CGT 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 Core Generalist Training (CGT) 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 Core Generalist Training (CGT) 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.

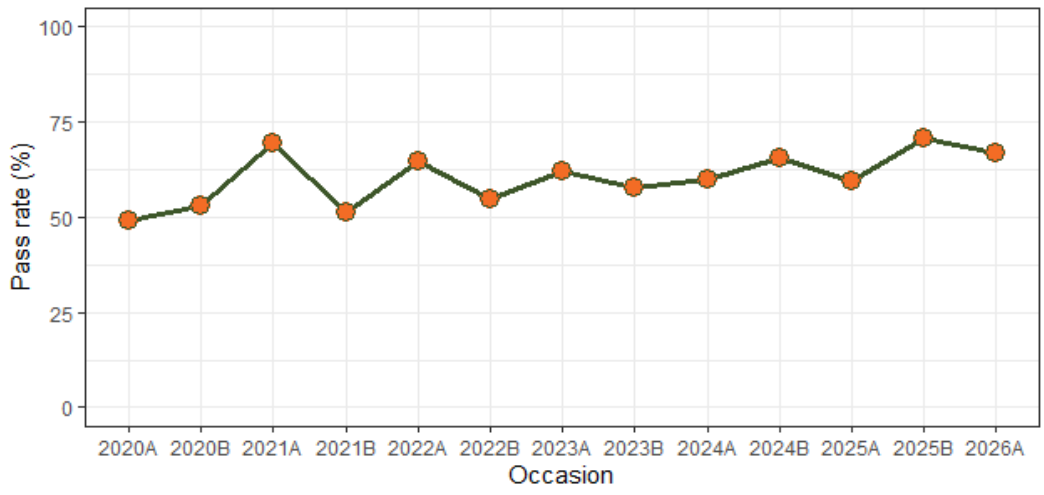
The 2026A CGT StAMPS exam was held on 13 - 14 June 2026.

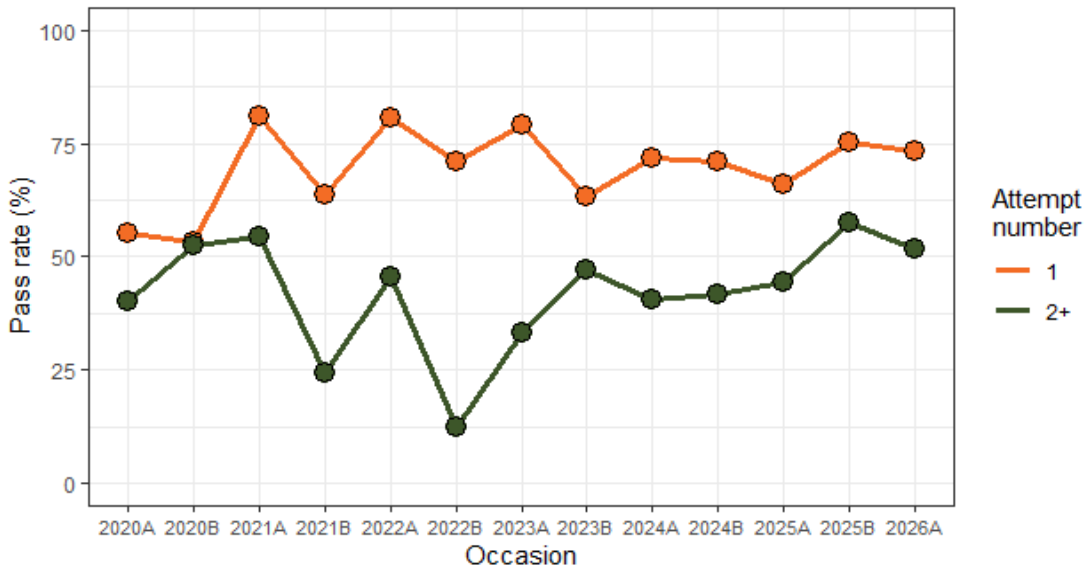
Overall Outcome

A total of 102 candidates sat the 2026A exam, with 68 of the candidates passing. The overall pass rate was 66.7%.

Assessment Statistics

The pass mark for 2026A was 165 out of a theoretical maximum of 280. Candidates who scored 10 points below the cut score (i.e. 155 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. 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.

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 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 table below provides a brief overview of the 2026A stations, the domains of the curriculum assessed and percentage of candidates who examiners felt "met the standard" in each station.

