ACRRM

Handbook for Fellowship Assessment

Version 1.7/2026

Contact Details

Australian College of Rural and Remote Medicine
Level 1, 324 Queen Street, Brisbane, Qld 4000
GPO Box 2507, Brisbane, Qld 4001
P: (+61) 7 3105 8200 or 1800 223 226
F: (+61) 7 3105 8299
E: assessment@acrrm.org.au
ABN: 12 078 081 848

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Introduction

Philosophy of ACRRM Assessment

The Australian College of Rural and Remote Medicine (College) views assessment as an ongoing and integral part of learning. The assessment process has a purposeful developmental design, that assists learners in identifying and understanding their strengths and weaknesses and providing feedback for guidance of future development. The assessment program is designed to contribute to the development of lifelong learning practices and skills.

The College has developed, and delivers, the assessment program based on three key principles:

- ACRRM's fully online assessment program allows candidates to undertake assessments from a location of their choice, either within Australia or overseas. By enabling candidates and assessors to participate from their local communities, the program reduces travel burdens, enhances accessibility, and helps maintain medical workforce capacity in rural and remote Australia by avoiding the need for clinicians to leave their communities to attend assessments.
- That the content of assessments is developed by clinically current rural generalists.
- Assessment plays a role in enabling candidates to become competent, confident and safe rural generalists practising independently in their provision of health care to rural and remote individuals and communities.

Programmatic approach

The College assessment process is designed using a programmatic approach. The programmatic approach allows the College to utilise assessment methods with different psychometric properties, including workplace based and standardised assessments. For example, there is a balance between the clinical assessment in Structured Assessment using Multiple Patient Scenarios (StAMPS), which has a highly structured and standardised approach, and the Case Based Discussion (CBD), which provides an assessment of the candidate's clinical practice in the unique setting of their own clinical environment. Similarly, the Multi-Source Feedback (MSF) and the Mini-Clinical Evaluation Exercise (MiniCEx) measure different aspects of the candidate's professional behaviour, one as perceived by patients and colleagues and the other through direct assessor observation.

Each assessment item has proven validity and reliability while assessing different aspects of the candidate's skills, knowledge, and attitudes from different perspectives. The combination of approaches provides a more nuanced and detailed picture of a registrar's development.

Each candidate is required to achieve a minimum of a pass standard in each of the summative assessment modalities. The combination of passing standard outcomes demonstrates that each candidate has requisite knowledge, skills and attitudes required for rural generalist practice as outlined in the ACRRM Rural Generalist Curriculum.

The combination of assessment modalities ensures that each competency is assessed at least once during the training program. For example, professionalism is predominantly measured by the MSF assessment, while application of knowledge is predominantly measured by the Multi-Choice Question (MCQ) assessment.

Principles of Assessment

Miller (1990) introduced an important framework that can be presented as four tiers of a pyramid to categorise the different levels at which trainees can be assessed throughout their training. Collectively, the College assessments embrace all four levels of Miller's Pyramid (Figure 1).

Miller emphasised that all four levels - knows, knows how, shows how and does – are required to be assessed to obtain a comprehensive understanding of a trainee's ability.

Does	Performance integrated into practice
Shows how	Simulated demonstration of skills in an examination situation
Knows how:	Application of knowledge to medically relevant situations
Knows:	Knowledge or information that the candidate has learned

Examples of the Fellowship assessment tools at each level of Miller's Pyramid are:

Does (Action):	MSF, Mini CEX, Logbook & CBD
Shows How (Performance):	StAMPS, Mini CEX, CBD
Knows How (Competence):	StAMPS
Knows (Knowledge):	MCQs

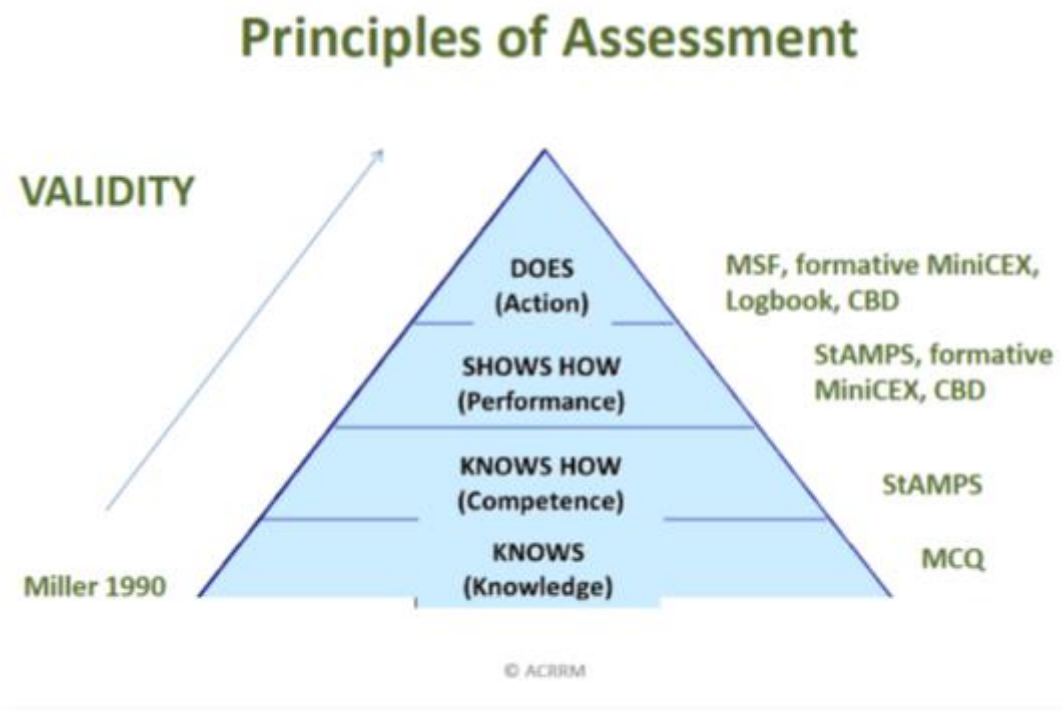


Figure 1: *Miller G 1990 The Assessment Clinical Skills/Competence/Performance*

Assessment Blueprint

The assessment program has been developed around the Rural Generalist Curriculum competencies under the eight domains of rural practice.

Domain 1 - Provide expert medical care in all rural contexts			
Competencies		**Work based assessments (WBA)**	**Standardised assessments**
1.1	Establish a doctor-patient relationship	Supervisor reports, CBD MiniCEx, MSF	StAMPS
1.2	Use a patient centred approach to care	Supervisor reports, CBD MiniCEx, MSF	StAMPS
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency setting	Supervisor reports, CBD MiniCEx, MSF	MCQ, StAMPS
1.4	Obtain a relevant and focused history using a logical and structured approach aiming to rule in and rule out relevant differential diagnoses within a patient's presentation	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
1.5	Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
1.6	Appropriately order, perform and interpret diagnostic investigations	Supervisor reports, CBD, MiniCEx, MSF, logbook	MCQ, StAMPS
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Supervisor reports, CBD, MiniCEx, MSF,	MCQ, StAMPS
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS

Domain 2 – Provide primary care			
Competencies		**WBA**	**Standardised assessments**
2.1	Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population.	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.2	Provide patient care across the lifespan from birth through to end of life	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.3	Manage common presentations and conditions in primary care	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.4	Provide longitudinal care, managing individual's diverse range of problems across extended time periods	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.5	Perform primary care diagnostic and therapeutic procedures	Supervisor reports, CBD, MiniCEx, MSF, logbook	MCQ, StAMPS

2.6	Effectively manage time pressure and decision fatigue during general practice consultations	Supervisor reports, CBD, MiniCEx, MSF	
2.7	Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.8	Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
2.9	Provide cost conscious care for patients, the service and the health care system	Supervisor reports, CBD, MiniCEx, MSF	
2.10	Provide general and specific health checks, medical assessments and travel medicine consultations	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS

Domain 3 – Provide secondary medical care			
Competencies		**WBA**	**Standardised assessments**
3.1	Manage common conditions requiring inpatient care in appropriate settings	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
3.2	Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
3.3	Perform secondary care diagnostic and therapeutic procedures	Supervisor reports, CBD, MiniCEx, MSF, logbook	MCQ, StAMPS
3.4	Recognise and respond early to the deteriorating patient	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
3.5	Communicate effectively with healthcare team, including effective handover	Supervisor reports, CBD MiniCEx, MSF	StAMPS
3.6	Anticipate and judiciously arrange safe patient transfer to other facilities	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
3.7	Undertake early discharge planning, involving the multi-disciplinary team	Supervisor reports, CBD, MiniCEx, MSF	StAMPS

Domain 4 – Respond to medical emergencies			
Competencies		**WBA**	**Standardised assessments**
4.1	Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS, REST
4.2	Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS, REST
4.3	Perform emergency diagnostic and therapeutic procedures	Supervisor reports, CBD, MiniCEx, logbook	MCQ, StAMPS, REST
4.4	Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS, REST
4.5	Activate or support emergency patient retrieval, transport or evacuation when needed	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS, REST
4.6	Provide inter-professional team leadership in emergency care that includes a quality assurance, risk management assessment, team debriefing and self-care	Supervisor reports, CBD MiniCEx	MCQ, StAMPS, REST
4.7	Utilise assistance and/or guidance from other specialist practitioners and services as required	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS, REST

Domain 5 – Apply a population health approach			
Competencies		**WBA**	**Standardised assessments**
5.1	Analyse the social, environmental, economic and occupational determinants of health that affect the community	Supervisor reports	
5.2	Describe the local community profile, including health, age groups, ethnicity, occupations	Supervisor reports	
5.3	Apply a population health approach that is relevant to the community profile	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS
5.4	Integrate evidence-based prevention, early detection and health maintenance activities into practice at a population level	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS
5.5	Fulfil reporting requirements in relation to statutory notification of health conditions	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
5.6	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing	Supervisor reports	

Domain 6 – Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing			
Competencies		**WBA**	**Standardised assessments**
6.1	Understand diverse local health practices and their benefits for communities	Supervisor reports	MCQ, StAMPS
6.2	Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research	Supervisor reports	StAMPS
6.3	Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS

Domain 7 – Practise medicine within an ethical, intellectual and professional framework			
Competencies		**WBA**	**Standardised assessments**
7.1	Work within relevant national and state legislation and professional and ethical guidelines	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
7.2	Keep clinical documentation in accordance with legal and professional standards	Supervisor reports, CBD	
7.3	Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
7.4	Manage, appraise and assess own performance in the provision of medical care for patients	Supervisor reports, MSF	
7.5	Participate in institutional quality and safety improvement and risk management activities	Supervisor reports	
7.6	Teach and clinically supervise health students, junior doctors and other health professionals	Supervisor reports, MSF	
7.7	Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements	Supervisor reports	MCQ, StAMPS
7.8	Contribute to the management of human and financial resources within a health service	Supervisor reports, MSF	
7.9	Provide leadership in professional practice	Supervisor reports, MSF	StAMPS
7.10	Engage in continuous learning and professional development	Supervisor reports, MSF	
7.11	Critically appraise and apply relevant research	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS

Domain 8 – Provide safe medical care while working in geographic and professional isolation			
Competencies		**WBA**	**Standardised assessments**
8.1	Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
8.2	Develop and apply strategies for self-care, personal support and caring for family	Supervisor reports, MSF	
8.3	Establish a community network while maintaining appropriate personal and professional boundaries	Supervisor reports, MSF	
8.4	Establish, maintain and utilise professional networks to assist with safe, optimum patient care	Supervisor reports, MSF	

8.5	Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services	Supervisor reports, CBD, MiniCEx, MSF	MCQ, StAMPS
8.6	Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients	Supervisor reports, CBD, MiniCEx	MCQ, StAMPS
8.7	Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population	Advanced Specialised Training supervisor reports, CBD, MiniCEx, logbook	Advanced Specialised Training StAMPS, Projects

Examiners, Assessors and Item Writers

The College has teams of assessment writers, quality assurance examiners, reviewers and examiners, and aims to include a broad representation of geographic and demographic membership in these teams. Core Generalist Training examiners and assessors are required to be experienced rural generalists who hold Fellowship of ACRRM (FACRRM). Advanced Specialised Training examiners and assessors are comprised of a combination of doctors holding FACRRM and may be Fellows of other relevant Specialist Medical Colleges.

