

CGT StAMPS

ASSESSMENT PUBLIC REPORT

2025B

Purpose

This public report provides information for candidates, supervisors, educators, and training organisations and is produced following each Core Generalist Training 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. Past public reports are available on the [ACRRM website](#).

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented realistic rural medicine scenarios. 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, not only knowledge of facts.

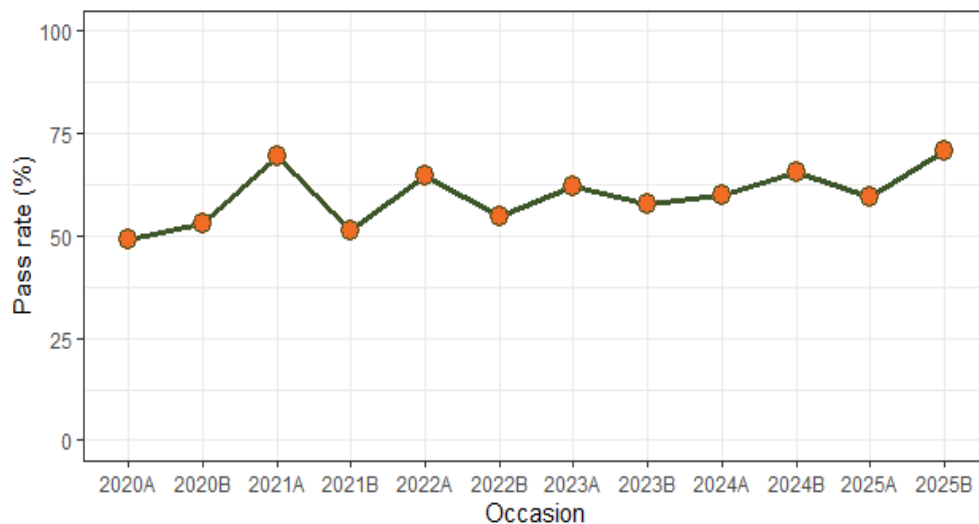
The 2025B CGT StAMPS exam was held on 17 - 19 October 2025.

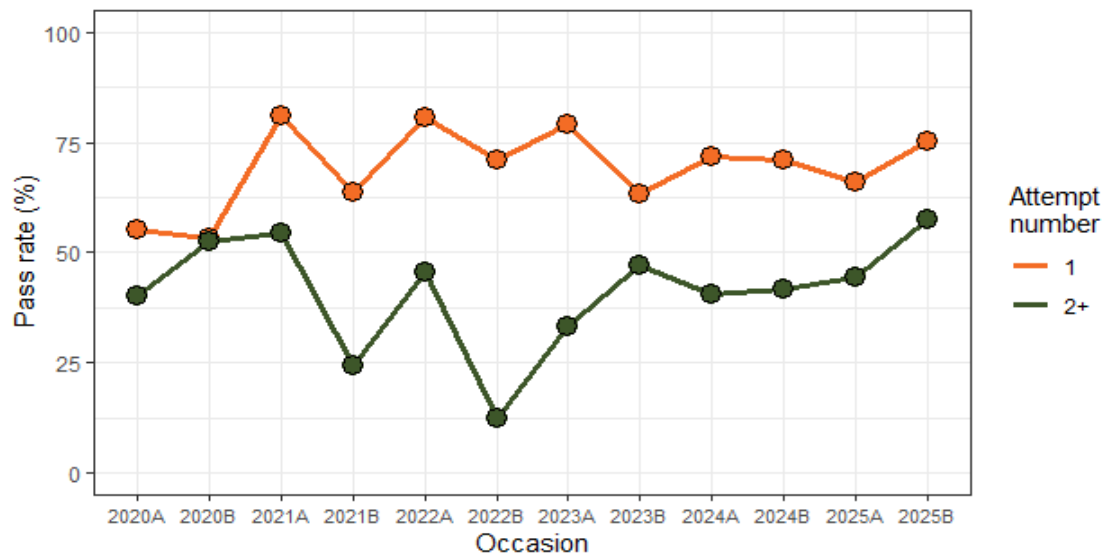
Overall Outcome

A total of 126 candidates sat the 2025B exam, with 89 of the candidates passing. The overall pass rate was 70.6%.