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	
SATURDAY										
1	Multiple patient trauma from MVA	✓			✓		✓	✓	✓	79.4
2	Menopause and MHT	✓	✓					✓	✓	63.5
3	Paediatric leukemia	✓					✓	✓	✓	74.6
4	HIV exposure and mental health crisis	✓	✓		✓	✓		✓	✓	68.3
5	GI symptoms and GLP-1 use, missed result follow up	✓	✓					✓	✓	74.6
6	COPD and delirium	✓	✓	✓			✓	✓	✓	58.7
7	Measles	✓				✓		✓	✓	79.4
8	Post-NSTEMI, PR bleeding, AKI	✓		✓	✓		✓	✓	✓	58.7

Curriculum Area		Domains Assessed								Implied pass rate (%)
		1	2	3	4	5	6	7	8	
SUNDAY										
1	Acute aortic Dissection/PEA Arrest	✓			✓			✓	✓	66.7
2	Hypertension in pregnancy	✓	✓					✓	✓	61.5
3	Paediatric polyarthritis	✓	✓					✓	✓	66.7
4	Itch/Paranoid schizophrenia	✓	✓		✓			✓	✓	89.7
5	Osteoporosis	✓	✓			✓	✓	✓	✓	71.8
6	Acute decompensated heart failure	✓		✓				✓	✓	61.5
7	Zoonoses + Q-fever vaccination	✓	✓				✓	✓	✓	59
8	Geriatric low mood/Alcohol overuse	✓	✓			✓		✓	✓	59

Candidate and Educator Guidance

Passing the CGT StAMPS assessment requires candidates to demonstrate the competency of an independently practising Rural Generalist across the full scope of rural and remote medicine. This includes primary care, secondary care, emergency medicine, mental health, aged care, community and population health, while safely managing the challenges of professional and geographic isolation. It is therefore recommended that candidates attempt the assessment when they are consistently functioning at Fellowship level across all domains.

The commentary below is intended to assist candidates, future candidates and educators in identifying common strengths and areas for development observed across the cohort. Individual candidate feedback should be considered alongside the themes outlined below.

A consistent feature of stronger performances was the use of a clear and systematic approach to each scenario. Successful candidates generally began with a broad but prioritised differential diagnosis, used this to guide history, examination and investigations, and then progressed logically to management, disposition and follow-up. In contrast, weaker performances were often characterised by disorganised responses, premature diagnostic closure or movement between assessment and management without a clear framework. Examiners frequently noted that candidates possessed the required knowledge but did not communicate it effectively because they lacked structure. Developing a consistent approach to new presentations and clearly signposting clinical reasoning remains one of the most effective ways candidates can improve performance.

Across many scenarios, candidates who maintained broad differential diagnoses and remained flexible in their thinking performed better than those who focused early on a single diagnosis. Common issues included failure to consider medication-related causes of presentations, overlooking serious but common differentials and insufficient exploration of psychosocial contributors to illness. The assessment is designed to evaluate safe independent clinical reasoning rather than diagnosis recognition alone. Demonstrating a broad but focused approach, particularly when new information is introduced, remains a hallmark of Fellowship-level performance.

A recurring theme across both examination days was the importance of demonstrating true Rural Generalist practice rather than isolated clinical decision-making. Strong candidates explicitly considered the realities of practising in Stampsville, including retrieval delays, resource limitations, local workforce capability and the practical challenges

faced by patients and families requiring specialist review or transfer. High-performing candidates incorporated local services, telehealth pathways, multidisciplinary supports and community resources into their management plans.

Candidates who defaulted quickly to referral without first demonstrating appropriate assessment and initial management often scored less well. Examiners were looking for evidence that candidates could safely manage patients independently whilst knowing when and how to seek assistance.

A recurring area for improvement was the development of clear follow-up and ongoing management plans. While many candidates appropriately managed the immediate clinical problem, there was often insufficient discussion regarding what would happen after the consultation, admission or referral. Common omissions included review timeframes, monitoring requirements, recall systems, escalation plans and ongoing care coordination. Stronger candidates demonstrated an understanding that Rural Generalists often remain the central coordinator of care and clearly described how they would monitor progress, arrange follow-up, consult with specialist services and support patients and families over time. Fellowship-level practice requires continuity of care and proactive management of patients across the entire healthcare journey, not solely the acute presentation.

Candidates who performed well consistently demonstrated a patient-centred and holistic approach to care. This included consideration of family and caregiver impacts, cultural safety, social determinants of health, mental health implications and ongoing care coordination. Emergency medicine, mental health and medication safety emerged as key areas distinguishing high and low performers. Strong candidates demonstrated leadership, prioritisation, risk assessment, team coordination and safe medication management, while weaker candidates often missed opportunities to recognise medication adverse effects, gather appropriate collateral information or develop comprehensive safety plans.

The CGT StAMPS assessment is not designed to assess isolated facts or guideline recall, but rather the ability to think and practise as an independent Rural Generalist. Candidates preparing for future assessments should focus not only on clinical knowledge, but also on structured clinical reasoning, communication, leadership, continuity of care and the ability to manage complexity across multiple domains simultaneously. These capabilities remain central to safe and effective Rural Generalist practice and are consistently demonstrated by candidates who meet the Fellowship standard.

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, examiner and staff experience for future exams.

- Many candidates felt the assessment format was appropriate and aligned with the curriculum and expected scope of practice. Several respondents described the assessment as fair, relevant and reflective of rural generalist practice.
- A strong theme across responses was that examiners treated candidates respectfully and professionally. Many candidates rated examiner courtesy highly and appreciated clear instructions throughout the assessment.
- A number of candidates praised the responsiveness of support staff and the assistance provided when technical issues arose. Technical support during the assessment was generally viewed positively.
- Many candidates reported that the assessment platform functioned smoothly and that the virtual delivery model was effective and convenient.

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 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.

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 2026A, 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.