

FELLOWSHIP

Welcome to
StAMPSville

Est. 1878

POP: 4,000

Emergency Transport Service

**Regional
Hospital**

259 km

**Tertiary
Hospital**

890 km

ASSESSMENT HANDBOOK



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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:

- Candidates can participate in assessment within the locality where they live and work, avoiding depopulating rural and remote Australia of their medical workforce (candidates and assessors) during assessments;
- That the content of assessments is developed by clinically active rural and remote medical practitioners; and
- Assessment plays a role in enabling candidates to become competent, confident and safe medical practitioners 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 formative 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 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.

<i>Does</i>	Performance integrated into practice
<i>Shows how</i>	Simulated demonstration of skills in an examination situation
<i>Knows how:</i>	Application of knowledge to medically relevant situations
<i>Knows:</i>	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, formative Mini CEX, Logbook & CBD
Shows How (Performance):	StAMPS, formative Mini CEX, CBD
Knows How (Competence):	StAMPS
Knows (Knowledge):	MCQs

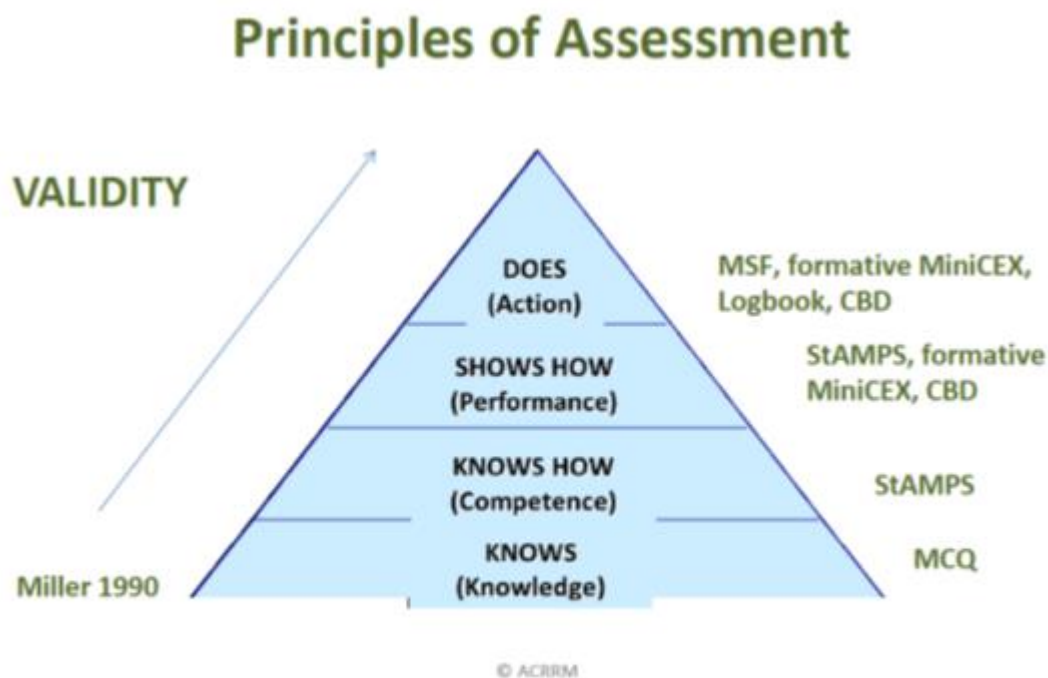


Figure 1: Miller G 1990 *The Assessment Clinical Skills/Competence/Performance*

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, reviewers and examiners, and aims to include a broad representation of geographic and demographic membership in these teams. Core Generalist Training assessment team members are required to be experienced rural practitioners who hold Fellowship of ACRRM (FACRRM). Advanced Specialised Training assessment team members are comprised of a combination of doctors holding FACRRM and Fellows of other relevant Specialist Medical Colleges.

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

The College uses several processes to evaluate the effectiveness of the Fellows who contribute to assessment modalities. Post-assessment feedback from candidates, examiners, invigilators and others involved in 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](#).

Conflict of interest

Examiners are required to declare any recognised conflict of interest with any candidate they are assigned to assess prior to the assessment taking place. A declared conflict of interest will be taken into consideration and addressed accordingly. In CBD registrars are made aware of who will be assessing them in advance and are able to notify the College of any conflict of interest.

Quality Assurance processes

A range of quality assurance processes are used the College's assessment program.

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 publicly released 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 session 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 all examiners attend a debriefing session.

