

EM StAMPS

ASSESSMENT PUBLIC REPORT

2026A

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 2 years' 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, leadership and in addition to knowledge of facts.

The 2026A EM StAMPS exam was held on 9 May 2026.

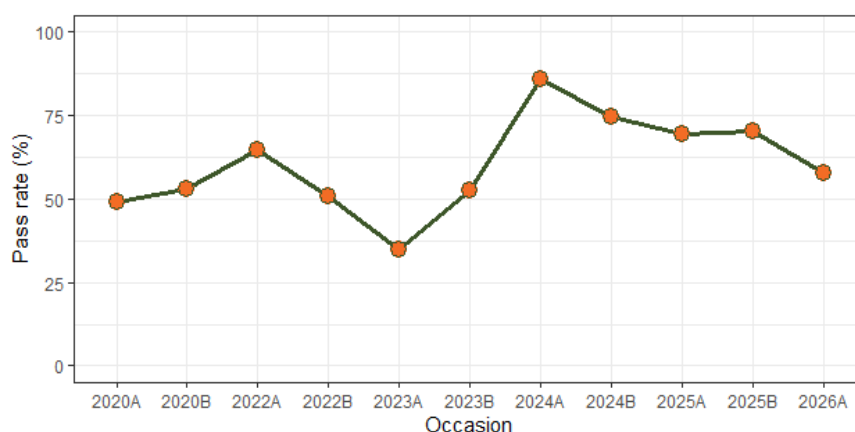
Overall Outcome

A total of 19 candidates sat the 2026A exam, with 11 of the candidates passing. The overall pass rate was 57.9%.

Assessment Statistics

The pass mark for 2026A was 164 out of a theoretical maximum of 280. Candidates who scored 10 points below the cut score (i.e. 154 or higher) were formally reviewed.

Pass rates from previous sittings are presented in the accompanying chart. These results are broadly consistent with recent exam cycles.



Conduct of the Exam

The StAMPS exam is delivered online over 3 hours, with candidates rotating through a series of scenarios. Depending on candidate numbers, the exam may be conducted over one or two days.

Candidates have access to a Community Profile that describes the community population demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment context regardless of their actual practice location. The Community Profile can be accessed on the [ACRRM website](#) and available to view by the general public.

The StAMPS consists of eight 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 remain in a single virtual room, while candidates move between rooms. The 2026A EM StAMPS was completely delivered with no in-person invigilator.

Examiner training and scenario quality assurance and moderation ensure consistent delivery and assessment in accordance with the marking rubric.

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

Quality Assurance

Quality assurance processes are integral to maintaining reliability and fairness.

Two Examiner Team Leads, each supporting a group of eight examiners, are selected based on their clinical expertise and experience with the StAMPS modality. All examiners undergo training and ongoing development.

Each Team Lead also undertakes independent and concurrent scoring ensuring that each scenario and examiner has paired data to provide insight to possible inter-examiner variability/reliability. These Quality Assurance (QA) scores are not included in the candidates' total scores and therefore do not affect the overall outcome, serving only as a QA function. All candidates' scenarios are video recorded, and the recordings are kept until any reconsideration, review and appeal processes are completed and are then destroyed.

As part of process, an additional QA check is performed by a team of Review Examiners of the candidates whose score fall within a predefined review zone to ensure that these candidates were assessed accurately.

Grading and Scoring Overview

Candidate performance is assessed 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

Curriculum Blueprint

The information below provides an overview of the domains of the curriculum assessed, the 2026A scenarios covered, and percentage of candidates who examiners felt “met the standard” in each scenario.

ACRRM Domains:

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

Topics covered and percentage pass rate:

Station	Topics covered 2026A	Implied Pass Rate
1	Paediatric trauma and sedation	63%
2	Diabetic Ketoacidosis	74%
3	Postpartum Haemorrhage and Neoresus	47%
4	Mental Health and Neurology	63%
5	Fracture neck of femur & Urosepsis	26%
6	Cardiology and DC Cardioversion	63%
7	Subarachnoid Haemorrhage and Rapid Sequence Induction	68%
8	Gastrointestinal Haemorrhage	58%

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.

Structured and Systematic Approach

Successful candidates demonstrated structured frameworks, enabling safe patient management. Candidates who did not use a structured approach often omitted key steps or provided overly generic responses that were not well aligned to the scenario.

Clinical Prioritisation and Safety

Early recognition of critical illness and safe initial management were demonstrated by the passing cohort. This is key alongside broad differentials, anticipating complications, and planning ongoing care.

Knowledge of Protocols and Guidelines

Successful candidates showed familiarity with clinical protocols and used them to guide their approach to management of patients in the scenarios. Successful candidates demonstrated detailed recall and comprehensive application of guidelines, particularly in time-critical situations.

The assessment continued to reflect the realities of rural and remote emergency medicine practice, including contextual decision-making, teamwork, and safe care in resource-limited settings. Stronger candidates demonstrated structured clinical reasoning alongside awareness of local resources, retrieval pathways, and culturally safe communication.

There was incorporation of Aboriginal and/or Torres Strait Islander health perspectives, including patient-centred communication and consideration of broader psychosocial and community factors influencing care.

Radiological and Procedural Competence

Systematic imaging interpretation and procedural understanding were evident among successful candidates. In both precise, detailed descriptions, including risks, steps, and post-procedure care, are important aspects to include.

Communication, Cultural Safety, and Psychosocial Awareness

Communication was generally clear and culturally appropriate. Communication in StAMPS includes consistently involving families, explaining risks clearly, and explicitly addressing documentation and team communication, unsuccessful candidates often omitted or under-emphasised these areas.

Clinical Leadership and Decision-Making

Successful candidates demonstrated developing leadership and situational awareness, with largely appropriate escalation. Advancing performance requires clear direction of teams and proactive, senior-level decision-making, unsuccessful candidates often adopted a passive role.

Time Management and Exam Technique

Time management in StAMPS is a significant and widespread challenge, with candidates often over-elaborating or repeating points. Achieving a pass requires concise, focused responses that balance breadth and depth within time limits, regular time-based practice is an important part of preparation.

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 satisfaction with the assessment was high across examiners, candidates, and staff, with most rating their experience positively.

- The assessment design was seen as appropriate, with strong alignment to curriculum and clear reflection of required skills and knowledge.
- Delivery of the assessment was widely described as smooth, well-organised, and professionally managed.
- Examiner engagement was a clear strength, with many finding the experience rewarding and expressing interest in further assessment roles.
- Candidates identified gaps in preparation support, including limited guidance on exam style and inconsistent quality of preparation activities.

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:

- Improved Public Report with more guidance for candidates.
- Increased examiner recruitment and training.

Acknowledgements

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