reliability, but each measures a different aspect of the candidate's clinical skills.

Similarly, the MSF and the miniCEX measure different attributes of the candidate's professional behaviour, one as perceived by patients and colleagues and the other through direct examiner 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.

To ensure that each candidate has the requisite knowledge, skills and attitudes as expressed through the educational objectives of the training program, 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.

The Assessment Blueprint demonstrates the direct alignment of the educational objectives with both formative and summative assessment, by cross referencing each of the learning outcomes against the assessment modalities, see [Appendix 2](#).

The combined modalities ensures that each learning outcome is assessed at least once during the four year program, although each individual modality only measures learning outcomes 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 examination.

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

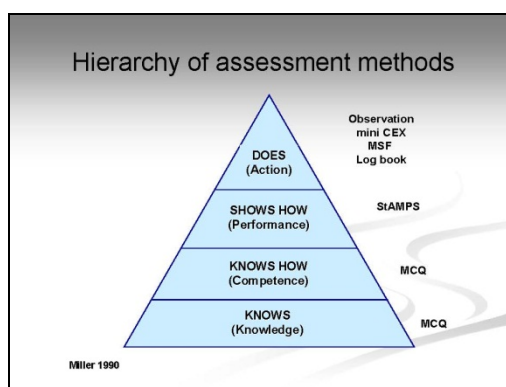


Figure1

The Health Needs of Aboriginal and Torres Strait Islander Peoples

Up to 15% of the content of the MCQ and StAMPS may be directly related to the health needs of Aboriginal and Torres Strait Islander peoples. Candidates are strongly advised to consider this in preparing for examinations. Candidates who have limited or no clinical experience in Indigenous Health are strongly advised to read the recommended texts and discuss the issues raised with their supervisors and within their peer support study groups.

Assessment Modalities are Interdependent

Candidates are required to attain a Pass grade in all the required summative assessment modalities, rather than an overall Pass on an aggregated score. The standard for a successful outcome in each modality is that of a doctor practising safely and independently at Fellowship level.

The assessments for PRRT can be attempted whenever the candidate chooses after they have completed the minimum prescribed period of training as specified in Chapter 3.

It is not a prerequisite to complete all primary rural and remote training summative assessment before undertaking the AST assessments.

Summative assessments used in the AST vary across the discipline areas. These are primarily drawn from the assessments used in the Primary Rural and Remote Training, but may also include the provision of a project. The only exceptions are for those disciplines that already have formal credentialed external examinations i.e. obstetric training will continue to use the DRANZCOG Advanced examination whilst the anaesthetic training will continue to use the JCCA examination.

It is not a prerequisite for candidates to complete a minimum of two years of training prior to undertaking AST assessment, although candidates must meet eligibility requirements to undertake such assessments, as specified in later chapters for each AST discipline.

ACRRM recommends that summative AST assessments should be attempted in the latter six months of the AST year.

The key check points in the assessment process are the completion of the primary training summative assessment and completion of the AST year summative assessment.

Flexibility

As ACRRM assessment is modular in design, it is easily adaptable for candidates who participate in the education program on a part-time basis or who require a period of absence.

As the order of the assessment modalities is flexible, candidates could attempt and complete their practice based assessment while still in clinical practice in the earlier stages of pregnancy for example, yet leave the external assessment for completion at a later time, even while still away on maternity leave, as there is no requirement for the candidate to be in active clinical practice at the time of undertaking the MCQ or StAMPS.

Candidates who are part-time in the education program may find that spacing their assessment allows them to space their learning and study programs, removing their requirement to temporarily move to full-time in the period preceding a traditional grouped together style of assessment.

ACRRM has provisions in place for candidates to undertake the MCQ and StAMPS outside of Australia. Further information is provided in the process, rules and regulations section for these assessments.

In all cases, candidates who wish to undertake these assessments offshore must contact the ACRRM Assessment Manager for further advice before finalising enrolment.

Standard Setting

ACRRM has a documented process for standard setting and definition of the cut point between pass and fail in each of the summative assessment modalities.

Standard setting for the MCQ examination 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 examination is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions with low reliability.

Standard setting for the summative StAMPS assessment is focused around examiner training, based on the modified Rothman method based on global judgements of borderline candidates made during the test. Examiner training utilises a mixture of distance based and face-to-face techniques.

The questions used in the MCQ and StAMPS examinations are developed through writers workshops. Questions are then edited for language, syntax, style and content through an extensive editorial process before being added to the question bank. Those questions that score lower reliability at examinations are referred back to the editorial process for consideration of redevelopment or retiring.

The MSF national benchmarks are based on all ACRRM registrars who have participated in the MSF process.

Standard setting for the summative miniCEX assessment is focused around examiner training, based on the modified Rothman method using global judgements of borderline candidates made during the test.

Preparing for Assessment

A range of resources are available to assist in preparation for assessment. See the chapters on individual assessment modalities for further information.

The College strongly recommends that formative assessment is undertaken progressively throughout the candidate's training to provide ample opportunity to evaluate their performance across the range of knowledge, skills and attitudes.

Formative assessment affords candidates opportunity to gain familiarity in assessment before undertaking them in a summative capacity.

Candidates are advised to familiarise themselves with the format of each assessment prior to participating.

Candidates should refer to the ACRRM Curricula when planning their examination study. In particular, candidates should consider the ACRRM Assessment Blueprint. This identifies which of the assessments examines each of the learning outcomes. The standard expected is that of a fully qualified rural doctor working safely without supervision.

The ACRRM assessment process is designed to ensure that clinical experience remains the principle mode for learning the knowledge, skills and attitudes for proficiency as a rural and remote medical practitioner. However, it is quite reasonable to supplement learning with appropriate texts and other resources. To this end, ACRRM provides an indicative 'Reading List' of printed and electronic material that would best achieve this goal. It is not the intention of this list to be the only resource for the answers to examination questions.

For the Primary Rural and Remote Training Recommended Reading List, see [Appendix 7](#).

Scoring and Grading of Assessment

Upon the finalising of any assessment result, a recommendation is presented to the ACRRM Board of Examiners. The Board of Examiners, who meet approximately bi-monthly, ratify all results and determine any remediation that is required in the event that a fail grade is awarded.

Candidates undertaking StAMPS, miniCEX and MCQ summative assessments are awarded a Pass or Fail grade. Candidates submitting the Procedural Skills Logbook or undertaking MSF are awarded satisfactory completion or advised requirements to obtain satisfactory completion. Candidates are provided with a Candidate Report containing information regarding their performance for each assessment outcome.

Feedback

In each modality, candidates are also provided with a 'candidate report' providing feedback on their performance in assessment.

Registrars who are awarded a fail grade in any assessment are offered an examination feedback session, via teleconference, with a medical educator and/or principal examiner to assist in the interpretation of the results and identify knowledge gaps. Candidates are encouraged to invite their medical educator and/or supervisor to participate in these sessions, to assist in developing learning plans to address any issues of concern, enabling a co-ordinated approach to remediation where this is required.

Upon enrolment, each candidate signs a Declaration incorporating a statement to provide authority for ACRRM to inform their training provider of their enrolment and to share the candidate's summative assessment results with them. This ensures that training providers are informed of the candidate's ongoing progress throughout their training, enabling a co-ordinated approach to remediation where this is required.

Appeals

Questions of disputed decisions or assessment can frequently be resolved without recourse to formal appeal. The Appeals policy may be employed when all other remediation avenues have been exhausted. Prior to pursuing the appeals process, it is advised that the disputed decision be discussed with the Assessment Manager.

An appeals process is available if a person is aggrieved by a College decision about assessment. The appeal must be based on one or more of the following grounds:

- that an error in law or in due process occurred in the formulation of the original decision;
- that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision;
- that irrelevant information was considered in the making of the original decision;
- that procedures required by College policies to be observed in connection with the making of the decision were not observed;
- that the original decision was made for an improper purpose;
- that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- that the original decision was inconsistent with the evidence and arguments put before the body making the original decision.

Appeals must be lodged in writing to the Chief Executive Officer via GPO Box 2507, Brisbane QLD 4001, within 28 days of the appellant being informed of the assessment outcome.

The appeals policy is attached at [Appendix 5](#).

Evaluation

ACRRM conducts ongoing evaluation of the assessment process to ensure fairness and equity for all participants. Candidates, examiners and invigilators are given the opportunity to provide anonymous feedback through an online evaluation tool.

The results from these processes feed directly into the training and assessment management team, informing policy and procedure and contributing to the ongoing development and refinement of all processes, including assessment. In particular, this process provides a formal route for informing the training program about the educational impact of the assessment modalities.

ACRRM formally evaluates the validity and reliability of each assessment modality. The MCQ and StAMPS examinations have formal statistical testing after each examination episode using standard statistical methodology.

Oversight of all aspects of the assessment process is provided by the Assessment Committee. This duly constituted committee reporting to the Council of Education provides an overview of the processes independent of the implementation group.

Code of Conduct

ACRRM has implemented an Assessment Code of Conduct for all participants in the assessment process. The key foundations are respect for people, integrity, diligence, economy and efficiency. The code is based on the Queensland Public Sectors Ethics Act 1994 and the Queensland Health Code of Conduct March 2006. The Assessment Code of Conduct is attached at [Appendix 3](#).

Disability Policy

The ACRRM disability policy states that all candidates have the right to expect that:

- a) they will be treated with due respect and dignity;
- b) they will be able to participate in the assessment process free from discrimination and harassment;
- c) ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- d) confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of candidates include:

- a) being proactive in advising College staff and relevant Fellows of their disability at the time of enrolment;
- b) verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- c) discussing their specific requirements and share responsibility in negotiating solutions; and
- d) advising College staff and relevant Fellows of any changes to the nature or status of their disability. The policy is attached at [Appendix 4](#).

2. Enrolling for Summative Assessment

The Assessment Enrolment Application Form is available on the ACRRM website at www.acrrm.org.au/assessment. Enrolments must be received by the enrolment closing date specified on the Assessment Enrolment Application Form. Late enrolments cannot be accepted.

The cost for each assessment is reviewed annually, aiming for a cost neutral approach where the cost to the candidate matches the cost of delivering the assessment.

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 examination covers the broad scope of rural and remote practice including: Office and Hospital based care; Emergency Medicine, Population Health and Aboriginal and Torres Strait Islander Health. Those candidates who practice in one focal clinical discipline or those without office based rural/remote or office-based practice experience will find the MCQ particularly difficult.
2. As the miniCEX is conducted in the candidate's own practice, it is advised that candidates are familiar and comfortable with their clinical surroundings before attempting this assessment.
3. Candidates are advised not to undertake any assessment unless they are appropriately prepared and sufficiently familiar with both the process and associated examination 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 encourages candidates to obtain a pass grade in MCQ prior to undertaking miniCEX and StAMPS.
5. ACRRM strongly discourages candidates who have failed an assessment modality from simply re-enrolling without undergoing some form of structured remediation program.

Eligibility for Enrolment

The eligibility criteria specified below must be satisfied before enrolment for assessment will be accepted.

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.
3. Candidates on a training pathway:
 - a) Prior to enrolling in Primary Rural and Remote Training assessment, candidates enrolled on a training pathway 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** (i.e. in year two, three or four of training)
 - two years of ACRRM training or have been awarded two years for recognition of prior learning, prior to enrolling for summative **miniCEX** and **StAMPS** (i.e. in year three or four of training).
- b) Prior to enrolling in an Advanced Specialised Training assessment it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in the discipline.
- It is recommended that the assessments are taken in the later part of training.
 - It is not a prerequisite to complete all primary training summative assessment before undertaking the AST assessments.

4. Candidates on IMG Specialist Pathway

- b) Prior to enrolling in assessment, doctors enrolled in the specialist pathway must have completed a portion of their peer review period as specified in their requirements.

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 examinations 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 miniCEX can be completed offshore only where there is a clinical environment comparable to Australian rural and remote practice, i.e. New Zealand and other countries with an advanced economy and similar medical services, medical services for Australian soldiers, embassy staff, or Western expatriate workers and their families. The examiner must be a Fellow of ACRRM with Vocational Recognition (or equivalent). The candidate will be required to meet any additional costs.

The MSF colleague tool can be completed with colleagues who live outside of Australia, subject to their having a verifiable email address. The MSF patient tool can only be completed in an environment that would be comparable to Australian rural practice.

Regardless of the location in which the candidate undertakes the MSF or miniCEX examination, the content and standard always pertain to Australia, while acknowledging that the local context may be different.

Enrolment Terms and Conditions

1. Fees cover the provision of the assessment enrolled in and the remuneration of invigilators and examiners where relevant.
2. Candidates are responsible for their own travel, accommodation and any other associated costs, such as venue bookings.

3. An application for enrolment in a particular assessment does not guarantee candidates will be able to undertake the nominated assessment(s). ACRRM reserves the right to decline an application for enrolment in any assessment.
4. Limited places are available for the StAMPS. In the event that an examination session is over-subscribed, 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. Payment for the StAMPS will not be taken until enrolments can be confirmed after the enrolment closing date.
5. If an application is declined or a candidate withdraws from any assessment, they must submit a new Assessment Enrolment Application Form in the future to re-apply for enrolment in that assessment. Declined enrolments will not be reinstated.
6. For enrolment applications submitted on an enrolment closing date, candidates must contact the Assessment Team to confirm that this has been received. For all other enrolments, if no email has been received to acknowledge an enrolment within seven days, we recommend that candidates contact the Assessment Team. ACRRM accepts no responsibility for enrolments not processed where the College has not acknowledged confirmation receipt.
7. Candidates are not able to undertake the miniCEX for primary rural and remote training whilst undertaking training time for an AST year.
8. Each assessment can only be attempted three times, after which time the Registrar Review Policy will be implemented, as per [Appendix 6](#).
9. The miniCEX fee is calculated on the average cost of conducting the assessment in the candidate's own clinical environment and intended to avoid disadvantaging those who work in the more rural or remote environments. In some instances incurring significant costs is unavoidable and the College will have no alternative but to pass on some additional costs to the candidate. Wherever possible, the College will endeavour to keep these additional costs to a minimum.
10. For the MCQ, miniCEX and StAMPS, all documentation requested must be provided to ACRRM by the dates specified in the information email which is sent to candidates immediately after the enrolment closing date.
11. ACRRM reserves the right not to process an enrolment or to withdraw candidates from enrolment in an assessment, in particular the StAMPS, if they have been unsuccessful in any other assessments.
12. In the event that a Fail grade is awarded for any assessment, ACRRM reserves the right to require candidates to enrol and successfully complete one or more items of assessment for which they may have been previously exempted from.
13. The Declaration section on the Assessment Enrolment Application Form must be completed. This Declaration incorporates a statement to provide authority for ACRRM to inform the candidate's training provider of the candidate's enrolment and to share their summative assessment results with their training provider. This ensures that training providers are informed of ongoing progress throughout the candidate's training, enabling a co-ordinated approach to remediation where this is required. ACRRM plays a key role in facilitating and supervising this process to ensure that the candidate's needs are addressed in a timely and appropriate fashion.

Assessment Enrolment Refund Policy

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

1. Where the candidate withdraws from any assessment a request for refund must be made in writing to the Assessment Manager.
2. A full refund will be made to the candidate if they withdraw in writing from a MCQ, miniCEX or StAMPS, prior to the enrolment closing date.

3. If the candidate withdraws from a MCQ, miniCEX or StAMPS after the enrolment closing date, no refund will be made unless extenuating circumstances prevail. In extenuating circumstances, a written explanation is required for a partial or full refund to be considered. This will be considered on a case by case basis and will be dependent upon the administrative time spent in organising the assessment prior to the withdrawal from the assessment.
4. If the candidate withdraws from an MSF at any time, no refund will be made.
5. For the MCQ, miniCEX and StAMPS, failure to provide ACRRM with requested information/documentation by the dates specified will result in the candidate being denied participation in the examination and no refund will be made.
6. A full refund of fees will be payable to the candidate in the unlikely event that the College is unable to provide the assessment they have enrolled in.
7. Refunds approved in accordance with this policy will be paid within four weeks of the Assessment Manager receiving a written claim from the candidate.
8. Refunds will be issued to the candidate unless they provide written direction to pay the refund to a third party.



Primary
Rural and Remote
Assessment

3. Multiple Choice Question Examination – Process, Rules & Regulations

Introduction

The Multiple Choice Question (MCQ) examination, one of the assessment modalities, provides an assessment of the candidate's recall, reasoning and applied clinical knowledge.

The MCQ process, rules and regulations are designed to ensure that the administration of this examination is consistent and fair, with inbuilt mechanisms to ensure security and administrative integrity.

The Standard Required

The standard expected is that of a fully qualified rural doctor working without supervision. 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.

Candidates are eligible to enrol in the MCQ after completing 12 months of training. However, ACRRM strongly recommends that the candidates have at least 12 months of experience in rural and remote practice, prior to attempting this assessment.

Logistical Considerations

Location

The MCQ exam is conducted via the internet through a secure website. The candidate has the option to undertake the examination within or close to their own local community or at a central examination centre. All examination venues and invigilators are required to be officially approved by ACRRM, to ensure the examination is conducted in a professional, consistent and fair manner.

Candidates wishing to apply for a place at a central examination centre must return their MCQ Arrangements Form by the date specified in the email sent immediately after the enrolment closing date. Places will be awarded on a first come first served basis. Candidates are not able to secure a place prior to the enrolment closing date and without submitting their MCQ Arrangements Form.

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 examination 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.

Format of the MCQ

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

Questions mostly consist of a clinical case presentation, a brief targeted lead-in question and five 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.

MCQ Practice Material

To orientate candidates to the style of questions used in the MCQ, there are 10 practice questions provided on the ACRRM website at: www.acrrm.org.au/assessment.

Each enrolled candidate is also provided with non-compulsory personal access to a 50 question online practice MCQ. Candidates are provided with a once only access. The purpose of this practice exam is to:

- orientate to the online platform and software used in the delivery of the MCQ;
- orientate to the style of the questions used in the MCQ;
- provide an opportunity to 'test run' the actual computer that will be used on the day of the examination; and
- provide an opportunity to further refine and hone the candidates 'test taking skills' and MCQ technique.

As with the actual MCQ examination, 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 and be advised of the correct answer.

The MCQ practice is provided as 'one time' access for a period of 7 – 10 days. Candidates have six hours to complete the questions, providing the option to participate under actual examination conditions (75 minutes) or at a more leisurely pace.

The practice MCQ can be attempted from any computer that meets the minimum technical specifications. However, ACRRM strongly recommends that candidates use the same computer for the practice MCQ that will be used in the actual MCQ examination, 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 practice MCQ. However, in order to gain the most benefit from participation it is suggested that candidates try and complete the practice MCQ under 'summative examination conditions' i.e. over 75 minutes and without accessing additional resources.

MCQ Preparation Recording

All registrars can enrol in the MCQ Exam Preparation recording via RRMEO. We recommend you listen to the recording to assist in your examination preparations.

Summary of MCQ Process

- a candidate enrolls in the MCQ
- after the enrolment closing date, 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 Code of Conduct (including signed copies from nominated invigilators) by the date specified
- candidates have access to the MCQ preparation recording (at their leisure)
- candidates have access to the MCQ Practice Exam (open for 10 days)
- ACRRM provides a confirmation of examination arrangements by email to candidates
- ACRRM provides a confirmation of examination arrangements by email to invigilators.