As a standard part of College assessment processes, assessments may be recorded. Candidates are notified of this requirement and continued participation in the assessment is considered consent to the recording. These recordings are used for the purpose of quality assurance and training purposes and are the property of the College. Recordings are not made available to candidates or medical

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, invigilators, 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 all College assessments:

- Candidates must arrive at the approved venue at the time specified in the instructions to candidates that is provided prior to the assessment date.
- Candidates must provide valid photographic identification (e.g. driver's licence or passport) to the invigilator for verification of identity.
- Food or drink is not permitted into the assessment room other than a clear plastic bottle of water or food required for medical reasons.
- Any item that has not been authorised by the College is not permitted to be taken into the assessment room by a candidate.
- Mobile phones and all other electronic devices including but not limited to smart watches and wireless communication devices must be turned off and left with the invigilator.
- Candidates are strictly prohibited from accessing any component and function of the computer, including email or internet sites, other than the platform used for the conduct of the examination.
- Candidates are strictly prohibited for using electronic communication devices to communicate with anyone other than ACRRM staff or examiners during these assessments.
- Candidates must be accompanied by their invigilator or authorised person if a restroom break is required.
- At the conclusion of the examination, all hand-written notes and exam material must be remain in the exam room with the invigilator who will immediately return them to the College.
- Candidates must not share any information related to the content of the assessment and this 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.

Venues and Invigilators

All candidates should refer to the relevant [Assessment Venue Requirements](#) when choosing a venue and invigilator. A candidate should seek a venue and invigilator as soon as they have enrolled for an assessment.

Venue

A candidate is required to undertake their assessment at a venue that has been approved by the Assessment team as outlined in the relevant Assessment Venue Requirements document available on the College website. It is the candidate's responsibility to ensure that the minimum requirements as indicated in the relevant venue requirements are met.

The use of a private residence is **only** permitted for Mock StAMPS and CBD, or in the event a chosen/approved venue becomes inaccessible/unavailable due to a natural disaster ie floods, fire or pandemic. In this instance, a candidate who has been affected must obtain approval from the Assessment team.

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 on page 12.

Invigilators

Invigilators play a central role in ensuring the security of the assessments for all StAMPS and the MCQ assessments. Candidates are responsible for finding a suitable invigilator and may be unable to undertake the assessment without an appropriate invigilator.

All invigilators are subject to approval by the Assessment team, who has the discretionary authority to approve or decline the nominated invigilator. If a nominated invigilator is deemed unsuitable for any reason, the candidate will be notified and required to nominate a replacement. Invigilators are paid by the College.

Incident Reporting

A candidate, examiner or staff member who has a concern about the management or conduct of the assessment should complete an [Incident Report](#). The completed Incident Report must be submitted to the Assessment team within 48 hours of the conclusion of the assessment.

Examples of incidents or other irregularities include but not limited to:

- An uncooperative candidate or examiner
- Assessment procedures not followed
- 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 unforeseen emergency evacuation, the Invigilator must:

1. Contact the Assessment team immediately or as soon as practicable;

2. Collect all assessment material from the candidate and evacuate with the candidate as per the venue's emergency evacuation procedures;
3. Remain with the candidate at all times during the duration of the evacuation;
4. If possible, maintain contact with the Assessment team throughout the evacuation; and
5. Follow the venue's emergency evacuation orders and return to assessment room/venue only when safe to do so and as instructed by the venue's emergency contacts or authorities.

Any time lost as a result of an emergency evacuation will be awarded to the assessment to allow the candidate to continue and complete the assessment if and when 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, results 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 once results are uploaded.

The dates for release of results are published for each assessment 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 Assessor and a summary of stakeholder feedback and improvements planned. The [Assessment Public Reports](#) are published on Assessment resources webpage.

A public report is published by the College following each Core Generalist Training (CGT), Advanced Specialty Training (AST) Emergency Medicine (EM) StAMPS and MCQ assessment. CBD public reports are published annually.

Undertaking assessments overseas

The College has provisions in place for candidates who will be overseas at the time of their assessment. 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 appropriate invigilation and technical requirements being met. See [Assessment Venue Requirements](#) for further information. Mock STAMPS can be completed from overseas from a suitable venue and technical requirements must be met.

The MSF, CBD and formative miniCEX can only be undertaken overseas if in an approved overseas training placement. Refer to the [Overseas Training Placements policy](#).

Assessment policies

A range of policies relate to assessments, these policies are available on the College [Assessment Policies](#) webpage.

Assessment Eligibility policy

The assessment eligibility policy defines:

- eligibility requirements to enrol in and undertake assessments
- rules relevant to reattempting assessments
- 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 education or training programs in respect to personal and professional conduct and a duty to disclose a review of, or changes to medical registration.

Academic Misconduct policy

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

Medical Registration constraints

To describe the process the College follows to determine if a doctor with constraints on medical registration can train, be awarded Fellowship or be contracted by the College. This process can be found [here](#)

Refund policy

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

Reconsideration, Review and Appeals policy

The Reconsideration, Review and Appeals policy provides information for candidates who wish to dispute result or outcome an assessment undertaken.

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.

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 formative 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. Formative MiniCEXs are best conducted progressively throughout training, for example a minimum of 3 per year of training.

