EM StAMPS

ASSESSMENT PUBLIC REPORT

2025B

Purpose

This public report provides information for candidates, supervisors, educators, training organisations, communities and external stakeholders and is produced following each Emergency Medicine (EM) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Previous public reports are available on the ACRRM website.

Introduction

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

The 2025B EM StAMPS exam was held on 15 – 16 November 2025.

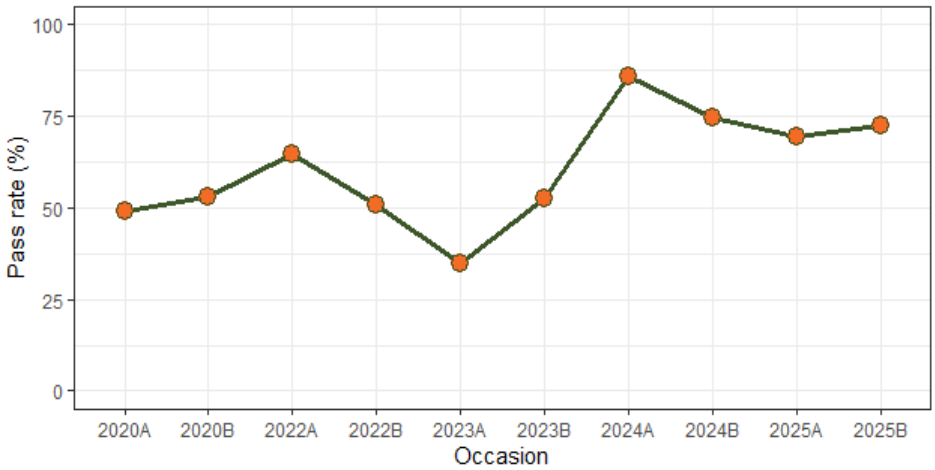
Overall Outcome

A total of 47 candidates sat the 2025B exam, with 34 of the candidates passing. The overall pass rate was 72.3%.

Assessment Statistics

The pass mark for 2025B was 162 out of a theoretical maximum of 280. Candidates who scored 10 points below the cut score (i.e. 152 or higher) were formally reviewed.

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



Conduct of the Exam

The 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 presenting.

Candidates were provided a Community Profile that described the demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment delivery and marking for all candidates regardless of their actual practice location. The Community Profile was revised in early 2025 and implemented for the 2025A EM StAMPS onwards. It can be accessed on the ACRRM website and available to view by the general public.

The StAMPS consists of eight (8) scenarios, each of ten minutes duration. Candidates have time at the commencement of the exam to log in and accommodate for any technical issues if required. Candidates are expected to have read and be prepared for their first scenario by the start of the commencement of the first rotation. An interval of 10 minutes is placed between scenarios consisting of 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. Examiners remained on one continuous connection throughout the assessment with an ACRRM online room monitor. Candidates moved between the rooms. The 2025B EM StAMPS was delivered with no in-person invigilator required.

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

Quality Assurance

Two Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the StAMPS modality. All examiners undergo training and ongoing development.

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

As part of process, an additional QA check was performed by a team of Review Examiners of the narrowest scoring pass performances to ensure that these candidates were indeed meeting the standard to pass.

Grading and Scoring Overview

Candidate performance is graded against a rubric and behaviour anchors on an 8-point linear scale. Each scenario offers the candidate the opportunity to earn up to 7 points on 5 items/domains which are scored independently.

- Management in Part 1 that incorporates relevant medical and rural contextual factors
- Management in Part 2 that incorporates relevant medical and rural contextual factors
- Management in Part 3 that incorporates relevant medical and rural contextual factors
- Problem Definition & Systematic Approach
- Communication & Professionalism

** Flexibility in Changing Context was removed from August 2025 onwards*

Curriculum Blueprint

The information below provides an overview of the domains of the curriculum assessed, the 2025B scenarios covered, and percentage of candidates who examiners felt "met the standard" in each scenario for each day.

ACRRM Domains:

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

Topics covered and percentage pass rate:

Scenario	Topics covered 2025B	Pass rate Saturday	Pass rate Sunday
1	Trauma, mental health issues and eye injury	73%	53%
2	Telehealth, pregnancy, overdose and allergy	70%	59%
3	Seizure management and intubation	83%	71%
4	Mass casualty and ICD procedure	93%	82%
5	Spinal trauma and clinical governance	73%	82%
6	Sepsis & procedure ascitic tap	80%	65%
7	Environmental emergency and seizures	53%	35%
8	Sexual assault & termination of pregnancy	77%	65%

Candidate and Educator Guidance

Feedback from examiners offers valuable insights for candidates who sat this exam and registrars preparing for future attempts. The feedback below reinforces that success in the EM StAMPS requires not only clinical knowledge but also structured thinking, clear communication, cultural sensitivity, in addition to the ability to act decisively as a senior rural generalist and being current in EM.