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;
- signing and returning the Assessment Code of Conduct by the date specified (if the candidate has not already signed this document);
- returning the MCQ Examination Arrangements Form in full by the specified date confirming the examination location; and
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

There are strict timelines in place for submission of paperwork to the Assessment Team. It is the candidate's responsibility to ensure that they provide all of the requested documentation by the dates specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding on the Friday, 15 days before the examination date, the candidate will be denied entry to the examination and no refund of examination fees will be given. Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the Assessment Manager in a timely fashion.

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

MCQ Grades and Scoring

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 examination is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions with low reliability.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners, which convenes to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

The only recordable grades are Pass or Fail. A MCQ Candidate Report is made available to provide more comprehensive data on performance.

Once available, results are uploaded to the Files Tab on a candidate's Learning Planner on RRMEO. Candidates will receive an email notifying them accordingly.

Feedback Session

Candidates who attain a Fail grade will be offered a feedback session, via teleconference, with a medical educator or principal examiner who will also be able to assist in the interpretation of the results.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the MCQ. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the MCQ, after which the College's Candidate Review Policy will be implemented.

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from any other modalities may be required to undertake one or more of the previously exempted modalities.

Process, Rules and Regulations for Candidates Arranging Own Venue and Invigilators

Candidates arranging their own venue must:

- source and book a suitable venue with adequate IT facilities for the examination;
- ensure that the IT internet speed and browser tests are performed on the computer to be used for the examination, and that the MCQ IT Testing Form is completed and returned by the date specified;
- source two suitable examination invigilators and ensure they return their Code of Conduct Form by the specified date;
- complete and return the MCQ Examination 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 Examination Venue

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

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school);
- regional training provider (offices);
- divisions of general practice (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 can be found at:
<https://www.acrrm.org.au/assessment>

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/examination room, and requirements for institutional log on to the computer terminal). As examination 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 examination;
- specifications of the examination 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).

Wherever 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 examination 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 examination.

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 examination 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 examination venue has a computer that meets the required IT specifications for completing the examination. Candidates are not permitted to undertake the examination using their personal laptop computer.

The IT requirements include:

- Stable broadband internet connection (128/128 kbps)
- Windows XP with Internet Explorer 7 or 8 (note: Mac, Win 95, 98, ME, NT4 and Vista are not supported)
- Windows 7 with Internet Explorer 8 or 9
- Java Virtual Machine (JVM)

ACRRM provides the website listed below to test that a computer meets the minimum browser requirements: http://www.rrmeo.com/misc_files/rrmeo/test/

To confirm adequate IT specifications, the MCQ Examination 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 or Online Services Teams on 1800 223 226 or 07 3105 8200 or 0488 221 848 to check or clarify any IT compatibility issues.

The website address of the examination 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 examination. This provides opportunity to ensure that any technical difficulties can be identified in advance of the examination day.

Nomination of Invigilators

Each examination venue must have two invigilators. 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 provider (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 examination invigilator unless they have significant previous experience in examination supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the examination, close work colleagues or educators who prepared the candidate for the examination 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 examination.

ACRRM will correspond with invigilators via email to confirm arrangements made for the examination and to provide the website address, username and password to access the examination. 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 advises 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.

Information for Invigilators

Confirmation of Examination Arrangements

Once all arrangements are finalised, ACRRM will send invigilators a confirmation of arrangements email for the examination. All times stated are in Australian Eastern Standard Time, so local time adjustments may need to be made. A time zone table will be provided.

Username and Passwords

The examination website address and invigilator username and password will also be contained in the confirmation of arrangements email. It is essential that invigilators take this information with them to the examination.

Where the same venue is to be used for multiple candidates, all invigilators at the venue will be issued with the same user name and password for logging into the examination.

Material for Invigilators to Provide to Candidates

Each invigilator will need to bring the following for the candidate to use during the examination:

- five sheets of blank A4 paper; and
- three pencils

All paper must be collected from candidates at the end of the examination and destroyed at the earliest opportunity. Invigilators are not required to provide candidates with any printed material.

Mobile Phones

Invigilators are required take their mobile phone with them to the examination with a fully charged battery. This must be the mobile phone whose number was provided to the candidate to give to ACRRM. ACRRM will use mobile numbers provided to contact invigilators if necessary on the day of the examination.

Mobiles must be switched to vibrate mode during the examination, but placed in a position visible to invigilators, to enable a response if ACRRM needs to make contact.

Invigilator Payment for Services Rendered

An invigilator's time will be funded by ACRRM at a rate of \$100.00 plus GST (where GST eligible) for the period of the examination. ACRRM will email invigilators a Tax Invoice with the confirmation of arrangements email.

The Tax Invoice can be completed and returned to ACRRM for payment any time prior to the examination day, but no later than one week after. Payment will be made as soon possible after the examination.

Roles and Responsibilities of Invigilators

The responsibilities of each invigilator are to provide candidates with the opportunity to demonstrate their medical competence under fair and uniform testing conditions and to ensure the integrity of the examination process. This includes ensuring that the examination is administered according to the process, rules and regulations specified in this document, whereby each candidate is appropriately supervised and remains undisturbed during the examination.

As candidates are not permitted to access any other websites (other than the examination website) or any other areas of the computer, it is essential that invigilators are located in a position to be able to view the candidate's computer screen for the duration of the examination.

Each invigilator supervising a candidate in the MCQ is personally responsible for the following:

- reading the MCQ Process, Rules and Regulations and abiding by the rules stated;
- providing the candidate with their details to forward to ACRRM including their:
 - job title
 - place of work
 - mobile number (which the invigilator can be contacted on if necessary during the examination for direct communication with the examination centre during the examination); and
 - email address (which they access regularly).
- signing and returning a Code of Conduct by the date specified;
- ensuring that they will be available to attend on time on the day of the examination, including not being on call or having any other concurrent commitments;
- ensuring that there are no conflicts of interest in supervising the candidate, including not being a close relative of the candidate, close work colleague or educator who prepared the candidate for the examination;
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested; and
- completing the Tax Invoice and returning this for payment, preferably prior to the examination, but no later than one week after.

Invigilators Work as a Team

The two invigilators at each venue work together as a team in supervising the candidates and sharing the duties.

As there is more than one invigilator present at each examination centre, invigilators are permitted to have a short 5-minute break each hour outside the examination room. However, at all times at least one invigilator must be directly observing the candidate and the examination computer.

If the candidate requires a bathroom break during the examination, one invigilator must remain with the computer (to ensure this is not interfered with), while the other escorts the candidate to the bathroom door.

In venues which have more than one candidate undertaking the examination, two invigilators may be sufficient. Please contact the Assessment Team for further information.

Rules for the Conduct of the MCQ

Mandatory arrival time prior to the scheduled start time of the examination:

- invigilators at least 30 minutes; and
- candidates at least 15 minutes

This allows sufficient time to address any last minute technical problems.

Items Not Permitted in the Examination Room

The candidate is not permitted to access any material or communication device in the examination room. In particular, the following items are NOT permitted during the examination:

- printed or handwritten documents or notes;
- medical notes or textbooks – including medical dictionaries, PDAs, pagers, recording devices, radios, calculators, walkmans, iPods, iPads, MP3 players;
- food of any kind; and
- mobile phones or other electronic communication devices.

Invigilators are not permitted to bring food (of any kind) or any personal material into the examination room, such as MP3 players, radios, cameras or computers as the invigilator is required to stay focused on the candidate's behaviour at all times. Printed books for the invigilator to read during the examination are permitted, as long as they are not medical texts.

Candidates and invigilators are permitted to bring a clear plastic bottle of water.

Invigilator's Arrival Procedure

- turn on the computer and ensure that it is in working order and able to access the web address of the examination;
- ensure that the table, seat, air-conditioning/heating and lighting of both the candidate and the invigilators are in reasonable working order;
- if there is more than one candidate, invigilators need to ensure that the computers to be used are positioned in such a way as to prevent candidates from seeing each other's computer, including via reflection;
- ensure that the access to the bathroom is operational in case this will be required and that there are no 'hidden' materials that may assist the candidate in the bathroom;
- place five sheets of blank A4 paper and three pencils on the candidate's desk;
- if possible, arrange for a clock showing accurate (local) time and a white board where the start and finish times of the examination are clearly visible;
- ensure that no unauthorised person enters the examination room at any time during the examination. This includes those claiming to be candidates who are not registered to participate; and
- ensure invigilators have the Rules for the Conduct of the MCQ document and follow the section titled - Invigilator Announcements.

Candidate's Arrival Procedure

- submit valid photographic identification (e.g. driver's licence or passport) to invigilators for verification of identity;
- switch off and surrender to the invigilators mobile phones and/or any other electronic devices for the duration of the examination;
- surrender to invigilators any item in their possession as specified previously under - Items Not permitted in the Examination Room; and
- receive paper and pencils as specified under - *Invigilator's Arrival Procedure*.

Procedure for Logging on to the Examination

- the invigilator will switch on the computer to be used during the examination and access the examination website;

- the candidate will log onto the website first with their user name and password and the examination name will appear on the screen;
- after clicking on the examination name, the invigilator will then log on using the site specific user name and password and the examination “Welcome Page” will be displayed.

An ACRRM MCQ Examination How-to Guide containing instructions for logging onto the examination website will be emailed to candidates and invigilators which will be attached to the confirmation of examination arrangements email.

Candidates can only proceed to the first question of the examination at the scheduled start time of the MCQ. Candidates are not permitted to see the examination before the official start time.

Commencing the Examination

It is the responsibility of the invigilators to keep track of the time. The examination commences at the scheduled start time. The invigilator will clearly announce when the candidate can begin. ACRRM recommends that candidates and invigilators synchronise their watches.

During the Examination

Candidates are strictly prohibited from accessing any aspect of the computer, email or internet sites other than the examination website during the examination.

Late Arrival of Candidates

Candidates who arrive within 30 minutes of the start of the examination may be allowed to enter the room and undertake the MCQ at the discretion of the invigilators or ACRRM. Candidates who arrive late are not permitted any extension of time in which to complete their examination.

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

Invigilators should note the late arrival and associated reasons on an Incident Report Form and ensure that ACRRM is provided with this within two days after the examination.

Leaving the Examination

Candidates who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by one invigilator to the bathroom door. The other invigilator must stay with the computer to ensure no unauthorised person has access to the examination computer. Extra time will not be approved for bathroom breaks.

Candidates who complete their examination early can leave the examination room, but they will not be re-admitted under any circumstances.

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

The End of the Examination

The invigilators will announce when there is 10 minutes left before the end of the examination.

The invigilators will announce when the examination time has expired. At this stage the candidate must cease working and move away from the computer.

The invigilators must collect the A4 pages given to the candidate and destroy these at the earliest possible opportunity.

Invigilator Log-Off Procedure

It is a requirement that the invigilators clear the internet explorer memory, delete the history source and ensure that the examination has not been saved to the computer. Instructions on how to do this are contained in the document MCQ – Clearing the Computer Browser which will be provided to invigilators in the MCQ Invigilator Pack.

Invigilator Announcements

Invigilators are required to use the following formal text in managing the examination. This is to ensure uniformity and equity across the multiple venues used at each examination.

Before the Candidate Enters the Examination Room

- *you are required to bring photographic ID into the room*
- *please turn off mobile phones, pagers, iPods, iPads, MP3 players or any other electronic device and leave in your bag*
- *leave all other material in your bag*
- *leave your bag at the rear/front of the examination room, not beside you*
- *you are permitted a clear bottle of water, but no food is permitted*
- *you may come in now*

When the Candidate is Settled in their Seat

- *place your photographic ID on your desk*
- *if you are found with unauthorised materials or engage in cheating it will be seen as a breach of the ACRRM examination conduct requirements*
- *no unauthorised material such as reading material, dictionaries, mobile phones, etc are permitted*
- *exactly three hours has been allocated to the examination*
- *ensure that you use the “next” and “previous” buttons at the bottom of the screen to navigate between the pages. Do not use the “back” button on the internet browser as this will lock you out of the examination*
- *you will be given a warning at 10 minutes before the conclusion of the examination*
- *you are advised to attempt every question as there are no marks deducted for incorrect answers*
- *as the time frame of the examination is limited proportionate to the number of questions, you are strongly advised to enter a response to each question as you go, rather than leaving that question to answer later. However, questions can be revisited at any stage during the examination and answers changed*
- *you are not permitted to leave the examination room within the first 30 minutes of the start of the examination for any reason, with the exception of a medical emergency or in the event of a fire*
- *if you need to leave the room during the examination after the first 30 minutes, raise your hand to attract the attention of the invigilators. You will only be allowed to leave under supervision. You will not be given extra time if you leave the examination room to attend the bathroom*
- *if you need to attract the attention of the invigilator you will need to raise your hand*
- *you are not permitted to access any websites other than the examination website, or any other area on the computer during the examination*
- *any suspected incidents of malpractice will be reported to ACRRM and may lead to results being declared null and void*

At the Scheduled Start Time of the Examination

- *you may start the examination now*

Ten Minutes before the end of the Examination

- *you have ten minutes until the examination ends*

At the End of the Examination

- *please stop working now*
- *please leave all the papers on your desk behind as you stand, collect your belongings and leave the examination room*

How Invigilators Should Manage Unforeseen Problems

It is the invigilators' responsibility to assist the candidate in resolving any unforeseen problems which occur during the examination. ACRRM provides a dedicated examination support team on the examination day to help with any information or support that you require. The telephone number is **1800 223 226** or **07 3105 8200** or **0488 211 848**.

It is essential that the ACRRM examination centre is able to contact invigilators during the examination. For this reason, invigilators are required to have their mobile phone with them during the examination. This must be the mobile phone whose telephone number was provided to ACRRM on the candidate on the MCQ Examination Arrangements Form.

Invigilators' mobile phones must be switched to vibrate mode during the examination to avoid inadvertently disrupting the candidate, but placed in a position visible to invigilators, to enable a response in the event that ACRRM needs to make contact.

Under no circumstances are invigilators permitted to use their mobile phone for calls or messaging unrelated to the examination during the examination process.

Misconduct and Irregularities

Examination Incidents

Invigilators or candidates concerned about the conduct of the examination are requested to complete an Incident Report and send this to ACRRM within two working days after the examination.

Examples of misconduct or other incidents may include:

- uncooperative invigilator or candidate (e.g. not following examination procedure);
- candidate with unauthorised materials in their possession after being advised on arrival to surrender any material;
- disturbances (e.g. noisy invigilator, candidate or environment); and
- disruptions (e.g. loss of power or computer malfunction).

Invigilators are not expected to deal with candidates who wish to enter into an argument and should endeavour to avoid a general disturbance. Invigilators should:

- allow the candidate to continue to complete the examination, unless there is a clear case of significant incident or misconduct. If the invigilator is uncertain of the course of action, they should ring the ACRRM examination centre on **1800 223 226** or **07 3105 8200** or **0488 221 848**;
- confiscate any unauthorised material – under no circumstances is it to be returned to the candidate; and

- report all forms of misconduct or disturbances, to ACRRM within two working days using the Incident Report.

Emergencies

In the event of an incident that interferes with the administration of the examination (e.g. power failure or external noise that affects the concentration and performance of the candidate), the invigilator will:

- instruct the candidate to stop working
- fix the situation, if possible; and
- seek advice from the ACRRM examination centre for the appropriate course of action

The invigilator will complete an Incident Report and immediately notify the ACRRM examination centre in Brisbane by telephone. Any time lost due to no fault of the candidate will be added to the candidate's examination time at the direction of the ACRRM examination centre.

Disability

The ACRRM disability policy states that all candidates have the right to expect that:

- a) they will be treated with due respect and dignity;
- b) they will be able to participate in the assessment process free from discrimination and harassment;
- c) ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- d) confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of candidates include:

- e) being proactive in advising College staff and relevant Fellows of their disability at the time of enrolment;
- f) verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- g) discussing their specific requirements and sharing responsibility in negotiating solutions; and
- h) advising College staff and relevant Fellows of any changes to the nature or status of their disability. The policy is attached at [Appendix 4](#).

Appeals Policy and Procedure

Please refer to the ACRRM Appeals Policy, see [Appendix 5](#).

4. Multi-Source Feedback – Process, Rules & Regulations

Introduction

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

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).

Standard Required

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 with a Medical Educator and remediation if required.

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

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.

Client Focused Evaluations Program (CFEP)

The MSF is conducted by Client Focused Evaluations Program (CFEP), an international organisation with extensive experience and expertise in this field. See the CFEP website for further information <http://www.cfepsurveys.com.au/default.aspx>

The 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 either:

- online, where a PIN is issued for the participant to access the CFEP website and complete the questionnaire; or
- by post, where the participant will mail their completed questionnaire to CFEP.

Feedback from a minimum of 12 colleagues is required to complete this tool.

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.

The Self-Assessment

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.

The 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.

A minimum of 30 Patient Questionnaires are required to complete this tool.

CFEP Report

A candidate mean score for each question is provided. National means and performance bands are been calculated from ACRRM registrars who have participated in the MSF process.

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 40 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 Provider;
- 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 CFEP;
- CFEP provides candidate with a certificate of satisfactory completion;
- CFEP sends completed report and self-reflective exercise to ACRRM; and
- ACRRM documents successful completion on registrars RRMEO Learning Planner.

Roles and Responsibilities of the Candidate

Logistical Considerations

- Candidates must inform CFEP they are undertaking MSF for as part of ACRRM training requirement.
- Candidates must also advise on the Enrolment Application Form 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.

The Colleague Tool

- Candidates must complete and return the Colleague List providing names and email addresses of at least 15 colleagues.
- Either an email or postal address must be provided for each nominated colleague. Email addresses must be independently verifiable by ACRRM and CFEP.
- Colleagues nominated to participate should include:
 - 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, registrars;
 - five medical professionals other than doctors. 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, receptionist staff, managerial staff of the local Division of General Practice.

The 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 have 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.

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.

Special Circumstances

ACRRM acknowledges that some environments may create difficulties for candidates. Candidates who consider that their working environment would pose significant difficulties in fulfilling the requirements of the MSF should contact the ACRRM Assessment Team, before enrolling with CFEP.

If consideration of extenuating circumstances is required, applications must be made in writing. Such applications will be considered on a case-by-case basis.

5. Mini Clinical Evaluation Exercise – Process, Rules & Regulations

Introduction

The mini Clinical Evaluation Exercise (miniCEX), one modality of the assessment process, is a well-recognised valid and reliable method of simultaneously observing and assessing the clinical skills of candidates.

The miniCEX assesses six areas of competency. In particular, the miniCEX focuses on those areas not measured by other modalities, which includes core skills in history taking and especially core skills in physical examination.

The process, rules and regulations are designed to ensure that the administration of this examination is consistent and fair.

Candidates are required to undertake formative miniCEX of at least six consultations and must achieve a Pass grade in summative miniCEX.

Formative MiniCEX

Candidates commencing training from 2012 onwards are required to undertake formative miniCEX of at least six consultations. This should be undertaken prior to completing summative miniCEX, as this will provide familiarity with both the process and content of this assessment and assist in determining if ready for summative assessment.

While formative miniCEX is not mandatory for other candidates it is strongly encouraged prior to attempting the summative miniCEX.

A miniCEX can be conducted within the context of the candidate's medical educator visit or at the instigation of the candidate with their supervisor or by any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior candidate or consultant.