In exceptional circumstances a candidate working towards Fellowship may be required to complete a summative MiniCEX. This is determined by the College Censor-in-Chief (CIC).

The MiniCEX training course for Clinicians - [online course](#) is designed for clinicians who are asked to conduct formative 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 formative MiniCEX can be conducted within the context of the candidate's medical educator visit or at any time at the instigation of the candidate or supervisor. The MiniCEX reviews are to be conducted by a doctor, meeting one of the following criteria:

- 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 formative 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 formative 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.

MiniCEX 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 form, patient consent proforma and Physical Exam Reference 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 team 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 and
- 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. 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 are able to ask an appropriate person. 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:

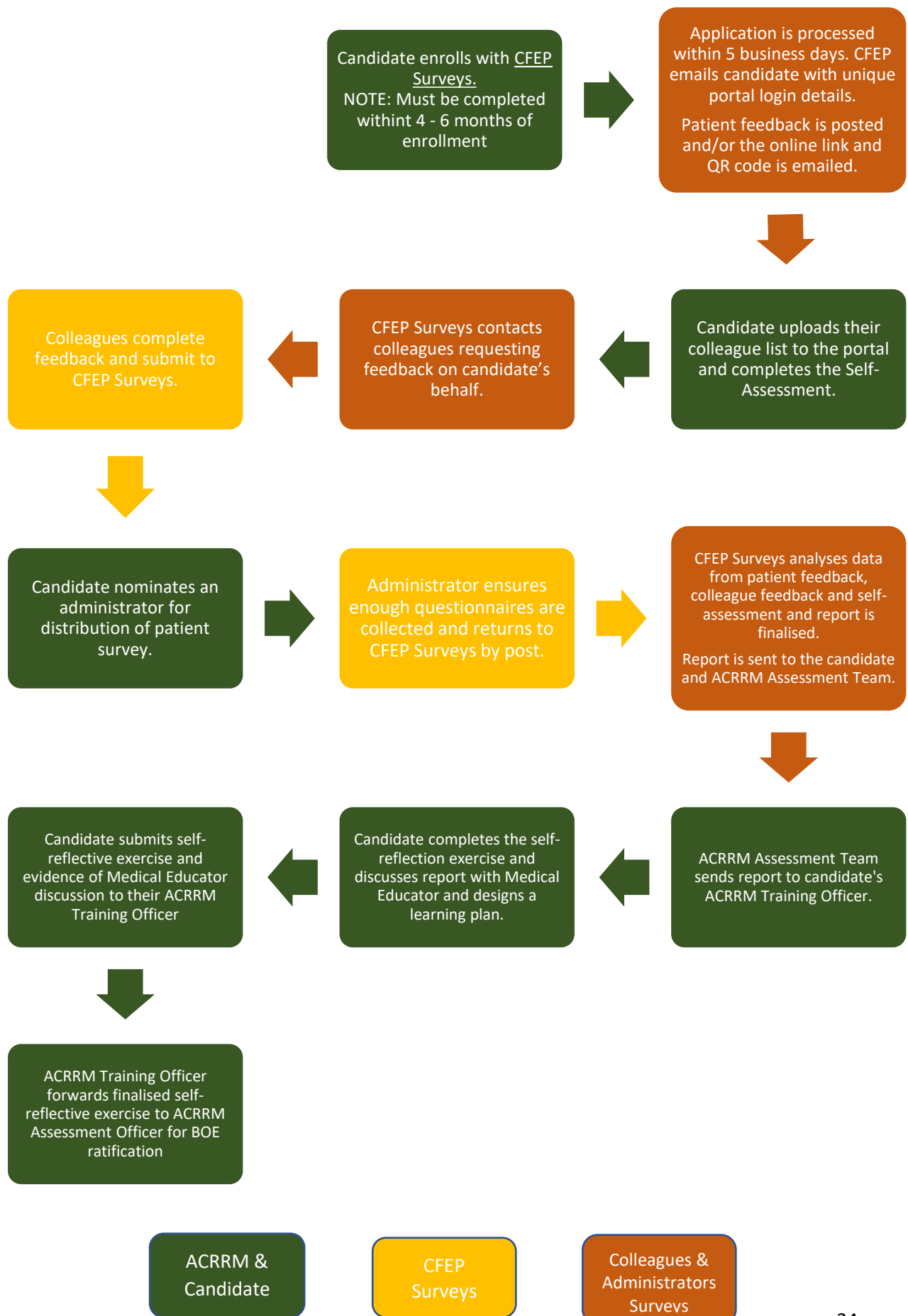
- The candidate must hand the patient questionnaires with enough envelopes and staff guidelines to the staff member for collection
- The patient must not be advised of the questionnaire or invited to participate until after a consultation has been conducted
- A confidential process must be adopted (a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

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

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

From 2024 The MCQ will be delivered using ACRRM's assessment management system – Practique. More information about Practique 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 answer 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 Health (ATS)	4
Academic Practice (ACAD)	1
Addictive Behaviours (ADD)	1
Adult Internal Medicine (AIM)	4
Aged Care (AGE)	2
Anaesthetics (ANA)	2
Chronic Disease (CHRON)	2
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

There is a detailed extensive post assessment statistical analysis of the performance of each question and the overall exam. This process may result in some questions being removed from the assessment that don't meet statistical performance criteria.