All College examiners undergo initial and ongoing training and receive regular feedback post an examination.

The College uses several processes to evaluate the effectiveness of the Fellows who contribute to assessment modalities. Post-assessment feedback from candidates, examiner team leads, examiners and others involved in the assessment as well as statistical data is evaluated routinely after each assessment. This information is reviewed by the lead examiners and the assessment team, with feedback to the examiners and writers.

Code of Conduct

The College has an Examiner Charter and Code of Conduct that outlines the examiners roles and responsibilities. The Code of Conduct is available on the College website here.

Academic Code of Conduct and Misconduct

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

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

Conflict of interest

A conflict of interest (COI) is a situation in which an examiner or candidate may be perceived as being in a position to derive personal benefit or subject the candidate to personal bias as a result of an assessment decision or actions.

Many examiners will have met candidates in the past. This is generally not a concern or a conflict of interest. A COI is most likely to occur when an examiner has directly supervised or mentored a candidate.

A declared conflict of interest that has been received prior to the scheduling of exam timetables will be taken into consideration and addressed accordingly. A COI that is raised on the day of an exam will be managed accordingly to ensure an examiner and/or candidate is not impacted.

For the CBD assessment, the allocated assessor list is communicated to the registrar in advance and who is able to notify the College of any conflict of interest prior to their assessment. A declared conflict of interest will be managed according to procedure.

The Conflict-of-Interest policy is available on the College website here.

Quality Assurance processes

A range of quality assurance processes are used as part of the College's standard assessment processes.

The College has a documented process based on best practice for standard setting and definition of the cut-off point between "at standard and not at standard" in each of the summative assessment modalities. These are described in the subsequent sections describing each modality.

Following an assessment, extensive psychometric data analysis is conducted, with reliable questions/items placed in the repository for future assessments or to be included in preparatory activities and practice assessments. Those with poor reliability are redeveloped or retired.

StAMPS examiners assessing the same scenario attend a moderator session together with the Lead Examiner to discuss the scenario and facilitate consistent delivery and marking of the scenario. At each StAMPS assessment there is a Lead Examiner in attendance, who along with the Assessment Manager and Director of Assessment, ensure that the assessment is delivered in a fair and consistent manner, and that all processes have been followed. The Lead Examiner will observe examiners across the assessment sessions and replace an examiner when a sudden conflict of interest has been declared. The Lead Examiner is also responsible for providing feedback to examiners. At the conclusion of the StAMPS assessment, all examiners attend a debriefing session.

As a standard part of college assessment processes, the StAMPS and CBD assessments may be recorded. Candidates are notified of this prior to commencing their exam and continued participation in the assessment is considered consent to the recording. These recordings are used for the purpose of quality assurance and are the property of the College. Recordings are not made available to candidates or medical educators. Retention of recordings is managed in line with College's document management policy.

The College formally evaluates the validity and reliability of each assessment modality prior to finalising results. Formal statistical testing is completed after each MCQ and StAMPS assessment to identify any discrepancies that may suggest the assessment was unfair for all or some candidates. This analysis includes performance breakdown of each StAMPS scenario for each day as well as examiner grading and candidate cohort analysis. The CBD assessment is formally analysed through regular year-round session reviews and statistical analysis each year.

The College conducts ongoing evaluation of the assessment process to ensure fairness and equity for all participants. After each assessment, candidate, examiners and staff are invited to provide feedback via an anonymous online survey. The College has introduced a continuous quality assurance process for all assessments which is reported to the Assessment Committee.

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

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

Candidate assessment rules

The following rules apply to a candidate to participate in a College assessment:

- A candidate must be ready to commence their exam at the time specified in the instructions provided to them following confirmation of enrolment. A candidate must check their local time zone and adjust the start time which is in Australian Eastern Standard Time (AEST).
- A candidate must provide valid photographic identification (e.g. driver's licence or passport) for verification of identity when requested on the day of the exam.
- A candidate must not have any unauthorised items, prohibited equipment or smart devices with them in the exam room unless approved by the Assessment team.
- A smart device must not be in the candidate's possession, accessible, or used during any written or viva assessment unless approved as part of an authorised reasonable adjustment; or expressly required or authorised by ACRRM for assessment administration, candidate support, technical troubleshooting, emergency communication, identity verification, or connectivity requirements. A

candidate must not use a smart device in any way with the intent to reproduce confidential exam material and share.

- A candidate is strictly prohibited for using electronic communication devices to communicate with anyone other than ACRRM staff or examiners during the exam.
- A candidate is strictly prohibited from accessing any part of the computer, including email or internet sites, other than the exam software.
- A candidate must notify the staff member (where present) if a restroom break is required.
- At the conclusion of the examination, all hand-written notes must be securely destroyed immediately after the exam.
- A candidate must not share any information related to the content of the assessment as to do so is a serious breach of the College's Academic Code of Conduct. Any breach or alleged breach will be dealt with in accordance with this policy.

Venue and IT requirements

All StAMPS including Mock StAMPS are delivered using ACRRM's assessment management system. More information about the system is available here.

It is a candidate's responsibility to find a college approved venue as soon as they have enrolled for an assessment. If an approved venue becomes inaccessible/unavailable prior to the day of the exam, for example a natural disaster, the candidate must seek an alternative venue noting that any IT requirements will need to be redone. The candidate must ensure that the room being used for the assessment does not contain any medical reference materials or other items as indicated in the section relevant to candidate assessment rules.

For the MCQ assessment, candidates will require an (in-person) invigilator to be present for the duration of the exam until further notice. Candidates should refer to the MCQ Assessment Invigilator Guide for more information.

Candidates must have a computer / personal device that meets the minimum requirements (refer Assessment Venue and IT Requirements). It is important the required IT system checks are completed by the required timeframe to ensure the exam runs smoothly.

As per the Academic Code of Conduct, a participant of an assessment activity must make every effort to have the required resources/technology to participate (e.g. internet connectivity, camera, microphone etc). The College will not be liable for any technical issues caused as a result of internet connection, firewall issues and other configurations.

Incident Reporting

A candidate, examiner or staff member who has a concern about the management or conduct of the assessment should submit an incident report to the Assessment team within 48 hours of the conclusion of the relevant assessment.

Examples of incidents include but are not limited to:

- An uncooperative candidate or examiner
- Assessment procedures adhered to
- Disturbances (e.g. unexpected noisy consulting room, fire alarms/drills)
- Unauthorised persons entering the assessment room
- Unauthorised material in the assessment room
- Technical Disruptions (e.g. loss of power or internet)
- Unforeseen emergency evacuations

In the event of an emergency evacuation, the Assessment team must be contacted immediately or as soon as practicable. If an invigilator is present (as approved by the College), any assessment material or notes must be collected from the candidate and venue's evacuation procedures must be followed. The invigilator (if present) must remain with the candidate at all times for the duration of the evacuation and if possible, maintain contact with the Assessment team throughout. Returning to the assessment room/venue should only be done so when safe and as instructed by the venue's emergency contacts or authorities.

Any time lost as a result of an emergency evacuation will be added to the assessment time to allow the candidate to continue and complete the assessment if and when it is safe to do so on the same day. Depending on the duration of the evacuation, the candidate's assessment may be rescheduled to another date.

Results

Following the completion of all post assessment quality assurance processes, a recommendation is presented to the College's Board of Examiners (BoE). The BoE meets on a regular basis and is responsible for the ratification of results. Candidates are provided with an outcome letter and feedback report (if applicable) shortly after the ratification of results by the BoE.

Once available, outcome letters and feedback reports are uploaded to the "My Documents" section of a candidate's "My College" portal, accessible via the College website. Candidates will receive an email notification when results are available.

The dates for release of results for all StAMPS and MCQ are published on the Assessment, date and enrolments and fees webpage.

Public Assessment Reports

The Public Assessment Report provides assessment statistics, a description of the scenarios/questions, feedback from the Lead Examiner and a summary of stakeholder feedback and improvements. The Assessment Public Reports are published at release of results and are available on the Assessment resources webpage.

A public report is available for the following assessments:

- StAMPS - Core Generalist Training
- StAMPS - Advanced Specialty Training in Emergency Medicine
- StAMPS - Advanced Specialty Training in Adult Internal Medicine Mental Health, Paediatrics and Surgery (annually)
- Multiple-Choice Question (MCQ)
- Case Based Discussion (annually)

Undertaking assessments overseas

The College has provisions in place for candidates who will be overseas at the time of their assessment. The selected venue is. Candidates who wish to undertake an assessment overseas must contact the Assessment team as soon as practicable for further advice before finalising their enrolment.

The MCQ and StAMPS assessments can be completed overseas, subject to the appropriate venue and IT requirements being met. See Assessment Venue Requirements for further information.

Assessment policies

A range of policies apply to all candidates undertaking an assessment overseen or conducted by the College. These policies are available on the ACRRM Assessment Policies webpage.

Assessment Eligibility policy

This policy defines the eligibility requirements to enrol in and undertake assessments, rules relevant to reattempting assessments and undertaking assessments while on leave from training.

Academic Code of Conduct

The Academic Code of Conduct provides the College's expectations of doctors and others participating in the College's assessment, education and/or training program in respect to personal and professional conduct and a duty to disclose a review of, or changes to their medical registration.

Academic Misconduct policy

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

Conflict of Interest policy

This policy defines the College principles and approaches for ensuring that conflicts of interests associated with college operations are identified, disclosed, and managed in order to protect the integrity of the College, its employees and members, to provide transparency and to manage risk.