The six formative miniCEX consults may be undertaken consecutively by one reviewer however the process will be more valuable if conducted at different sessions or locations by different reviewers.

In each formative miniCEX consultation the assessor provides written and oral feedback to the candidate during and after each consultation using a standardised format.

Formative miniCEX forms can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment.

To assist candidates and assessors in this process, an online training module is available on the College's online learning platform Rural and Remote Medical Education Online (RRMEO). Users can enrol in this module via the Educational Inventory.

Summative MiniCEX

Timing

The summative miniCEX takes place on a day that is mutually convenient to the candidate and the ACRRM appointed examiner. ACRRM will liaise between the appointed examiner and the candidate to organise the date and time.

Examiners and candidates are not permitted to liaise directly to organise the examination without the involvement of ACRRM.

On average the miniCEX is expected to take approximately four hours to complete, but can take longer in some instances. This will depend upon the average duration of a consultation at the nominated venue.

Location

The miniCEX is conducted in the candidate's regular clinical environment with non-emergency patients. This is limited to locations which are primarily consultation based, including office-based practice, inpatient care, outpatient care and aged care facilities.

The miniCEX can be undertaken in an Emergency Department (ED) setting if the candidate is confident that a sufficient broad mix of patients will be available. In an ED setting, only Category 4 and 5 patients can be used for the examination. The initial patient assessment should only be used for the purpose of the examination. The candidate must explain to the examiner what their management plan will be, including follow up for the patient. Category 3 patients can only be included at the discretion of the examiner and where the case is not likely to take an extended period of time.

Where more than one location is chosen to be included in the examination, travel time between sites is to be less than 15 minutes. There must be at least four patients at any one location should the examination be held at more than one location.

ACRRM will forward a letter of introduction to the contact person (provided by the candidate) at each assessment location, advising that the miniCEX will be taking place.

The practice setting must be in a post that is relevant to Primary Rural and Remote Training (PRRT). The miniCEX for PRRT cannot be conducted whilst the candidate is practising in an Advanced Specialised Training (AST) post.

Patients and Patient Consent

As the miniCEX takes place in the candidate's normal clinical setting, the patients should be part of the candidate's regular patient workload. Patients are to be informed about the examination process and must sign a Patient Consent Form on the day of the examination, prior to participating.

The candidate is to ensure that patient consent is undertaken in a professional and ethical manner. Failure to do so will result in an automatic Fail grade being awarded. A copy of the Patient Consent Form must be offered to each participating patient and the signed Patient Consent Form given to the examiner at the start of each consultation.

Multiple Examiners

In most instances the examination will be conducted by one examiner. However, ACRRM reserves the right to engage up to three examiners.

Format of the Summative MiniCEX

Number of Clinical Interactions

The miniCEX consists of nine separate patient interactions.

Mandatory Requirements – History Taking

One new patient detailed history (at least medium complexity case) OR detailed updating patient database information on a returning patient (at least medium complexity case).

Mandatory Requirements – Physical Examination

Five detailed physical examinations from at least three of the following:

- cardiovascular;
- respiratory;
- abdominal;
- neurological;
- endocrine;
- musculoskeletal (region);
- mini-mental state (maximum of one);
- neonatal/paediatric (maximum of one); or
- antenatal (maximum of one).

Nine consultations must be seen. If there are insufficient patients, as a last resort the candidate will be required to conduct a well person check consultation on an available staff member in lieu of one patient.

No more than one such consultation can be performed in lieu of a patient. This consultation must address any shortfall in the mandatory history taking and physical requirements and must be complimentary to the actual patients the candidate has seen. Any such consultation is to be directed by the examiner accordingly.

If physical examinations have not been performed on at least three of the required systems, the examiner must instruct the candidate to perform an examination on one of the systems specified.

If less than nine (9) cases are seen then the candidate will fail the examination.

Case Complexity

Consultations are categorised according to the level of complexity. This is taken into consideration during grading. Medium complexity is the default option to be used unless examiners believe that the case is either significantly less or more complex.

Low Complexity

This may include presentation where there is a short consultation with a single problem, requiring limited history, limited physical examination and straightforward management. For example:

- uncomplicated respiratory infection;
- uncomplicated essential hypertension which is well controlled and requires only repeat medication; or
- Uncomplicated subsequent antenatal visit.

Medium Complexity

Unlike the low level presentation, this is more complex and may include presentations where there are one or more problems, requiring a detailed history and examination of multiple systems, the diagnosis is not straightforward and patient review following a period of management will be required. For example:

- review of a patient with multiple chronic diseases who is reasonably well;
- a new patient with a chronic disease requiring decisions about long term management;
- first antenatal visit; or
- Subsequent antenatal visit where significant management decisions must be addressed.

High Complexity

This may include difficult problems where the diagnosis is elusive and highly complex, requiring consideration of several possible differential diagnoses, and the making of decisions about the most appropriate investigations and the order in which they should be performed. For example:

- acutely unwell patient requiring admission to hospital for diagnosis or management; or
- initial diagnosis of severe disease requiring consideration of complex management plan within the rural/remote context (more than simply referral).

Specific Areas of Assessment

Each consultation is scored against six categories as follows:

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 of 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.

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.

Physical Examination

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

- follow an efficient and logical sequence;
- performs an appropriate clinical examination;

- 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 for the designated examination cases the physical examination will be a thorough and complete examination of the relevant system.

Clinical Management/Clinical Judgement

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

- makes an appropriate diagnosis;
- formulates a suitable management plan;
- selectively orders or performs appropriate diagnostic studies; and
- considers the risks and benefits to the patient.

Rural and Remote Context/Organisation/Efficiency

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

- 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).

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.

The Standard Required

Candidates are eligible to enrol in the miniCEX after completing 24 months of training.

The miniCEX is not merely an opportunity for the College to witness a candidate's performance in their work environment. It is an examination and the standard required for a successful outcome is that of an independent practitioner practising safely at Fellowship level.

ACRRM reserves the right not to process an enrolment or to withdraw a candidate from the miniCEX, if they have been unsuccessful in any other assessments.

Candidates are expected to be thorough and exhaustive in their approach to physical examinations, which should be conducted at the level of a generalist specialist in the related area. The standard required for a satisfactory physical examination is as defined in "*Clinical Examination: A Systematic Guide to Physical Diagnosis, 6th Edition*" by Nicholas J Talley MD, PhD, FACP, FRACP, FRCP and Simon O'Connor MBBS, FRACP, DDU, Blackwell Science Inc.

Conducting a respiratory examination through a T-Shirt would not be considered satisfactory. Failure to demonstrate hygiene after performing a physical examination would also impact negatively on performance.

Being able to demonstrate the ability to consider differential diagnosis is important as well as demonstrating the ability to develop and initiate an adequate management plan, utilising resources efficiently, being empathetic, displaying good communication skills and interacting well with

patients, i.e. giving them opportunity to ask questions and ensuring they understand the advice given.

Candidates are not to be over inclusive in their consultations and each case should be of a duration that would normally be expected for the condition presented. The only exception to this would be unless the examiner directs the candidate to perform a detailed history or physical examination on a patient in a situation where this would not otherwise be necessary, for the purpose of ensuring that these mandatory requirements for the examination are fulfilled.

Summary of MiniCEX Process

1. Candidate submits an Assessment Enrolment Application Form nominating an examination venue/post for assessment.
2. ACRRM confirms in writing the candidate's enrolment in the miniCEX examination.
3. After the enrolment closing date, the candidate is provided with:
 - MiniCEX Process, Rules and Regulations;
 - MiniCEX Arrangements Form (to be completed and returned within seven days of receipt). At this point, the candidate must inform ACRRM if any permits will be required for an examiner to travel to the examination location. The candidate will need to ensure they apply for any relevant permit in time for the examination;
 - Assessment Code of Conduct (to be completed and returned within seven days of receipt if a copy of this has not previously been signed);
 - MiniCEX Marking Book (sample);
 - Formative miniCEX Marking Book; and
 - Formative Patient Consent Form.
4. ACRRM sources a suitable examiner and extends an invitation to conduct the miniCEX.
5. Upon acceptance of the invitation, ACRRM will email the following documents to the examiner:
 - MiniCEX Rules and Regulations;
 - Examiner's Suggested Dates (to be returned within seven days);
 - Assessment Code of Conduct (to be completed and returned within seven days of receipt if a copy of this has not previously been signed).
6. The examiner(s) confirms their availability and preferred dates with ACRRM.
7. ACRRM liaises with the candidate and appointed miniCEX examiner to schedule a mutually convenient time and date for the miniCEX to be conducted. Examiners are not permitted to liaise directly with the candidate to schedule their miniCEX.
8. If additional costs are likely to be incurred in transporting the examiner to the venue (for flights and/or accommodation, extra examiner travel time, etc), ACRRM will advise the candidate accordingly.
9. ACRRM will make any necessary bookings and email an invoice for such costs incurred to the candidate.
10. ACRRM emails the candidate written confirmation of the venue, date and time agreed for the examination, also providing the Patient Consent Form and an Incident Report Form. The candidate will need to print nine copies of the Patient Consent Form in preparation for the examination.
11. ACRRM emails the examiner written confirmation of the venue, date and time agreed for the examination and any relevant travel and/or accommodation itineraries. The following examination documentation will be attached to this confirmation email:
 - MiniCEX Marking Book (to be printed and taken with the examiner on the day of the examination);
 - Examination Incident Report (to be printed and taken with the examiner on the day of the examination);

- Examiner Expense Reimbursement Form; and
 - Examiner Tax Invoice.
12. ACRRM sends to the examiner an Express Post Envelope for the purpose of returning the original examination documentation to ACRRM after the examination. A hard copy of the miniCEX Marking Book is also posted with the Express Post Envelope.
 13. ACRRM emails the venue(s) where the examination is to be conducted to inform them of the arrangements made, e.g. date and time and name of the examiner.
 14. The miniCEX is conducted.
 15. The examiner faxes or emails the following completed documentation to ACRRM:
 - MiniCEX Marking Book;
 - Patient Consent Forms; and
 - Examination Incident Report (if applicable).
 16. Using the Express Post Envelope previously provided, the examiner(s) posts to ACRRM the following original examination documentation:
 - MiniCEX Marking Book;
 - Patient Consent Forms;
 - Examination Incident Report (if applicable);
 - Examiner's Tax Invoice; and
 - ACRRM Expense Reimbursement Form (if applicable) with supporting receipts.

Roles and Responsibilities of the Candidate

The roles and responsibilities of the candidate for the miniCEX process are as follows:

- The candidate is to choose appropriate locations for the examination to be conducted, i.e. an equipped consulting room.
- The candidate is responsible for all costs associated with the examination. For candidates who undertake this examination in locations with difficult or expensive access for the examiner, additional costs may be incurred. Any additional costs must be paid within 14 days of receiving an invoice from ACRRM. Failure to pay additional costs will prevent processing of examination results.
- The candidate must complete and return the miniCEX Arrangements Form and Assessment Code of Conduct (if a copy has not previously been signed) to ACRRM within seven days of receipt.
- The candidate must inform ACRRM if any permits will be required for the examiner to travel to the examination location. The candidate will need to ensure they apply for any relevant permits in time for the examination.
- Once a date and time has been confirmed, the candidate must organise arrangements for their examination with the venue and ensure that there will be at least nine patients present and available to participate in the examination. Consultations must be original consultations and not a repeat of a consultation conducted with a patient in advance of the examination. As some patients may choose not to participate, ACRRM recommends that 10 or 11 patients are available. If there are insufficient patients, as a last resort the candidate will be required to conduct a consultation on an available staff member, as directed by the examiner, to ensure the required number of cases. No more than one such consultation can be performed on a staff member in lieu of a patient. A Pass grade cannot be obtained if less than nine consultations are conducted and if the mandatory history taking and physical examination requirements have not been fulfilled.
- The candidate is to engage in an informed and ethical process for obtaining written consent from patients willing to participate. The Patient Consent Form must be signed on the day of the examination and not before.
- The candidate is not to be on call for emergencies during the examination.

- It is the candidate's responsibility to ensure they address the mandatory requirements for history taking and physical examination. Where the consultation does not immediately lend itself to this, the candidate will be advised by the examiner to take a more in-depth/comprehensive approach to include history taking and physical examination if these requirements are otherwise unlikely to be met by the end of the examination.

Roles and Responsibilities of the Examiner

The primary responsibility of the examiner is to ensure that the candidate is provided with the opportunity to demonstrate their medical competence under fair and uniform testing conditions, and to ensure the integrity, consistency and fairness of the examination process.

The roles and responsibilities of the examiner for the miniCEX process are as follows:

- The examiner must complete and return the Examiner's Suggested Dates and Assessment Code of Conduct (if they have not previously signed a copy) documentation to ACRRM within seven days of receipt.
- Advise ACRRM of any conflict of interest with candidate to be assessed.
- The examiner(s) must not be on call during the examination and will not interrupt the examination process by responding to any electronic communication device, other than to contact the ACRRM assessment office.
- The examiner must engage the candidate in a pre-examination briefing (maximum 10 minutes) to ensure that candidate understands the examination process and requirements.
- The examiner must engage in a post-consultation discussion (maximum five minutes) after each case when the patient has departed to contextualise the consult.
- In the event of borderline and unsatisfactory ratings being awarded, the examiner must provide information in the relevant *comments* section on the miniCEX Marking Book to support this judgement and to enable the College to provide effective feedback to the candidate.
- In the event that the candidate is unlikely to meet the mandatory history taking and/or physical examination requirements by the end of the examination, the examiner is to direct the candidate to take a more in-depth/comprehensive approach to a case to include these requirements if they are otherwise unlikely to be met.
- In the event of insufficient patients (eight) being available, the examiner must direct the candidate to conduct a relevant well person check consultation on an available staff member, to ensure the number of consultations and any other outstanding mandatory requirements are fulfilled. Only one such consultation is permitted and the examiner must not direct such a consultation in lieu of an actual patient, if another patient will be available within a reasonable timeframe. A consultation conducted on an available staff member should only be included in the examination as a last resort.
- The examiner is to send the completed miniCEX Marking Book, Patient Consent Forms and any Incident Report by fax or scanned email to the Assessment Manager within 24 hours after the examination. Scanned copies must be signed. Completed examination documents are not to be sent via post before these have been faxed and confirmation of receipt has been given by the ACRRM office.
- Once ACRRM confirms receipt of the examination documentation, the examiner must post the original documentation in the Express Post envelope provided; and
- The examiner submits the completed Examiner Tax Invoice and, where applicable, the Examiner Expense Reimbursement Form including any receipts to the Assessment Manager in a timely manner.

Rules for the Conduct of the MiniCEX

Arrival Time

The candidate and the examiner should arrive at least 30 minutes prior to the scheduled start of the examination, to avoid any delay in commencement.

Initial Process

The candidate is to submit valid photographic identification (e.g. driver's licence or passport) to the examiner(s) for verification of identity. This is an essential requirement.

Pre-Examination Briefing

The examiner and candidate are to engage in a pre-examination briefing session (maximum 10 minutes) before the first consultation is conducted. This briefing is to:

- Ensure that the candidate is informed of the examination process;
- Ensure that the mandatory requirements and the standard required for a positive outcome are explained and understood;
- Ensure that the candidate is aware of the criteria they will be assessed against;
- Advise that there will be a discussion (maximum 5 minutes) after each consultation when the patient has left;
- Ensure that the candidate is advised that they should not be over-inclusive in their consultations. Each case should be of a duration that would normally be expected for the condition presented. The only exception would be if there is a need for the examiner to be directive, to ensure that mandatory requirements are fulfilled; and
- Ensure that the candidate and examiner's perceptions of the examination are identical.

During the Consultation

The examiner observes but does not participate in the patient interactions. As appropriate to the situation, the candidate is expected to:

- take a history;
- perform a physical examination;
- demonstrate clinical judgement/clinical management;
- appropriately manage the issues, especially in the use of resources; and
- communicate each of the above in an appropriate manner to the patient.

As this is a summative examination and not a formative teaching session, the examiner is not permitted to provide feedback to the candidate unless there are compelling ethical reasons relating to patient safety.

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.

Post Consultation Briefing

The examiner and candidate are to engage in a brief discussion after each consultation (maximum five minutes) when the patient has departed. This discussion is to:

- provide the candidate with opportunity to contextualise the consult;
- provide the examiner with opportunity to further explore the candidate's clinical reasoning; and

- enable the examiner to keep the candidate informed of their progress in fulfilling the mandatory requirements of the examination regarding physical examinations and history taking.

Conduct of Candidates during the MiniCEX

The candidate is to conduct the consultations as though they are seeing the patient without the examiner being present, other than allowing the examiner an introduction.

The candidate is not to ask the examiner for assistance in the conduct of the consultation or for advice on how to manage the patient's medical issues.

The candidate is permitted to consult appropriate resources during the examination, as long as it is consistent with standard practice and relevant to the medical issues at hand. These may include written or electronic resources or telephone consultation with a consultant. Reasons for this may include:

- checking the dose of a medication;
- finding an appropriate picture on the internet to illustrate a particular point;
- showing a patient an information website; and
- phoning a consultant to arrange an appointment or to make an admission to a hospital.

Telephoning a consultant or checking texts for answers to questions that would reasonably be expected to be known by the candidate could result in a lower score.

Late Arrival of Candidates

Candidates who arrive within 30 minutes after the scheduled start time of the examination may be permitted to continue with the examination at the discretion of the examiner.

A candidate who arrives later than 30 minutes after the scheduled start time will not be assessed and will receive a Fail grade.

Misconduct and Irregularities

A candidate or examiner who has a concern about the management or conduct of the examination should complete an Incident Report. Incident Reports must be provided to the ACRRM Assessment Team within two days after the examination. Incident Reports submitted after two working days will not be accepted. Incident reports involving the Examiner must be made within 24 hours after the Exam.

Examples of misconduct or other incidents may include:

- an uncooperative candidate or examiner (e.g. not following the miniCEX examination procedure);
- disturbances (e.g. unexpected noisy consulting room); and
- disruptions (e.g. loss of power or computer malfunction).

An examiner is only responsible for conducting the examination and is not involved in ratifying the outcome. If a candidate wishes to discuss their performance or the grade awarded, all communications and correspondence must be directed to the ACRRM office.

Illness

If a candidate is significantly unwell on the day of the examination and considers that their performance may be affected as a consequence, it is the candidate's duty to notify the examiner in the pre-examination briefing session prior to commencement of the miniCEX. In this event, the candidate must provide ACRRM with an Incident Report supported by a Medical Certificate within

two working days after the examination. The examiner must also notify ACRRM of any illness in the provision of an Incident Report.

Emergencies

In the event of an incident that interferes with the administration of the examination (e.g. power failure or external noise that effects the concentration and performance of the candidate), the examiner(s) should:

- assist the candidate in attempting to fix the situation;
- consider seeking advice from the ACRRM Assessment Manager for the appropriate course of action; and
- complete an Incident Report to be provided to ACRRM within two days after the examination.

Appeals Policy and Procedure

Please refer to the ACRRM Appeals Policy document, at [Appendix 5](#).

Grades and Marking

Each case is weighted according to the level of difficulty. The grade is determined by the number of weighted borderline and unsatisfactory marks awarded by the examiner. The marking system will be made available to candidates when results are reported.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

Grades are reported as Pass or Fail. A miniCEX Candidate Report will be made available to provide more comprehensive data on performance.

