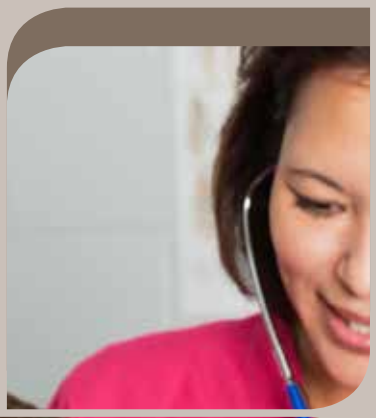
Fellowship Assessment

Handbook



FELLOWSHIP

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

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Summary of summative assessment requirements

All candidates training towards FACRRM must complete the following Primary Rural and Remote Training summative assessments:

1. Multiple Choice Question exam (MCQ): Pass grade
2. Mini Clinical Evaluation Exercise (miniCEX) or Case Based Discussion (CBD): Pass grade
3. Structured Assessment using Multiple Patient Scenarios (StAMPS): Pass grade
4. Multi-Source Feedback (MSF): Satisfactory completion
5. Procedural Skills Logbook: Satisfactory completion

Candidates are also required to obtain a Pass grade in each of the assessments for their chosen Advanced Specialised Training Discipline as described below.

DISCIPLINE	**SUMMATIVE ASSESSMENT**				
	StAMPS	Project	Supervisor Report	Logbook	Academic Paper
Aboriginal & Torres Strait Islander Health		✓	✓		
Academic Practice		✓	✓		✓
Adult Internal Medicine	✓		✓		
Anaesthetics	Please refer to the JCCA Curriculum				
Emergency Medicine	✓		✓	✓	
Mental Health	✓		✓		
Obstetrics	Please refer to the DRANZCOG Advanced Curriculum				
Paediatrics	✓		✓		
Population Health		✓	✓		✓
Remote Medicine		✓	✓		
Surgery	✓		✓	✓	

The standard for a successful outcome in each modality is that of a doctor practising safely and independently at Fellowship level.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to re-attempt following a period of remediation. This process is described in the Candidate Review Policy available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy

Summary of formative assessment requirements

All candidates training towards FACRRM must complete the following Primary Rural and Remote Training formative miniCEX assessments:

- miniCEX of at least six consultations (compulsory for candidates commencing training from 2012 and undertake summative miniCEX).
- miniCEX of at least nine consultations (compulsory for all registrars commencing training from 2016 and for registrars who opt to undertake summative CBD in place of summative miniCEX).

Candidates are also required to complete the following formative assessment specific to their chosen Advanced Specialised Training Discipline as described over.

DISCIPLINE	**FORMATIVE ASSESSMENT**		
	MiniCEX (5 Consultations)	**Supervisor Report (at 6 Months)**	**Project (1500-2000 Words)**
Aboriginal & Torres Strait Islander Health*	✓	✓	
Academic Practice		✓	
Adult Internal Medicine	✓	✓	✓
Emergency Medicine *	✓	✓	
Mental Health #	✓	✓	
Paediatrics #	✓	✓	
Population Health		✓	
Remote Medicine*	✓	✓	
Surgery		✓	✓

The second edition for the majority of AST curricula are being implemented in 2016. The following changes to formative assessments apply:
** Candidates registrars commencing AST training in these disciplines from 2016 are required a minimum of 5 formative miniCEX consults.*
 # Candidates undertaking AST training in these disciplines are no longer are required to complete a formative project.

Eligibility requirements

The eligibility criteria specified below must be satisfied before enrolment for assessment will be accepted.

1. All applicants must have current medical registration with Australian Health Practitioner Regulation Agency (AHPRA) and be current financial members of ACRRM.
2. Applicants must be enrolled in one of the following pathways to enrol in any ACRRM assessment:
   a) One of the three ACRRM training Pathways
      - ACRRM Independent Pathway (IP)
      - Vocational Preparation Pathway (VPP); or
      - Remote Vocational Training Scheme (RVTS) or
   b) IMG Specialist Pathway.

3. Candidates on a training pathway:

a) Prior to enrolling in Primary Rural and Remote Training assessment, candidates enrolled on a training pathway must have completed:
   - one year of ACRRM training or have received one year of recognition of prior learning, prior to enrolling for the **MCQ and MSF** (i.e. in year two, three or four of training).
   - two years of ACRRM training or have been awarded two years for recognition of prior learning, prior to enrolling for summative **miniCEX, CBD** and **StAMPS** (i.e. in year three or four of training).

b) Prior to enrolling in an Advanced Specialised Training assessment it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in the discipline.
   - It is recommended that the assessments are taken in the later part of training.
   - It is not a prerequisite to complete all primary training summative assessment before undertaking the AST assessments.

4. Candidates on IMG Specialist Pathway

   a) Prior to enrolling in assessment, doctors enrolled in the specialist pathway must have completed a portion of their peer review period as specified in their requirements.