Refund policy

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

Reconsideration, Review and Appeals policy

The policy defines College decisions that can be reconsidered, reviewed, or appealed, including disputing a result or outcome of an assessment undertaken. The policy also defines the application processes, timeframes and possible outcomes for reconsiderations, reviews, and appeals.

Special Consideration policy

The Special Consideration policy describes the criteria to apply for special consideration for an assessment, to request reasonable adjustments to accommodate for a disability, long term medical condition, or other circumstances in accordance with the policy. All applications must be made using the online special considerations form and within the stipulated timeframes.

Training Program Requirements policy

This policy defines the requirements that must be met by a Registrar on the ACRRM Fellowship Training Program including the assessments that are required to be successfully completed. This applies to Core Generalist Training (CGT) and Advanced Specialised Training (AST).

Use of Smart Devices in Assessment policy

This policy defines the requirements that prohibit the presence of smart devices during ACRRM assessments to ensure fairness, integrity, academic honesty, and professional standards when completing assessments without external resources.

Assessment Modalities

The assessment program requirements are documented in the Training Program Requirements policy and the Fellowship Training Program Handbook.

The specific requirements and information for each of the training program assessment modalities are detailed in this handbook.

The assessment modalities are:

- Mini-Clinical Evaluation Exercise (MiniCEx)
- Multi-Source Feedback (MSF)
- Multiple-Choice Question assessment (MCQ)
- Case Based Discussion (CBD)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Logbooks
- Projects

Mini-Clinical Evaluation Exercise

Introduction

The Mini-Clinical Evaluation Exercise (MiniCEx) is a workplace-based assessment (WBA) used to evaluate a candidate's clinical performance in real life clinical consultations.

All candidates training on an ACRRM training program must complete MiniCEx assessments for CGT and when undertaking AST in clinical disciplines. Candidates must be in posts accredited by ACRRM for the corresponding stage of training or specific AST discipline. MiniCExs are best conducted progressively throughout training, for example a minimum of 3 per year of training.

The MiniCEx training course for Clinicians - online course is designed for clinicians who are asked to conduct MiniCEx assessments with ACRRM registrars.

Requirements

Core Generalist Training (CGT)

Nine (9) MiniCEx reviews must be submitted to obtain 'satisfactory completion' for this assessment. However, there is no barrier to completing more than 9 MiniCEx if additional learning opportunities are available.

MiniCEx reviews are completed progressively during CGT, a plan of 3 per year of training would be appropriate to allow time for reflection on feedback and further clinical skill development. MiniCEx may include a combination of face-to-face and telehealth consults, but requirements cannot be met through telehealth consults only.

The consults must include a:

- Range of types of consults, age groups and a mix of genders.
- Cover minimum of five system focuses for the consultations:
    - cardiovascular
    - respiratory
    - abdominal
    - neurological
    - endocrine
    - musculoskeletal region
    - mental health
    - neonatal/paediatric
    - antenatal (first visit)
- Detailed history taking of at least one (1) new patient or detailed updating patient database information on a returning patient (of at least medium complexity).

The physical examinations are required to be undertaken only in the context of a face-to-face patient consultation. A Physical Exam Reference document is provided for guidance on undertaking a systematic physical assessment.

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

- FACRRM
- an ACRRM accredited supervisor

The assessor may be onsite viewing the consults face-to-face or offsite viewing the consults virtually.

At a minimum three (3) different assessors are required to complete the nine (9) MiniCEx assessments. Three (3) of the MiniCEx assessments must be conducted by a Medical Educator who does not work in the same workplace as the candidate.

Advanced Specialised Training (AST)

Candidates undertaking AST in Aboriginal and Torres Strait Islander Health, Adult Internal Medicine, Emergency Medicine, Mental Health, Paediatrics, Palliative Care, Remote Medicine and Surgery are required to have a MiniCEx conducted on a minimum of five (5) patient consults during the AST component of their training.

The MiniCEx consults should be undertaken progressively during training and include a range of types of consults, age groups and mix of genders. The same principles apply regarding face-to-face, and telehealth consults as described earlier for CGT.

A MiniCEx can be conducted at any time at the instigation of the candidate or supervisor. The MiniCEx assessments must be conducted by a doctor who is an ACRRM accredited supervisor or mentor for the post or holds a Fellowship of the Specialist discipline relevant to the AST.

Format

MiniCEx consists of the following:

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

The process is the same for summative MiniCEx except the assessment is undertaken by a college appointed assessor and candidates are not provided with feedback prior to ratification of results.

There are five categories:

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

For each consultation the proportion of each of these will vary but as many as possible should be assessed for each MiniCEx.

For each consultation, each category is assessed as:

- Beginning
- Progressing
- Achieved
- Exceeded

Using the following domains:

1. Communication
    - Patient centred communication evident. Built trust and rapport with patient.
    - Showed empathy and respect. Asked patient for their story.
    - Explored patient issue using a range of relevant question types.
    - Considered and discussed the impact of presentation on patient function.
    - Flexible in approach. Considered cultural values, attitudes, and beliefs.
    - Explained aspects of care clearly.
    - Involved patient in decision making and provided appropriate advice.
2. History taking
    - Obtained a clinical history including presenting problems, epidemiology and cultural context.
    - Questions focused and appropriate.
3. Physical examination
    - Sound assessment conducted and several key differentials considered.
    - Relevant signs and symptoms covered.
    - Assessment organised, logical and efficient.
    - Patient comfort and safety considered.
4. Clinical management
    - An appropriate range of evidence gathered, and most plausible diagnosis provided to the patient.
    - All required appropriate tests arranged.
    - Short-term management and possible long-term management plan appropriate and discussed with patient.
    - Follow-up arranged.
    - Clearly addressed ethical / potential legal / work cover issues.
5. Professionalism
    - Ensured patient privacy and confidentiality.
    - Demonstrated a commitment to teamwork, collaboration, coordination and continuity of care.
    - Critically appraised own performance.
    - Clinical documentation is in accordance with professional standards.
    - Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.
6. Overall
    - Overall approach systematic and consistently competent across marking categories.
    - Made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate.
    - Communication skills effective. Patient involved in decision making.
    - Diagnosis sound and based on information gathered.
    - Appropriate history and assessment undertaken.
    - Relevant further tests arranged to confirm diagnosis as required.
    - Management appropriate and includes short and some long-term recommendations based on information gathered.

More detailed descriptors for the competency standards for Fellowship-beginning / progressing / achieved are provided in the Rural Generalist Curriculum.

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

The MiniCEx scoring form and patient consent forms are available on the Assessment Resources webpage.

Roles and responsibilities

Candidate

The candidate is responsible for ensuring that they meet the mandatory requirements for MiniCEx. A candidate must ensure that completed MiniCEx forms are provided to the College.

Assessor

1. The assessor observes and scores consultation using ACRRM MiniCEx form.
2. The assessor provides oral and written feedback to the candidate.
3. The completed form is given to the candidate and a copy submitted to the College Training teams via the supervisor.

Multi-Source Feedback

Introduction

The Multi-Source Feedback (MSF) is used widely in a range of professions. The College includes MSF in the assessment program as a valid and reliable method of assessing interpersonal and professional behaviour, development, and clinical skills.

All candidates must complete the MSF assessment during core generalist training. The assessment must be undertaken in a post accredited by the College for CGT. MSF cannot be undertaken in a post that may be recognised for CGT but not accredited by the College, these include posts accredited by a Postgraduate Medical Council or other Specialist Medical Colleges.

Format

The MSF tool consists of two (2) 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).

Requirements

Candidates are required to demonstrate 'satisfactory completion' of at least one (1) MSF.

Satisfactory completion requires submission of:

- a completed MSF report covering the two (2) components
- a completed reflective exercise
- evidence of discussion about the report results with a Medical Educator and
- remediation, if required

The first three (3) components of the MSF process must be fulfilled within four (4) months from the date of enrolment in MSF.

The MSF assessment is not awarded a pass/fail standard, however if concerns are raised in any component of the MSF, the College may require the candidate to repeat the MSF or undertake another type of assessment to gain further information or to determine if remediation has been effective.

Once all the components of the MSF, including remediation if required, have been completed, the MSF outcome is presented to the BoE for ratification. The BoE determines 'Satisfactory Completion'.

The MSF must be conducted through Client Focused Evaluations Program (CFEP), utilising the ACRRM version of the MSF Tool. All components must be completed including the Colleague Feedback Evaluation Tool (CFET), Doctors Interpersonal Skills Questionnaire (DISQ) and Self-Reflective Exercise and Debrief. See the CFEP website for further information.

Colleague tool

The colleague tool involves a response from a minimum of 12 nominated colleagues, in order to obtain more complete data 15 or more colleagues are preferred to participate. The colleague evaluation cannot be done by the registrar's Medical Educator. Colleagues are required to rate the candidate in 20 different areas. There is also a provision for qualitative comments.

Self-assessment tool

Completion of the self-assessment is a mandatory requirement for the MSF.

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.

MSF report

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

See the How to guide for reading ACRRM MSF reports.

Roles and responsibilities

It is the candidate's responsibility to:

- Enrol and inform CFEP that they are undertaking MSF as part of their ACRRM training requirement.
- advise CFEP of the practice environment they will be working in whilst undertaking the MSF assessment.

Candidates undertaking their MSF assessment in an environment where a significant proportion of the patients may have trouble in completing a questionnaire should discuss this with their supervisor in the first instance to identify local processes to allow patients to complete the assessment forms. Candidates can request CFEP to send an alternative DISQ patient survey for an Aboriginal Medical Service (AMS).

Colleague tool

- Candidates must complete and return the colleague list to CFEP providing names and email addresses of at least 15 colleagues.
- A personal email address must be provided for each nominated colleague. Email addresses must be independently verifiable by CFEP. Generic email addresses such as practicemanager@ or reception@ will not be accepted due to security reasons.

CFEP suggests nominating:

- **Five doctors**
  - three GP colleagues who are close to the candidate, e.g. neighbouring GPs, partners.
  - two doctors from outside of the candidate's immediate practice, e.g. consultant, candidates.
- **Five Non-Medical Clinical Colleagues**
  - this should include a mix of people within a candidate's practice and elsewhere, e.g. practice nurses, pharmacists, physiotherapists, midwives.
- **Five managerial or administrative staff**
  - this should include a mix of people within the candidate's practice and from elsewhere, e.g. practice manager, reception staff, managerial staff of the local Primary Health Organisation.

