EM StAMPS

ASSESSMENT PUBLIC REPORT

2026B

Purpose

This public report provides information for candidates, supervisors, educators, training organisations, communities and external stakeholders and is produced following each Advanced Specialised Training (AST) Emergency Medicine (EM) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recently delivered exam. Past public reports are available on the website.

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented with 8 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, in addition to relevant clinical facts.

The 2026B EM StAMPS exam was held on 10 and 11 October 2026.

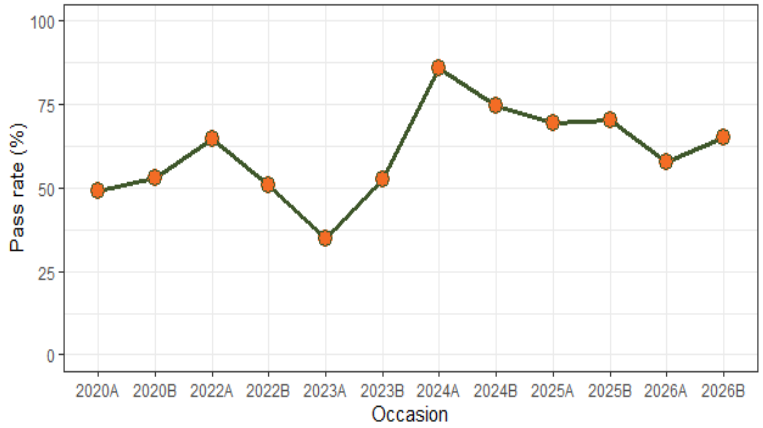
Overall Outcome

A total of 49 candidates sat the 2026B exam, with 32 of the candidates passing. The overall pass rate was 65.3%.

Assessment Statistics

The pass mark for the 2026B EM StAMPS was 171 out of a theoretical maximum of 280. It is important to note that the score may vary slightly between each exam based on robust statistical processes which account for individual variation in question difficulty and examiner scoring patterns. Candidates who scored 10 points below the pass mark (i.e. 161 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 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 is available to the 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. Invigilators are not used for the StAMPS.

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

Quality Assurance

Quality assurance processes are integral to maintaining reliability and fairness. Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the StAMPS modality. The Team Leads were available to assist in nuanced decision-making regarding candidate's scores when required.

Each Team Lead also undertakes independent and concurrent scoring ensuring that each station 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 StAMPS exams are videorecorded, 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 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.

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

Curriculum Blueprint

The tables below provide an overview of the 2026B scenarios for both days and the percentage of candidates who examiners assessed as "at standard" in each scenario which are blueprinted against the curriculum.

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
   Apply a population health approach
5. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
6. Practise medicine within an ethical, intellectual, and professional framework
7. Provide safe medical care while working in geographic and professional isolation

Station	EM StAMPS 2026B Topics Covered Saturday	Implied Pass Rate (%)
1	Motor Vehicle Accident- Mass casualty prep/trauma/legal	61%
2	Paracetamol overdose/Mental health	96%
3	Geriatric confusion/Delirium/Genitourinary/Neurology	93%
4	Pre-eclampsia/Eclampsia	89%
5	ENT/Respiratory/Diphtheria public health	54%
6	STEMI/Thrombolysis/Heart block	79%
7	Adrenal crisis/Hyperkalaemia	57%
8	Gastroenteritis outbreak/shoulder dislocation	46%

Station	EM StAMPS 2026B Topics Covered Sunday	Implied Pass Rate (%)
1	Burns- Mass casualty prep/Burns/Airway	38%
2	Snakebite/envenomation/anaphylaxis	57%
3	Respiratory COPD/CCF/NIV	86%
4	Abdominal pain/Haemorrhagic shock/	86%
5	Shock/Seizure/Mental health	52%
6	Respiratory Sepsis	86%
7	Diabetes/ Foot infection/Eye foreign body	76%
8	Hyperkalaemia/Public Health gastroenteritis outbreak	86%

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.

Clinical Leadership and Decision-Making

Candidates are encouraged to demonstrate clinical leadership throughout the assessment. This includes identifying priorities early, coordinating team members, allocating tasks and anticipating patient deterioration. Responses should reflect the role of a Rural Generalist with Advanced Specialise Training in Emergency Medicine, including timely escalation, retrieval planning and appropriate use of specialist advice when required. Examiners also encourage candidates to consider the patient's ongoing management and disposition, rather than focusing solely on immediate clinical tasks.

Structured Assessment and Clinical Reasoning

Using a clear and systematic approach can assist candidates to demonstrate their clinical reasoning effectively. Consider applying a consistent framework to assessment, differential diagnosis, investigations and management. Candidates should aim to communicate their reasoning clearly, demonstrate how they arrive at key decisions and show how new information may influence their management plan. Maintaining a broad differential diagnosis before narrowing the focus can help ensure important diagnoses are not overlooked.

Management Priorities in Time-Critical Emergencies

When managing critically unwell patients, candidates should prioritise interventions that address immediate threats to life before moving to secondary considerations. Preparation should focus on the early recognition and management of emergency presentations, including stabilisation, resuscitation and definitive treatment. Candidates may benefit from practising concise management plans that clearly demonstrate prioritisation of care in high-acuity situations

Rural and Remote Emergency Medicine Practice

The examination assesses the application of emergency medicine skills within the context of the community described in the StAMPS Community Profile. The Community Profile is a key resource and should be incorporated into preparation and examination responses. Candidates should be familiar with the services, workforce, resources and referral pathways available within the simulated community. Responses should demonstrate realistic decision-making that reflects the capabilities and limitations of a rural health service while considering retrieval services, specialist consultation and locally available supports.

Public Health and Community Leadership

Candidates should remember that Emergency Medicine practice extends beyond the management of individual patients. Preparation should include public health principles such as notification requirements, infection prevention and control measures, outbreak management and engagement with external agencies. Consideration should also be given to how significant health events may affect the broader community, healthcare workforce and vulnerable populations.

Procedural Practice: Consent, Performance and Aftercare

When discussing procedures, candidates should describe not only the technical aspects of performance but also preparation, informed consent, risk discussion, confirmation of success, documentation and post-procedure care. Consideration of potential complications and ongoing monitoring can assist candidates in demonstrating a comprehensive and patient-centred approach to procedural management.

Communication, Cultural Safety and Examination Technique

Candidates should aim to communicate clearly and concisely with patients, families and healthcare teams. Preparation should include practising explanations, consent discussions and management plans in language appropriate to the patient and context. Consideration of cultural safety, community factors and collaborative decision-making remains important across all scenarios. Candidates may also benefit from practising under timed conditions to develop structured responses that address all components of the question while making effective use of the available time.

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:

- The assessment was generally perceived as professional, relevant to Emergency Medicine practice and conducted by respectful and supportive examiners.
- Study groups, mock assessments and other preparation activities were considered valuable in building confidence and familiarity with the assessment format.
- Candidates recognised the value of the Community Profile in supporting preparation for rural and remote decision-making.
- Many candidates felt the assessment reflected the breadth of knowledge and skills required in Emergency Medicine practice.

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 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. Improvements include the introduction of an EM StAMPS Lead Writer role supported by the introduction of an EM StAMPS scenario writing team.

Acknowledgements

ACRRM would like to thank everyone who contributed to this assessment including the Lead Clinical team members, scenario Writers/Delphi panel, Examiners, Examiner Team Leads and Quality Assurance examiners, Review Examiners, ACRRM staff and venue providers.

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