1. The ACRRM approach to assessment

Introduction

The Australian College of Rural and Remote Medicine (ACRRM) provides a comprehensive and innovative assessment process reflecting world best practice in academic standings. The modalities have been designed to provide candidates with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflect the educational outcomes of the training program and are relevant to the rural and remote context.

ACRRM definition General Practice

ACRRM has a broader definition of general practice that reflects the needs of rural and remote communities in Australia.

The general practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the general practitioner can deliver services in the ambulatory care setting, the home, hospital, long-term residential care facilities or by electronic means - wherever and however services are needed by the patient.

The general practitioner applies broad knowledge and skills in: managing undifferentiated health problems across the lifespan in an un-referred patient population; providing continuing care for individuals with chronic conditions; undertaking preventive activities such as screening, immunisation and health education; responding to emergencies; providing in-hospital care; delivering maternal and child health services; and applying a population health approach at the practice and community level. General practitioners work across a dynamic and changing primary and secondary care interface, typically developing extended competencies in one or more discrete fields of medicine, thereby ensuring community access to the range of needed services in a supportive network of colleagues and health care providers.

As the medical expert with the broadest understanding of a patient's health in their cultural, social and family context, the general practitioner has a key role in coordinating the care pathway in partnership with the patient, including making decisions on the involvement of other health personnel. He or she practices reflectively, accessing and judiciously applying best evidence to ensure that the patient obtains benefit while minimising risk, intrusion and expense. The general practitioner contributes clinical leadership within a health care team and is skilled in providing clinical supervision, teaching and mentorship.

Philosophical underpinnings

ACRRM views assessment as an ongoing and integral part of the learning. The process is developmental in nature, assists learners in identifying and understanding their strengths and weaknesses and provides guidance for seeking additional assistance. It also enables candidates to become competent, confident and, most importantly, safe medical practitioners practising independently in their provision of health care to the public.

The two key core principles:

- The content of examinations is developed by clinically active rural and remote medical practitioner; and
- Candidates have the opportunity to participate in assessment within the locality where they live and work, preventing depopulating rural and remote Australia of their medical workforce (candidates and examiners) during examination periods.

Historical development

The ACRRM assessment process was initially developed in 2006 in consultation with an international panel of medical education experts and senior experienced rural and remote medical practitioners. Since then, ongoing consolidation and development is managed in-house through the office of the Principal Examiners, the Assessment Committee and support from membership.

College Fellows make a commendable contribution to assessment activities. The Assessment Manager is responsible, under the direction of the Principal Examiners, for the coordination of summative assessment, including workshops for item writing and test construction that will involve members of Assessment panels.

Educational underpinnings

The ACRRM education and training program is directly structured around the ACRRM Primary and Advanced Specialised Training Curricula. The curricula define learning abilities that general practitioners require. The learning abilities are organised under seven domains of practice. These learning abilities form the basis of the Assessment Blueprint for the Primary Curriculum. The Assessment blueprint is available at the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Assessment modalities for Primary Rural and Remote Training (PRRT)

The following modalities are used in the Primary Rural and Remote Training assessments. These assessments are undertaken by all candidates.

Formative – for the purpose of feedback and personal development the following are required:

- Mini Clinical Evaluation Exercise (miniCEX)

Summative – count towards final marks for purposes of certification:

- Multiple Choice Question (MCQ)
- Multi-Source Feedback (MSF)
- Mini Clinical Evaluation Exercise (miniCEX) – will not be used as a summative assessment from 2017
- Case Based Discussion (CBD) – being introduced in 2016 as an option and will replace summative miniCEX from 2017
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Procedural Skills Logbook

A detailed description for each modality is provided in later chapters.

Assessment modalities for Advanced Specialised Training (AST)

Advanced Specialised Training (AST) assessment requirements vary across the range of discipline areas available. Candidates undertake assessment in their chosen AST discipline. Individual requirements are provided in the individual AST curricula.

Formative – for the purpose of feedback and personal development:

- Supervisor report
- Mini Clinical Evaluation Exercise (miniCEX)
- Project

Summative – count towards final marks for purposes of certification:

- Supervisor Report
- Project
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Procedural Skills Logbook

Programmatic approach

A core feature of the ACRRM assessment process is the 'programmatic approach' i.e. assessment is integrated into all aspects of the curriculum and essentially a 'program' across the entire four years of training, rather than a specific instrument or examination.

The programmatic approach allows ACRRM to combine assessment methods with different psychometric properties, as well as allowing for a combination of practice based and 'external' examinations. For example, there is a balance between the clinical examination in StAMPS which provides a highly structured and standardised approach, and the miniCEX which provides an assessment of the candidate's clinical practice in their own milieu. Each examination has proven validity and reliability, but each measures a different aspect of the candidate's clinical skills.