Venue and Invigilators

For information relevant to venue and invigilator requirements refer to Venues and Invigilators. It is the candidate's responsibility to ensure that they can access a College approved venue (refer to page 3 of the [Assessment Venue Requirements](#)) on the day of the assessment. All candidates undertake the MCQ on the same day and at the same time, regardless of their location. Candidates and invigilators will be notified of the assessment start time in Australian Eastern Standard Time (AEST).

Each candidate and invigilator are advised to check their local time zone and adjust the start time prior to the assessment day.

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.

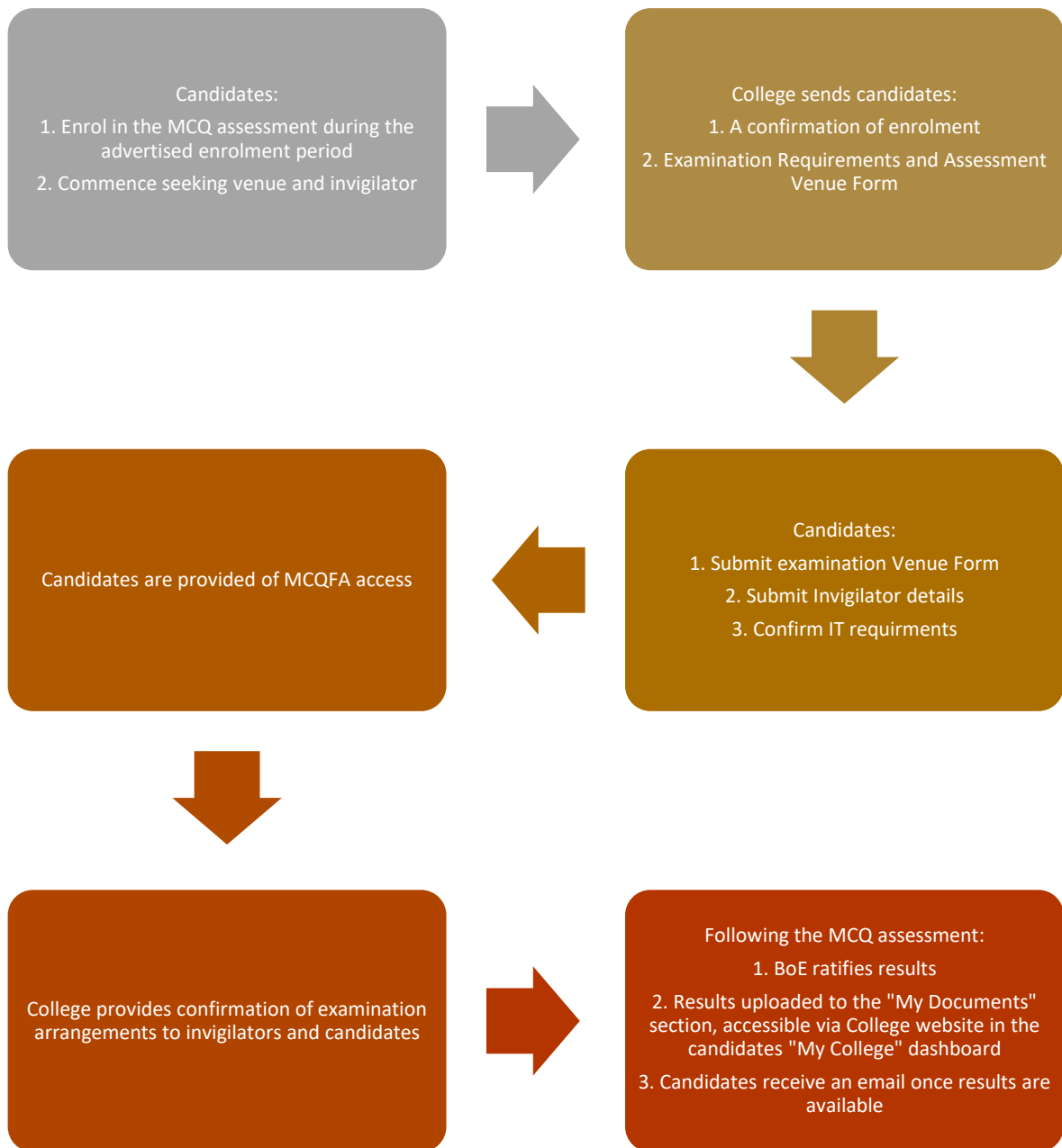
Introduction to MCQ Assessment

The Introduction to MCQ Assessment [online course](#) is available to candidates who enrol in the MCQ assessment to give insight into the MCQ assessment.

