Case Based Discussion

ASSESSMENT PUBLIC REPORT

2025

Purpose

This public report provides information for candidates, supervisors, educators, training organisations, communities and external stakeholders and is produced on an annual basis. It includes information on the conduct, outcome, statistics and commentary for the Case Based Discussion (CBD) Fellowship assessment. Previous public reports are available on the College website.

Introduction

Case based discussions (CBD) involve registrar selection of real patient encounters. The assessment is based on a discussion of case notes, investigation results, written correspondence, and healthcare plans with an assessor. The CBD is an assessment of clinical reasoning and application of knowledge in a clinical context. The candidate is required to demonstrate evidence of their clinical knowledge and how they apply that knowledge by appropriately assessing patients, formulating differential diagnoses, ordering relevant investigations and applying appropriate management plans.

CBD is one of the summative assessments for Core Generalist Training (CGT) and for Advanced Skills Training (AST) in Palliative Care. It is designed to be undertaken in a health care facility providing continued care. The case notes must contain evidence that the candidate is the doctor primarily responsible for patient care.

Overall Outcome

A total of 149 candidates sat in 2025. 135 of the 149 candidates passed. The overall pass rate was 90.6% and does not include the AST Palliative Care overall outcome.

Assessment Statistics

The total number of candidates has increased as compared to previous years for the CBD assessment. The pass rate of 90.6% is higher than the 2024 CBD pass rate (83.9%).

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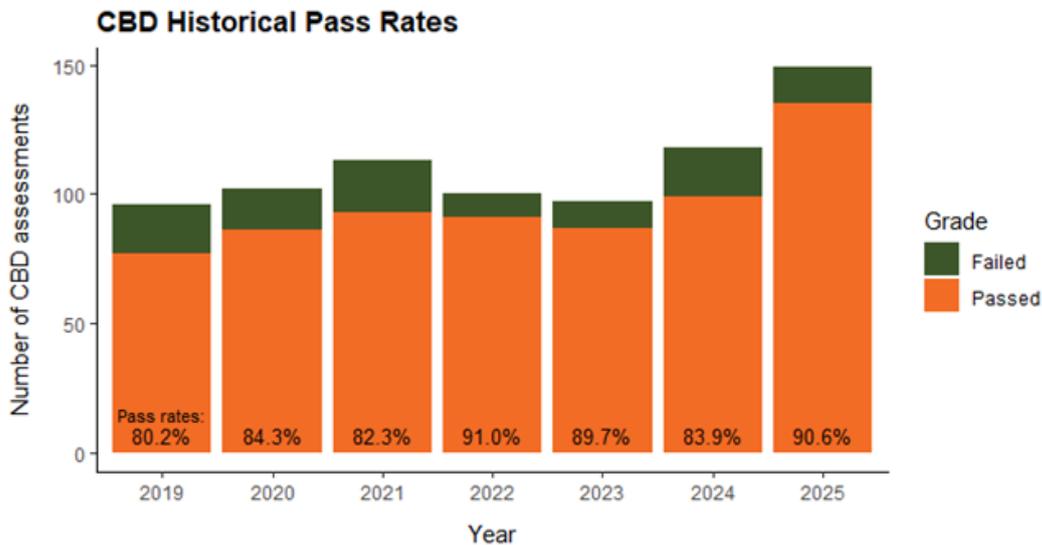
Conduct of the Exam

A candidate is required to submit 12 appropriately deidentified cases from their clinical setting: a general practice setting, small rural emergency department or a combination of these. Cases must have been last seen no more than 6 months prior to submission.

For a general practice, cases submitted must be of at least medium complexity to allow for demonstration of clinical reasoning. Candidates must submit twelve (12) cases at the time of enrolment covering a minimum of six (6) areas of the RG curriculum. No more than three (3) cases can be from a single curriculum area. Two (2) mental health cases must be included ensuring that at least one (1) case is suitable for the assessment. The case clinical notes should cover a minimum of 2 consultations, and a maximum of two (2) cases can be conducted solely by telemedicine. For emergency, cases submitted must be of high acuity (Australian Triage Category 1, 2,3 or 4). These requirements are intended to maximise a registrar's opportunity to succeed in the CBD assessment, allowing opportunity to demonstrate complexity of reasoning and clinical direction of management over a period of time.