Similarly, the MSF and the miniCEX measure different attributes of the candidate's professional behaviour, one as perceived by patients and colleagues and the other through direct examiner observation. As each modality measures different aspects of the candidate's knowledge, skills and attitudes and from a different perspective, the combination of approaches provides a more nuanced and detailed picture.

To ensure that each candidate has the requisite knowledge, skills and attitudes as expressed though the educational objectives of the training program, each candidate is required to achieve a minimum of a Pass grade in each of the summative assessment modalities, instead of simply totalling the scores and achieving an overall Pass score.

The Assessment Blueprint demonstrates the direct alignment of the educational objectives with both formative and summative assessment, by cross referencing each of the learning abilities against the assessment modalities, this blueprint is available on the ACRRM website at http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

The combined modalities ensures that each learning ability is assessed at least once during the four year program, although each individual modality only measures learning abilities appropriate to the modality of measurement. For example, professionalism is predominantly measured by the MSF assessment, while applied knowledge is predominantly measured by the MCQ examination.

Collectively, these embrace all four levels of Miller's Pyramid (Figure 1), so that candidates are required to demonstrate that they 'know', the second that they 'know how', the third that they can 'show how', and finally, what the candidate actually 'does' in the workplace.

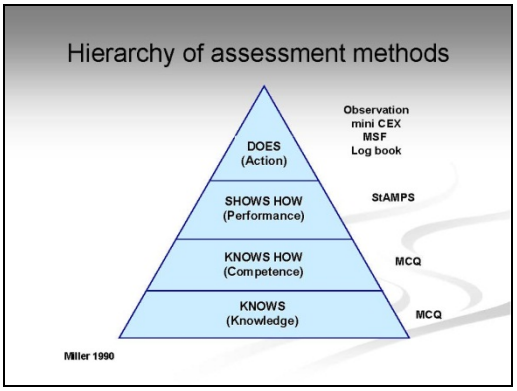

Figure1

The health needs of Aboriginal and Torres Strait Islander Peoples

Up to 10% of the content of the MCQ and StAMPS may be directly related to the health needs of Aboriginal and Torres Strait Islander peoples. Candidates are strongly advised to consider this in preparing for examinations. Candidates who have limited or no clinical experience in Indigenous Health are strongly advised to read the recommended texts and discuss the issues raised with their supervisors and within their peer support study groups.

Assessment modalities are interdependent

Candidates are required to attain a Pass grade in all the required summative assessment modalities with the exception of the MSF and Procedural Logbook which require 'satisfactory completion' rather than an overall Pass on an aggregated score. The standard for a successful outcome in each modality is that of a doctor practising safely and independently at Fellowship level.

The assessments for PRRT can be attempted whenever the candidate chooses after they have completed the minimum prescribed period of training as specified in Chapter 3.

It is not a prerequisite to complete all primary rural and remote training summative assessment before undertaking the AST assessments.

Summative assessments used in the AST vary across the discipline areas. These are primarily drawn from the assessments used in the Primary Rural and Remote Training, but may also include the provision of a project. The only exceptions are for those disciplines that already have formal credentialed external examinations i.e. obstetric training will continue to use the DRANZCOG Advanced examination whilst the anaesthetic training will continue to use the JCCA examination.

It is <u>not</u> a prerequisite for candidates to complete a minimum of two years of training prior to undertaking AST assessment, although candidates must meet eligibility requirements to undertake such assessments, as specified in later chapters for each AST discipline.

ACRRM recommends that summative AST assessments should be attempted in the latter six months of the AST year.

The key check points in the assessment process are the completion of the primary training summative assessment and completion of the AST year summative assessment.

Flexibility

As ACRRM assessment is modular in design, it is easily adaptable for candidates who participate in the education program on a part-time basis or who require a period of absence.

As the order of the assessment modalities is flexible, candidates could attempt and complete their practice based assessment while still in clinical practice in the earlier stages of pregnancy for example, yet leave the external assessment for completion at a later time, even while still away on maternity leave, as there is no requirement for the candidate to be in active clinical practice at the time of undertaking the MCQ or StAMPS.

Candidates who are part-time in the education program may find that spacing their assessment allows them to space their learning and study programs, removing their requirement to temporarily move to full-time in the period preceding a traditional grouped together style of assessment.

ACRRM has provisions in place for candidates to undertake the MCQ and StAMPS outside of Australia. Further information is provided in the process, rules and regulations section for these assessments.

In all cases, candidates who wish to undertake these assessments offshore must contact the ACRRM Assessment Manager for further advice before finalising enrolment.

Standard setting

ACRRM has a documented process for standard setting and definition of the cut point between pass and fail in each of the summative assessment modalities.

Standard setting for the MCQ examination is based on the modified Angoff method. This involves setting a standard score for test items prior to the test, using judgements by experts based on the projected performance of ‘borderline candidates’.

The pass mark for each examination is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions with low reliability.