MCQ familiarisation activity (MCQFA)

The MCQFA is available for candidates enrolled in a MCQ assessment. The MCQFA provides candidates the opportunity to become familiar with the format of questions used in an actual MCQ assessment. Candidates can complete the activity over a number of hours; however, it is suggested that candidates attempt the MCQFA under 'simulated assessment conditions' and without accessing additional resources or support.

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 examiner. 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, formulating sufficiently broad differential diagnoses, ordering relevant investigations and developing appropriate management plans in a patient centred manner.

CBD is one of the summative assessment requirements for CGT (Core Generalist Training) and for the AST (Advanced Skills 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 time 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](#).

Registrars may also complete CBD as a formative assessment with either their supervisor or their medical educator. The structure of a formative CBD assessment should not be different to the summative assessment, and there are assessment sheets clearly marked as "Formative" available for the formative assessors to use.

Format

The cases submitted for assessment are those of actual patients that presented themselves to and were managed by the candidate 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. Patient date of birth and gender details must be retained in the notes for assessment. ***Notes that contain identifying information will not be assessed and the submission of these may result in a "fail" grade.***

Case notes may be print outs or PDF from the patient electronic clinical records and these original records cannot be altered apart from redaction of identifying information, including not copying and pasting investigations to the consult notes. Copies of handwritten clinical notes written on health service letterhead are permissible. Candidate generated case summaries without supporting documentation are not permissible.

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

When first submitting the cases for assessment, the cases uploaded are considered the 'submission cases' and cannot be swapped for other cases unless deemed to be out of date. If any cases are returned to the candidate to be de-identified, the same cases must then be de-identified and uploaded without removing / adding any new pages. No new cases will be permitted in this instance.

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 submitted are reviewed by a CBD QA assessor. If the QA assessor is NOT satisfied that all cases are of suitable complexity to generate a high-quality discussion, cover a satisfactory range of learning areas, and have all relevant supporting documents attached, all twelve (12) cases will be returned to the registrar with ineligible cases flagged. The candidate will be required to resubmit new cases to replace the rejected ones, ensuring that the final set of twelve (12) cases meets all breadth, complexity, and clinical leadership requirements. This is to ensure that every candidate attempting the CBD assessment has a reasonable chance to succeed in demonstrating FACRRM-level professionalism and performance.

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 should have paper copies of all of their cases with them to refer to at every session, as they will not know which case has been selected until then.

There are five (5) categories scored by each Assessor for each case. 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 are encouraged to undertake formative CBD. Candidates may initiate this with their supervisor or medical educator at any time. Formative CBD forms are [available](#).

Requirements

Registrars are required to submit twelve (12) deidentified cases, and CBD Assessors will select a total of six (6) cases for discussion. The assessment is conducted via Zoom over three (3) separate sessions, lasting approximately 60 minutes each, with two cases discussed for 30 minutes each with the same examiner on the same date. Each examiner will assess their two (2) cases, and after the third assessment session, all six (6) marking sheets are collected and reviewed. To pass the CBD assessment overall, candidates will need to achieve a mark of 'at expected Fellowship standard' in five (5) of the six (6) cases.

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.

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.

Candidates are encouraged to undertake formative CBD. Candidates may initiate this with their supervisor or medical educator at any time. Formative CBD marking rubrics are [available](#).

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

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.

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 incremental 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 enough suitable cases where clinical leadership, complexity of reasoning, and flexibility in adapting management plans to an individual patient in context. It is therefore strongly recommended that registrars complete this assessment during CGT terms. For this reason, the CBD examination can be attempted at any time after successful achieving the MCQ, allowing it to fit neatly into a variety of training paths. 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. The case notes may be from consults conducted face to face or by teleconsultation providing the case requirements are met.

In all settings, the case notes must contain evidence that the candidate is the primary doctor responsible for the patients care and all guidelines must be adhered to no matter what setting the cases are from.

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) consultations for each case with clear demonstration that the candidate is primarily managing the patient.
- Be at least medium level of complexity to allow for demonstration of clinical reasoning,
- Contain sufficient progress notes to demonstrate continuity of care by the Registrar
- Include investigations.
- 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, are not required to be submitted. If a registrar is uncertain of the relevance of any portion of the patient record to the CBD discussion, we recommend they include that information.

Emergency or RFDS setting

Cases should be high acuity (Australian triage Category 1 or 2) and be from one of the following areas:

- One or more chronic illness, with severe exacerbation or acute progression
- Acute or chronic illness or injury which poses a threat to life or bodily function e.g. multiple trauma, myocardial infarction, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness, with potential threat to self or others, peritonitis, acute renal failure
- 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, as they must be able to demonstrate complexity of reasoning and clinical direction of management over a period of time where the patient's clinical condition could change significantly. The assessors will expect to discuss each case for 30 minutes, in sufficient depth to identify fellowship-level professional characteristics and performance. Complexity in diagnostic workup, decision-making in situations of uncertainty, and management in difficult contexts should be features of CBD cases selected from emergency and retrieval contexts.