Patient tool

The candidate is responsible for arranging for 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:

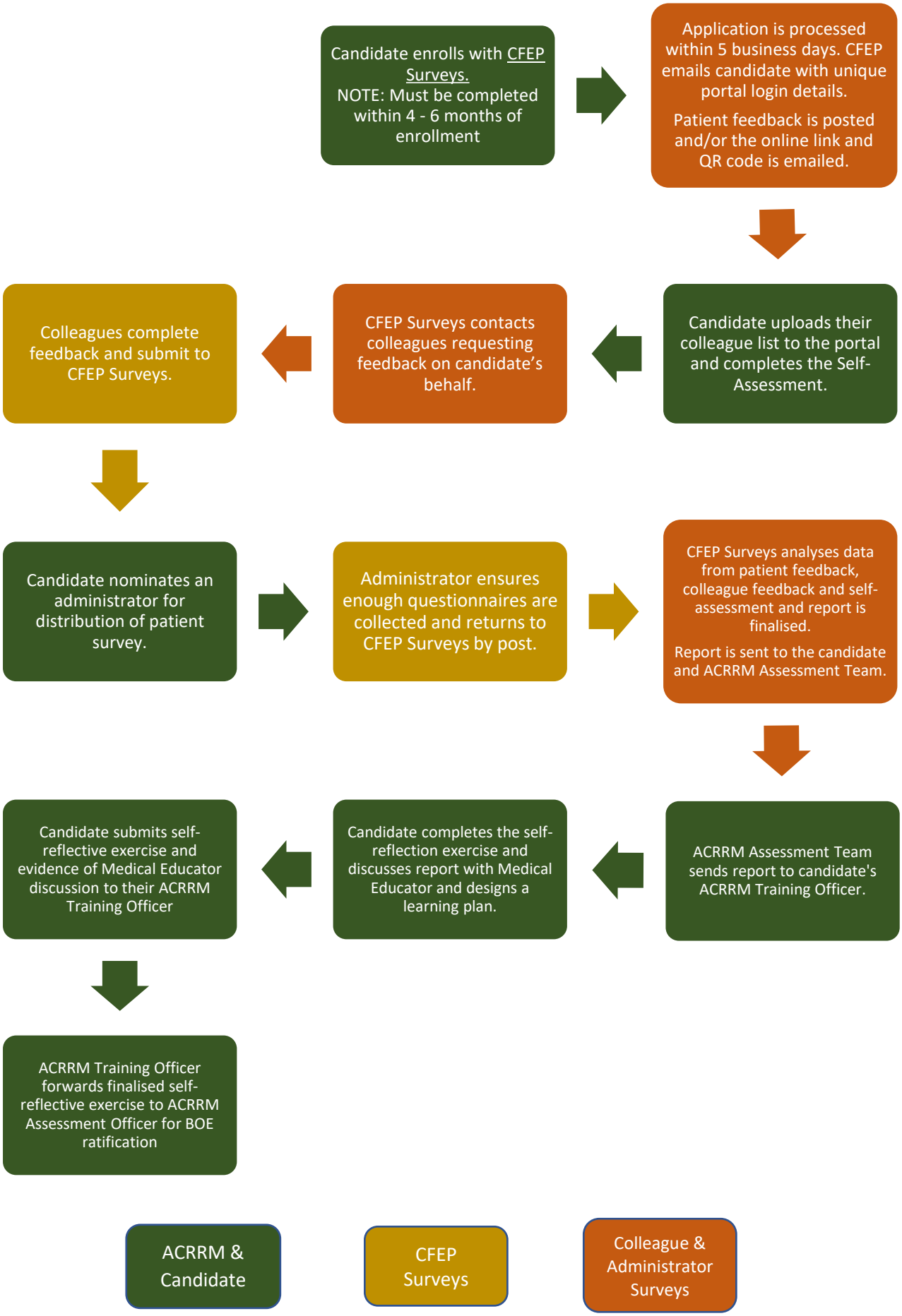
- The candidate must hand the patient questionnaires with enough envelopes and staff guidelines to the staff member for collection.
- The patient must not be advised of the questionnaire or invited to participate until after a consultation has been conducted.
- A confidential process must be adopted (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.
- When a minimum of 30 questionnaires has been completed, these should be posted to CFEP in the large envelope provided.

CFEP will also provide instructions for this process when they send patient questionnaires to candidates.

Self-assessment tool

- Candidates must submit a completed self-reflective exercise and evidence of discussion with Medical Educator to the College within two (2) months from the date the MSF report was received with outcome being to design a learning plan to address any areas for development, if applicable.
- If the two (2) month time period is exceeded without prior approval, the College 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.
- In extenuating circumstances, an extension of time may be considered. The candidate must submit an Application for Special Consideration to the College, containing a written statement of the reasons for the requested extension. This must be submitted prior to the expiration of the deadline.

Summary of MSF process



Multiple Choice Question Assessment

Introduction

The 125 MCQ questions delivered over 3 hours, are single answer questions and focus on clinical reasoning and application of clinical knowledge.

The majority of questions will cover core clinical medicine and its application to problem solving in an Australian general practice context. This includes managing medical care in a rural or remote environment.

Questions focus on topics within the Rural Generalist Curriculum, that are either common or important to the everyday experience of independent and safe rural and remote doctors practising in Australia. Questions are researched and written by practising rural doctors using up-to-date Australian references.

The assessment covers a range of primary care, acute care, community and hospital presentations. The patients represented include all genders, indigenous and non-indigenous patients and all age groups. The assessment samples content from the curriculum domains and learning areas.

All MCQ questions have a clinical stem, and questions can include clinical features of focused history taking, physical examination findings, differential diagnoses, investigations and management including pharmacology.

The stem of the clinical case may include text and images. There are no negative marks for incorrect answers.

Format

The MCQ is conducted over three (3) hours and consists of 125 multiple-choice questions. Questions may include images.

The MCQ is delivered using ACRRM's assessment management system – Risr/Assess. More information about the system is available here.

The assessment has been constructed using the rigorous academic blueprinting, standards-setting methods, question number/ type, timeframes, and conditions.

All candidates must complete every question. The assessment is marked automatically using the assessment management system.

Content

The assessment covers a range of primary care, acute care, community and hospital presentations. The patients represented include all genders, indigenous and non-indigenous patients and all age groups. The assessment samples content from the curriculum domains and learning areas. The approximate frequency of questions for learning areas appearing in an assessment is outlined in the table below.

Learning Area	Candidate guide to frequency of questions
Aboriginal and Torres Strait Islander (ATSI)	4
Academic Practice (ACAD)	1
Addictive Behaviours (ADD)	1

Learning Area	Candidate guide to frequency of questions
Adult Internal Medicine (AIM)	4
Aged Care (AGE)	2
Anaesthetics (ANA)	2
Chronic Disease (CHRON)	4
Dermatology (DERM)	4
Emergency (EM)	2
Genetics (GEN)	1
Mental Health (MH)	4
Musculoskeletal (MSK)	4
Obstetrics and Gynaecology (O&G)	4
Occupational (OCC)	1
Ophthalmology (OPH)	1
Oral Health (ORAL)	1
Paediatrics (PAED)	4
Palliative Care (PALL)	2
Population Health (POP)	1
Rehabilitation (REH)	1
Remote Medicine (RM)	1
Sexual Health (SEXH)	2
Surgery (SURG)	3

Key - 4 most commonly featured in the MCQ assessment to 1 least commonly featured in the MCQ exam

Statistical analysis

Following each MCQ assessment a detailed psychometric analysis of the paper and each question is undertaken by the college's Data Analytics team. Based on this analysis some questions are selected for post hoc review; this may result in some questions being removed prior to the finalisation of results.

Preparation tools

Consider your training pathway to date and your current skills and knowledge. Complete a learning / study plan. Focus on identified learning needs. Get organised and identify appropriate resources. Join a study group.

1. *Introduction to MCQ Assessment*

   The Introduction to MCQ Assessment online course is available to candidates who enrol in the MCQ assessment to give insight into the MCQ assessment.

2. *MCQ familiarisation activity (MCQFA)*

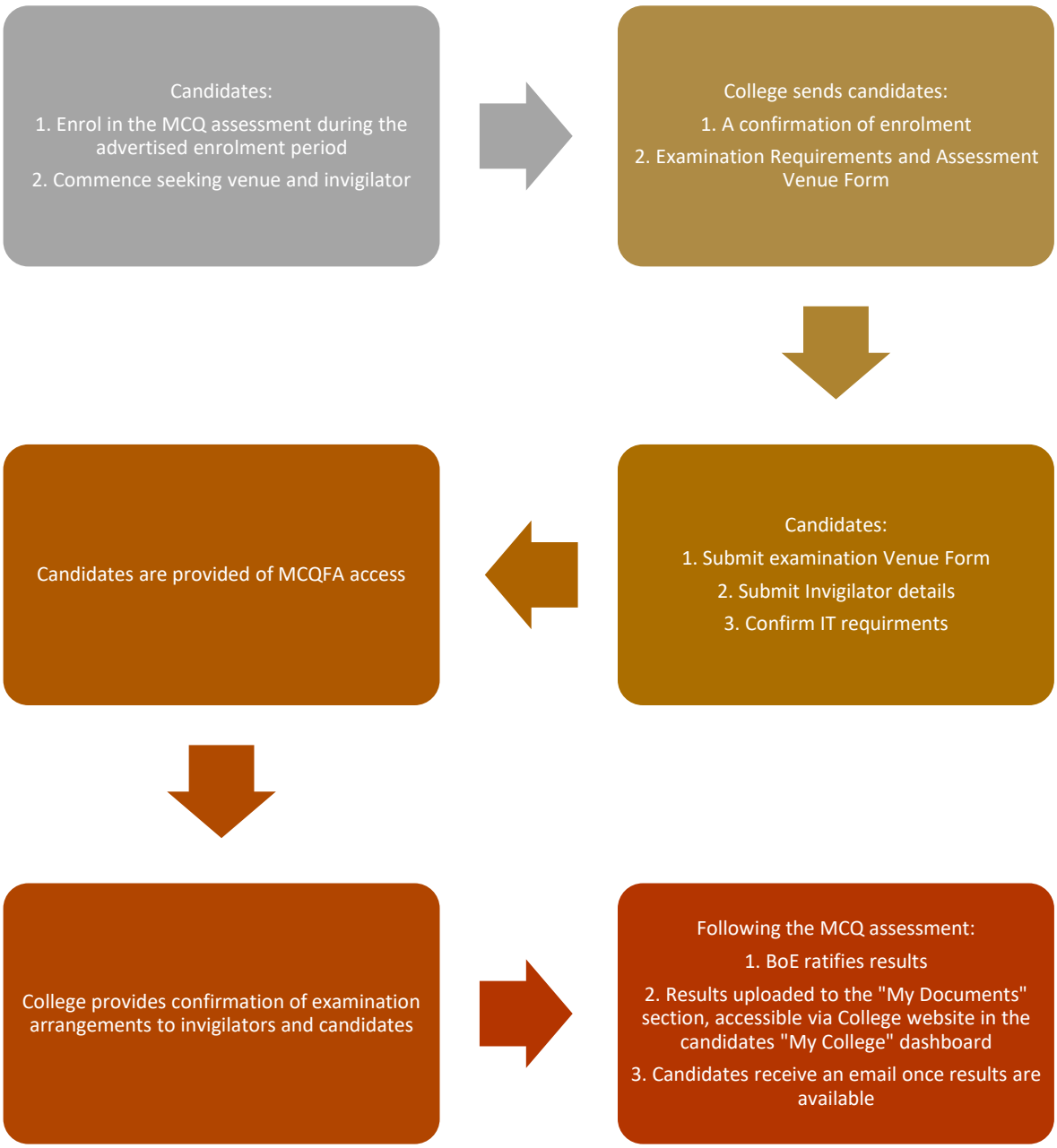
   The MCQFA is available to all candidates enrolled in an MCQ assessment. It is designed to help candidates become familiar with the question format used in the actual assessment. Candidates may complete the activity at their own pace over several hours; however, it is recommended that they complete it under simulated assessment conditions—in one sitting and without using additional resources or support.