Standard setting for the summative StAMPS, Case Based Discussion and miniCEX assessment is focused around examiner training, based on the modified Rothman method based on global judgements of borderline candidates made during the test.

The questions used in the MCQ and StAMPS examinations are developed through writers workshops. Questions are then edited for language, syntax, style and content through an extensive editorial process before being added to the question bank. Those questions that score lower reliability at examinations are referred back to the editorial process for consideration of redevelopment or retiring.

The MSF national benchmarks are based on all ACRRM candidates who have participated in the MSF process.

Preparing for assessment

A range of resources are available to assist in preparation for assessment. See the chapters on individual assessment modalities for further information.

The College strongly recommends that formative assessment is undertaken progressively throughout the candidate's training to provide ample opportunity to evaluate their performance across the range of knowledge, skills and attitudes.

Formative assessment affords candidates opportunity to gain familiarity in assessment before undertaking them in a summative capacity.

Candidates are advised to familiarise themselves with the format of each assessment prior to participating.

Candidates should refer to the ACRRM Curricula when planning their examination study. In particular, candidates should consider the ACRRM Assessment Blueprint. This identifies which of the assessments examines each of the learning abilities. The standard expected is that of a fully qualified rural doctor working safely without supervision.

The ACRRM assessment process is designed to ensure that clinical experience remains the principal mode for learning the knowledge, skills and attitudes for proficiency as a rural and remote medical practitioner. However, it is quite reasonable to supplement learning with appropriate texts and other resources. To this end, ACRRM provides an indicative list of "reading materials" which contains a list of useful online and downloadable reading materials that would best achieve this goal. Please note that it is not the intention of this list to be the only resource for the answers to examination questions.
The Primary Rural and Remote Training Reading Materials are available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/activities-and-resources.

ACRRM assessment support programs

Assessment information sessions
Assessment information sessions are run once or twice each year before enrolment closing dates for the semester. The sessions cover:

- An overview of the assessment modalities
- Eligibility and suggested order to complete modalities
- Assessment dates and enrolments dates
- What other information and support is available e.g. study groups and mock exam
- Study tips

All enrolled candidates will be able to access the recording up until a specified time.

The sessions will be delivered at a designated time and date via the online virtual classrooms. Fees apply.

Study groups

StAMPS study groups are held for the Primary Curriculum and AST Emergency Medicine StAMPS exams. These study groups are held via online virtual classrooms, facilitated by experienced Medical Educators and run for 8 weeks leading up to the exam, with candidates able to enrol in the study groups after enrolling in the exam. Fees apply.

StAMPS mock exams

ACRRM offers mock exams to allow candidates to practice StAMPS exam questions under exam conditions. The StAMPS mock exam is delivered by StAMPS examiners. Candidates undertake StAMPS scenarios in exam conditions and are provided with feedback both face to face on the day, and following on from the exam in writing. The mock exam is suitable for candidates preparing for all StAMPS assessments. Fees apply.

Enrolment forms and dates for both study groups and mock exams are available on ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment.

Registrar handbook

The ACRRM Registrar Committee developed two handbooks for ACRRM candidates. One handbook focusses on Primary Curriculum assessment and the other Advanced Specialised Training assessments. The handbook outlines useful information on ACRRM assessment for registrars by registrars and is available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources.

Scoring and grading of assessment

Upon the finalising of any assessment result, a recommendation is presented to the ACRRM Board of Examiners. The Board of Examiners, who meet approximately bi-monthly, ratify all results and determine any remediation that is required in the event that a fail grade is awarded.

Candidates undertaking StAMPS, miniCEX, CBD and MCQ summative assessments are awarded a Pass or Fail grade. Candidates submitting the Procedural Skills Logbook or undertaking MSF are awarded satisfactory completion or advised requirements to obtain satisfactory completion.

Feedback

In each modality, candidates are provided with a written 'candidate report' providing feedback on their performance in assessment.

Please note that the ACRRM Assessment team will not enter into any discussions about your performance in the examination.

Appeals

Questions of disputed decisions or assessment can frequently be resolved without recourse to formal appeal. The Appeals policy may be employed when all other remediation avenues have been exhausted. Prior to pursuing the appeals process, it is advised that the disputed decision be discussed with the Assessment Coordinator.

An appeals process is available if a person is aggrieved by a College decision about assessment. The appeal must be based on one or more of the following grounds:

- that an error in law or in due process occurred in the formulation of the original decision;
- that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision;
- that irrelevant information was considered in the making of the original decision;
- that procedures required by College policies to be observed in connection with the making of the decision were not observed;
- that the original decision was made for an improper purpose;
- that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- that the original decision was inconsistent with the evidence and arguments put before the body making the original decision.

Appeals must be lodged in writing to the Chief Executive Officer via GPO Box 2507, Brisbane QLD 4001, within 21 days of the appellant being informed of the assessment outcome.