The CBD Lead Assessor, or delegate, will select six (6) cases for the assessment from the twelve (12) cases submitted. The CBD assessment is conducted throughout the year and conducted via an online platform (currently Zoom). Candidates are responsible for finding a venue and device ensure they meet the requirements as outlined by the College. The assessment takes place over three (3) one-hour sessions. A different assessor conducts each session, and two (2) cases are discussed for 30 minutes each, making each of the three CBD sessions 60 minutes in duration.

Further information may be found in the Handbook for Fellowship Assessment.

Quality Assurance

CBD is a complex assessment requiring significant behind the scenes quality assurance work prior to scheduling of the assessment sessions. This quality assurance process ensures that candidates have the highest chance of success in this assessment.

The following quality assurance processes occur:

- administrative review of all case notes and attachments for compliance and privacy
- clinical review of case notes to ensure complexity and domain coverage
- assessors are experienced Fellows and undergo formal training to assess CBD
- all assessment sessions are recorded and randomly moderated / reviewed
- automatic review of the recording of a session where a candidate fails both cases with the one assessor
- review and endorsement of all session outcomes by the Lead Assessor prior to presentation to Board of Examiners.

Grading and Scoring Overview

To pass the CBD assessment overall, a candidate is required to achieve 'at expected standard' in five (5) of the six (6) cases. All three (3) sessions are conducted irrespective of the outcome of each individual session. Candidates who do not obtain a 'pass' grade will be required to enrol and complete the assessment process again.

There are five (5) categories scored by each Assessor for each case. The marking rubric is available for registrars to review during their preparation. Those categories build the overall impression of whether the registrar is performing at the level of a senior registrar (not at FACRRM standard) or a junior consultant (at FACRRM standard):

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

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

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

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

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

Curriculum Blueprint

Cases submitted need to cover at least 6 curriculum areas and must reflect the domains of practice.

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

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. Individualised feedback is routinely provided, but this does not entirely capture the differences between success and non-success. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

Assessors look for a quality to the registrar which demonstrates they are at fellowship level. This can be done through a systematic and holistic approach to patient care while maintaining strong advocacy and appropriate patient governance. Notes should be contemporaneous, thorough yet easy to follow demonstrating to another clinician their thought process, examinations, investigations and ensuring an appropriate disposition or plan is in place. Medicolegal considerations need to be evidenced when appropriate including adult and child safeguarding as a minimum.

The registrar needs to demonstrate they have considered the appropriate differentials and communicated effectively with the patient to ensure they are wholly included in their health decisions and demonstrated a working doctor/patient relationship. Ongoing referrals need to be timely and appropriate, and investigations should demonstrate a focused consideration of the disease process being explored. Any treatment including medications should reflect up to date evidence.

Survey Feedback

Following the assessment, assessors and candidates are encouraged to provide feedback. This feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate and assessor experience for future assessments.

Based on feedback of candidates from the 2025 cohort, the following themes were identified:

- The enrolment process is easy and straightforward, with the terms and conditions governing candidate participation in the ACRRM assessment clearly stated.
- College staff were helpful and responded to enquiries appropriately. Assessors were professional and courteous.
- The CBD assessment measures clinical reasoning and application of knowledge in a clinical context.
- The CBD assessment is a very onerous and lengthy process, and the College should provide sufficient administrative support to ensure timelines are met.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CBD.

Key quality improvement changes implemented in 2025 included:

- Reviewed requirements for case submission and modified the eligibility of cases to become more inclusive.
- Introduced a maximum page limit for each case.
- Allowed for Telehealth cases.
- Increased the number of registrars getting through the process/assessment without changes.
- Recruited more assessors and introduced an assessor training course to ensure best practice and standardisation.

ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is ongoing and includes Assessor Recruitment and Training, Professional Development, and to improving qualitative feedback for candidates.

Acknowledgements

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