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 in CBD, OR they can 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 in CBD.

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

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

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

One case may cover more than one of the areas listed above.

Palliative Care CBD candidates are expected to show FACCRM-level clinical reasoning, problem formulation, team leadership, and expert treatment of both the reversible 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 using an online assessment platform. It is the candidate's responsibility to ensure that the chosen venue/space and the computer to be used meet the requirements as detailed on the [CBD Assessment IT Requirements Form](#). If using a private residence, the room must be free of interruptions. For the CBD assessment an invigilator is not required.

IT Requirements

For information relevant to the IT requirements refer to the [CBD Assessment IT Requirements Form](#).

Cancellation

Candidates and Assessors are 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 will result in an additional administration charge of \$420.

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

Prior to and during the assessment

A candidate is required to:

- Be present in the room at least five minutes prior to scheduled session start time.
- Prior to the session, check the room that will be used has access to a computer and camera, and ensure that they are in working order including able to access internet and online assessment platform.
- Have access to a phone, in the event of internet connection loss. The session can be continued by using hotspot on your phone to join the Zoom meeting with details provided.
- Login into the virtual room at least five minutes to the start of the session.
- 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.
- Listen to the pre-assessment briefing and respond to assessor questions.
- Advise the Assessor if unable to hear or understand the questions.
- Advise the College of any incident by submitting an [incident report](#) to assessment@acrrm.org.au within 48 hours of the session affected.

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 whether by the same Assessor or not
- 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 a fair and uniform testing conditions, and to ensure the integrity, consistency and fairness of the assessment process.

An Assessors' responsibilities include:

- advise the College of a conflict of interest with the candidate to be assessed.
- advise as early as possible if the session needs to be rescheduled.
- login into the virtual assessment room at least five minutes to the start of the session.
- conduct a pre-assessment briefing session (maximum five minutes) before the first case is conducted. This briefing is to ensure that the:
 - candidate is informed of the assessment process
 - mandatory requirements and the standard required for a positive outcome are explained and understood
 - candidate is aware of the criteria they will be assessed against, and
 - candidate and assessor's perceptions of the assessment match
- advise the candidate which two cases have been selected for discussion.
- allow up to 30 minutes to discuss each case.
- ask questions relating to the cases selected for discussion.
- score the candidate according to marking criteria and return the completed forms to the College within two working days of the session.
- inform the College of any incidents relating to the assessment as soon as possible and submit an incident form within two working days.
- relevant policies and procedures for the conduct of the CBD are adhered to and that the integrity of the assessment session is not compromised.

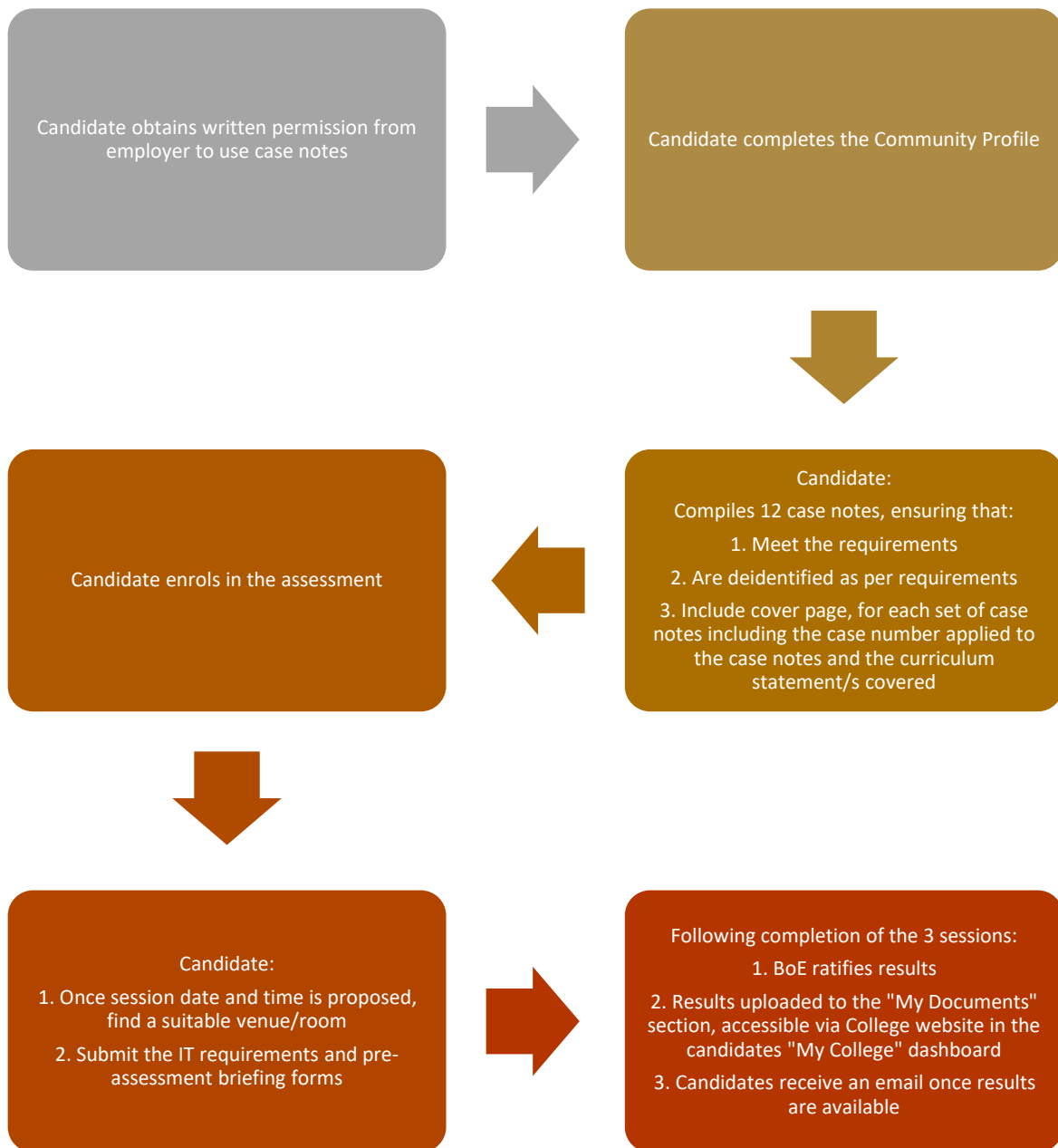
The assessor must not be on call during the assessment and will not interrupt the assessment process by responding to any electronic communication device.