The appeals policy is available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy

Evaluation

ACRRM conducts ongoing evaluation of the assessment process to ensure fairness and equity for all participants. Candidates, examiners and invigilators are given the opportunity to provide anonymous feedback through an online evaluation tool.

The results from these processes feed directly into the training and assessment management team, informing policy and procedure and contributing to the ongoing development and refinement of all processes, including assessment. In particular, this process provides a formal route for informing the training program about the educational impact of the assessment modalities.

ACRRM formally evaluates the validity and reliability of each assessment modality. The MCQ and StAMPS examinations have formal statistical testing after each examination episode using standard statistical methodology. MiniCEX and CBD have formal statistical testing at the end of each year.

Oversight of all aspects of the assessment process is provided by the Assessment Committee. This duly constituted committee reporting to the Education Council provides an overview of the processes independent of the implementation group.

Code of conduct

ACRRM has implemented an Assessment Code of Conduct for all participants in the assessment process. The key foundations are respect for people, integrity, diligence, economy and efficiency. The Assessment Code of Conduct is available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Special consideration for assessment policy

Special consideration may be granted to accommodate a disadvantage suffered by a candidate which is beyond his/her control and which is likely to or has affected performance in assessment.

Candidates may apply for special consideration in the following situations:

Circumstances where the candidate knows in advance and can advise the College early so that reasonable adjustments may be made, for example:

- Disability or long term medical condition
- Religious grounds
- Special circumstances e.g. pregnancy with due date close to exam date.

Unforeseen events occur on or close to the date of the assessment that may affect performance for example:

- illness on the day they participated in assessment
- a stressful eventful close to the time of the assessment or
- an incident which occurred during the assessment.

The policy for special considerations is available on the ACRRM website at:http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy

The application form for assessment special considerations is available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

2. Enrolling for summative assessment

The Assessment Enrolment Application Form is available on the ACRRM website at http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment. The cost for each assessment is reviewed annually. Enrolments must be received by the enrolment closing date specified on the Assessment Enrolment Application Form. Late enrolments cannot be accepted.

Candidates are advised to consider whether they are ready to participate in each assessment and to discuss this with their supervisor and/or medical educator before enrolling. The following should be considered prior to enrolling in any assessment:

1. The MCQ examination covers the broad scope of rural and remote practice including: Office and Hospital based care; Emergency Medicine, Population Health and Aboriginal and Torres Strait Islander Health. Therefore those candidates who practice in one focal clinical discipline or those without office based rural/remote or office-based practice experience may find the MCQ particularly difficult.
2. As the miniCEX and CBD are conducted in the candidate's own practice, it is advised that candidates are familiar and comfortable with their clinical surroundings before attempting this assessment. In addition the assessment needs to take place in a suitable clinical environment. General Practice is the most suitable setting but other settings may also be suitable, further information is found under the miniCEX and CBD sections of this handbook.
3. Candidates are advised not to undertake any assessment unless they are appropriately prepared and sufficiently familiar with both the process and associated examination techniques required for the assessment, as well as the content that will be measured. ACRRM strongly recommends that candidates consider the material in this document and the practice questions through their usual learning methods e.g. quiet reading, peer discussion, supervisor discussion and role play with peers.
4. While it is possible to undertake the assessments in any order, ACRRM strongly encourages candidates to obtain a pass grade in MCQ prior to undertaking miniCEX, CBD and StAMPS. StAMPS is recommended to be undertaken last.
5. ACRRM strongly discourages candidates who have failed an assessment modality from simply re-enrolling without undergoing some form of structured remediation program.

Eligibility for enrolment

The eligibility criteria specified below must be satisfied before enrolment for assessment will be accepted.

1. All applicants must have current medical registration with Australian Health Practitioner Regulation Agency (AHPRA) and be current financial members of ACRRM.

2. Applicants must be enrolled in one of the following pathways to enrol in any ACRRM assessment:
   a) One of the three ACRRM training Pathways
      - ACRRM Independent Pathway (IP)
      - Vocational Preparation Pathway (VPP); or
      - Remote Vocational Training Scheme (RVTS) or
   b) IMG Specialist Pathway.

3. Candidates on a training pathway:
   a) Prior to enrolling in Primary Rural and Remote Training assessment, candidates enrolled on a training pathway must have completed:
      - one year of ACRRM training or have received one year of recognition of prior learning, prior to enrolling for the **MCQ** and **MSF** (i.e. in year two, three or four of training)
      - two years of ACRRM training or have been awarded two years for recognition of prior learning, prior to enrolling for summative **miniCEX, CBD** and **StAMPS** (i.e. in year three or four of training).
   b) Prior to enrolling in an Advanced Specialised Training assessment it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in the discipline.
      - It is recommended that the assessments are taken in the later part of training.
      - It is not a prerequisite to complete all primary training summative assessment before undertaking the AST assessments.