Once available, results are uploaded to the Files Tab on a candidate's Learning Planner on RRMEO. Candidates will receive an email notifying them accordingly.

Feedback Session

Candidates who attain a Fail grade will be offered a feedback session, via teleconference, with a medical educator or principal examiner who will also be able to assist in the interpretation of the results.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the miniCEX. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the miniCEX, after which the ACRRM Candidate Review Policy will be implemented.

Candidates who attain a Fail grade and who had previously received exemption from any of the other assessments through the recognition of prior learning process may be required to undertake one or more of the previously exempted modalities.

6. Structured Assessment using Multiple Patient Scenarios by Videoconference – Process, Rules & Regulations

Introduction

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

The aim of StAMPS is 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 examiners also ask the candidates how they would deal with system or patient factors that prevent the 'standard' approach being applied.

The process, rules and regulations are designed to ensure that the administration of the StAMPS is consistent and fair, with mechanisms to ensure security and administrative integrity.

Logistical Considerations

Location

The StAMPS is conducted either face to face from a central exam centre or by videoconference with each candidate in their home region and all examiners at one examination centre. The method of delivery for each session is specified on the enrolment form.

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 examination 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.

Format of the StAMPS

The Appointment Sheet

The 'Appointment Book' will be available for viewing via a secure internet website two days before your scheduled examination day. The Assessment Team will provide instructions to access the Appointment Book during the week prior to the examination day.

This Appointment Sheet:

- lists the 15+ patients who have made an 'appointment' for a consultation with the candidate;
- details key logistical issues about the location where the examination is set; and
- provides information regarding other relevant community factors that would suggest other more possible emergent presentations, e.g. gastroenteritis epidemic, high prevalence of asthma, rodeo in town, roads closed, or hospital staffing problems.

Candidates are permitted to retain the Appointment Sheet for reference during the reading time and throughout the examination.

Examination Reading Time

Candidates will be provided with a short period (usually 10 minutes) prior to the start of the examination to read the Examination Printed Material. This material, which will be handed to them by the invigilators, provides background information for each scenario. You are permitted to read all the eight scenarios during this examination reading time.

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

Number of Scenarios

The StAMPS consists of eight scenarios, each of ten minutes duration. There will be a 5-minute interval between scenarios during which time the candidate should read the material for their next scenario. Examiners will not repeat the examination 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 examiners rotate between candidates.

Format of Scenarios

Each scenario is framed around an assessment target or goal. The scenarios and questions are unfolding in nature, allowing information to be progressively revealed.

One or two of the scenarios may be in the 'simulated' format where the candidate interacts with a simulated patient, parent, colleague, nurse, etc.

The remainder of the scenarios are in the viva voce format where the candidate discusses the scenario directly with the examiner and no simulation is performed. The candidate may be asked to clarify their answers when these are unclear and to expand on answers when there is insufficient detail.

The StAMPS scenarios are designed to measure the candidate's understanding of core and general principles, rather than applying them to a specific nominated patient. Diagnostic dilemmas are not the focus of these scenarios matching real life where often the clinical management is required to proceed, prior to a definitive diagnosis being made.

Ample opportunity is provided for the candidate to explain the rationale behind their thinking, as well as an opportunity for the examiner to explore issues in greater depth than is possible in a written paper.

The Standard Required

The standard required is that an independent practitioner practising safely at Fellowship level.

Each scenario 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.

Candidates are eligible to enrol in the StAMPS after completing 24 months of training. However, ACRRM reserves the right not to process an enrolment or to withdraw a candidate from the StAMPS, if they have been unsuccessful in any other assessments.

Online StAMPS Practice Material

Candidates are advised to study the practice and preparation material provided on the ACRRM website at www.acrrm.org.au/assessment.

In partnership with James Cook University (JCU), ACRRM has developed a module to assist candidates and examiners preparing for StAMPS. *The module will be available through RRMEO early in 2012.* Completion of this module will assist candidates in understanding the StAMPS concept, process and expectations for a successful outcome. Once completed, the availability of this module will be advertised in the College electronic newsletters and on the assessment page of the College website.

Although the StAMPS is designed to measure content, it is in the candidate's interest to be thoroughly familiar with the style and process of the examination. This includes being careful to place their answers in the context of the location where the examination is set with reference to the Appointment Sheet.

The score received for each scenario depends on the way the candidate is able to integrate important facts and other pieces of information into a logical, coherent and well-reasoned discussion of the important issues. Merely listing the facts may not in itself be sufficient for a Pass grade.

As each scenario is designed to address specific components of the curriculum, candidates should refer to the ACRRM Assessment Blueprint; see [Appendix 2](#) for further information.

StAMPS Preparation Recording

All registrars can enrol themselves in the Stamps Exam Preparation Recording module via RRMEO. We recommend you listen to the recording to assist in your examination preparations.

Summary of the StAMPS Process

- a 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;
- a candidate returns the StAMPS Arrangements Form and Assessment Code of Conduct (including signed copies from nominated invigilators where relevant) by the dates specified;
- ACRRM provides a confirmation of arrangements email to candidates also providing instructions on accessing the Appointment Sheet and attaching their Rotation Plan;
- ACRRM provides a confirmation of arrangements email to invigilators (where relevant) attaching the Rotation Plan;
- ACRRM emails candidates to remind the availability of the StAMPS Appointment Sheet; and
- ACRRM emails invigilators (where relevant) to provide the Examination Printed Material and Appointment Sheet.

Roles and Responsibilities of the Candidate

Each candidate is 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;

- signing and returning the Assessment Code of Conduct by the date specified (if the candidate has not already signed this document);and
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

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

There are strict timelines in place for submission of paperwork to the Assessment Team. It is the candidate's responsibility to ensure that they provide all of the requested documentation by the dates specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding on the Friday, 15 days before the examination date, the candidate will be denied entry to the examination and no refund of examination fees will be given. Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the Assessment Manager in a timely fashion.

Process, Rules and Regulations for Arranging a Video Conferencing Venue

Candidates undertaking StAMPS via videoconference are responsible for:

- sourcing and booking a suitable examination venue;
- ensuring the video conferencing equipment to be used for the examination at the nominated venue meets the minimum IT specifications;
- sourcing and booking two suitable examination invigilators;
- completing the StAMPS Arrangements Form in full and returning this by the date specified;
- ensuring invigilators sign and return the Assessment Code of Conduct by the date specified;

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school);
- regional training provider (offices);
- divisions of general practice (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 overseas 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/examination room, requirements for institutional log on to the videoconference unit. Please note that the examination invigilators 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 examination);
- specifications of the examination 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.

Wherever 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 examination remains 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 for any reason on the day of the examination.

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 examination 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 examination venue has a videoconference unit that meets the required IT specifications for completing the examination.

The minimum requirement is:

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

Testing of Videoconference Equipment

JCU technical staff will contact all venues in the weeks leading up to an examination 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 examination venue in the week leading up to the examination, to ensure that the videoconference room and unit they initially booked remain the ones to be used on the day of the examination and that no changes have been made. Any changes made could be detrimental to the delivery of the examination if ACRRM is not informed beforehand.

Nomination of Invigilators

Each examination venue must have two invigilators. 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 division of general practice;
- staff member from a regional training provider (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, 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 examination invigilator unless they have significant previous experience in examination supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the examination, close work colleagues and educators who prepared the candidate for the examination 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 examination.

ACRRM will correspond with invigilators via email to confirm arrangements made for the examination. However, it remains the candidate's responsibility to ensure that invigilators arrive at the correct venue at the correct time. 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 numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

Information for Invigilators

Confirmation of Arrangements and Rotation Plans

Once all arrangements are finalised, ACRRM will email all invigilators confirmation of arrangements for the examination, which will include a Rotation Plan. All times stated on the Rotation Plan are in Australian Eastern Standard Time (AEST), so local time adjustments may need to be made. A time zone table will be provided in the confirmation of arrangements email.

Examination Printed Material

The Examination Printed Material and Appointment Sheet will be emailed to all invigilators at the start of the week leading up to the examination day. These documents will be password protected. Invigilators will be provided with the password in a separate email.

Invigilators are required to open and print the Examination Printed Material and Appointment Sheet **before** the day of the examination and place these in a sealed A4 envelope to take with them on the day of the examination. If invigilators experience any difficulty in opening these documents, they must contact the ACRRM Assessment Team immediately.

The Examination Printed Material must not be handed to candidates before the appointed reading time, which will be specified on the Rotation Plan.

Material for Invigilators to Provide to Candidates

In addition to the Examination Printed Material and Appointment Sheet, each invigilator will need to bring the following for the candidate to use during the examination:

- five sheets of blank A4 paper; and
- three pencils.

All paper must be collected from candidates at the end of the examination and destroyed at the earliest opportunity. Invigilators are not required to provide candidates with any printed material.

Mobile Phones

Invigilators are required take their mobile with them to the examination with a fully charged battery. This must be the same mobile phone number which was provided to the candidate to give to ACRRM.

ACRRM will use mobile numbers provided to contact invigilators, if necessary, on the day of the examination. Invigilators' mobile phones must be switched to vibrate mode during the examination to avoid inadvertently disrupting the candidate, but placed in a position visible to invigilators, to enable a response in the event that ACRRM needs to make contact.

In the event that the connection to the videoconference unit is severed during the examination, examiners will telephone one of the invigilators' mobiles, to enable the examination to be continued via teleconference, until the line connection can be restored.

Under no circumstances are invigilators permitted to use their mobile phone for calls unrelated to the StAMPS during the examination process.

Invigilator Payment for Services Rendered

An invigilator's time will be funded by ACRRM at a rate of \$100.00 plus GST (where an invigilator is eligible to be paid GST) for the period of the examination. ACRRM will email invigilators a Tax Invoice Proforma with the confirmation of arrangements email.

The Tax Invoice can be completed and returned to ACRRM for payment prior to the examination, but no later than one week after. Payment will be made as soon possible after the examination.

Roles and Responsibilities of Invigilators

The responsibilities of each invigilator are to provide candidates with the opportunity to demonstrate their medical competence under fair and uniform testing conditions and to ensure the reliability of the examination process. This includes ensuring that the examination is administered according to the process, rules and regulations specified in this document, whereby each candidate is appropriately supervised and remains undisturbed during the examination.

Each invigilator supervising a candidate in the StAMPS is personally responsible for the following:

- reading the StAMPS Process, Rules and Regulations and abiding by the rules stated;
- providing the candidate with their details to forward to ACRRM including their:
 - job title;
 - place of work;
 - mobile number (which the invigilator can be contacted on if necessary during the examination for direct communication with the examination centre during the examination); and
 - email address (which they access regularly, as ACRRM will use this address to email important information).

- signing and returning the Assessment Code of Conduct by the date specified;
- ensuring that they will be available to attend at the time and date of the examination;
- ensuring that there are no conflicts of interest in invigilating the candidate, including being a relative of the candidate, close work colleague or educator who prepared the candidate for the examination;
- ensuring that they take the Examination Reading Material to present to the candidate at the appointed reading time, before the start of the examination;
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested; and
- completing the Invigilator Tax Invoice and returning this to ACRRM, preferably prior to the examination, but no later than one week after.

Invigilators Work as a Team

All examination venues/rooms require two invigilators. The invigilators at each venue work as a team in supervising the candidate, sharing the roles across members.

As there is more than one invigilator present at each examination venue, invigilators are permitted to have a short five minute break each hour outside the examination room. However, at all times at least one invigilator must be directly observing the candidate and the videoconference unit.

If the candidate requires a bathroom break during the examination, one invigilator must remain with the videoconference machine (to ensure this is not interfered with by a non-authorized person and the connection is maintained), while the other escorts the candidate to the bathroom door.

If there are multiple videoconference rooms at the venue and other rooms are simultaneously being used by other candidates for the purpose of the examination, two invigilators are required for each videoconference suite.

On occasions, a venue may be used by multiple candidates on different rotations. In this instance, part of an invigilator's role is to ensure that candidates do not communicate in any way with each other between rotations of the examination. It is essential that invigilators do not permit candidates to leave the venue until the next candidate has arrived with at least one of their invigilators. An invigilator will then need to escort the candidate from the venue.

Rules for the Conduct of the StAMPS

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

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

Items Not Permitted in the Examination Room

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

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

Invigilators not permitted to bring food (of any kind) or personal material into the examination room, such as MP3 players, radios, cameras or computers as the invigilator is required to stay focused

on the candidate's behaviour at all times. Printed books for the invigilator to read during the examination are permitted, as long as they are not medical texts.

Invigilator's Arrival Procedure (StAMPS via videoconference only)

Invigilators must:

- ensure they have the StAMPS Process, Rules and Regulations with them and abide by the rules specified;
- view the candidate's photographic identification before the examination commences;
- turn on the videoconference unit and ensure that it is in working order;
- ensure that the table, seat, air-conditioning/heating and lighting are in reasonable working order for the candidate and invigilators;
- ensure that the access to the bathroom is operational in case this will be required and that there are no 'hidden' materials that may assist the candidate in the bathroom;
- place the 5 sheets of blank A4 paper and 3 pencils on the candidate's desk;
- if possible, arrange for a clock showing accurate (local) time and a white board where the start and finish times of the examination are clearly visible;
- ensure that no unauthorised persons enter the examination room at any time during the examination. This includes those claiming to be candidates who are not registered to participate; and
- ensure that they have the Examination Printed Material, Appointment Sheet and Rotation Plan ready to present to the candidate at the start of the reading time.

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 examination;
- surrender to invigilators any item in their possession as specified previously under *Items Not Permitted in the Examination Room*;
- receive paper and pencils as specified under - *Invigilator's Arrival Procedure*; and
- have the Appointment Sheet and Rotation Plan in preparation for the examination.

Illness

If a candidate is significantly unwell on the day of the examination and considers that their performance may be affected as a consequence, it is the candidate's duty to notify the examiner in the pre-examination briefing session prior to commencement of the StAMPS. In this event, the candidate must provide ACRRM with an Incident Report supported by a Medical Certificate within two working days after the examination. The examiner must also notify ACRRM of any illness in the provision of an Incident Report.

Procedure for Connecting to the Examination Site (StAMPS via videoconference only)

The videoconference unit must be switched on. James Cook University (JCU) will be used as the examination centre for the StAMPS and is where the examiners and ACRRM staff will be located. JCU Information Technology (IT) technicians will dial each venue to connect videoconference units. Once the call is received an invigilator will accept the call and wait for instructions from the examination centre (ACRRM staff).

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

- that the candidate is present;

- that both invigilators are present;
- the mobile numbers of both invigilators;
- the location of the examination venue;
- that invigilators have the Examination Printed Material;
- that the candidate has the Appointment Sheet;
- 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 Examination Printed Material at the start of the examination reading time specified on the Rotation Plan.

As JCU IT technicians are unable to connect all sites simultaneously, the call could be received between 30-10 minutes prior to the start of the examination reading time. If technical difficulties are experienced, the JCU IT technicians can be contacted on **07 4042 1700**.

Examination Reading Time

The reading time is intended for candidates to study the Examination Printed Material for each scenario in conjunction with the Appointment Sheet. Candidates should refer to the Appointment Sheet, where necessary, throughout the examination.

If undertaking by videoconference and there is a delay in connecting with your 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 examination 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 examination.

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 Examination Printed Material, to ensure that candidates prepare for the scenarios in the correct order they are delivered.

Intervals between Scenarios

After each scenario there will be a five minute interval for the candidate to familiarise and prepare themselves 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.

Late Arrival of Candidates

Candidates who arrive within 30 minutes of the start of the examination may be allowed to enter the room and undertake the examination at the discretion of the invigilators and/or ACRRM. Candidates who arrive late are not permitted any reading time or any extension of time in which to complete their examination. 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 examination, regardless of how well they perform in the remaining scenarios.

Any candidate arriving more than 30 minutes after the examination 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 examination.

Leaving the Examination

Candidates who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by one invigilator to the bathroom door. The other invigilator must stay with the videoconference unit to ensure no unauthorised person has access and the integrity of the connection is maintained. Extra time will not be provided for bathroom breaks.

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

The End of the Examination (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 examination, given permission for the videoconference link to be terminated and confirmed that the candidate is no longer required.

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

Communicating with Other Candidates Undertaking the StAMPS

The StAMPS examination is often delivered over multiple rotations. Candidates are not permitted to discuss the examination with any other candidates undertaking the StAMPS examination 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.

Unforeseen Technical Problems

Videoconference Disconnect during the Examination

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

If the line drops out during a scenario, the examiner will immediately ring one of the invigilator's nominated mobile phones and continue the examination by teleconference until the videoconference line is restored.

For this reason it is crucial that ACRRM is provided with the correct mobile numbers for both invigilators. 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 examiner will take this event into consideration. If the examiner requires further information to score the candidate on this scenario, the examiner 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 examination. In this event, Incident Reports must also be completed by the candidate and an invigilator and provided to ACRRM within two days after the examination.

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

Misconduct and Irregularities

Invigilators or candidates concerned about the management of the conduct of the examination are required to complete an Incident Report, which must be provided to ACRRM within two days after the examination.

Examples of misconduct or other incidents may include:

- uncooperative invigilator or candidate (e.g. not following examination procedure);
- candidate with unauthorised materials in their possession after being advised on arrival to surrender any material;
- disturbances (e.g. noisy invigilator, candidate or environment); and
- disruptions (e.g. loss of power or videoconference malfunction).

Invigilators are not expected to deal with candidates who wish to enter into an argument and should endeavour to avoid a general disturbance. Invigilators should:

- allow the candidate to continue to complete the examination unless there is a clear case of significant incident or misconduct. If the invigilator is uncertain of the course of action, they should ask the examiner on screen;
- confiscate any unauthorised material – under no circumstances is it to be returned to the candidate; and
- report all forms of misconduct or disturbances, to ACRRM within two days using the Incident Report.

Under no circumstances are invigilators permitted to use their mobile phone for calls unrelated to the examination during the examination process.

Disability

The ACRRM disability policy states that all candidates have the right to expect that:

- they will be treated with due respect and dignity;
- they will be able to participate in the assessment process free from discrimination and harassment;
- ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of candidates include:

- being proactive in advising College staff of their disability at the time of enrolment;
- verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- discussing their specific requirements and share responsibility in negotiating solutions; and
- advising College staff of any changes to the nature or status of their disability. The policy is attached at [Appendix 4](#).

Appeals Policy and Procedure

Please refer to the ACRRM Appeals Policy, at [Appendix 5](#).

Checklist for Candidates

- read the StAMPS Process, Rules and Regulations;
- source a suitable examination venue;
- ensure that the videoconference unit to be used at the nominated venue meets the minimum IT requirements;
- source two suitable examination invigilators;
- Ensure that the following documentation is submitted by the dates specified:
 - StAMPS Arrangements Form;
 - Assessment Code of Conduct (from the candidate and both invigilators); and
- take the Appointment Sheet and Rotation Plan to the examination.

Checklist for Invigilators

- read and understand the StAMPS Process, Rules and Regulations;
- sign and return the Assessment Code of Conduct by the date specified;
- ensure that a regularly accessed email address and mobile number is provided to the candidate (this will be passed on to ACRRM); and
- take the Examination Printed Material, Appointment Sheet, Rotation Plan and StAMPS Process, Rules and Regulations to the examination.