As this is a summative assessment, feedback to the registrar is provided in the results letter. The assessor must not under any circumstances provide an opinion of the performance or whether they consider the candidate has scored a passing or failing grade.

Preparation tools

An **Introduction to CBD Assessment** [online course](#) aims to support candidates in preparing for their CBD assessment. Additional resources are being developed and will be released as they are finalised.

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 vocé (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 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 vocé 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 (Zoom) room and examiners rotate between candidates. Candidates will typically start and finish at the same time which is in Australian Eastern Standard Time. All candidates and invigilators are advised to check their local time zone and adjust the start time to their local time, if required.

The StAMPS consists of eight (8) scenarios, each of ten minutes duration. Candidates have 10 minutes at the commencement of the exam to read and familiarise themselves with all eight (8) scenarios during the pre-exam reading time. Candidates are expected to have read and be prepared for their first scenario by the start of the commencement of the first rotation.

Scenarios are shown to the candidates using the "share screen" function. A copy of the assessment material is also sent to the invigilator which is used only in the event of a technical issue on the exam day.

An interval of 10 minutes is placed between scenarios consisting of 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 48 individual scores within the following domains:

- Management in the Rural-Remote context (applied to each of the three questions)
- Problem Definition and Structured Approach (applied to each scenario)
- Communication and Professionalism (applied to each scenario)
- Flexibility to changing context (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 differs between CGT and various AST.

Core Generalist Training StAMPS

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 & Torres Strait Islander Health (ATS)	*****
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

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

Paediatrics, Mental Health, Adult Internal Medicine 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

Following on from its successful application to the Core Generalist Training (CGT) StAMPS exam in 2021, Emergency Medicine and Adult Internal Medicine in 2022, the Behavioural Anchored Rubric System (BARS) will be fully implemented for all StAMPS modalities in 2023.

Each scenario is scored in six (6) areas (three Management scores [one for each question and one score for each of the remaining three domains]). Each question/domain is scored independently on a linear scale where 0 is the lowest possible score and 7 is the highest possible score. The scores are summed across all eight scenarios and the total is used to determine the overall Pass or Fail outcome. A maximum score of 336 is possible.

StAMPS standard setting is achieved using a Delphi panel during scenario writing, scenario road-testing, moderation/calibration meetings, assessor training, scenario-specific scoring rubrics and post-exam statistical analysis.. The overall pass mark in any given exam sitting may vary due to relative difficulty of scenarios and characteristics of the candidates and this is statistically verified during the post assessment analysis.

The highest scoring candidates who do not meet the pass mark are automatically reviewed prior to the release of results. As a result of this review process, a candidate may be elevated to a “Pass”.

Venue and Invigilators

For information relevant to venue and invigilator requirements refer to **Venues and Invigilators**.

It is the candidate's responsibility to ensure that they can access a College approved venue and computer that meets the IT minimum requirements (refer to page 3 of the [Assessment Venue Requirements](#)) on the day of the assessment.