3. *Resources List*

Advised resources include and are not limited to the following:

- ACRRM curriculum
- MCQ Public Reports
- MCQ Familiarisation Activity
- Murtagh' General Practice - Textbook
- DermNet
- Therapeutic Guidelines
- Life in the Fast Lane
- Australian Journal of General Practice
- Medicine Today
- Heart Foundation
- RACGP books - red, green and silver books
- Diagnostic imaging pathways
- Chronic kidney Disease

Summary of MCQ process



Case Based Discussion

Introduction

Case based discussions (CBD) involves 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 assessor poses questions from varying perspectives to explore clinical reasoning and decision-making. Discussion points may arise from areas including documentation, clinical assessment, risk management, treatment, clinical reasoning, referral and follow-up.

The registrar is required to demonstrate evidence of their clinical knowledge and the application of that knowledge by demonstrating appropriate patient assessment, having formulated broad differential diagnoses, ordering relevant investigations and developing appropriate management plans in a patient centred manner.

CBD is one of the assessment requirements for CGT (Core Generalist Training) and for the AST (Advanced Specialised Training) in Palliative Care.

The case notes submitted for CBD assessment must be PDF copies of the unedited original notes and contain clear evidence that the registrar is the doctor primarily responsible for taking leadership of the patient's care during the period covered by the notes. Any editing of the clinical notes other than de-identification, as detailed below, will be managed as per the Academic Misconduct Policy.

CBD as a feedback exercise with either their supervisor, medical educator or other FACRRM. The CBD rubric is available for use and can be found here. The cases selected for submission should not be used for these sessions.

Format

The cases submitted for the CBD (CGT and AST Palliative Care) assessment are those of actual patients who presented themselves to and were managed by the registrar with the last consult date being **within the timeframes defined in the requirements section below**. The candidate is to provide evidence in the form of **de-identified** patient records for this assessment. ***Case notes that contain identifying information will not be accepted and returned for further deidentification and / or replacement***.

The latest consultation date must be no earlier than six (6) calendar months prior to the date of submission.

The following should be **retained** in the notes for assessment:

- Patient date of birth
- Patient gender details
- Consulting doctor's name
- Consultation date/s

Cases submitted should **NOT** include any information that identifies the patients including but not limited to:

- Patient full name/s and/or initials
- Patient current and/or previous address (any part incl. state/suburb/postcode)
- Patient specific workplace details (for example 'admin' is acceptable, ACRRM not)
- Patient phone number/email address (often seen in GP setting when scripts are sent)
- Family/friend's names and addresses/locations/phone numbers
- Medicare number/Health Care card numbers/Pension card holder number
- Patient/patient relative's School/Uni etc
- Reference numbers including Test/episode numbers/URN/MRN/report and request numbers, comment/collection number
- Lab/reference/accession numbers/document ID (any specific reference number should be redacted)

Case notes must be provided as printouts or PDFs directly sourced from the patient's electronic clinical records. These original records must remain unaltered, except for the redaction of identifying information. Content such as investigation results must not be copied and pasted into the consultation notes. Copies of handwritten clinical notes written on health service letterhead are acceptable. Candidate-generated case summaries without accompanying supporting documentation are not permitted.

Candidates must be the primary doctor in the cases for discussion demonstrating they have taken the lead in managing and coordinating the patient's care. Additional consultations conducted by other health professionals may be included where these contribute to the overall approach and discussion. Submissions should contain enough clinical information for assessors to be able to undertake a comprehensive evaluation of the candidate's clinical knowledge and clinical reasoning skills.

The cases selected by the registrar for assessment are uploaded via MyCollege and considered the 'submission cases' and cannot be swapped for other cases unless deemed to be unsuitable for assessment. These cases are reviewed by the assessment team regarding deidentification and learning area coverage. If any cases are returned to the candidate to be **de-identified**, the same cases must have the required deidentification completed by the registrar and be re uploaded without removing / adding any new pages. No new cases will be required at this stage If the learning areas are not satisfactorily covered then additional cases maybe requested.

The cases are subsequently reviewed by a CBD QA assessor. If the QA assessor is **not** satisfied that the case requirements are of suitable complexity to generate a high-quality discussion allowing the registrar to adequately demonstrate the requirements of the CBD, cover a satisfactory range of learning areas, and have all relevant supporting documents attached, the candidate will be notified with suggestions for rectification.

Only cases that are identified as not having met the requirements are required to be replaced. The registrar will be notified in writing outlining the actions required where a case has been identified as not meeting requirements. If a case has not been accepted at the QA stage, the registrar will be required to either resubmit new cases ensuring that the final set of twelve (12) cases meets all breadth, complexity, and clinical leadership requirements or provide additional documentation as specified.

The CBD Lead Assessor, or delegate, will select six (6) cases for the assessment from the twelve (12) cases submitted. 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. Candidates are told which of their cases will be discussed at the beginning of each 30-minute session. Candidates must have copies of all cases with them to refer to at every session, as they will not know which case has been selected until then.

A candidate may highlight section of their case notes submitted for ease of reference should they wish to refer to a point during their CBD session. Case notes must not be amended or edited (at any stage of the assessment) i.e. no additional text, points or annotations must be added to the original notes submitted. Any information that is raised during the assessment that was not included in the original submission may not be considered by the assessor.

All three (3) sessions are conducted irrespective of the outcome of each individual session. Results of the individual sessions are not advised. The overall results are ratified by the Board of Examiners once all three (3) CBD sessions are completed.

Scoring explanation

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 practicing '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

Candidates who do not obtain a 'pass' result will be required to re-enrol and submit six (6) new cases replacing the six (6) previously examined cases, ensuring that the new set of twelve (12) cases meets the same requirements with regard to complexity and breadth of coverage across the curriculum as the original set of twelve (12) cases. The six (6) cases to be examined for the second attempt will be selected by the second set of assessors from the second set of cases in a manner identical to the first attempt. Any candidate unsuccessful at their second attempt will be required to submit 12 new cases for each subsequent attempt.

Requirements

Core Generalist Training

Candidates must submit twelve (12) cases at CBD enrolment covering a minimum of **six** (6) of the areas listed below.

No more than three (3) cases can be from a single area:

- Aboriginal and Torres Strait Islander Health
- Addictive Behaviours
- Adult Internal Medicine
- Aged Care
- Dermatology
- Emergency
- Mental Health (Mandatory) – (two (2) cases must be included in the submission)
- Musculoskeletal
- Obstetrics and Gynaecology

- Occupational Health
- Ophthalmology
- Oral Health
- Palliative Care
- Paediatrics
- Rehabilitation
- Sexual Health
- Surgery

The final consultation must have a direct link to the preceding consultations, for example it cannot be clinician-initiated telehealth consult to 'monitor progress' or discuss an old investigation result unless this is clearly noted in the follow up plan in the preceding consultation notes.

A maximum of two (2) cases can be conducted solely by telemedicine. A mix of in person and telemedicine is acceptable for any or all cases.

All three (3) CBD sessions must be completed within a six (6) month period from the date of enrolment.

CBD Clinical setting

This assessment examines the registrar's clinical reasoning and comprehensive management skills and is therefore ideally suited to cases where the registrar has been providing longitudinal primary care in a community context. While registrars working in an emergency department or retrieval medicine setting may also complete this assessment, it may be difficult for candidates to identify sufficient suitable cases where clinical leadership, complexity of reasoning, and flexibility in adapting management plans to an individual patient in context. It is therefore recommended that registrars complete this assessment during CGT terms. The CGT CBD cannot be completed during AST training time. The AST Palliative Care CBD should be completed toward the end of or immediately following the AST time.

Case notes may all be submitted from one clinical post or submitted from a combination of different posts and/or clinical settings. All case notes must meet the eligibility criteria for the setting of the patient encounters detailed below.

Primary care setting

Candidates should expect to be asked to explain clinical reasoning on all aspects of the case.

Cases should:

- Include clinical notes with a minimum of two (2) and maximum of four (4) consultations for each case with clear demonstration that the candidate is primarily managing the patient. Maximum page limit of 20 – 30 pages per case. Double-sided case notes count as 2 pages.
- Be at least medium level of complexity to allow for demonstration of clinical reasoning i.e. URTIs or medical certificates are not suitable.
- Cases should be selected where the complexity is limited to what can adequately explained in up to four (4) consultations.
- Contain sufficient progress notes to demonstrate continuity of care by the registrar.
- Include investigations i.e. relevant pathology and imaging results for review.
- Include referrals and correspondence from other Health Professionals.
- Include Health Care Plans.
- Include any other documents relevant to the case.

Candidates should include all records which they may wish to refer to if asked to demonstrate their diagnostic process, show the relevance of their investigation choices, or to justify their management

decisions. Extraneous portions of the patient record which did not inform the registrar's reasoning or management in the case to be discussed, should not be submitted. If a registrar is uncertain of the relevance of any portion of the patient record to the CBD discussion, it is recommended the information be in included, with the proviso that the page limit of 30 pages is adhered to.

Do not include pathology and imaging results sent in specialist referrals if already included in the case notes. A maximum of two (2) cases can be conducted solely by telemedicine. A mix of in person and telemedicine is acceptable for any or all cases.

Emergency or RFDS setting

Cases should:

- Include clinical notes with a minimum of one (1) and maximum of four (4) consultations for each case with clear demonstration that the candidate is primarily managing the patient. Maximum page limit of 20 – 30 pages per case. Double-sided case notes count as 2 pages.
- Be high acuity (Australian Triage Category 1, 2,3 or 4*) and from one of the following areas:

    1. One or more chronic illness, with severe exacerbation or acute progression.
    2. Acute or chronic illness or injury which poses a threat to life or bodily function e.g. multiple traumas, myocardial infarction, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness, with potential threat to self or others, peritonitis, acute renal failure. or
    3. An abrupt change in neurological status, e.g. seizure, cerebrovascular event, spinal cord injury or disease.