StAMPS Grades and Marking

The grade is determined by the number of borderline and unsatisfactory marks awarded by the examiners. The marking system will be made available to candidates when results are reported.

Each candidate's performance is recorded to assist in the marking process and for quality assurance purposes.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

The only recordable grades are Pass or Fail. A StAMPS Candidate Report will be made available to provide more comprehensive data on performance.

Once available, results are uploaded to the Files Tab on a candidate's Learning Planner on RRMEO. Candidates will receive an email notifying them accordingly.

Feedback Session

Candidates who attain a Fail grade will be offered a feedback session, via teleconference, with a medical educator or principal examiner who will also be able to assist in the interpretation of the results.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the StAMPS. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the StAMPS, after which the College's Candidate Review Policy will be implemented.

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from other modalities may be required to undertake one or more of the previously exempted modalities.

7. The Procedural Skills Logbook

Introduction

The ACRRM Procedural Skills Logbook provides a structured and objective assessment of the candidate's key psychomotor procedural skills at the level of competency required for independent rural and remote practice.

The Logbook contains those procedural items that are defined as mandatory skills in the ACRRM Primary Rural and Remote Training, as these are required of all Fellows of ACRRM regardless of their areas of special interest.

Certification of competency in all skills is a prerequisite for those applying for Fellowship of the College.

A copy of the Procedural Skills Logbook can be downloaded at www.acrrm.org.au/assessment.

Completion of an additional procedural skills logbook may be a mandatory requirement for an AST post, such as emergency medicine and surgery.

Content

All items refer to adults unless otherwise identified.

Key topic areas covered by the Procedural Skills Logbook include:

- **urgent/emergency care:**
 - oxygen delivery
 - airway support
 - cardiac
 - circulation
 - neonatal; and
 - trauma.
- **body system**
 - respiratory
 - cardiac and abdominal
 - nervous
 - musculoskeletal
 - skin
 - urogenital
 - ENT; and
 - Ophthalmology.
- **perform diagnostic testing**
- **obstetrics**
 - antenatal; and
 - intrapartum.

When to Commence the Logbook

Each candidate is provided with a hard bound printed Logbook upon enrolment or earlier upon request. An electronic version of the Logbook is available on RRMEO. Candidates have the option of using either the hard copy or electronic 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 are also able to commence having some procedures 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.

Process for Completing the Logbook

When each individual item is successfully performed in a safe, competent, professional and ethical manner, the certifier (i.e. the person who actually witnessed the registrar complete the procedure) can complete the relevant certification documentation. This must be completed at the same time as the certifier witnessed the performance.

Across the specified items there are four different levels of minimum competency that are required to be satisfied to qualify for certification. In decreasing level of complexity they are:

1. Performed to the standard of an independent practitioner on a real patient and not just in a simulated environment.
2. Performed to a Pass standard in a certified course in a simulated environment.
3. Performed under supervision to the standard of a practitioner working under supervision.
4. Assisted an experienced practitioner performing the task.

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.

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 candidate 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.

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 (e.g. the person who actually witnessed the candidate complete the procedure) can complete the relevant certification documentation.

ACRRM acknowledges that there are times when a procedure is undertaken and witnessed but the logbook (hard copy or electronic) is not accessible. A procedure will be accepted as certified if either:

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

Regulations

1. Satisfactory completion of the logbook is a mandatory requirement for award of FACRRM for candidates who commenced training in 2009 or later. This requirement also applies to AGPT/RVTS candidates who commenced FRACGP training in 2009 or later and then subsequently enrolled in FACRRM.
2. The candidate is wholly responsible for maintaining their logbook including ensuring each entry is accurate, up-to-date and that appropriate measures are taken in case of loss of the original document. The latter requires the candidate to perform regular backup through photocopying or digital scanning.
3. The candidate is required to present their logbook to either their principal supervisor or medical educator for inspection at least every six months, who will then complete the 'Record of Discussion and Review of Logbook' Section. The training supervisor and/or medical educator will be required to note whether progress has occurred in their report to the accredited training provider.

Candidates Exempted from Mandatory Completion of the Logbook

The logbook requirement was introduced in 2009 therefore candidates who enrolled to train towards Fellowship of ACRRM prior to 2009 are not required to complete the logbook. These candidates are, however, encouraged to complete the logbook for formative purposes and to identify learning needs.

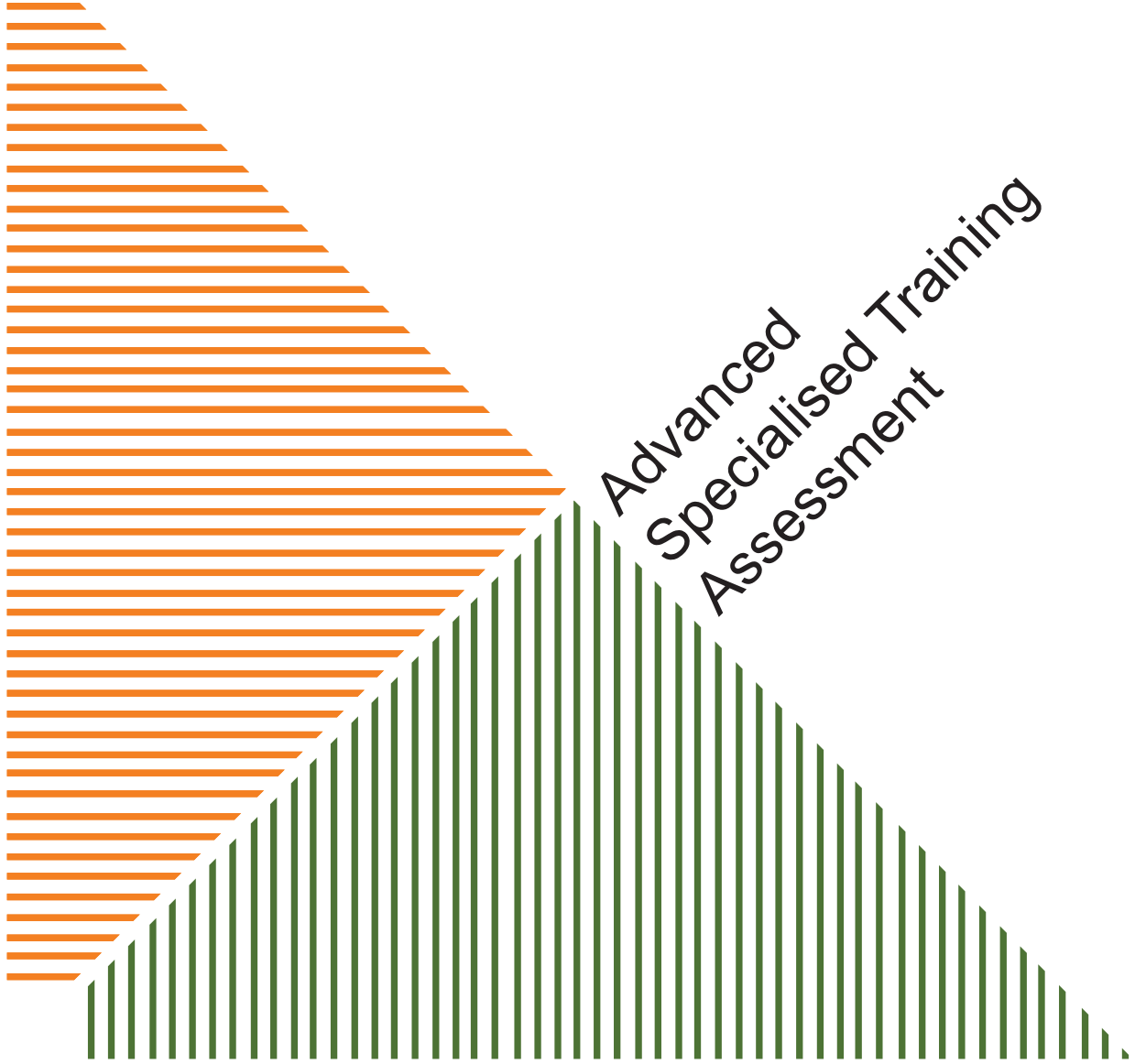
Electronic Logbook

An electronic version of the logbook is available on the RRMEO website. The rules and regulations listed above apply to both the electronic and paper-based versions.

Final Submission of the Logbook

The candidate is required to forward to ACRRM the entire original logbook for inspection once all procedural items have been assessed as completed or notify that the electronic logbook is ready for inspection. If the logbook meets all the criteria for completion, the 'Certificate of Satisfactory Completion' of the logbook will be signed by the ACRRM staff and the logbook will be returned to the candidate.

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



Advanced
Specialised Training
Assessment

8. Overview of Assessment for Advanced Specialised Training

Introduction

The purpose of undertaking Advanced Specialised Training (AST) for the award of FACRRM is to ensure that ACRRM Fellows are able to contribute effectively to the rural and remote medical team.

Candidates are required to complete at least 12 months of AST in one of ten disciplines:

- Aboriginal & Torres Strait Islander Health;
- Adult Internal Medicine;
- Anaesthetics;
- Emergency Medicine;
- Mental Health;
- Obstetrics;
- Paediatrics;
- Population Health;
- Remote Medicine; or
- Surgery (24 months).

Considerations when Choosing an AST

ACRRM recommends that candidates familiarise themselves with the relevant curriculum for the AST they are considering, the learning outcomes and how they will be assessed formatively and summatively for the AST, as each AST requires different assessment.

Assessment requirements for anaesthetics and obstetrics are as outlined in the JCCA and DRANZCOG Advanced Curricula and are not detailed in this document.

Prior to undertaking any AST, ACRRM recommends that candidates consider the training post where they will be located and that they ensure this is accredited by ACRRM for AST training in that discipline.

Candidates will also need to consider the prerequisite as specified in each curriculum to ensure they are eligible to undertake the AST.

See the ACRRM website to access the AST curricula <https://www.acrrm.org.au/advanced-specialised-training-curricula>.

Overview of Formative AST Assessment

The purpose of formative AST assessment is to drive learning and assist the candidate to identify their learning needs as they progress through the AST. Completion of formative AST assessment is a mandatory requirement, but not graded. All completed formative assessment material completed is provided to the ACRRM Assessment Team at the end of the AST term.

Formative assessment requirements for each discipline are summarised as follows:

DISCIPLINE	FORMATIVE ASSESSMENT		
	MiniCEX (5 Consultations)	Supervisor Report (at 6 Months)	Project (1500-2000 Words)
Aboriginal & Torres Strait Islander Health		✓	
Adult Internal Medicine	✓	✓	✓
Emergency Medicine		✓	
Mental Health	✓	✓	✓
Paediatrics	✓	✓	✓
Population Health		✓	
Remote Medicine		✓	
Surgery		✓	✓

Overview of Summative AST Assessment

The purpose of summative AST assessment is to ensure that the candidate has successfully demonstrated the knowledge, skills and attitudes required in the learning outcomes of the relevant AST curricula.

Summative assessment requirements for each discipline are summarised as follows:

DISCIPLINE	SUMMATIVE ASSESSMENT				
	MiniCEX (9 Consultations)	StAMPS	Supervisor Report (at 12 Months)	Logbook	Project (4000-5000 Words)
Aboriginal & Torres Strait Islander Health			✓		✓
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		✓	✓	✓	

Candidates are required to attain a Pass grade in all the required summative assessment modalities, rather than an overall Pass on an aggregated score. The standard for a successful outcome in each modality is that of a doctor practising safely and independently at Fellowship level.

Anaesthetics

Successful completion of the JCCA is considered to meet assessment requirements for AST in anaesthetics. Once the candidate has received documentation to demonstrate successful completion of this award, a copy of this is to be provided to the ACRRM Assessment Team.

Obstetrics

Successful completion of the DRANZCOG Advanced is considered to meet requirements for AST in obstetrics. Once the candidate has received documentation to demonstrate successful completion of this award, a copy of this is to be provided to the ACRRM Assessment Team.

Enrolling in AST Summative Assessment

The Advanced Specialised Training Summative Assessment Enrolment Application Form is available on the ACRRM website www.acrrm.org.au/assessment. Where relevant, enrolments must be received by the enrolment closing date specified on the Assessment Enrolment Application Form. Late enrolments will not be accepted.

The cost for each assessment is reviewed annually, aiming for a cost neutral approach where the cost to the candidate matches the cost of delivering the assessment. There is currently no charge for the logbook or supervisor reports.

Where required and wherever possible, ACRRM recommends that the AST summative assessments should be attempted in the latter six months of the AST year.

Eligibility for Enrolment in AST Summative Assessment

The eligibility criteria must be satisfied before enrolment for assessment will be accepted.

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)
 - b) IMG Specialist Pathway.
3. Candidates on a training pathway:
 - a) Prior to enrolling in an Advanced Specialised Training assessment it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in Fellowship.
 - It is recommended that the assessments are taken in the later part of training.
 - It is not a prerequisite to complete all primary training summative assessment before undertaking the AST assessments.

AST Enrolment Terms and Conditions

1. Fees cover the provision of the assessment enrolled in.
2. The assessment a candidate is enrolling for must be:
 - relevant to the AST discipline they are undertaking; or
 - a requirement specified by the College Censor in a Recognition of Prior Learning outcome to support previous AST.

3. See Chapter 2 (page 14) Enrolling in Summative Assessment for further information on enrolment and the refunds policy.

9. Aboriginal & Torres Strait Islander Health

Introduction

Prior to undertaking an AST in Aboriginal and Torres Strait Islander Health, candidates must ensure that their training post is accredited by ACRRM, that they meet the prerequisite eligibility requirements and that they are familiar with the learning outcomes and the formative and summative assessments required for the AST.

The assessments required for AST in Aboriginal and Torres Strait Islander Health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training. Candidates undertaking AST in Aboriginal and Torres Strait Islander Health are required to complete the following additional assessment tasks:

Formative tasks:

- Formative supervisor feedback reports – at 6 months.

Summative tasks:

- Summative supervisor feedback reports – at 12 months.
- Aboriginal and Torres Strait Islander Health research or community health project – a substantial project addressing an area of need in the local community and fulfilling the criteria outlined below. Projects must be approximately 4000–5000 words in length or equivalent amount of work. Project plans must be approved prospectively by the Aboriginal and Torres Strait Islander community and/or organisation, the candidate's supervisor, medical educator and ACRRM. The project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Research Project or Community Health Project

The Aboriginal and Torres Strait Islander Health research or community health project is a summative task, which must be completed satisfactorily in order to pass the AST term in Aboriginal and Torres Strait Islander Health.

The topic and format of the project must be prospectively approved by the Aboriginal and Torres Strait Islander community and/or organisation, the candidate's supervisor, medical educator and ACRRM.

The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

This project must:

- be based on working with an Aboriginal and Torres Strait Islander community, or organisation;
- address a community identified priority, and discuss community identified strategies to address the issue;
- demonstrate an in-depth understanding of the issue and relevant literature;
- address key learning objectives from the Aboriginal and Torres Strait Islander health AST curriculum;
- include an evaluation of success;
- demonstrate understanding of the strengths and resilience of aspects of the local Aboriginal or Torres Strait Islander community;
- demonstrate clear consideration of local capacity building and sustainability;
- document appropriate approval of the project by the Aboriginal or Torres Strait Islander community and organisation, including pre-approval of the intended process, and approval of the final report. This approval process will generally require oral and written presentations in appropriate forms and settings to the community and organisation.

The options for this project include but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register, standard drug list, practice profile;
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey documentation of an issue of importance to the local Aboriginal or Torres Strait Islander community – e.g. documenting the journey(s) of one or more patient(s) and their illness experience;
- a research project;
- submission and acceptance of an article for publication in a peer-reviewed journal;
- a conference presentation (with permission from the Aboriginal or Torres Strait Islander community, permission from the ACCHO or other employer organisation, or by joint presentation with an Aboriginal or Torres Strait Islander colleague);
- a poster presentation or PowerPoint presentation.

10. Adult Internal Medicine

Introduction

Prior to undertaking an Advanced Specialised Training (AST) in Adult Internal Medicine (AIM), candidates must ensure that their training post is accredited by ACRRM, that the candidate meets the prerequisite eligibility requirements and that they are familiar with the learning outcomes and the formative and summative assessments required for the AST.

The assessments required for AST in AIM are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training. Candidates undertaking AST in AIM are required to complete the following additional formative and summative assessment tasks.

Formative tasks:

- formative AIM AST supervisor feedback reports – at 6 months;
- formative AIM AST Mini Clinical Evaluation Exercises (miniCEX) – minimum 5 adult internal medicine consultations; and
- formative AIM AST project – a substantial project approximately 1500–2000 words in length or equivalent amount of work, fulfilling the criteria outlined below. The project must be submitted to ACRRM to demonstrate satisfactory completion.

Summative tasks:

- summative AIM supervisor feedback reports – at 12 months; and
- summative AIM AST Mini Clinical Evaluation Exercises (miniCEX) – 9 adult internal medicine consultations.

While not an absolute requirement for assessment of this AST, it is recommended that candidates may choose to maintain a learning portfolio during their advanced training in AIM. This could include learning plans, reflections on learning progress, details of individual cases or notable experiences during training, details of procedures witnessed or performed (additional to those required for completion of the Primary Rural and Remote Training Procedural Skills Logbook), supervisors' reports and certificates of competency or course completion. Such a portfolio will prove invaluable in tracking progress, learning planning and providing proof of completion of the required formative and summative assessment tasks.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Project

The AIM project is a formative task designed to guide the candidate's learning. The topic and format of the written assessment activity must be prospectively approved by the candidate's supervisor and medical educator. The completed project must be submitted to ACRRM to demonstrate satisfactory completion.

The project must:

- address key learning objectives from the AIM AST curriculum;
- demonstrate the candidate's 'in depth' understanding of the health issue(s) involved including the relevant literature;
- explore issues relevant to the Curriculum Domains: population health, Aboriginal and Torres Strait Islander health, professional, legal and ethical practice, and the rural and remote context; and
- include a piece of written work.

The options for this project include but are not limited to:

- a set of 3 case commentaries, each 500–700 words in length, each discussing a complex case encountered by the candidate, and each dealing with a different clinical content area;
- development of a funding or accreditation submission;
- a clinical audit of practice against protocols;
- a research project;
- submission and acceptance of an article for publication in a peer-reviewed journal; and
- a poster or oral presentation at a State, National or International medical conference or meeting.

Mini Clinical Evaluation Exercise (miniCEX)

The AIM mini Clinical Evaluation Exercise (miniCEX) is a practice-based assessment where a medical practitioner observes the candidate in his/her regular practice environment with his/her regular patients.

Formative

The formative miniCEX is to guide the candidate's learning. This can be performed by the supervisor or other similarly qualified medical practitioner. It requires observation and feedback on a minimum of five patient consultations.

For a Formative miniCEX Form, please contact the ACRRM Assessment Team on 1800 223 226 or 07 3105 8200 or email assessment@acrrm.org.au.

Summative

The summative miniCEX is to assess the candidate's clinical competence and is undertaken by an ACRRM appointed examiner. The examiner observes nine patient consultations and rates the candidate against six competencies:

1. communication skills;
2. history taking;
3. physical examination;
4. clinical judgment/clinical management;
5. rural and remote context/organisation/efficiency; and
6. overall clinical competence.

11. Emergency Medicine

Introduction

The assessments required for Advanced Specialised Training in Emergency Medicine (AST-EM) are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST-EM are required to complete the following additional assessment tasks:

Formative tasks:

- formative emergency medicine AST supervisor feedback reports - at 6 months.