4. Candidates on IMG Specialist Pathway
   b) Prior to enrolling in assessment, doctors enrolled in the specialist pathway must have completed a portion of their peer review period as specified in their requirements.

Undertaking assessment outside of Australia

ACRRM has provisions in place for candidates who wish to undertake assessment outside of Australia. In all cases, candidates who wish to undertake any assessment offshore must contact the Assessment Coordinator for further advice before finalising enrolment.

The MCQ and StAMPS examinations can be completed offshore, subject to appropriate invigilation and technical requirements being met. The candidate will incur any additional costs i.e. videoconference line charges to Australia.

New Zealand has the same requirements as Australia for invigilation and venues. For all other countries, only formal Australian Government overseas missions are acceptable (e.g.

embassy, consulate, trade mission, military offices) and their officials are the only persons acceptable as invigilators.

The miniCEX and CBD can be completed offshore only where there is a clinical environment comparable to Australian rural and remote practice, i.e. New Zealand and other countries with an advanced economy and similar medical services, medical services for Australian soldiers, embassy staff, or Western expatriate workers and their families. The examiner must be a Fellow of ACRRM with Vocational Recognition (or equivalent). The candidate will be required to meet any additional costs.

The MSF colleague tool can be completed with colleagues who live outside of Australia, subject to their having a verifiable email address. The MSF patient tool can only be completed in an environment that would be comparable to Australian rural practice.

Regardless of the location in which the candidate undertakes the MSF, miniCEX or CBD examination, the content and standard always pertain to Australia, whilst acknowledging that the local context may be different.

Enrolment Terms and Conditions

a. Prior to enrolment you are strongly recommended to discuss readiness for assessment with your medical educator. Once enrolled you are not permitted to postpone your enrolment in any assessment to a future session.

b. If your application is declined or you withdraw from any assessment, you must submit a new Assessment Enrolment Application Form in the future to re-apply for enrolment in that assessment. Declined or withdrawn enrolments will not be reinstated.

c. Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation Candidate. ACRRM reserves the right not to process an enrolment or to withdraw you from enrolment in an assessment, in particular the StAMPS, if you have been unsuccessful in any other assessments.

d. In the event that a Fail grade is awarded for any assessment, ACRRM reserves the right to require you to enrol and successfully complete one or more items of assessment that you may have been previously exempted from.

e. Candidates awarded a fail grade in an AST summative project are given the opportunity to revise the project and resubmit for grading. A re-grading fee of $310 applies.

f. Limited places are available for the StAMPS. In the event that an examination session is oversubscribed, places will be awarded to those candidates who have successfully completed other assessments, in particular the MCQ, and who have also completed the most training time. StAMPS enrolments cannot be confirmed until after the enrolment closing date. Payment for the StAMPS will not be taken until enrolments can be confirmed after the enrolment closing date.

g. Fees cover the provision of the assessment enrolled in and the remuneration of invigilators and examiners where relevant.

h. You are responsible for your own travel, accommodation and any other associated costs, such as venue bookings

i. For enrolment applications submitted on an enrolment closing date, you must contact the Assessment Team to confirm that this has been received. For all other enrolments, if no email has been received to acknowledge an enrolment within seven days, we recommend that you contact the Assessment Team. ACRRM

accepts no responsibility for enrolments not processed where the College has not acknowledged confirmation receipt.

j. You are not able to undertake the miniCEX or CBD for primary, rural and remote training whilst undertaking training time for an AST year.

k. For the MCQ, miniCEX, CBD and StAMPS, all documentation requested must be provided to ACRRM by the dates specified in the information email which we send to you immediately after the enrolment closing date.

l. The Declaration section on this Assessment Enrolment Application Form must be completed. This Declaration incorporates a statement to provide authority for ACRRM to inform your training organisation of your enrolment and to share your summative assessment results with your training organisation. This ensures that training organisations are informed of your ongoing progress throughout your training, enabling a co-ordinated approach to remediation where this is required.

Assessment Enrolment Refund Policy

This policy details information relating to assessment and the circumstances under which refunds are paid.

- Assessment for Primary Rural & Remote Training (MiniCEX, CBD, MCQ, StAMPS & Assessment Support Programs).

  a. For the MCQ, MiniCEX, CBD and StAMPS, failure to provide ACRRM with requested information/documentation by the dates specified will result in you being denied participation in the examination and you will not receive a refund.

  b. If you withdraw from a MSF at any time, no refund will be made.

  c. A full refund will be made to you if you withdraw in writing from a MCQ, MiniCEX, CBD, StAMPS or Assessment Support Programs, prior to the enrolment closing date.

  d. If you withdraw from a MCQ, MiniCEX, CBD, StAMPS or Assessment Support Programs after the enrolment closing date, no refund will be made unless extenuating circumstances prevail. In extenuating circumstances, a written explanation is required for a partial or full refund to be considered. This will be considered on a case by case basis and will be dependent upon the administrative time spent in organising the assessment prior to the withdrawal from the assessment.

