

CGT StAMPS

ASSESSMENT PUBLIC REPORT

2025A

Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced following each Core Generalist Training (CGT) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Past public reports are available on the [ACRRM website](#).

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented realistic rural medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. The StAMPS assessment aims to test higher order thinking skills in a highly contextualised framework. Candidates are expected to explain how they would approach a given situation, demonstrating clinical reasoning, not only knowledge of facts.

The 2025A CGT StAMPS exam was held on 24 - 25 May 2025.

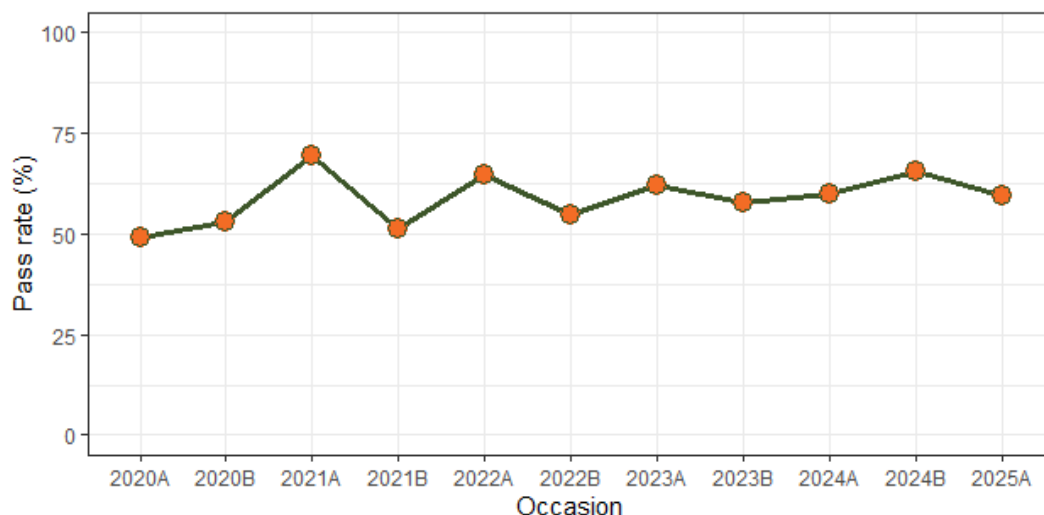
Overall Outcome

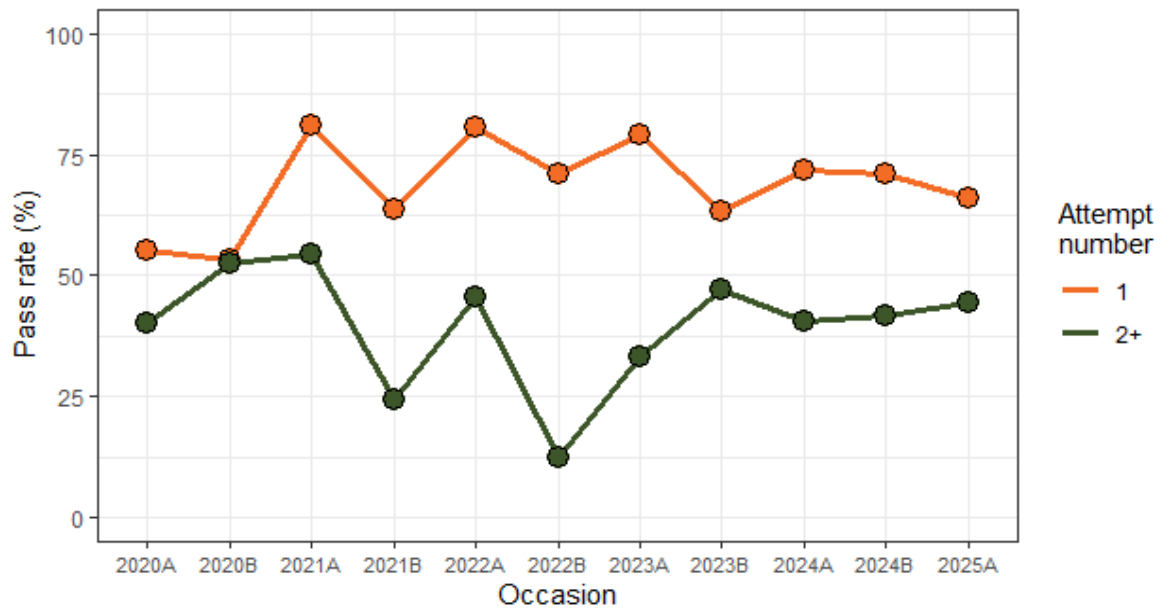
A total of 86 candidates sat the 2025A exam, with 51 of the candidates passing. The overall pass rate was 59.3%.