These requirements are intended to maximise the 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.

* ATS 5 may be included if the case reflects a specific challenge or complexity to the registrar such as a social or safeguarding presentation.

AST - Palliative Care

Candidates must submit a total of twelve (12) cases within twelve (12) months from date of enrolment. Candidates have the option to submit all twelve (12) cases at the time of enrolment OR submit a minimum of four (4) cases at enrolment followed by four (4) cases at a time, within a 12-month period from the date of enrolment.

Cases should include:

- clinical notes with a minimum of one (1) and maximum of four (4) consultations for each case with clear demonstration that the candidate is primarily managing the patient.
- a maximum page limit of 20 – 30 pages per case.

Candidates are required to submit cases where they have played a central role in at least four of the following areas and:

1. Malignancy
2. Neurodegenerative disease
3. Organ failure
4. Frailty
5. Dementia

Cases may cover more than one of the areas listed above.

Candidates of the AST Palliative Care are expected to demonstrate clinical reasoning, problem formulation, team leadership, and expert treatment at the level of an AST holder in Palliative Care. Cases should address both the reversable and non-reversible symptoms of disease progression through various phases of care. Comprehensive whole-person management across the entirety of palliative medicine, including physical, psychological, existential, cognitive, and spiritual distress, should be evident in all cases.

Assessors will expect to see flexibility of communication and consideration of the individual patient in context, as well as their extended relationships and carers. Efficient use of team resources, as well as care for all members of the clinical and allied health team should be evident in the case documentation. The impact of palliative medicine on providers (including the registrar) is a feature of every CBD case examination, and the registrar should be prepared to discuss specific strategies for self-care, response to vicarious trauma, preservation of empathy, and prevention of burnout in the context of the cases they submit.

Refer to the Palliative Care Learning Area in the Rural Generalist Curriculum for further information on required competencies, knowledge and skills.

Delivery

The CBD assessment is conducted via an online assessment platform (currently Zoom). It is the candidate's responsibility to ensure that the chosen venue/space and the device to be used meet the requirements as outlined in the CBD Assessment IT Requirements Form and the exam. If using a private residence, the room must be free of interruptions.

Cancellation

Candidates are required to advise the College as soon as possible if they are unable to attend a scheduled session. Failure to attend a session without provision of a minimum of one week's notice may result in an additional administration fee as per the Refund Policy.

Where a candidate or Assessor is more than 10 minutes late, the session will cease and be rescheduled. An additional fee may be applied.

Prior to and during the assessment

A candidate is required to:

- Ensure (prior to the session) the device to be used is in working order with access to a camera and internet connection, and that latest software version of Zoom.
- Log in to the online exam room at least five (5) minutes prior to scheduled session start time.
- Have access to a phone, in the event of internet connection loss. The session can be continued by using hotspot to join the session with details provided.
- Be alone in the room with access to the submitted printed clinical case notes only and no other clinical material, either printed or electronic.
- Provide proof of identification for each session as directed by the assessor
- Listen to the pre-assessment briefing and respond to the assessor's questions.
- Advise the Assessor if unable to hear or understand the questions.
- Advise the College of any incident by submitting an incident report to within 48 hours of the session impacted.

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 is designed to ensure that candidates have the highest chance of success in the 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 trained CBD Assessors.
- Assessment sessions are recorded and randomly moderated / reviewed.
- Review of recording where a candidate fails two (2) cases regardless of the Assessor.
- Review and endorsement of all session outcomes by the Lead Assessor prior to presentation to BoE.
- Ratification of results by BoE.

Assessors

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

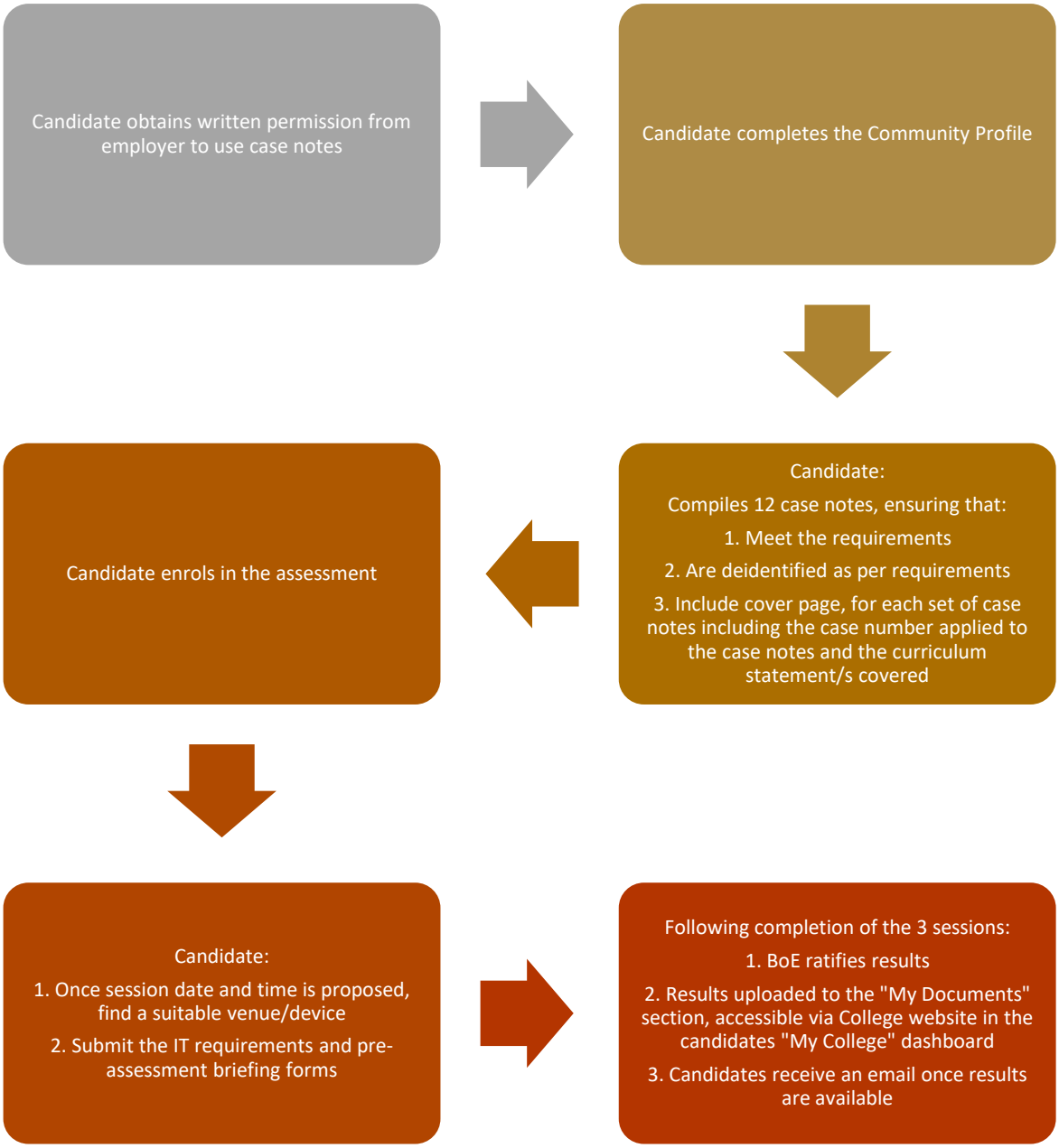
Feedback to the candidate is provided in the outcome letter. The Assessor will not provide an opinion of the performance or whether they consider the candidate has scored a passing a failing grade.

Preparation tools

The following resources are available to support candidates in preparing for the CBD assessment:

- The **Life Hacks Podcast** is aimed at registrars who are getting ready for their CBD, Supervisors and Medical Educators. The podcast offers insights into the purpose, process, and preparation behind this essential assessment. To access click here.
- The **Introduction to CBD Assessment** online course aims to support candidates in preparing for their CBD assessment. It includes information regarding what the CBD assessment is including examples of redacted cases notes.

Summary of CBD process



Structured Assessment using Multiple Patient Scenarios (StAMPS)

Introduction

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

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

StAMPS is used as an assessment modality for Core Generalist Training (CGT) and several of the Advanced Specialised Training (AST) programs.

Format

The StAMPS scenarios are designed to measure a Registrar's understanding of core and general principles, rather than only applying them to the specific nominated patient. The scenarios reflect real life where often clinical management is required prior to a definitive diagnosis being known. The scenarios and questions are sometimes unfolding in nature, with information being progressively revealed.

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

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

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

StAMPS scenarios are written and researched using current Australian references. Care is taken to ensure that the scenarios reflect realistic patient presentations or issues that a FACRRM might reasonably encounter.

The StAMPS exam is conducted online over three (3) hours and delivered across a series of rotations over one (1) or two (2) days, dependent upon the number of candidates enrolled. Candidates have a designated virtual exam room and candidates rotate between examiners. Candidates will typically start and finish at the same time which is in Australian Eastern Standard Time (Queensland time). All candidates and examiners are advised to check their local time zone and adjust the start time, if required.

The StAMPS consists of eight (8) scenarios, each of ten minutes duration. Candidates have time at the commencement of the exam to log in and troubleshoot (as required). Candidates are expected to have read and be prepared for their first scenario by the start of the commencement of the first rotation.

An interval of 10 minutes is placed between scenarios consisting of five (5) minutes for candidates to read the exam material for the following scenario and 5 minutes to allow for any technical issues that may arise.

Candidates must not discuss any part of the assessment with other candidates undertaking the StAMPS assessment until all scheduled rotations have concluded (this could be over a two-day period). Any such conduct will be considered a breach of the Academic Code of Conduct and be dealt with accordingly.

Requirements

- Candidates are required to achieve a pass grade in StAMPS.
- Candidates are rated across 8 scenarios which are comprised of 3 questions in each scenario.

Grading is based on a numerical score which is the sum of 40 individual scores within the following domains:

- Management in the Rural-Remote context (applied to each of the three questions)
- Problem Definition and Systematic Approach (applied to each scenario)
- Communication and Professionalism (applied to each scenario)

Content

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

The Community Profile and the content differ between CGT and various AST.

Core Generalist Training

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

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

The content is mapped to the Core Generalist component of the Rural Generalist Curriculum 5th edition, 2022. The approximate percentage of cover for each domain is outlined below.

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

	Domain	% of assessment content
1.	Provide expert medical care in all rural contexts	100%
2.	Provide primary care	60-70%
3.	Provide secondary medical care	20-30%
4.	Respond to medical emergencies	12-16%
5.	Apply a population health approach	8-12%
6.	Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing	13-17%
7.	Practise medicine within an ethical, intellectual and professional framework	10-15%
8.	Provide safe medical care while working in geographic and professional isolation	100%

The assessment aims to sample across the Core Generalist content of the Rural Generalist Curriculum Learning Areas. The likelihood of a curriculum topic appearing in an assessment is outlined in the table below.