Assessment Statistics

The pass mark for 2025B was 161 out of a theoretical maximum of 280. Candidates who scored 10 points below the cut score (i.e. 151 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. Due to the number of candidates, the 2025B exam was delivered across 3 days, with unique questions written for each day of the exam.

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 used was unchanged from recent previous CGT StAMPS exams. The current Community Profile is published 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 CGT StAMPS was delivered with no in-person invigilator required.

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

Quality Assurance

Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the CGT StAMPS assessment. The team leads were available to assist in nuanced decision-making regarding candidate's scores when required.

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 QA scores were not included in the candidates' total scores and therefore did not affect the overall outcome, serving only a Quality Assurance function. All candidates' scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and then are destroyed.

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 seven (7) points on five (5) items/domains* (previously six*) 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

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

Curriculum Blueprint

The table below provides a brief overview of the 2025B scenarios, the domains of the curriculum assessed 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

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
FRIDAY										
1	Post polypectomy haemorrhage	✓	✓		✓	✓		✓	✓	82
2	Recurrent Bacterial Vaginosis	✓	✓			✓		✓	✓	82
3	FTT and iron deficiency (infant)	✓	✓			✓	✓	✓	✓	55
4	Contact dermatitis + OCD	✓	✓					✓	✓	82
5	Obesity management	✓	✓					✓	✓	86
6	Metastatic testicular cancer	✓	✓					✓	✓	64
7	Supplement toxicity and renal failure	✓	✓		✓	✓	✓	✓	✓	82
8	Anuria (catheterised patient)	✓		✓	✓			✓	✓	55

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
SATURDAY										
1	Life-threatening acute asthma	✓	✓		✓			✓	✓	63
2	Menorrhagia and iron deficiency (adolescent)	✓	✓					✓	✓	68
3	Recurrent otitis media	✓	✓			✓	✓	✓	✓	66
4	Alcohol misuse and workplace bullying	✓	✓			✓		✓	✓	50
5	Hypertension	✓	✓			✓	✓	✓	✓	68
6	Haematuria and renal cancer	✓	✓					✓	✓	61
7	Paediatric overdose	✓	✓		✓	✓		✓	✓	53
8	Influenza vaccine clinic (RACF)	✓	✓	✓		✓		✓	✓	58

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
SUNDAY										
1	STEMI	✓			✓		✓	✓	✓	67%
2	Antenatal screening + HSV	✓	✓			✓		✓	✓	52%
3	Acute rheumatic fever	✓		✓	✓	✓	✓	✓	✓	79%
4	Gaming addiction and 'school can't' (adolescent)	✓	✓					✓	✓	52%
5	Eczema herpeticum	✓	✓					✓	✓	60%
6	Unstable angina	✓	✓		✓	✓	✓	✓	✓	69%
7	Cyclical vomiting	✓			✓	✓		✓	✓	83%
8	Pressure wound	✓		✓	✓			✓	✓	74%

Candidate and Educator Guidance

Passing the CGT StAMPS assessment requires that a candidate demonstrates the competency of a Rural Remote Medicine Specialist practicing independently, managing professional and geographic isolation, across all the Rural Generalist contexts (including primary care, inpatient medicine, aged care, emergency care, and community/population health). Therefore, it is recommended that CGT StAMPS be attempted when the candidate is at Fellowship level across all domains.

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. It is recommended that the individual results and feedback provided to candidates and their medical educators be read in conjunction with the comments below.

Structured & Systematic Approach

Candidates were familiar with frameworks like ABCDE and HEADSSS, but application was inconsistent, leading to disorganised answers and missed priorities. Some responses lacked clear signposting and jumped between history, examination, and management. This often resulted in repetition and failure to emphasise life-saving interventions early. To improve, candidates should consistently apply structured frameworks and outline their approach upfront. Using cognitive aids such as SPEEDBOMB or SOAPME for complex scenarios can help maintain order. Responses should remain linear and concise, avoiding unnecessary preamble and ensuring critical actions are stated early.