Summative tasks:

- summative emergency medicine AST supervisor feedback reports - at 12 months;
- AST-EM procedural skills logbook; and
- AST-EM StAMPS – Structured Assessment using Multiple Patient Scenarios (StAMPS), examining case scenarios specific to advanced emergency medicine.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

AST-EM Procedural Skills Logbook

Completion of the AST-EM procedural skills logbook is a summative task required for the candidate to pass their AST training term in emergency medicine.

The candidate must demonstrate the appropriate number of each of the procedures detailed in the Emergency Medicine AST procedural skills logbook.

Each procedure must be performed to the designated level of competence and must be certified by an appropriate witness – generally a supervisor or senior clinician.

The procedure must be signed off by the witness or sufficient information recorded about the location and the witness to allow ACRRM to verify that the procedure was certified. The completed logbook must be submitted to ACRRM.

AST-EM Structured Assessment using Multiple Patient Scenarios (StAMPS)

The AST-EM Structured Assessment using Multiple Patient Scenarios (StAMPS) is an OSCE / VIVA-type examination consisting of eight emergency medicine scenarios, each of 10 minutes duration. StAMPS examinations may be delivered via videoconference or face-to-face. Candidates remain in one place (at their videoconference facility or room) and the examiners rotate between the candidates. By the end of the examination, candidates have been examined by eight different examiners.

The examiners observe and rate each candidate across five competencies:

1. communication / interpersonal skills;
2. diagnostic reasoning skills;
3. flexibility in response to new information;
4. develop appropriate management plan that incorporates medical and rural contextual factors
5. overall clinical competence.

Process, Rules and Regulations

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

The aim of StAMPS is to test high 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 examiners also ask the registrars how they would deal with system or patient factors that prevented the 'standard' approach being applied.

The process, rules and regulations are designed to ensure that the administration of the StAMPS is consistent and fair, with mechanisms to ensure security and administrative integrity.

Logistical Considerations

Location

The StAMPS is conducted as a face-to-face event at the ACRRM Brisbane office or other venue. Candidates are allocated their own room where they will remain for the duration of the examination. Examiners will rotate between candidates, so that each candidate has a range of examiners.

Timing

The StAMPS will be delivered in a series of rotations. In some instances, the examination may be delivered over two days, dependent upon the number of candidates undertaking the StAMPS.

Format of the StAMPS

The Logistical Profile

The Logistical Profile will be available for viewing via a secure internet website two days before your scheduled examination day. The Assessment Team will provide instructions to access the Logistical Profile during the week prior to the examination day.

The Logistical Profile:

- provides information regarding the setting in which the clinical cases encountered in the examination are taking place;
- a synopsis of the hospital arrangements; and
- other geography and demographic location factors in which the examination is set.

Candidates are permitted to retain the Logistical Profile for reference during the examination reading time and throughout the examination.

Invigilation

ACRRM invigilators will patrol the examination centre, although there may not be invigilators in each room.

An invigilator will perform an introduction to the examination and the process and provide candidates with:

- their Rotation Plan;
- the Logistical Profile;
- the Examination Printed Material;
- five sheets of A4 paper; and
- three pencils.

Examination Reading Time

A short period of reading time (10 minutes) is permitted prior to the start of the StAMPS. This reading time is intended for candidates to study the Examination Printed Material for each scenario in conjunction with the Logistical Profile. You are permitted to read all the eight scenarios during this examination reading time.

Candidates are permitted to make notes during the reading time and examination if they wish, using the paper provided.

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

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

Number of Scenarios

The StAMPS consists of eight (8) scenarios, each of ten minutes duration. Examiners will not repeat the examination scenario as candidates will be expected to have read this in the reading time and during the intervals in preparation.

Intervals between Scenarios

After each scenario there will be a 5 minute interval for the candidate to familiarise and prepare themselves for their next scenario.

Format of Scenarios

Each scenario is framed around an assessment target or goal. The scenario and questions are unfolding in nature, allowing information to be progressively revealed.

All scenarios are in the viva voce style where the candidate discusses the scenario directly with the examiner (no simulation is performed). The candidate may be asked to clarify their answers when these are unclear and to expand on answers when there is insufficient detail.

This StAMPS is not a traditional OSCE. The viva voce scenarios are designed to measure the candidate's understanding of core and general principles, rather than necessarily applying them to a specific nominated patient. Diagnostic dilemmas are not the focus of these scenarios matching real life where often the clinical management is required to proceed, prior to a definitive diagnosis being made.

Ample opportunity is provided for the candidate to explain the rationale behind their thinking, as well as an opportunity for the examiner to explore issues in greater depth than is possible in a written paper.

The Standard Required

The standard expected is stated in the AST-EM curriculum, which is available on the ACRRM website at <http://www.acrrm.org.au/assessment>.

Each scenario is designed to address specific components of the curriculum. Candidates are advised to consider the curriculum statements with the assistance of their preferred educational support structures.

Candidates are eligible to enrol in the AST-EM StAMPS if they have been awarded recognition of prior learning for AST-EM or if they are currently undertaking training time in an AST-EM post. In this instance, ACRRM recommends that wherever possible, candidates undertake the StAMPS during the latter six months of their training time.

Online Emergency Medicine StAMPS Practice Material

Candidates are advised to study the practice material provided on the ACRRM website at <https://www.acrrm.org.au/stamps-advanced-specialised-training-emergency-medicine-practice-scenario>.

Although the examination is designed to measure content, it is in the candidate's interest to be thoroughly familiar with the style and process of the examination. This includes being careful to place their answers in the context of the location where the examination is set with reference to the Logistical Profile.

The score received for each scenario depends on the way the candidate is able to integrate important facts and other pieces of information into a logical, coherent and wellreasoned discussion of the important issues. The *Key Item List* is an indicative view of the potential content of the appropriate answer, but is not intended to be exhaustive and never to be used as a simple “tick list”. Hence merely listing the facts may not in itself be sufficient for a Pass grade.

StAMPS Emergency Medicine Preparation Recording

All registrars can enrol themselves in the Stamps Exam Preparation Recording module via RRMEO. We recommend you listen to the recording to assist in your examination preparations.

Summary of Process

- a candidate enrolls in the StAMPS;
- after the enrolment closing date, ACRRM sends a confirmation of enrolment email containing essential information about the examination. ACRRM provides a confirmation of arrangements email to candidates (at least two weeks prior to the examination) containing instructions to access the Logistical Profile and attaching their Rotation Plan.

Roles and Responsibilities of the Candidate

Each candidate is personally responsible for each of the following:

- providing the Assessment Team with an email address that is accessed regularly;
- reading the AST-EM StAMPS Process, Rules and Regulations and abiding by the rules stated;
- signing and returning the Assessment Code of Conduct by the date specified (if the candidate has not already signed this document);
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

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

There are strict timelines in place for submission of paperwork to the Assessment Team. It is the candidate’s responsibility to ensure that they provide all of the requested documentation by the dates specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding on the Friday, 15 days before the examination date, the candidate will be denied entry to the examination and no refund of examination fees will be given. Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the Assessment Manager in a timely fashion.

Rules for the Conduct of the Examination

Candidates must arrive at the examination centre at least **30 minutes before the start time of the examination reading time.**

As the examination may be delivered in multiple rotations over two days, candidates are not permitted to communicate in any way with any other candidates at any time who are undertaking the examination, until all rotations for the examination on both days have been completed. Failure to comply with this rule will be considered a breach of the Code of Conduct and the College will take action accordingly.

Items Not Permitted in the Examination Room

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

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

Candidate's Arrival Procedure

- submit valid photographic identification (e.g. driver's licence or passport) to the invigilators for verification of identity;
- switch off and surrender to invigilators all mobile phones and any other electronic devices for the duration of the examination;
- surrender to invigilators any item in their possession as specified previously under - *Items Not Permitted in the Examination Room*; and
- follow instructions given by ACRRM invigilators.

Late Arrival of Candidates

Candidates who arrive within 30 minutes of the examination reading time may be allowed to participate in the examination at the discretion of the ACRRM.

Candidates who arrive late are not permitted any extension of time in which to complete their examination. This means that 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 examination, regardless of how well they perform in the remaining scenarios.

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

ACRRM Invigilators will note the late arrival and associated reasons on the *Examination Incident Report*.

Leaving the Examination

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

Candidates who leave the examination room early will not be re-admitted under any circumstances.

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

The End of the Examination

Once the eight scenarios have been completed, the candidate must remain in their allocated room until an ACRRM invigilator has conducted a closure.

Candidates are not permitted to take with them any of the material that was provided at the start of the examination. This includes the Examination Printed Material, the Logistical Profile and the A4 sheets of paper.

Once candidates are permitted to leave their allocated rooms, they must wait in a designated area as instructed by ACRRM invigilators, before they can be escorted from the premises.

Misconduct and Irregularities

Candidates concerned about the management of the conduct of the examination are requested to complete an *Examination Incident Report*.

Examples of misconduct or other incidents may include:

- uncooperative candidate (e.g. not following examination procedure);
- candidate with unauthorised materials in their possession after being advised on arrival to surrender any material;
- disturbances (e.g. noisy invigilator or environment); and
- any other disruptions.

Invigilators will not enter into an argument with candidates. Where appropriate, invigilators will:

- permit the candidate to continue to complete the examination unless there is a clear case of significant incident or misconduct;
- confiscate any unauthorised material – under no circumstances will this be returned to the candidate; and
- report all forms of misconduct or disturbances etc, using an Incident Report.

Disability

The ACRRM disability policy states that all candidates have the right to expect that:

- a) they will be treated with due respect and dignity;
- b) they will be able to participate in the assessment process free from discrimination and harassment;
- c) ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- d) confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of candidates include:

- a) being proactive in advising College staff and relevant Fellows of their disability at the time of enrolment;
- b) verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- c) discussing their specific requirements and share responsibility in negotiating solutions; and
- d) advising College staff and relevant Fellows of any changes to the nature or status of their disability. The policy is attached at [Appendix 4](#).

Appeals Policy and Procedure

Please refer to the ACRRM Appeals Policy, at [Appendix 5](#).

Grades and Marking

The grade is determined by the number of borderline and unsatisfactory marks awarded by the examiners. The marking system will be made available to candidates when results are reported.

Each candidate's performance is recorded to assist in the marking process and for quality assurance purposes.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners, which convenes approximately bi-monthly to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

The only recordable grades are Pass or Fail. An AST-EM StAMPS Candidate Report will be made available to provide more comprehensive data on performance.

Once available, results are uploaded to the Files Tab on a candidate's Learning Planner on RRMEO. Candidates will receive an email notifying them accordingly.

Feedback Session

Candidates who attain a Fail grade will be offered a feedback session, via teleconference, with a medical educator or principal examiner who will also be able to assist in the interpretation of the results.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the AST-EM StAMPS. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the AST-EM StAMPS, after which the College's Candidate Review Policy will be implemented, see [Appendix 6](#).

12. Mental Health

Introduction

The assessments required for Advanced Specialised Training (AST) in mental health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in mental health are required to complete the following additional formative and summative assessment tasks.

Formative tasks:

- formative mental health supervisor feedback reports – at 6 months;
- formative mental health mini Clinical Evaluation Exercise (miniCEX) – minimum 5 mental health consultations; and
- formative mental health project – a substantial project approximately 1500–2000 words in length or equivalent amount of work, fulfilling the criteria outlined below. The project must be submitted to ACRRM to demonstrate satisfactory completion.

Summative tasks:

- summative mental health supervisor feedback reports – at 12 months; and
- summative mental health mini Clinical Evaluation Exercise (miniCEX) – 9 mental health consultations.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Project

The mental health project is a formative task designed to guide the candidate's learning. The topic and format of the project must be prospectively approved by the candidate's supervisor and medical educator. The completed project must be submitted to ACRRM to demonstrate satisfactory completion.

The project must:

- address key learning objectives from the mental health AST curriculum;
- demonstrate the candidate's 'in depth' understanding of the mental health issue(s) involved including the relevant literature;
- explore issues relevant to population health, Aboriginal and Torres Strait Islander health, professional, legal and ethical practice, and the rural and remote context (i.e. domains 4 to 7); and
- include a piece of written work.

The options for this project include but are not limited to:

- a set of three case commentaries, each 500–700 words in length, each discussing a complex case encountered by the candidate, and each dealing with a different clinical content area;
- development of a funding or accreditation submission;
- a clinical audit of practice against protocols;
- a research project;
- submission and acceptance of an article for publication in a peer-reviewed journal; and
- a poster presentation or PowerPoint presentation.

Mini Clinical Evaluation Exercise (miniCEX)

The mental health mini Clinical Evaluation Exercise (miniCEX) is a practice-based assessment where a medical practitioner observes the candidate in their regular practice environment with their regular patients.

The formative miniCEX is to guide the candidate's learning and the summative exercise is to assess the candidate's clinical competence. The formative miniCEX can be performed by the supervisor or other medical practitioner and requires observation and feedback on a minimum of five patient consultations. The summative miniCEX is undertaken by an ACRRM appointed examiner.

The examiner observes nine patient consultations and rates the candidate against six competencies:

1. Communication / interpersonal skills;
2. History taking;
3. Physical examination;
4. Clinical judgment/clinical management;
5. Rural and remote context/organisation/efficiency; and
6. Overall clinical competence.

13. Paediatrics

Introduction

The assessments required for Advanced Specialised Training (AST) in paediatrics are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in paediatrics must complete the following additional formative and summative assessment tasks.

Formative tasks:

- Formative Paediatrics supervisor feedback reports – at 6 months;
- Formative Paediatrics mini Clinical Evaluation Exercise (miniCEX) – minimum 5 Paediatrics consultations; and
- Formative Paediatrics project – a substantial project approximately 1500–2000 words in length or equivalent amount of work, fulfilling the criteria outlined below. The project must be submitted to ACRRM to demonstrate satisfactory completion.

Summative tasks:

- Summative Paediatrics supervisor feedback reports – at 12 months; and
- Summative Paediatrics mini Clinical Evaluation Exercise (miniCEX) – 9 Paediatrics consultations.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Project

The Paediatrics project is a formative task designed to guide the registrar's learning. The topic and format of the project must be prospectively approved by the registrar's supervisor and medical educator. The completed project must be submitted to ACRRM to demonstrate satisfactory completion.

The project must:

- Address key learning objectives from the paediatrics AST curriculum;
- Demonstrate the registrar's 'in depth' understanding of the child and adolescent health issue(s) involved including the relevant literature;
- Explore issues relevant to domains of population health, Aboriginal and Torres Strait Islander health, professional, legal and ethical practice, and the rural and remote context; and
- Include a piece of written work.

The options for this project include but are not limited to:

- A set of three case commentaries, each 500–700 words in length, each discussing a complex case encountered by the registrar, and each dealing with a different clinical content area;
- Development of a funding or accreditation submission;
- A clinical audit of practice against protocols;
- A research project;
- Submission and acceptance of an article for publication in a peer-reviewed journal; and
- A poster presentation or PowerPoint presentation.

Paediatrics miniCEX

The Paediatrics mini Clinical Evaluation Exercise (miniCEX) is a practice-based assessment where a medical practitioner observes the registrar in his/her regular practice environment with his/her regular patients.

The formative miniCEX is to guide the registrar's learning and the summative exercise is to assess the registrar's clinical competence. The formative miniCEX can be performed by the supervisor or other medical practitioner and requires observation and feedback on a minimum of five patient consultations.

The summative miniCEX is undertaken by an ACRRM appointed examiner. The examiner observes nine patient consultations and rates the registrar against six competencies:

1. Communication skills
2. History taking
3. Physical examination
4. Clinical judgment/clinical management
5. Rural and Remote context/organisation/efficiency
6. Overall clinical competence.

14. Population Health

Introduction

The assessments required for Advanced Specialised Training (AST) in population health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in population health must complete the following additional formative and summative assessment tasks.

Formative tasks:

- formative population health supervisor feedback reports – at 6 months.

Summative tasks:

- summative population health supervisor feedback reports – at 12 months;
- population health project – a substantial project which addresses an area of need in the local community and fulfilling the criteria outlined below:
 - projects must be approximately 4000–5000 words in length or equivalent amount of work;
 - project plans must be approved prospectively by the candidate's supervisor, employer, medical educator and ACRRM; and
 - the project must be submitted to ACRRM for assessment and will be graded on a Pass/Fail basis.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Project

The population health project is a summative task which must be completed satisfactorily in order to pass the AST term in population health. The topic and format of the project must be prospectively approved by the candidate's supervisor, employer, medical educator and ACRRM.

The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

The project must:

- address issues of importance to the local community;
- demonstrate the candidate's 'in depth' understanding of local health issues including the relevant literature;
- involve working with the local community to identify and implement strategies to improve the current situation;
- demonstrate understanding of the strengths and resilience of aspects of the local community;
- demonstrate clear consideration of local capacity building and sustainability;
- address key learning objectives from the population health AST curriculum;
- include an evaluation of success; and
- include a piece of assessable written work.

The options for the project include but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register, standard drug list, practice profile;
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey;
- a research project;
- submission and acceptance of an article for publication in a peer-reviewed journal;
- a poster presentation or PowerPoint presentation;
- development of a health promotion web page; and
- development of an interactive computer program.

15. Remote Health

Introduction

The assessments required for Advanced Specialised Training (AST) in remote health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in remote health are required to complete the following additional assessment tasks:

Formative tasks:

- formative remote medicine supervisor feedback reports – at 6 months.

Summative tasks:

- summative remote medicine supervisor feedback reports – at 12 months;
- remote medicine research or community health project – a substantial project which addresses an area of need in the local community and fulfilling the criteria outlined below:
 - projects must be approximately 4000–5000 words in length or equivalent amount of work;
 - a project plan must be approved prospectively by the candidate's supervisor, employer, medical educator and ACRRM; and
 - the project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at six and 12 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6 month) and summative (12 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Research Project or Community Health Project

The remote medicine research or community health project is a summative task which must be completed satisfactorily in order to pass the AST term in remote medicine. The topic and format of the project must be prospectively approved by the candidate's employer, supervisor, medical educator and ACRRM.

The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

The project must:

- address an issue of importance to the local community;
- demonstrate the candidate's 'in depth' understanding of a local health issue including the relevant literature;
- involve working with the local community to identify and implement strategies to improve the current situation;
- demonstrate understanding of the strengths and resilience of aspects of the local community;
- demonstrate clear consideration of local capacity building and sustainability;
- address key learning objectives from the remote medicine AST curriculum; and
- include an evaluation of success.

The options for this project include but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register, standard drug list, practice profile;
- a research project;
- a local disease prevention or health promotion project;
- documentation of an issue of importance to the local community – e.g. documenting the journey(s) of one or more patient(s) and their illness experience;
- submission and acceptance of an article for publication in a peer-reviewed journal;
- an essay; and
- a poster presentation or PowerPoint presentation.

16. Rural Generalist Surgery

Introduction

The assessments required for Advanced Specialised Training (AST) in Rural Generalist Surgery are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in Rural Generalist Surgery are required to complete the following additional assessment tasks:

The assessment methods fall into the following categories:

Formative tasks:

- Formative supervisor feedback reports – at 6 months, 12 months and 18 months; and
- Rural Generalist Surgery AST project – written case studies and/or clinical presentations totaling approximately 1500 – 2000 words in length or equivalent amount of work.