Learning Area	Candidate guide to frequency of questions
History Taking (Hx)	*****
Physical Examination (Ex)	*****
Differential diagnosis (DDx)	*****
Investigations (Ix)	****
Procedural Skills (PROC)	****
Diagnostic Imaging (IMAG)	**
Pharmaceuticals (PHARM)	***
Digital Health (DIG)	*
Aboriginal and Torres Straight Islander Health (ATSI)	*****
Addictive Behaviours (ADD)	*
Adult Internal Medicine (AIM)	*****
Aged Care (AGE)	****
Anaesthetics (ANA)	**
Chronic Disease (CHRON)	*****
Dermatology (DERM)	**
Emergency (EM)	*****
Genetics (GEN)	*
Mental Health (MH)	*****
Musculoskeletal (MSK)	***
Obstetrics and Gynaecology (O&G)	*****
Occupational Health (OCC)	**
Ophthalmology (OPH)	**
Oral Health (ORAL)	*
Paediatrics (PAED)	*****
Palliative Care (PALL)	***
Rehabilitation (REH)	*
Sexual Health (SEXH)	***
Surgery (SURG)	**
Communicator (COM)	*****
Collaborator (COL)	****
Leader (LDR)	*
Health Advocate (ADV)	***
Scholar (SCH)	*
Professional (PRO)	*****

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

Advanced Specialised Training

Adult Internal Medicine, Emergency Medicine, Mental Health, Paediatrics and Surgery are assessed by StAMPS using content mapped to the specific component of the relevant curriculum.

Adult Internal Medicine, Mental Health, Paediatrics and Surgery share a common Community Profile, the setting is a rural hospital that services a vast district.

Emergency Medicine has a specific StAMPS Community Profile, the setting is a regional hospital that services a vast district.

Scoring Explanation

All StAMPS assessments are assessed using a Behavioural Anchored Rating System (BARS).

Each scenario is scored in five (5) areas:

- three (3) Management of Rural and Remote Context scores, one for each question, and
- two (2) Professional and Consultation Skills domains
    - Systematic Approach & Problem Definition
    - Communication & Professionalism

Each of the five (5) areas described above is scored independently on a linear numeric scale where 0 is the lowest possible score and 7 is the highest possible score. A maximum score of 280 is possible for this assessment.

Candidates are also assessed as to whether they are at the standard of a FACRRM for each scenario. This judgment identifies candidates whose performance is reviewed prior to the submission of results to the Board of Examiners for ratification.

A review zone is generally defined by a quantitative score of 154-163 and five (5) and six (6) scenarios at standard; a candidate who falls within this zone is reviewed by an experienced examiner who did not view their original performance. The exact scores used for the review zone may vary slightly between assessment occurrences owing to differences in scenarios and candidate cohorts. The review process occurs automatically and does not require a reconsideration application.

The table below provides an example, assuming a passing 'cut score' of 164. It is important to note that the score may vary slightly between each exam based on robust statistical processes which account for individual variation in question difficulty and examiner scoring patterns.

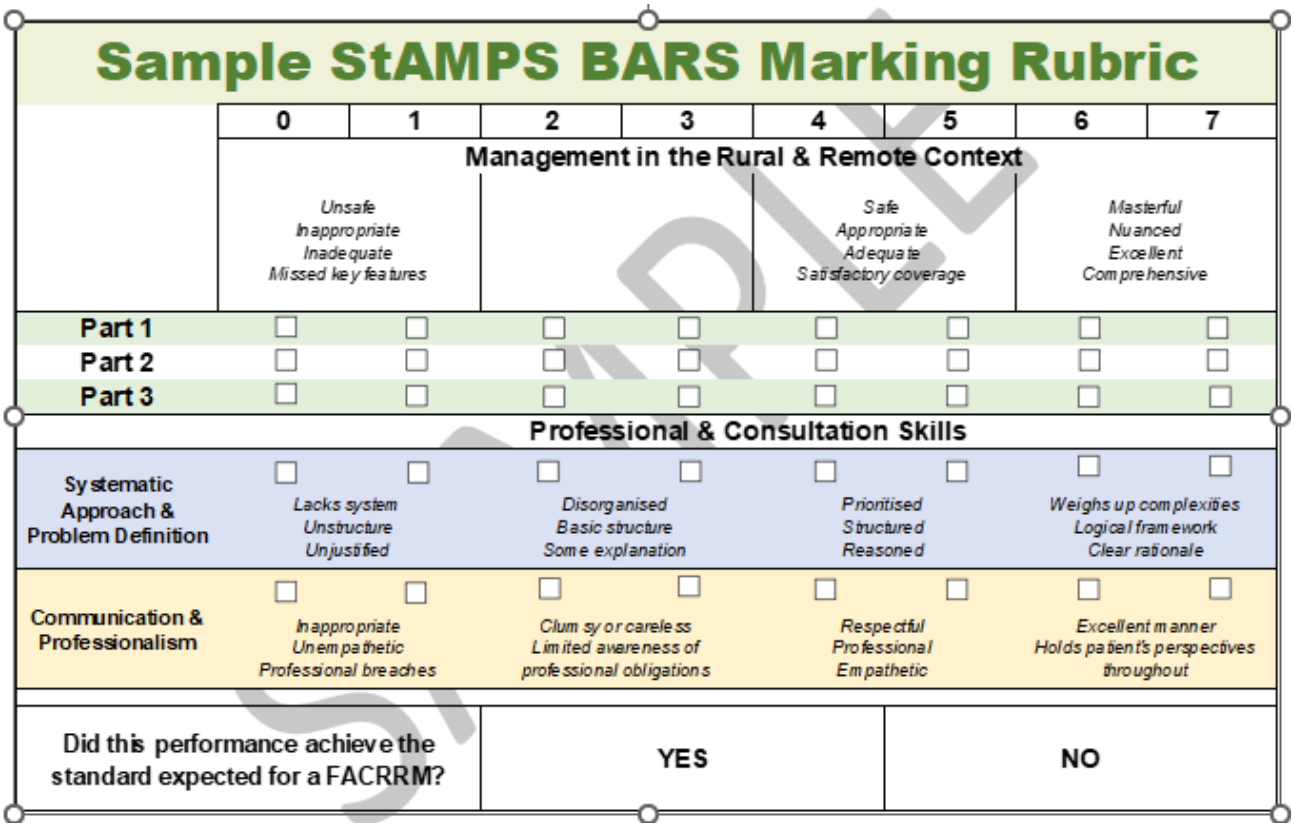
	Score 153 or below	Score 154-158	Score 159-163	Score 164 or above
0 - 4 of 8 'at standard' results	Not successful	Not successful	Review	Possible Pass QA Review
5 & 6 of 8 'at standard' results	Not successful	Review	Review	Pass
7 & 8 of 8 at standard results	Possible Pass QA Review	Pass	Pass	Pass

Other factors that may trigger a review include, but are not limited to:

- Scenario level
- Candidate performance identified for review by primary examiner
- Technical issues during the scenario that may have impacted candidate performance or scoring after discussion with the Lead Examiner
- Identified variations in Examiner performance

Cumulative data analysis on the use of the BARS marking system in CGT and AST Stamps supports this review process.

The BARS marking system (figure 2 below) is underpinned by an extensive scenario standard setting that includes scenarios written by active Rural Generalists, scenario review by use of a Delphi panel, scenario road-testing, examiner moderation/calibration meetings, ongoing examiner training, and post-exam statistical analysis.



Sample StAMPS BARS Marking Rubric

	0	1	2	3	4	5	6	7
Management in the Rural & Remote Context	*Unsafe Inappropriate Inadequate Missed key features*				*Safe Appropriate Adequate Satisfactory coverage*		*Masterful Nuanced Excellent Comprehensive*	
Part 1	☐	☐	☐	☐	☐	☐	☐	☐
Part 2	☐	☐	☐	☐	☐	☐	☐	☐
Part 3	☐	☐	☐	☐	☐	☐	☐	☐
Professional & Consultation Skills								
Systematic Approach & Problem Definition	☐ *Lacks system Unstructure Unjustified*	☐	☐ *Disorganised Basic structure Some explanation*	☐	☐ *Prioritised Structured Reasoned*	☐	☐ *Weighs up complexities Logical framework Clear rationale*	☐
Communication & Professionalism	☐ *Inappropriate Unempathetic Professional breaches*	☐	☐ *Clumsy or careless Limited awareness of professional obligations*	☐	☐ *Respectful Professional Empathetic*	☐	☐ *Excellent manner Holds patient's perspectives throughout*	☐
Did this performance achieve the standard expected for a FACRRM?			**YES**			**NO**		

Figure 2: ACRRM StAMPS BARS Marking Rubric

Preparation Tools

1. *The Introduction to StAMPS assessment*

   An online course is available to enhance understanding of the context and structure of the StAMPS assessment. It includes information regarding what the StAMPS assessment is, how the scenarios are developed and provides the opportunity to practice the process.

2. *Formal StAMPS preparation activity*

   A registrar must provide evidence of completion of at least one formal StAMPS preparation activity with the College, to be eligible to enrol in CGT StAMPS (*clause 4.1.3.4, Assessment Eligibility policy*):