Assessment Statistics

The pass mark for 2025A (both exam days) was 197 out of a theoretical maximum of 336. Candidates who scored within 11 points of the cut score (i.e. 185 or higher) were formally reviewed.

For context, the overall pass rates for previous exams are illustrated in the plots below:





Conduct of the Exam

The assessment was conducted according to the previously established processes for CGT StAMPS delivery via the college's online exam software.

Candidates were provided a Community Profile that described the demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment delivery and marking for all candidates regardless of their actual practice location. The Community Profile used was unchanged from recent previous CGT StAMPS exams. The current Community Profile is published on the [ACRRM website](#) and available to view by the general public.

Candidates were provided with 10 minutes of reading time prior to the start of the first scenario to review the provided printed material. 10 minutes were scheduled between scenarios to ensure there was at least 5 minutes for reading time and a buffer to accommodate for any technical audio-visual issues and/or allow troubleshooting. Candidates remained on one continuous connection throughout the assessment with an ACRRM online room monitor. Examiners moved between the virtual rooms. This was the second CGT StAMPS exams delivered with no in-person invigilator required.

Further information may be found in the [Handbook for Fellowship Assessment](#).

Quality Assurance

Three Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the StAMPS modality. The Team Leads were available to assist in nuanced decision-making regarding candidate's scores when required.

Each Team Lead also undertook independent and concurrent scoring ensuring that each case and each examiner had paired data to assess inter-examiner variability/reliability. These QA scores were not included in the candidates' total scores and therefore did not affect the overall outcome, serving only as a quality assurance function. All candidates' scenarios were recorded. These recordings are retained until reconsideration, review and appeal processes are completed and then are destroyed in line with the college's policy.

Grading and Scoring Overview

Candidate performance is graded against a rubric and behaviour anchor on an 8-point linear scale. Each scenario offers the candidate the opportunity to earn up to 7 points on 6 items/domains which are scored independently.

1. Management in Part 1 that incorporates relevant medical and rural contextual factors
2. Management in Part 2 that incorporates relevant medical and rural contextual factors
3. Management in Part 3 that incorporates relevant medical and rural contextual factors
4. Problem Definition & Systematic Approach
5. Communication & Professionalism
6. Flexibility to changing context

Curriculum Blueprint

The table below provides a brief overview of the 2025A scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt “met the standard” in each scenario.

ACRRM Domains:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual, and professional framework
8. Provide safe medical care while working in geographic and professional isolation

Table 2: Curriculum Domain Map

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
SATURDAY										
1	End Stage COPD, T2 respiratory failure, NIV	✓		✓	✓		✓	✓	✓	56.5
2	Routine testing and complications in early pregnancy	✓	✓	✓	✓	✓		✓	✓	73.9
3	Testicular torsion	✓	✓		✓			✓	✓	63.0
4	Adolescent substance misuse	✓	✓					✓	✓	67.4
5	anticoagulation for prosthetic heart valve	✓	✓					✓	✓	63.0
6	Crohn's disease	✓	✓			✓		✓	✓	67.4
7	Whooping cough	✓	✓					✓	✓	67.4
8	Mental health in older person (hoarding)	✓			✓			✓	✓	50.0