Summative tasks:

- Summative supervisor feedback reports – at 24 months;
- Rural Generalist structured viva-vocé examination; and
- Rural Generalist Surgery AST procedural skills logbook.

Supervisor Reports

The Supervisor Report can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment. The same form is to be used for both formative and summative purposes.

Supervisor reports are required at 6, 12, 18 and 24 months. This report is a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback is to be obtained from at least two consultants or colleagues, including the candidate's supervisor. A feedback session is conducted with the candidate to guide further learning and development for the remainder of the AST. A summary of the feedback session is to be recorded on the Supervisor Report.

It is the responsibility of the supervisor to obtain this information and send this Supervisor Report to the training provider.

Training providers must provide ACRRM with the formative (6, 12 and 18 month) and summative (24 month) Supervisor Reports at the end of the AST. The summative Supervisor Report will be used to assist in determining the candidate's competence.

Project

The Rural Generalist Surgery AST Project is a formative task designed to guide the registrar's learning. The topic and format of the written assessment activity must be prospectively approved by the registrar's supervisor and medical educator. The completed project must be submitted to ACRRM to demonstrate satisfactory completion.

The project must:

- address key learning objectives from the Rural Generalist Surgery AST Curriculum;
- demonstrate the registrar's 'in depth' understanding of the health issue(s) involved including the relevant literature; and
- include a piece of written work.

The options for this project include but are not limited to:

- a set of 3 case commentaries, each 600–900 words in length, each discussing a complex case encountered by the candidate, and each dealing with a different clinical content area;
- development of a funding or accreditation submission;
- a clinical audit of practice against protocols;
- a research project;
- submission and acceptance of an article for publication in a peer-reviewed journal; and
- a poster presentation or PowerPoint presentation.

Structured Viva-vocé Examination

The Rural Generalist Surgery AST curriculum will be assessed by a Rural Generalist Surgery AST structured viva-vocé examination. The Rural Generalist Surgery AST Structured Viva-vocé Examination may be delivered via videoconference or face to face.

The examiners will observe and rate each candidate across six competencies:

1. Communication and interpersonal skills;
2. Diagnostic reasoning skills;
3. Flexibility in response to new information;
4. Management of complex problems in the rural and remote context;
5. Developing an appropriate management plan that incorporates relevant contextual factors; and
6. Overall clinical competence.

Procedural Skills Logbook

Completion of the Rural Generalist Surgery AST Procedural Skills Logbook is a summative task required for the registrar to pass their AST training term in rural generalist surgery. The registrar must demonstrate the appropriate number of each of the procedures detailed in the Rural Generalist Surgery AST Procedural Skills Logbook.

Each procedure must be performed to the designated level of competence and must be certified by an appropriate witness – generally a supervisor or senior clinician. The procedure must be signed off by the witness or sufficient information recorded about the location and the witness to allow ACRRM to verify that the procedure was certified. The completed logbook must be submitted to ACRRM.

Appendices

1. Abbreviations Used in the Text
2. Assessment Blueprint
3. Code of Conduct
4. Policy on Disability
5. Policy on Appeals
6. Registrar Review Policy
7. Recommended Reading List: Primary Rural and Remote Training

Appendix 1: Abbreviations Used in the Text

AST	Advanced Skills Training in one discipline Surgery, Obstetrics, Anaesthetics, Aboriginal and Torres Strait Islander Health, Emergency Medicine, Adult Internal Medicine, Population Health, Paediatrics, Mental Health or Remote Health
CFEP	Client Focused Evaluations Program: a private company that is the provider of the ACRRM MSF process
Formative Assessment	A self-reflective process that intends to promote student attainment
Logbook	Procedural Skills Logbook
MCQ	Multiple Choice Question Examination
miniCEX	Mini Clinical Evaluation Exercise
MSF	Multi-Source Feedback
Primary Rural and Remote Training	Three core years of training i.e. 12 months Core Clinical Training in an ACRRM-accredited metropolitan, provincial or regional/rural hospital, and 24 months Primary Rural and Remote Training in rural or remote ACRRM-accredited posts, e.g. hospital, Aboriginal Medical Service or community/general practice based facilities
RRMEO	Rural and Remote Medical Education Online
StAMPS	Structured Assessment using Multiple Patient Scenarios Examination
Summative Assessment	Process of evaluating and grading the learning of students at a point in time.
VR	Vocational Registration

Appendix 2: Assessment Blueprint

DOMAIN 1 – CORE CLINICAL KNOWLEDGE & SKILLS							
	Learning Outcome	MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
101	Function as an effective and appropriate clinician across primary, secondary, and tertiary care settings		✓		✓		✓
102	Establish a doctor/patient relationship and use a patient centred approach to care		✓		✓	✓	
103	Obtain a clinical history that reflects the different contextual issues including: presenting problem, epidemiology culture, and geographical location	✓	✓			✓	
104	Perform an accurate physical examination that is relevant to clinical history, risks, and the age, gender and culture of the patient and the local disease epidemiology	✓		✓		✓	
105	Apply and describe diagnostic reasoning to arrive at one or more provisional diagnoses including common, and uncommon yet important, conditions	✓	✓				
106	Formulate and justify a plan of investigation and management related to the differential diagnosis	✓	✓		✓		
107	Consider uncommon but clinically important differential diagnosis	✓	✓				
108	Apply core procedural skills in clinical practice			✓	✓		
109	Use specialised clinical equipment as required for further assessment and to interpret results	✓		✓			
110	Communicate findings of clinical assessment effectively and sensitively to patients, their families and/or carers		✓		✓	✓	
111	Negotiate a management plan with patients, their families and/or carers		✓		✓	✓	
112	Revise the management plan and continually review and follow up as new information becomes available		✓				
113	Use evidence based standard treatment protocols and guidelines to inform decision making	✓					
114	Use the principles of universal precautions against infection in practice	✓		✓		✓	
115	Facilitate and coordinate access to services according to the individual patient needs					✓	✓
116	Develop and maintain clinical and service provider networks for effective patient care				✓		
117	Demonstrate capacity to apply quality assurance mechanisms and to appropriately use resources	✓			✓		✓
118	Refer clients for specialist care and other services judiciously				✓	✓	

DOMAIN 2 – EXTENDED CLINICAL PRACTICE

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
201	Diagnose and manage complex, advanced or uncommon medical conditions across a broad scope of rural and remote medical practice	✓	✓			✓	✓
	201.1 Justify the diagnosis and differential diagnosis by reference to the aetiology, pathogenesis and epidemiology of the condition	✓	✓			✓	✓
202	Perform extended office and hospital-based diagnostic and procedural skills			✓			
203	Provide secondary and tertiary based care as required	✓	✓			✓	
204	Provide direct and distant clinical supervision and support for other rural and remote health care workers		✓		✓		✓
205	Work as part of a rural or remote multi-disciplinary team that reflects the extended skills of other health professionals in providing effective patient care	✓	✓		✓		✓
206	Provide team leadership, inter-agency liaison and participation in risk management programs				✓		
	206.1 Know their own limitations and when and how to refer				✓		
	206.2 Safety and occupational health				✓		
207	Demonstrate the ability to undertake the relevant forensic responsibilities	✓					

DOMAIN 3 – EMERGENCY CARE

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
301	Undertake initial assessment and triage of patients with acute or life threatening conditions	✓	✓				✓
302	Stabilise critically ill patients and provide primary and secondary care	✓	✓				✓
303	Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and available services	✓					✓
304	Perform required emergency procedures and courses			✓			✓
305	Arrange and/or perform emergency patient transport or evacuation when needed	✓	✓				✓
306	Demonstrate resourcefulness in knowing how to access and use available resources		✓		✓		✓
307	Communicate effectively at a distance with consulting or receiving clinical personnel		✓				
308	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing		✓				✓
309	Provide inter-professional team				✓		

	leadership in emergency care that includes quality assurance and risk management in the rural and remote setting						
DOMAIN 4 – POPULATION HEALTH							
Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
401	Analyse the social, environmental, behavioural, economic and occupational determinants of health that affect the community's burden of disease and community access to health-related services	✓					✓
402	Demonstrate an ability to apply a population health approach suitable to community practice profile	✓	✓		✓		
403	Integrate evidence based prevention, early detection and other health maintenance activities into practice at a systems level					✓	✓
	403.1 Undertake, supervise and monitor early detection strategies						✓
	403.2 Use brief interventions in managing chronic disease						✓
	403.3 Competently use clinical information and recall systems, particularly in the organised management and evaluation of chronic disease across the practice population						✓
	403.4 Provide health education and health promotion strategies in practice						✓
	403.5 Provide continuity and coordination of care for their own practice population						✓
404	Comply with statutory population health reporting and notification requirements				✓	✓	
405	Evaluate the quality of health care for practice populations	✓	✓				✓
406	Access and collaborate with agencies responsible for key population health functions, including public health services, employer groups and local government				✓		✓
407	Understand the role of a medical advocate in the design, implementation and evaluation of interventions that address the determinants of that population's health		✓				✓

DOMAIN 5 – ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
501	Demonstrate an understanding of the links between the social, cultural, historical, economic and political framework that influence the health status of Aboriginal and Torres Strait Islander peoples	✓	✓		✓		✓
502	Apply to clinical practice knowledge of the differing profile of disease among Aboriginal and Torres Strait Islander peoples	✓	✓				✓
503	Demonstrate an understanding of the differing cultural beliefs, values and priorities of Aboriginal and Torres Strait Islander peoples regarding their health and health care provision	✓	✓			✓	✓
	503.1 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe health care for Indigenous Australians						✓
504	Communicate effectively and in a culturally safe manner with Aboriginal and Torres Strait Islander peoples		✓		✓	✓	✓
	504.1 Identify key community contacts, mentors and support structures in the provision of effective health care		✓		✓	✓	✓
505	Develop capacity building and skills transfer strategies when working with Indigenous health care workers				✓		
506	Describe the common patterns and prevalence of disease, and use best evidence in the management of chronic diseases experienced by rural and remote Aboriginal and Torres Strait Islander peoples	✓	✓				✓
507	Appreciate the role and effect of comprehensive Aboriginal community-controlled Primary Health Care including self-determination, collaboration, partnership and ownership	✓	✓		✓		✓
	507.1 Use a primary health care approach in rural and remote indigenous health practice	✓	✓		✓		✓
	507.2 Discuss the different power based structures and decision making that need to be taken into account when working in a community controlled organisation	✓	✓		✓		✓
508	Identify overt, covert and structural forms of discrimination in interactions with patients, health professionals and systems; and advocate for their resolution	✓	✓		✓		✓
509	Work effectively and respectfully as part of a cross cultural team, and use local protocols for referral and involvement of health workers				✓		
	509.1 Describe the role of the Aboriginal and Torres Strait Islander Health Worker				✓		

510	Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and health research				✓		
511	List potential strategies to address social, economic and environmental determinants of disease among Aboriginal peoples and Torres Strait Islanders, and advocate for change	✓	✓				✓

Appendix 3: Code of Conduct

Introduction

The ACRRM assessment process has been designed to provide candidates with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflects the educational outcomes of the training program, and is relevant to the rural and remote context. Assessment modalities include a series of practice-based and external components. A unique feature of the program is that the assessment is able to be delivered to each registrar in their local environment.

Participants

This Code of Conduct applies equally across all those participating in the ACRRM assessment process and includes:

- Candidates;
- Invigilators;
- Examiners;
- Question Writers;
- Editorial Staff;
- Logistic Staff; and
- Administration Staff.

Responsibilities

It is the responsibility of all participants in the ACRRM assessment process to have a working knowledge of this Code of Conduct. Before entering the assessment process, each participant will be required to formally acknowledge that they agree to abide by the Code, by completing the declaration section at the end of the form and sending this to ACRRM. A Code of Conduct is only required to be completed once.

Key Foundations

Respect for People

The ACRRM assessment environment does not tolerate bullying, harassment or discrimination. It is an environment where people are respected, and diversity of opinions and beliefs are welcomed. Hence, all those involved in the assessment process are required to:

1. Treat people with respect, courtesy, honesty and fairness.
2. Respect different values, beliefs, cultures and religions.
3. Not discriminate against those with a disability.
4. Value the contribution of others you work with, and work co-operatively.
5. Not bully, intimidate, harass or discriminate against other people.
6. Treat patient information with the strictest confidence.
7. Not be on-call during examinations or interrupt examinations to answer telephones or pagers or any other form of electronic communication. This is relevant to candidates, invigilators and examiners.

ACRRM will only use examination material for education and research purposes when the material is de-identified and in composite data format, so that no item of information could be traced back to an individual.

Integrity

Being part of the assessment process places participants in a position of trust. Hence, each participant must ensure that they:

1. Make reasonable and transparent decisions.
2. Take all appropriate steps to ensure that confidential information associated with the assessment process (including examination questions and results) is stored and transported in a secure fashion.
3. Do not allow any unauthorised person to have access to examination materials or the examination room at any time.
4. Respect and protect the intellectual property assets associated with the assessment process owned or used by ACRRM.
5. Destroy or return to ACRRM all confidential examination material that they have at the conclusion of the examination.
6. Tell ACRRM about any potential conflict of interests, e.g. if the candidate is a relative or in a close working relationship with the examiners or invigilators; receipt of gifts in relation to their position in the assessment process.
7. Never use their position improperly to gain a personal advantage in their private life.
8. Report any fraud or corruption that they become aware of.
9. Specify that public comments about the ACRRM assessment process are their own personal views.
10. Only release ACRRM assessment process information when authorised.
11. Do not attempt to record any examination material in any format, other than examiners using approved ACRRM processes (e.g. approved marking sheets and ACRRM official digital recording of StAMPS).

Diligence

Each participant in the ACRRM assessment process is required to:

1. Participate to the best of their ability.
2. Ensure that they have read and understood the Rules and Regulations document for the assessment process they are participating in and obtained clarification from ACRRM for any areas that are unclear.
3. Exercise due care, skill and diligence in operating within the rules and regulations for the relevant assessment modality.
4. Use the Examination Incident Report to notify ACRRM of problems arising during examinations.
5. While participating in the ACRRM assessment process, and avoid conduct that could bring ACRRM into disrepute.
6. Ensure that use of alcohol and other drugs does not affect their participation.
7. Be open about reporting mistakes, and deal justly with colleagues when mistakes are made.

Economy and Efficiency

1. Use their time, resources and equipment efficiently while participating in the ACRRM assessment process.

Specific Assessment Modality Additional Issues

1. The candidate's identity is confirmed through photo identification (e.g. passport, driver's licence) at the start of each examination by the examiner (miniCEX) or invigilator (MCQ, StAMPS).
2. The invigilator will continuously observe the candidate during the examination (MCQ, StAMPS).
3. The invigilator will wipe the HTML history source from the computer at the end of the examination as detailed in the Rules and Regulations document (MCQ examination).
4. ACRRM may use the digital recordings of StAMPS examination material for Quality Assurance purposes, but will not publicly release this material without specific consent from the participants.

Breaches of the Code

Any suggestion of a breach of the Code of Conduct will be investigated by ACRRM in a timely manner. ACRRM will attempt to address the behaviour in a constructive, fair, transparent and consistent manner. Where there is a proven breach of the Code of Conduct, the ACRRM response will be determined by the seriousness of the violation and could include counselling, performance management processes, disciplinary processes or referral to other appropriate government agencies.

Acknowledgement

This document is based on the Queensland Public Sectors Ethics Act 1994 and the Queensland Health Code of Conduct March 2006.

Requirement

Before entering the assessment process, all participants are required to sign the declaration below and return this completed form to ACRRM via:

- Email (scanned): assessment@acrrm.org.au
- Fax: (07) 3105 8299; or
- Post: The Assessment Manager, ACRRM, GPO Box 2507, Brisbane QLD 4001.

We strongly recommend that you retain a copy of this document for future reference.

Declaration

I hereby acknowledge that I have read this document and agree to abide by the Code.

Name: _____ Signature: _____ Date _____

Witness

Name: _____ Signature: _____ Date _____

In addition to printing and signing this document, please ensure that you initial pages one and two before, returning all three pages.

Appendix 4: Policy on Disability

1. Purpose

ACRRM recognises the right of ACRRM vocational training pathway applicants and enrolled candidates to participate in an environment free from personal discrimination and bias. The purpose of this policy is to outline the roles and responsibilities of both ACRRM and the candidate.

The policy applies across all aspects of training and assessment without exception, including:

- Entry into an ACRRM vocational training pathway;
- Recognition of prior learning;
- Progress within an ACRRM vocational training pathway;
- Remediation requirements;
- Outcomes of remediation;
- Completion of training; and
- Assessment requirements and results.

2. Related Documentation

2.1 This policy should be read with reference to the following related documents:

- ACRRM Policy on Appeals (Vocational Training & Assessment): 2009.

3. Policy

3.1 ACRRM acknowledges that all candidates have the right to expect that:

- They will be treated with due respect and dignity.
- They will be able to participate in the assessment process free from discrimination and harassment.
- ACRRM staff will work with them to meet any reasonable need for flexible arrangements.
- Confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardize the safety of a patient.

3.2 Candidates are responsible to:

- Be proactive in advising College staff of their disability.
- Verify the nature and limitations of their disability to the extent required when seeking flexible arrangements.
- Discuss their specific requirements and share responsibility in negotiating solutions.
- Advise College staff of any changes to the nature or status of their disability.

4. Dispute

4.1 All candidates are entitled to enter an appeal process if they believe that ACRRM has not fulfilled the requirements of this policy. The process is defined in the ACRRM Policy on Appeals. (Vocational Training & Assessment): 2009.

5. Approval Authority

5.1 Amendments to this policy and associated procedures shall be approved by the ACRRM Censor's Committee.

6. Implementation and Monitoring

6.1 The Vocational Training and Assessment Manager on behalf of the Chief Executive Officer shall be responsible for the implementation of this policy and for monitoring its effectiveness.

Appendix 5: Policy on Appeals

1. Purpose

ACRRM recognises the right of ACRRM vocational training pathway applicants and enrolled candidates to appeal against decisions that impact on their acceptance into the program or training towards the award of Fellowship of ACRRM (FACRRM).

The purpose of this policy is to outline the process and procedures which apply to appeals against decisions relating to the ACRRM Vocational Training program and related assessment.

This policy is relevant to applicants who are refused entry into an ACRRM vocational training pathway and to candidates enrolled in an ACRRM vocational training pathway who wish to appeal decisions which delay or deny achievement of ACRRM Fellowship (FACRRM).

This policy applies to decisions made by ACRRM regarding:

- Entry into an ACRRM vocational training pathway;
- Recognition of prior learning;
- Progress within an ACRRM vocational training pathway;
- Remediation requirements;
- Outcomes of remediation;
- Completion of training; and
- Assessment requirements and results.

2. Related Documentation

This policy should be read with reference to the following related documents:

- ACRRM Remediation Policy; and
- ACRRM Candidate Review Policy.

3. Policy

Questions of disputed decisions or assessment can frequently be resolved without recourse to formal appeal. This policy may be employed when all other remediation avenues have been exhausted (see ACRRM Remediation Policy).

Prior to pursuing the appeals process, it is advised that the disputed decision be discussed with the Chief Executive Officer of the College. The Chief Executive Officer must be satisfied that all other avenues to resolve the issue have been exhausted before the Appeals Committee will be constituted.