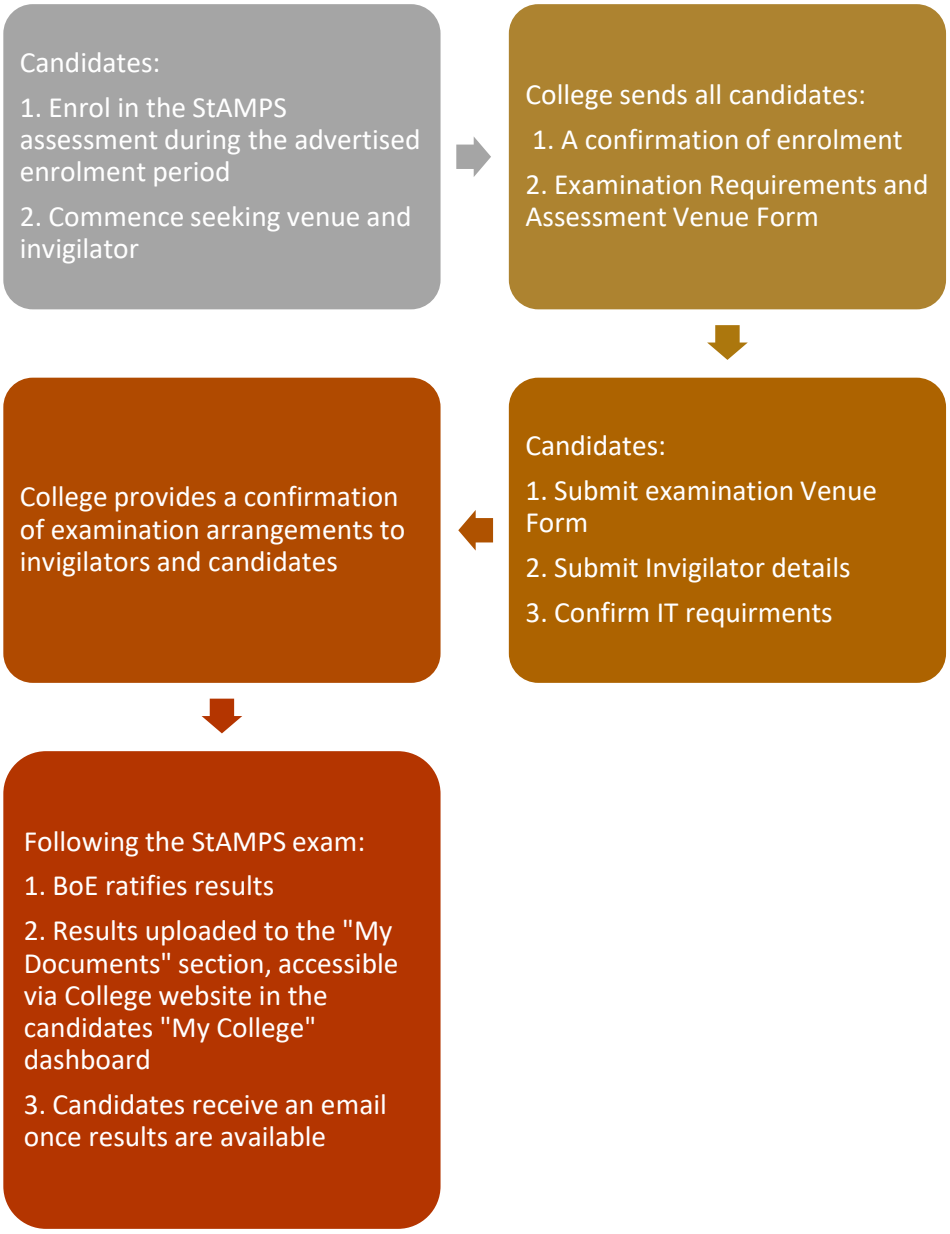
   - **Mock StAMPS** is offered by the College, dates and enrolments are on the website. The content is based on the Core Generalist component of the Curriculum, but the process is relevant to both Core Generalist and Advanced Specialised StAMPS.
   - **StAMPS Study Groups** are offered by the College as preparation for assessment. Study groups are routinely held each semester for Core Generalist and AST EM StAMPS. Study groups may also be held for other AST StAMPS. Dates and enrolments are on the website.

3. *Resources*

   The StAMPS advised resources listed below can be found at assessment resources website page:

- StAMPS Community Profile
  - Assessment Public Reports
  - Assessment Handbook
  - Assessment Management System - information

Summary of the StAMPS process



Logbooks

Introduction

Logbooks are used as an assessment modality for Core Generalist Training, and for Advanced Specialised Training in Emergency Medicine.

Logbooks are also used during training to demonstrate experience; in this situation the logbook provides a record of procedures or cases. A Case Log proforma is available.

Requirements

Procedures in the Core Generalist Training and AST EM logbooks require certification. 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 level of senior registrar or equivalent. Where possible, the certifier should hold a Fellowship or other appropriate postgraduate qualification in the relevant discipline. The certifier of a procedure is not necessarily the candidate's day to day supervisor or principal supervisor.

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.

A procedure will be accepted as certified if either:

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

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

Core Generalist Training

The Core Generalist Training (CGT) Procedural Skills Logbook (Logbook) contains those procedural items from the Core Generalist component of the Rural Generalist Curriculum. Procedures are classified as essential or important.

Satisfactory completion of the CGT logbook is a mandatory requirement for award of FACRRM for all candidates, unless exempted through Recognition of Prior Learning.

Logbook entries may begin at any point in the candidate's training cycle or during the two years prior to commencing training.

Medical students in their final two years can commence having basic procedures in the CGT logbook certified during a rural clinical school placement, for example:

- oropharyngeal airway
- intravenous access
- spirometry and peak flow measurement
- nasogastric tube insertion

- perform Glasgow coma scale
- local anaesthesia
- application cast/back slab
- use ophthalmoscope
- urethral catheterisation
- foetal heart sound detection.

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

Candidates are required to present their logbook to either their principal supervisor or medical educator for inspection and discussion at least every six months. The candidate is wholly responsible for maintaining their logbook including ensuring each entry is accurate.

If procedures cannot be certified at the specified level but can be certified at a lower level, this should still be recorded. If all logbook requirements cannot be met, a letter of explanation must be emailed to training@acrrm.org.au following submission of the logbook.

There are two versions of the logbook:

- 2019 Logbook applies to registrars who commenced training in 2021 or earlier
- 2022 Logbook applies to registrars commencing training in 2022 or later

The requirements for each version of the logbook are described below.

2019 Logbook

There are four levels of minimum competency. A candidate must perform the procedures outlined in the logbook to the standard of a:

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

Each procedure 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.

Candidates are required to achieve certification at specified competency levels or higher for:

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

2022 Logbook

There are four logbook levels:

A. Performed on a patient under observation.
B. Demonstrated in a simulated setting under observation.
C. Performed on a patient without observation.

D. Observed or assisted someone else doing the procedure on a patient or observed the procedure on video (e.g. YouTube) link to video required

Candidates are required to complete:

- 100% of the essential procedures must be completed at level A or B and
- 100% of the important procedures may be completed at any level A, B, C or D.

Advanced Specialised Training

Emergency Medicine

Completion of the AST EM procedural skills logbook is required for the candidate to pass their AST in Emergency Medicine.

The AST EM procedural logbook requires certification of the candidate reaching the required competency level (A-D) and performing the procedure a specified number of times.

Competency levels:

A. Performed to the standard of an independent practitioner on a real patient and not just a simulated environment
B. Performed to a pass standard in a certified course in a simulated environment
C. Performed under supervision to the standard of a practitioner working under supervision
D. Assisted with the supervisor performing the task

The AST Emergency Medicine Logbook may be downloaded or a hardcopy obtained by emailing the training@acrrm.org.au.

Surgery

Candidates undertaking AST in Surgery are required to maintain a log of all surgical procedures undertaken during training.

This is a practice that needs to be continued throughout a surgical career.

The candidate may use any appropriate surgical logbook, for example the RACS Morbidity Audit and Logbook.

An appropriate logbook would:

- use standardised terminology, for example SNOMED clinical descriptors
- be easily sorted by procedure, to enable a supervisor to see how often a procedure has been performed
- be able to be shared electronically and in printed form
- contain the following data set for each entry:
  - date of procedure
  - name of hospital where procedure performed
  - patient name, age, gender, and hospital ID
  - name of primary surgeon
  - level procedure performed: 1st assistant, 2nd assistant, observed
  - level of supervision: independent, supervised
  - complications

Projects

Introduction

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

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

Projects are the main summative assessment for the following ASTs:

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

Registrars are strongly encouraged to share their project through:

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

Requirements

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

Registrars are required to achieve a pass grade in their project.

The project is expected to be presented at a level comparable to a project completed for master's degree.

The project is expected to be undertaken independently by the Registrar. Where a Registrar seeks to submit a group project for their AST, approval must be obtained prospectively, and the Registrar must demonstrate a lead role in the project outlining their responsibilities in the project proposal.

All projects will require ethics approval. A project proposal, including details of ethics approval, must be submitted to the College for review and approval by the Censor in Chief **before commencement** of the project.

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

Content

The project must relate to the knowledge, skills and attributes in the relevant Learning Area of the Rural Generalist Curriculum.

The completed project proposal must include:

- Academic supervisor name and qualifications
- Type of project
- Background to the project including how the project will benefit the community
- Project aims and benefits
- Project value or importance to rural medicine

- Relevance to the chosen AST curriculum
- Methodology that will be used to collect and evaluate information/ data
- Ethical considerations and progress with the ethics approval process
- Engagement with the community especially if the project relates to Aboriginal and Torres Strait Islander health
- Project timeline

The completed written submission must include:

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

College support

The College offers the following support for Registrars undertaking projects:

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

Academic supervisor

Registrars are required to have an Academic Supervisor to provide support and guidance in completing the project. Local rural clinical school or training organisations may be able to assist in identifying a suitable supervisor.

The Academic Supervisor must be nominated and provide input into the project proposal. An Academic Supervisor report is required to be submitted mid-project and with the final project. The supervisor report is initiated by the Registrar. The Registrar completes the section first and then the supervisor.

Process

Enrolment

1. Registrars must enrol in the project at the beginning of their AST. Enrolment is completed online.
2. A project proposal must be uploaded as part of enrolment process. Registrars must document a project timeline demonstrating completion of the project within 12 months.

Project proposal approval

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

Project submission

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

Project grading

The AST Project is assessed against the project marking rubric.

Marking rubric

For each criterion below, the registrar will receive a grading of either Unsatisfactory, Borderline, Satisfactory and Excellent:

1. *Relevance to rural generalist medicine/community*
2. *Alignment to with AST curriculum*
3. *Ethics and other permissions granted*
4. *Research question/project aim clearly defined*
5. *Evidence of broad reading around the topic/appropriate references used*
6. *Information clearly presented*
7. *Information comprehensive and focussed (4000-5000 words)*
8. *Sound conclusion reached*
9. *Project completed at level comparable to Masters/publishable*

*The following **items** are taken into consideration when grading:*

Checklist of items for consideration

Background Criteria	• Define the problem, i.e. contextualise the research in history, e.g. this is the problem, this was the solution developed, this is my question • Justify the significance of the question • Define the scope of the study – what is studying and what is not studying • Ethics approval • Outline of the thesis
Literature Review	• Specific question to interrogate the literature is defined • Clear description of how the literature was searched including which databases and which search terms and whether other articles were sourced from the original articles found • Well organised thematic description of evidence in literature • Clear argument that there are gaps in the evidence • Summarise conceptual framework for study
Methods	• Sample / participants • Measures – Survey tool • Procedures • Statistical analysis • Study / rigor (reliability and validity)
Results	• Presenting comprehensive results • Presenting focused results • Interpreting statistical significance • Interpreting educational / clinical significance • Pulling the results together
Discussions/ Conclusion	• The conclusions are justified by the results • The conclusions are compared with the literature • The new knowledge from this study is defined • Limitations of this knowledge is defined • Recommendations / future research plans justified

Scoring Explanation

1. Projects that meet the standard are awarded a pass grade.
2. Projects that do not meet the standard are awarded a fail grade and information provided on what aspects require improvement to meet the standard.

A second attempt is provided for the Registrar to revise the project and resubmit for grading. A re-grading fee applies, and this is considered a second attempt.

Project grading is ratified by the Board of Examiners and Registrars are provided with an outcome soon after.