Knowledge of Protocols & Guidelines

Most candidates demonstrated awareness of emergency protocols and rural context, but technical detail was often missing. Common gaps included drug names, doses, routes, and rare complications like hypophosphatemia after iron infusion. Updates to guidelines, such as BV being classified as an STI and asthma management changes, were not consistently reflected. Improvement requires regular review of current guidelines and explicit articulation of medication details. A stepwise approach to management—covering non-pharmacological and pharmacological options—should be adopted. Plans must also consider rural limitations, incorporating telehealth and retrieval strategies where appropriate.

Communication & Cultural Safety

Empathy and patient-centred communication were evident, but cultural safety and confidentiality were not always addressed thoroughly. Opportunities to explore social determinants of health and tailor care to cultural context were often missed. Gillick competence was inconsistently assessed in cases involving minors, and confidentiality discussions were sometimes superficial. Candidates should use clear, respectful language and explicitly address confidentiality and its limitations. Involving cultural support services such as Aboriginal Liaison Officers when appropriate is essential. Exploring the patient's lived experience and social context will enhance rapport and ensure equitable care.

Clinical Leadership & Decision-Making

While safe practice and team coordination were generally demonstrated, urgency and management priorities were sometimes unclear. Many candidates deferred decisions prematurely, relying on referrals rather than outlining interim management steps. Effective leadership requires clear delegation of roles, anticipation of complications, and preparation of emergency equipment and drugs. Candidates should consistently demonstrate situational awareness and escalate appropriately while continuing local management. Explicit safety netting instructions for patients and families are critical, including when urgent review is required and what symptoms should prompt immediate return. These actions reflect strong clinical leadership in high-pressure scenarios.

Time Management & Exam Technique

Time management was a recurring challenge, with candidates spending too long on preambles or repeating information. This often led to incomplete coverage of key domains such as investigations and follow-up planning. Structured frameworks were mentioned but not always applied efficiently, resulting in missed content. To improve, candidates should practice delivering concise, comprehensive answers within the allotted time. Prioritizing life-saving interventions early and using clear structures—such as before/during/after or assess/manage/follow-up—will help maintain focus. Timed practice and video review can assist in refining delivery and eliminating unnecessary repetition.

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 from the (8) candidates who responded to the survey, the following themes were identified:

- Candidates who attended a preparation activity found it to be useful and effective.
- The assessment management system was generally user friendly and satisfactory technical support was mostly adequate.
- The assessment was satisfactory in format and length, with skills and knowledge assessed being adequately aligned to the curriculum/handbook.
- Examiners were respectful to candidates and were clear in their communication.
- Most candidates felt the information available on the website relevant to IT requirements adequately prepared them for the exam.
- The CGT StAMPS Community Profile is clear and aligned to and reflects practical experience in placement.
- The 2025B CGT StAMPS included a broad coverage of the curriculum and measured the elected clinical content.
- Candidates requested that confirmation of date and time be provided earlier.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the CGT STAMPS. ACRRM has an ongoing commitment to improve the transparency and reliability of its ACRRM 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:

- Adjustment of the StAMPS scoring system with the removal of the 'flexibility' marking item. This will ensure the majority of a candidate's score will be derived from the accuracy of the answers to the three questions (60%) and remaining 40% of score derived from stylistic components of problem definition and communication/professionalism.
- A revised 'Community Profile' and increased examiner recruitment and training.
- The removal of invigilators from October 2025 permanently for all StAMPS. In some instances, an invigilator may be required for adjustments requested under the special consideration policy.

Acknowledgements

ACRRM would like to thank everyone who contributed to this assessment including the other Lead Clinical team members, Scenario Writers/Delphi panel, Examiners, Examiner Team Leads (QA), Review Examiners, ACRRM staff, invigilators and organisations who provided the venues.

For 2025B, a special mention must be made of the role played by the Assessment Committee and the Registrar Committee in advising, supporting and endorsing the implementation of the revised scoring system.

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