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
SUNDAY										
1	Ectopic pregnancy	✓		✓	✓			✓	✓	80
2	Hyperemesis Gravidarum	✓		✓	✓	✓		✓	✓	77.5
3	Developmental dysplasia of the hip/global developmental delay	✓	✓			✓		✓	✓	42.5
4	PTSD and medication side effects	✓	✓					✓	✓	35
5	Rheumatic heart disease management	✓	✓		✓	✓	✓	✓	✓	80
6	Hyponatraemia	✓		✓	✓			✓	✓	60
7	Conjunctivitis and Strabismus	✓	✓			✓		✓	✓	65
8	Rheumatoid arthritis	✓	✓					✓	✓	75

Candidate and Educator Guidance

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this exam and educators who are supporting candidates. Brief individualised feedback is routinely provided to the medical educators. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

Passing the CGT StAMPS assessment requires that a candidate demonstrates the competency of a Rural Remote Medicine Specialist practicing independently, managing professional and geographic isolation, across all the Rural Generalist contexts (including primary care, inpatient medicine, aged care, emergency care, and community/population health). Therefore, it is recommended that CGT StAMPS be attempted when the candidate is at Fellowship level across all domains.

Candidates who were able to be specific in their answers and contextualise their assessments to the patient described in the scenario generally performed better. It is important to be specific with answers and to describe not only what you would do but how you would do it – for example, the assessment of the capacity of a patient to make their own medical decisions – how? Or when completing a risk assessment for a mental health presentation, not just that you would assess suicide risk – but how? Specifically what questions would you ask?

Overreliance or early referral to speciality colleagues prior to completing a thorough assessment was associated with poorer performance. The CGT STAMPS exam is to confirm readiness to practice as an independent practitioner in a resource limited setting, so whilst calling for help is never ‘wrong’ – it is important to have initial assessment and management skills prior to escalating to remote assistance.

Whilst time management in terms of moving through the three questions of each scenario is guided by the examiner – candidates can only be graded on the information verbalised at the time the scenario moves forward, so efficiency in answers is key. Avoid summarising the scenario contents and instead give your concerns and priorities early in your answer and signpost what you plan to cover so you can be prompted if time is running out. Prompts cannot be leading so are not offered for content that is not initially raised by the candidate.

Survey Feedback

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CGT StAMPS. ACRRM remains committed to improving the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to registrars and medical educators.

Following each assessment, candidates, invigilators, examiners and staff are encouraged to provide feedback via an online survey. Feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate and examiner experience for future assessments.

Based on feedback received from the 15 out of 89 candidates who responded to the survey, the following themes were identified:

- Most candidates found the preparation activities to be effective and aligned with the assessment, although some thought Study Groups as unhelpful.
- Communications and instructions to prepare for the exam, including IT requirements, were clear and easy to find.
- The assessment was satisfactory in format and length, with skills and knowledge assessed being adequately aligned to the curriculum/handbook.
- Examiners were respectful to candidates and were clear in their communication.
- The assessment management system was generally user friendly and satisfactory technical support was provided during the assessment, although some users did find the timer/timings difficult to follow.
- The ability to sit from home and removal of in-person invigilator has alleviated candidates from the pressures of finding a suitable venue.
- Some candidates experienced issues with their IT set up but felt the IT support provided was sufficient and the Assessment team was quick to respond.

Evaluation

In the next iteration of the exam, the scoring system will be adjusted to reduce redundancy by removing the 'flexibility' marking item. This will ensure the majority of a candidate's score will be derived from the accuracy of the answers to the three questions (60%) and remaining 40% of score derived from stylistic components of problem definition and communication/professionalism.

Due to the increasing number of special consideration requests to have the questions in written form, we are exploring the possibility of applying this modification to all candidates if it is achievable within the current exam software.

The trial of removal of invigilators has been a success, and moving forward in person invigilators will remain unnecessary, but can be requested as part of the special consideration process if a candidate prefers.

Acknowledgements

ACRRM would like to thank everyone who contributed to this assessment including the other Lead Clinical team members, Scenario Writers/Delphi panel, Examiners, Examiner Team Leads (QA), Review Examiners, ACRRM staff, invigilators and organisations who provided the venues.

For 2025A, a special mention must be made of the role played by the Assessment Committee and the Registrar Committee in advising, supporting and endorsing the implementation of the revised scoring system.

The College would also like to thank the Registrars who participated and the Educators who assisted in preparing them for this assessment.