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

1. Structured and Systematic Approach

Candidates who performed well consistently applied a clear, logical framework such as the ABCDE approach for trauma or structured steps for procedures (pre-, during, and post-procedure). Strong answers demonstrated prioritisation of immediate life threats before history-taking and tailored the structure to the specific patient rather than relying on generic templates. Weak responses were often disorganized, lacked prioritisation, or

repeated the question stem without adding value. Some candidates mentioned frameworks but failed to elaborate on their application, resulting in incomplete or vague answers.

2. **Clinical Prioritisation and Safety**

   High-performing candidates identified and acted on critical priorities early, such as initiating resuscitation, recognising status epilepticus, or treating anaphylaxis promptly. They demonstrated safe practice by anticipating complications and escalating care when needed. Lower-performing candidates delayed essential interventions, missed immediate threats, or focused on less urgent tasks. Safety lapses included inadequate preparation for high-risk procedures, failure to prevent unsafe discharge, and insufficient consideration of rural limitations or retrieval needs.

3. **Knowledge of Protocols and Guidelines**

   Strong candidates showed familiarity with relevant clinical guidelines, such as N-acetylcysteine use in paracetamol overdose, hyponatraemia correction targets, and mental health legislation for capacity and detention. They referenced structured tools like AMPLE history, SPEEDBOMB for intubation, and medico-legal processes including open disclosure and incident reporting. Weaker answers lacked detail, omitted contraindications for procedures, or demonstrated uncertainty about escalation pathways and rural context protocols.

4. **Radiological and Procedural Competence**

   Exemplary responses described investigations and procedures comprehensively, including indications, contraindications, preparation, execution, and post-care. For trauma, candidates who mentioned imaging (eFAST, CT, X-ray) and spinal precautions scored highly. Procedural answers were strongest when broken into logical phases and included safety checks. Poorer answers were vague, omitted key steps, or demonstrated incorrect anatomical landmarks, raising concerns about procedural safety.

5. **Communication, Cultural Safety, and Psychosocial Awareness**

   Candidates who excelled maintained patient-centred care, communicated clearly with patients and families, and demonstrated empathy, especially in distressing scenarios such as sexual assault or adverse events. They involved appropriate supports (social work, mental health, cultural liaison) and explained technical terms when using mnemonics. Lower-performing candidates neglected family updates, psychosocial considerations, or cultural safety, and sometimes used jargon without clarification, reducing the quality of communication.

6. **Clinical Leadership and Decision-Making**

   High scorers demonstrated leadership by organising teams, allocating roles, and managing resources effectively, particularly in mass casualty or complex trauma scenarios. They articulated clear plans, anticipated risks, and made confident decisions contextualised to rural settings. Weak responses lacked clarity on team coordination, disposition planning, or systems-level thinking. Some candidates failed to escalate appropriately or relied excessively on external advice without outlining their own management plan.

7. **Time Management and Exam Technique**

   Successful candidates structured their answers to cover priorities first, used signposting to guide the examiner, and avoided unnecessary repetition. They balanced breadth and depth, tailoring responses to the scenario while remaining concise. Poor time management led to incomplete answers, missed critical points, or overemphasis on less relevant details. Stress and technical issues sometimes contributed to rushed or fragmented responses, highlighting the need for practice in pacing and prioritisation.

In addition to the abilities required in the Core Generalist Training (CGT) curriculum for EM, doctors achieving AST in EM are required to be able to competently provide definitive emergency medical care including common emergency medicine procedural interventions for individual patients across all presentations including Australian Triage Category 1 and 2. Further information may be found in the AST EM Handbook.

Survey Feedback

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

Based on feedback received, the following themes were identified:

- Overall, most candidates indicated they were satisfied with the overall experienced and have an appreciation of the exam format.
- Most of the candidates indicated they could find information easily, with some appreciating the support from the Assessment team and Medical Educators.
- Candidates appreciated the ability to sit the exam online, reducing travel stress and improving comfort by reducing by doing the exam from home without an invigilator.
- Most candidates found the Community Profile clear; however, some queried the alignment of real practice.
- Responses suggest IT guidance and support on the day was adequate.
- Most candidates felt study group cases and official exam questions were inconsistent.
- There was a general agreement that the assessment format was appropriate, however there were some concerns regarding question flow.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the AST EM StAMPS. ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is continuously ongoing to increase examiner recruitment and training, professional development, increase QA examiners on exam day to reduce post exam QA review requirements and to improve qualitative feedback for candidates.

Some improvements include:

- the removal of the 'flexibility' marking item from the StAMPS marking rubric in August 2025.
- the permanent removal of in-person invigilators from October 2025 for all StAMPS. In some instances, an invigilator may be required for adjustments requested under the special consideration policy.
- the use of a private residence as an exam venue.
- a revised 'Community Profile'.
- increased examiner recruitment and training.

Further improvements to the examination software are in discussion to simplify the process for candidates and examiners.

Acknowledgements

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