Candidates may take use their own laptop or computer at the venue. The College will not be liable for any technical issues / difficulties caused by using alternative configurations.

Preparation Tools

An **Introduction to StAMPS assessment** [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.

Formal StAMPS preparation activity

Candidates must provide evidence of completion of at least one formal StAMPS preparation activity with the College, to be eligible to enrol in Core Generalist StAMPS.

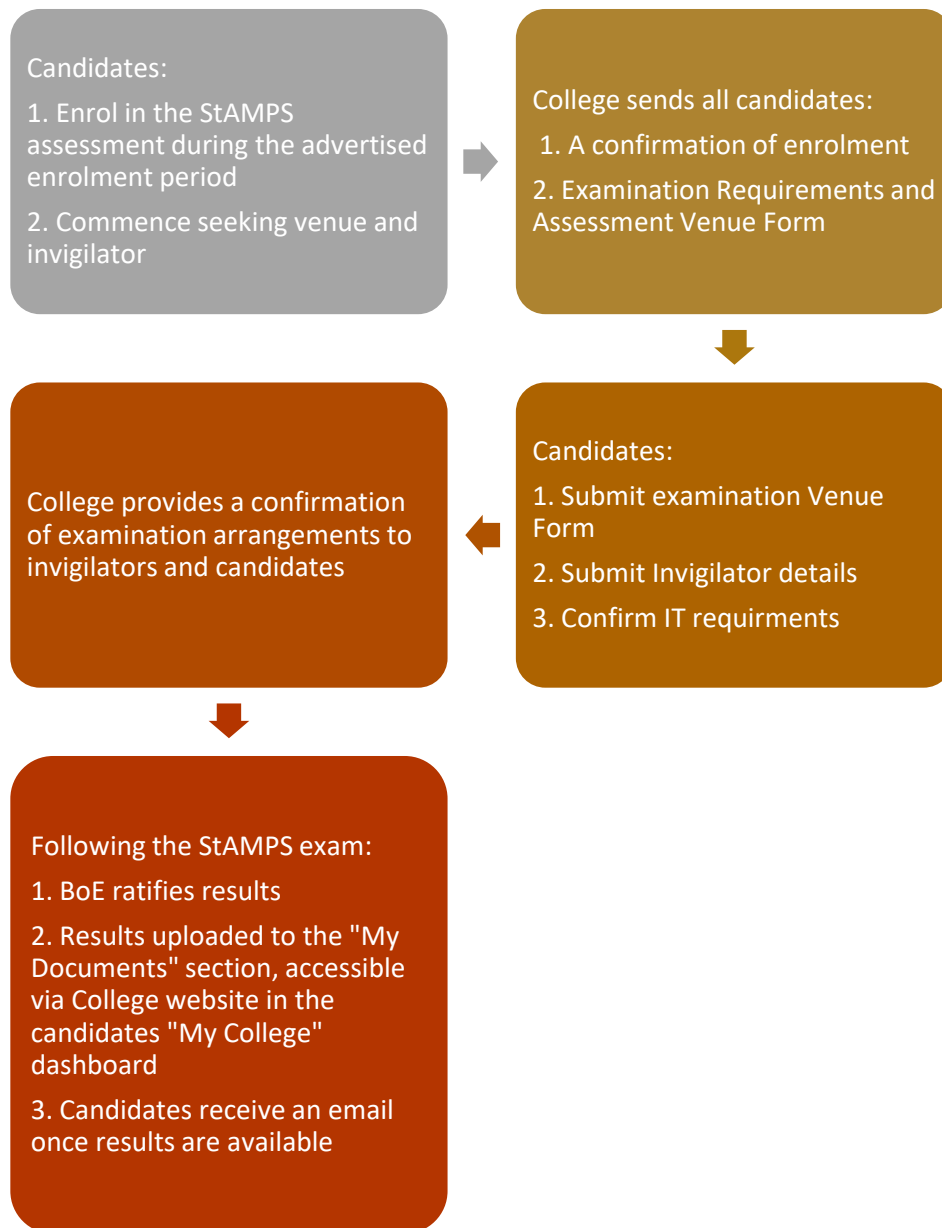
A formal StAMPS preparation activity must be conducted by a medical educator or supervisor who has knowledge of the StAMPS format. The activity must include information on the StAMPS format and StAMPS scenario practice and feedback.

The following activities meet these requirements:

- A **StAMPS Mock Exam** 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.
- The **StAMPS Study Groups** are offered by the College leading up to the 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](#).

Other activities will be considered on a case-by-case basis against defined criteria.

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 is 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 Masters 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

1. The AST Project is assessed against the project marking criteria.
2. Projects that meet the standard are awarded a pass grade.
3. 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.
4. Project grading is ratified by the Board of Examiners and Registrars are provided with an outcome soon after.