The Appeals Committee shall hear appeals in relation to decisions made by or on behalf of ACRRM. The ACRRM Board, on recommendation from the Appeals Committee shall be responsible for making final decisions regarding appeals.

All proceedings regarding an appeal shall remain confidential.

4. Grounds for Appeal

- 4.1 A person who is aggrieved by a College decision may request an appeal based on one or more of the following grounds:
 - a. That an error in law or in due process occurred in the formulation of the original decision.
 - b. That relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision.
 - c. That irrelevant information was considered in the making of the original decision.
 - d. That procedures required by College policies to be observed in connection with the making of the decision were not observed.
 - e. That the original decision was made for an improper purpose.

- f. That the original decision was made in accordance with a rule or policy without regard to the merits of the particular case.
- g. That the original decision was inconsistent with the evidence and arguments put before the body making the original decision.

5. Time Restrictions for Appeals

- 5.1 Appeals must be lodged in writing to the Chief Executive Officer within three months of the appellant being informed of the decision to which the appeal is being made.
- 5.2 The written appeal letter must:
 - a. State the decision which is being appealed against;
 - b. Clearly state the grounds for the appeal;
 - c. Provide a brief outline of the aggrieved situation; and
 - d. State the remedy sought.

6 Appeal Proceedings

- 6.1 After determining that the appeal will proceed, the Chief Executive Officer or nominee shall:
 - a. Acknowledge receipt of the appeal;
 - b. Convene the Appeals Committee;
 - c. Determine the date of the appeal hearing, which shall be held within three months of the appeal being lodged;
 - d. Provide the following advice to the appellant at least 21 days prior to the hearing date:
 - the date, time and location of the hearing;
 - the membership of the committee;
 - their right to attend the hearing and present their case to the Appeals Committee personally, or to nominate an advocate to present their case, subject to approval by the Appeals Committee; and
 - their right to have a professional friend and/or a legal representative attend the hearing in an observer capacity.
- 6.2 The Appeals Committee will comprise:
 - Three College Fellows with medical educator experience who were not party to any decision to which the appeal relates;
 - The Chief Executive Officer of the College, as a non-voting member; and
 - Other individuals appropriate to a specific case, as judged by the Appeals Committee.
- 6.3 Appellants are required to lodge all written submissions to the Appeals Committee at least 14 days prior to an appeal hearing. Additional information provided after the submission will only be considered if the Chair of the Appeals Committee considers that the material is of significance to the matter.
- 6.4 A personal advocate, colleague or mentor may represent the Appellant in those cases where the Appeals Committee considers that an appellant would be disadvantaged in his/her appeal if required to present in person.
- 6.5 The Appeals Committee shall be entitled to consider all relevant information which it thinks fit, and may invite any person to appear before it or to provide information.
- 6.6 All proceedings shall remain confidential.
- 6.7 The Appeals Committee may:
 - confirm the decision which is the subject of the appeal;
 - revoke the decision which is the subject of the appeal and refer it back to the originating committee for a fresh decision; or
 - revoke the decision which is the subject of the appeal and make an alternative recommendation to the ACRRM Board.
- 6.8 In all cases the Appeals Committee's decision is final.
- 6.9 Decisions of the Appeals Committee must be notified to the ACRRM Board.
- 6.10 The Chief Executive Officer, on behalf of the Appeals Committee, will notify the appellant in writing of the decision, and reasons for the decision, within three weeks of the appeal hearing.

7 Fees

- 7.1 The CEO will advise the appellant of the applicable fee at the time of initial discussions prior to lodgement of the appeal.
- 7.2 The Appellant shall submit the fee with the letter of appeal.
- 7.3 The College will refund the appeals fee paid, minus administrative costs involved, in the case that the appeal is upheld.
- 7.4 The Chief Executive Officer of the College has the power to waive the application fee in appropriate circumstances, and the Chair of the Appeals Committee shall have the power to review decisions of the Chief Executive Officer regarding fee waiver on application of the appellant.
- 7.5 An appellant requiring a face-to-face hearing will meet all costs of convening such a meeting, including, but not limited to, travel and accommodation for the appellant and appeal committee members, regardless of the result of the appeal.

8 Approval Authority

- 8.1 Amendments to this policy and associated procedures shall be approved by the ACRRM Censor's Committee.

9 Implementation and Monitoring

- 9.1 The Chief Executive Officer shall be responsible for the implementation of this policy and for monitoring its effectiveness.

Appendix 6: Registrar Review Policy

1. Purpose

The purpose of this policy is to outline the requirements for managing situations where a registrar's status in their chosen training pathway: Vocational Preparation Pathway, Independent Pathway, or Remote Vocational Training Scheme (RVTS) requires review, to determine whether they should be allowed to continue training towards a FACRRM.

2. Policy

2.1 Review of a registrar's status in an ACRRM training pathway can be initiated by a Principal Examiner, Medical Educator or the Training and Assessment Manager.

2.2 The Censor will determine whether to approve or refuse the recommendation to convene the Registrar Review Panel.

2.2 The Registrar Review Panel will review educational, professional or practical situations that could impact on a registrar's ability to continue training in an appropriate manner.

2.3 The following criteria may trigger a review of a registrar's status (see Section 4 for further details):

- Failure to demonstrate adequate progress through the training requirements of the relevant vocational training pathway in line with their full-time equivalent (FTE) status;
- Failure to meet the minimum standards of the ACRRM Assessment Program;
- Significant concerns that are raised through performance in an assessment
- Imposition of conditions on the registrar's medical registration by a Medical Board that would affect the registrar's ability to continue training;
- Awareness of a health impairment which impacts on a registrar's ability to continue training;
- Registrar behaviour that contravenes ACRRM policy and has the potential to bring the College into disrepute; or
- Failure to pay membership and/or training fees.

2.4 The ACRRM Policy on Appeals will be applied to any registrar who wishes to appeal ACRRM's decision in relation to a review of status in the ACRRM Vocational Training Program. The right to appeal is limited to a period of 21 days from receipt of notification of the decision of the Registrar Review Panel.

3. Role of the Registrar Review Panel

The Registrar Review Panel must:

- assess each registrar's status on a case by case basis;
- protect the integrity of the FACRRM Vocational Training Program, offered either through AGPT, RVTS or directly through ACRRM;
- give the registrar the opportunity to address the relevant concern and present a detailed argument for continuation of training. This will include either a discussion (either face-to-face or by teleconference) between the registrar and the Panel. A personal advocate, colleague or supervisor may be present with the registrar or represent the registrar in those cases where the Registrar Review Panel considers that a registrar would be disadvantaged if required to present his/her case without support;
- comply with anti-discrimination and privacy legislation;
- document their decisions in writing, and
- inform the registrar of the decision in writing.

4. Grounds for review of a Registrar's status

4.1 Failure to progress adequately through the requirements of the Vocational Training Pathway

The ACRRM Vocational Training Program is a four-year training program. Any extension of training time must be assessed on a case by case basis and must be explicitly agreed in advance by the ACRRM Vocational Training Committee.

The registrar will have their status reviewed, if he/she:

- fails to comply with the training requirements of the training program and fails to progress through the training components of the pathway at a rate which would see them complete the program within four years (or the equivalent FTE if they are training part-time);
- fails to find a suitable post or refuses to undertake a required post, despite advice from the registrar's RTP, RVTS or ACRRM regarding finding employment in a suitable post;
- is dismissed by an employer; or
- is considered, following educational assessment and review processes, to lack the necessary clinical expertise and knowledge required to practise safely.

4.2 Failure to meet the minimum standards of the ACRRM Assessment Program

The ACRRM Vocational Training Program comprises an Assessment Program which is designed to provide registrars with a valid and reliable assessment that comprehensively reflects the educational outcomes of the training program.

A registrar can only attempt the final assessment – Structured Assessment using Multiple Patient Scenarios (StAMPS) – once all other assessment pieces have been satisfactorily completed.

The registrar's status in the training pathway will be reviewed by the Registrar Review Panel, if he/she:

- fails to complete the full ACRRM Assessment Program; or
- fails MCQ, MSF or miniCEX after the third attempt or StAMPS after the second attempt.

4.3 Imposition of conditions on medical registration by a Medical Board

Registrars are required to inform ACRRM and their training provider of changes in their registration status and of any decisions that could alter their participation in the ACRRM Vocational Training Program.

The Registrar Review Panel will use all relevant and significant information at their disposal to assist in determining whether medical board conditions affect a registrar's ability to continue in a training pathway.

In the instance where a registrar's medical registration status has been reclassified by the relevant Medical Board as a result of an adverse patient outcome or disciplinary action caused by professional misconduct, or where a registrar fails to comply with a Medical Board's directives, the Registrar Review Panel will review all relevant and significant information to assess whether the registrar should be excluded from the ACRRM Vocational Training Program.

4.4 Awareness of a Health Impairment

Where health problems are evident and a registrar's health status is impacting on his/her education and performance, reasonable steps should first be taken by the RTP, RVTS or ACRRM to ensure that:

- the registrar seeks appropriate care; and
- the health of the registrar does not impinge on his/her capacity to engage in training and to practise medicine safely and effectively.

Health problems can include but are not limited to physical impairment, cognitive impairment, mental health problems, and substance or alcohol abuse.

In situations where the registrar is ill and refuses to seek appropriate care and continues to practise, the Registrar Review Panel will decide whether it is appropriate to involve the relevant State or Territory Medical Board in the assessment of a registrar's capacity to practise.

The registrar will have their status in the training pathway assessed by the Registrar Review Panel, if his/her ability to successfully re-engage in the ACRRM Vocational Training Program is considered unlikely.

4.5 Registrar Behaviour Contravening ACRRM Policy and Standards

The Registrar Review Panel will assess any registrar activity that is contrary to the welfare and good standards of ACRRM and has the potential of bringing the College into disrepute. Such activity could include but is not limited to criminal behaviour, professional misconduct, and academic dishonesty (for example cheating in an examination).

4.6 Failure to pay membership and/or training fees

In all situations where a registrar fails to remain a financial member of ACRRM or fails to pay required training fees within allocated time, the Registrar Review Panel will assess his/her entitlement to continue to train in the pathway.

5. Review Panel Outcomes

During the Registrar Review Panel's review of educational, professional or practical situations, the following options may be considered:

- changes in supervision levels, reporting requirements, infrastructure and/or support;
- temporary suspension for a period to be determined by the Panel;
- eligibility for leave;
- permanent dismissal;
- counselling to leave the ACRRM Vocational Training Program; or
- other actions as determined necessary by the Panel.

6. Registrar Review Procedure

6.1 After determining that a registrar requires formal review by ACRRM, the Censor or nominee shall:

- a) convene the Registrar Review Panel;
- b) determine a date for the Registrar Review Panel to meet, which must be within three months of the situation becoming known;
- c) at least 21 days prior to the meeting date:
 - advise the registrar of the date, time and location of the meeting;
 - advise the registrar of the membership of the Registrar Review Panel;
 - invite the registrar to present his or her case to the Panel either in person (at registrar's expense) or by teleconference; and
 - advise the registrar of his/her right to have a personal advocate, colleague or supervisor present at the Panel meeting in an observer capacity.

6.2 The Registrar Review Panel will be comprised of four members:

- A Member of the Vocational Training Committee, whom must be a Fellow of ACRRM;
- A Member of the Registrar Committee;
- A Member of the Assessment Committee, whom must be a Fellow of ACRRM; and
- The ACRRM Chief Executive Officer or his/her delegated representative (non-voting member).

- 6.3 The registrar is required to present a written response to the Registrar Review Panel 7 days prior to the date of the Panel meeting. Additional information provided after this submission will only be considered if the Chair of the Registrar Review Panel considers that the material is of significance to the matter.
- 6.4 A personal advocate, colleague or supervisor may represent the registrar in those cases where the Registrar Review Panel considers that a registrar would be disadvantaged in his/her appeal if required to present his/her case without support.
- 6.5 The Registrar Review Panel shall be entitled to consider all relevant information which it thinks fit, and may invite any person to appear before it or to provide information.
- 6.6 All proceedings shall remain confidential.
- 6.7 In all cases the Registrar Review Panel's decision is final.
- 6.8 The Registrar Review Panel has the authority to make decisions autonomously regarding a registrar's progress and will report outcomes to the Censor's Committee for noting.
- 6.9 Decisions of the Registrar Review Panel must be notified to relevant professional training organisations, such as GPET or RVTS.
- 6.10 The ACRRM Chief Executive Officer or delegated nominee, on behalf of the Registrar Review Panel, will notify the registrar in writing of the decision of the Panel, and reasons for the decision, within three weeks of the Panel meeting.

Approved :	June 2010
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Appendix 7: Recommended Reading List: Primary Rural and Remote Training

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. However, it is quite reasonable to supplement learning with appropriate texts and other resources. To this end, ACRRM provides an indicative 'reading list' of material that would best achieve this goal. Please note that it is not the intention of this list to be the only resource for the answers to examination questions.

* indicates Key Texts

RRMEO

- Tele-derm
- Radiology online
- PDA Guidelines
- A large variety of other modules are also available

Journals

- Australian Prescriber
- Emergency Medicine Australasia
- Medical Journal of Australia
- Medicine Today
- NPS: RADAR

Textbooks

Aboriginal and Torres Strait Islander Health

- Eckermann A. Binan goonj : bridging cultures in aboriginal health. 2nd ed. Sydney; New York: Churchill Livingstone; 2006.*
- Couzos S, Murray R, Kimberley Aboriginal Medical Services' Council., National Aboriginal Community Controlled Health Organization. Aboriginal primary health care: an evidence-based approach. 3rd ed. Melbourne, Vic.: Oxford University Press; 2008.*

Cardiology

- Hampton JR. The ECG made easy. 7th ed. Edinburgh; New York: Churchill Livingstone/Elsevier; 2008.*

Core Clinical Skills

- Flynn JA, Longmore JM. Oxford American handbook of clinical medicine. Oxford; New York: Oxford University Press; 2007.*
- Bickley LS, Szilagyi PG, Bates B. Bates' guide to physical examination and history taking. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2007.*

Dermatology

- Johr R. Dermoscopy : the essentials. Edinburgh; New York: Mosby; 2004.
- Wolff K, Johnson RA, Fitzpatrick TB. Fitzpatrick's color atlas and synopsis of clinical dermatology. 6th ed. New York: McGraw-Hill, Medical; 2009.

Emergency Medicine

- Cameron P. Textbook of adult emergency medicine. 3rd ed. Edinburgh; New York: Churchill Livingstone Elsevier; 2009. *
- Cameron P. Textbook of paediatric emergency medicine. Edinburgh; New York: Churchill Livingstone Elsevier; 2006. *

Ethics

- Kerridge I, Lowe M, Stewart C. Ethics and law for the health professions. 3rd ed. Annandale, NSW: Federation Press; 2009.*
- Stewart C, Kerridge IH, Parker M. The Australian medico-legal handbook. Marrickville, N.S.W: Church Livingstone Elsevier; 2008.

Evidence Based Practice

- Straus SE. Evidence-based medicine : how to practice and teach EBM. 3rd ed. Edinburgh; New York: Elsevier/Churchill Livingstone; 2005.

Foundations of General Practice

- Balint M. The doctor, his patient, and the illness. 2nd ed. Edinburgh; New York: Churchill Livingstone; 2000.
- McWhinney IR. A textbook of family medicine. 2nd ed. New York: Oxford University Press; 1997.

General Practice

- Murtagh J. John Murtagh's general practice. 4th ed. Sydney ; New York: McGraw-Hill; 2007.*
- Murtagh J. John Murtagh's patient education. 5th ed. North Ryde, N.S.W: McGraw-Hill Australia; 2008.
- Murtagh J. Murtagh's practice tips. 5th ed. Sydney ; New York: McGraw-Hill; 2008.
- Simon C, Everitt H, Kendrick T. Oxford handbook of general practice. 2nd ed. Oxford; New York: Oxford University Press; 2005.

Infectious Disease and Tropical Diseases

- National Health and Medical Research Council (Australia). The Australian immunisation handbook. 9 ed. Canberra: Australian Govt. Pub. Service; 2009. *
- Sutherland SK, Tibballs J. Australian animal toxins : the creatures, their toxins, and care of the poisoned patient. 2nd ed. South Melbourn ; New York: Oxford University Press; **2001**.
- Gill GV, Beeching N. Tropical medicine. 6th ed. / edited by Geoff Gill & Nick Beeching. ed. Oxford: Wiley-Blackwell; 2009.

Medicine

- Boon NA, Davidson S. Davidson's principles & practice of medicine. 20th ed. Edinburgh; New York: Elsevier/Churchill Livingstone; 2006.

Mental Health

- Davies T, Craig TKJ. ABC of mental health. 2nd ed. Malden, Mass: BMJ Books/Blackwell Pub; 2008. *
- Gelder MG. New Oxford textbook of psychiatry. 2nd ed. Oxford; New York: Oxford University Press; 2009.

Obstetrics and Gynaecology

- Oats J, Abraham S, Llewellyn-Jones D. Llewellyn-Jones fundamentals of obstetrics and gynaecology. 8th ed. Edinburgh; New York: Elsevier Mosby; 2005.

Orthopaedics

- Apley AG, Solomon L, Warwick D, Nayagam S. Apley's concise system of orthopaedics and fractures. 3rd ed. London, New York: Hodder Arnold ;Distributed in the United States by Oxford University Press; 2005.
- McRae R, Esser M. Practical fracture treatment. 5th ed. Edinburgh; New York: Elsevier Churchill Livingstone; 2008. *

Paediatrics

- Thomson K, Tey D, Marks M, Royal Children's Hospital. Paediatric handbook. 8th ed. Oxford; Hoboken, NJ: Wiley-Blackwell; 2009. *

Public Health

- Germov J. Second opinion: an introduction to health sociology. 4th ed. South Melbourne, Vic: Oxford University Press; 2009.
- Heymann DL, American Public Health Association. Control of communicable diseases manual. 19th ed. Washington, DC: American Public Health Association; 2008.
- Farmer RDT, Lawrenson R. Lecture notes. Epidemiology and public health medicine. 5th ed. Malden, Mass: Blackwell Pub; 2004.

Radiology

- Erkonen WE, Smith WL. Radiology 101: the basics and fundamentals of imaging. 3rd ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2009.

Rural Health

- Smith JD. Australia's rural and remote health : a social justice perspective. 2nd ed. Croydon, Vic: Tertiary Press; 2007.
- Hutten-Czapski P, Magee G, Wootton J, Society of Rural Physicians of Canada. Manual of rural practice. Shawville, Québec: Society of Rural Physicians of Canada; 2006. *
- Liaw S-T, Kilpatrick S. A textbook of Australian rural health. Canberra: Australian Rural Health Education Network; 2008.

Surgery

- Tjandra JJ. Textbook of surgery. 3rd ed. Malden, Mass: Blackwell Pub; 2006.

Therapeutics

- Australian medicines handbook: AMH. Adelaide, S.Aust.: Australian Medicines Handbook; 2009.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Analgesics. 5. ed. North Melbourne: Therapeutic Guidelines Limited; 2007.

- Therapeutic Guidelines Limited. Therapeutic guidelines: Toxicology and wilderness. 1. ed. North Melbourne, Vic: Therapeutic Guidelines; 2008.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Oral and Dental. 1. ed. North Melbourne: Therapeutic Guidelines Limited; 2007.
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