3. Multiple Choice Question examination – process, rules & regulations

Introduction

The Multiple Choice Question (MCQ) examination, one of the assessment modalities, provides an assessment of the candidate's recall, reasoning and applied clinical knowledge.

The MCQ process, rules and regulations are designed to ensure that the administration of this examination is consistent and fair, with inbuilt mechanisms to ensure security and administrative integrity.

The Standard Required

The standard expected is that of a fully qualified rural doctor working without supervision. Each question is designed to address specific components of the curriculum and focuses on topics and concepts that are important to the everyday experience of rural and remote doctors in practice.

Candidates are eligible to enrol in the MCQ after completing 12 months of training. However, ACRRM strongly recommends that the candidates have at least 12 months of experience in rural and remote practice, prior to attempting this assessment.

Logistical Considerations

Location

The MCQ exam is conducted via the internet through a secure website. The candidate has the option to undertake the examination within or close to their own local community or at a central examination centre. All examination venues and invigilators are required to be officially approved by ACRRM, to ensure the examination is conducted in a professional, consistent and fair manner.

Candidates who select to sit the MCQ at a central examination centre will be awarded their preference on a first come first served basis.

Timing

All candidates will undertake the MCQ on the same day and at the same time, regardless of their location. Candidates and invigilators will be notified of their examination start time in Australian Eastern Standard Time. Each candidate and invigilator is advised to check their local time zone and adjust the start time to account for any differences, if necessary.

Format of the MCQ

The examination is conducted over three hours (180 minutes) and consists of 125 multiple choice questions.

Questions mostly consist of a clinical case presentation, a brief targeted lead-in question and four options from which candidates are required to choose the single best option. The stem of the clinical case may include text and images.

There are no negative marks for incorrect answers.

MCQ sample material

To orientate candidates to the style of questions used in the MCQ, there are 10 sample questions available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Each candidate enrolled to sit the MCQ examination is also provided with personal access to a 50 question online MCQ familiarisation activity (hereafter "MCQFA"). Candidates are given access to this MCQFA only once, and use of it is not compulsory. The purpose of this MCQFA is to allow candidates the opportunity:

- to become familiar with the online platform and software used in the delivery of the actual MCQ examination
- to become familiar with the format of questions used in the actual MCQ examination
- to provide an opportunity to 'test run' the actual computer that will be used on the day of the examination

The MCQ familiarisation activity is NOT designed to:

- provide any guidance about content that will be covered in the actual MCQ examination
- outline the level of difficulty for questions which will appear in the actual MCQ examination
- give any indication whether a candidate is likely to pass the actual MCQ examination
- give feedback to the candidate about gaps in their knowledge
- explain the reasoning behind correct or incorrect answer options

As with the actual MCQ examination, candidates are required to choose the single best answer for each question. One mark is awarded for each correct answer and there are no marks deducted for an incorrect answer.

After candidates have completed all the questions and pressed the submit button, they immediately receive their overall score with the opportunity to review each question individually to see if answered correctly.

Please note that the ACRRM Assessment team will not enter into any discussions about the questions or answers appearing in the MCQFA.

The MCQFA is provided as ‘one time’ access for a period of up to 10 days. Candidates have six hours to complete the questions, and this allows the opportunity to participate under actual examination conditions (ie 1.44 minutes per question, thereby completing all 50 questions in 72 minutes) or at a more leisurely pace.

The MCQFA can be attempted from any computer that meets the minimum technical specifications. However, ACRRM strongly recommends that candidates use the same computer for the MCQFA that will be used in the actual MCQ examination, as this provides opportunity to identify any IT difficulties with the computer beforehand.

There is no requirement for invigilation or supervision while candidates are online undertaking the MCQFA. However, in order to gain the most benefit from participation it is suggested that candidates try and complete the MCQFA under ‘summative examination conditions’ i.e. over 72 minutes and without accessing additional resources.

Summary of MCQ process

- candidates have the opportunity to enrol in the Assessment Information Sessions, a fee applies;
- candidate enrols in the MCQ;
- after receipt of the enrolment form, ACRRM sends a confirmation of enrolment email containing essential information and documentation to be completed and returned;
- candidates return the MCQ Arrangements Form, IT Testing form (if relevant) and Code of Conduct (including signed copies from the nominated invigilator) by the date specified;
- candidates have access to the MCQ familiarisation activity (MCQFA) (open for 10 days);
- ACRRM provides a confirmation of examination arrangements by email to candidates; and
- ACRRM provides a confirmation of examination arrangements by email to invigilators.

Roles and responsibilities of the candidate

Each candidate is personally responsible for the following:

- providing the ACRRM Assessment Team with an email address that is accessed regularly;
- reading the MCQ Process, Rules and Regulations and abiding by the rules stated;
- signing and returning the Assessment Code of Conduct by the date specified (if the candidate has not already signed this document);
- returning the MCQ Examination Arrangements Form in full by the specified date confirming the examination location; and
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

There are strict timelines in place for submission of paperwork to the Assessment Team. It is the candidate's responsibility to ensure that they provide all of the requested documentation by the dates specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding on the Friday 15 days before the examination date, the candidate will be denied entry to the examination and no refund of examination fees will be given. Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the Assessment Coordinator in a timely fashion.

ACRRM will correspond via email with candidates to organise arrangements for their examination. ACRRM will not be held responsible for candidates inadvertently failing to reply or deleting emails sent.

MCQ grades and scoring

Standard setting for the MCQ is based on the modified Angoff method. This involves setting a standard score for test items prior to the test, using judgements by experts based on the projected performance of 'borderline candidates'.

The pass mark for each examination is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions that have not performed well.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners, which convenes to ratify all results.

The only recordable grades are Pass or Fail. A MCQ Coaching Report is made available to provide more comprehensive data on performance.

Once available, results are uploaded to the "My Documents" section, in a candidates "My College" dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

Feedback

Candidates are provided with a report providing a breakdown on performance against the Primary Curriculum and ability statements.

Please note that the ACRRM Assessment team will <u>not</u> enter into any discussions about your performance in the examination.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the MCQ. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the MCQ.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. This process is described in the Candidate Review Policy, which is available

on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from training and/or other assessments may be required to undertake further training and/or previously exempted assessments.

Process, rules and regulations for candidates arranging own venue and invigilators

Candidates arranging their own venue must:

- source and book a suitable venue with adequate IT facilities for the examination;
- ensure that the IT internet speed and browser tests are performed on the computer to be used for the examination, and that the MCQ IT Testing Form is completed and returned by the date specified;
- source a suitable examination invigilator and ensure they return their Code of Conduct Form by the specified date;
- have a contingency plan if the invigilator withdraws at short notice. Candidates are unable to sit the examination without an appropriate invigilator;
- complete and return the MCQ Examination Arrangements Form (including invigilator contact details) by the date specified; and
- acknowledge receipt (via email) of important information emailed, where acknowledgement is requested.

Arrangements for the examination venue

It is the candidate's responsibility to ensure that the logistical arrangements are successful on the examination day, including ensuring access to the building (this may ordinarily be locked), examination room and the designated examination computer.

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school);
- regional training organisation (offices);
- hospital education or administration departments (offices);
- school facility (e.g. primary or secondary);
- TAFE college or adult education centre;
- police station;
- court house; and
- other venues may be suitable upon approval by ACRRM.

Examples of previous venues deemed suitable is available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Under no circumstances can a MCQ venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government) or a retail business premises. Hospital administration offices and education centres are deemed an

acceptable venue, but no medical textbooks are permitted to be in the room to be used for the MCQ.

When identifying a venue, candidates will need to ascertain the following:

- after hours arrangements (access to the building/examination room, and requirements for institutional log on to the computer terminal). As examination invigilators may not have authority to access premises, the presence of a representative of the organisation providing the venue may also need to be present during the examination;
- specifications of the examination room (good lighting, quiet location, good ventilation, sufficient space);
- adequate IT facilities, as specified by ACRRM; and
- any associated costs for use of the venue (this cost is at the candidate's expense).

Wherever possible, ACRRM will assist candidates in sourcing a venue for the MCQ. However, sourcing and booking venues and arrangements for access to the venue and the computer on the day of the examination remain the responsibility of the candidate. ACRRM will not be held liable in the event that the candidate or invigilators are not able to gain access to the venue or the computer for any reason on the day of the examination.

Undertaking the MCQ overseas

Candidates are able to undertake the MCQ outside of Australia, subject to appropriate invigilation and technical requirements being met, with the candidate meeting any additional costs. While New Zealand has the same requirements as Australia, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices).

In all cases, candidates who wish to undertake the examination offshore must contact the Assessment Team for further advice before finalising enrolment.

Information technology requirements

It is the candidate's responsibility to ensure that the examination venue has a computer that meets the required IT specifications for completing the examination. Candidates are <u>not</u> permitted to undertake the examination using their personal laptop or computer.

The IT requirements include:

- Stable broadband internet connection (128/128 kbps)
- Windows Internet Explorer 8, 9, 10 or 11

ACRRM will provide a website to test that a computer meets the minimum browser requirements.

To confirm adequate IT specifications, the MCQ Examination IT Testing Form (incorporating internet speed and browser checks) must be completed and returned by the date specified.

ACRRM only supports this IT configuration and ACRRM will not be liable for any difficulties caused by using alternative configurations. Please contact the Assessment Team on 1800 223 226 or 07 3105 8200 to check or clarify any IT compatibility issues.

The website address of the examination and user name and password information will be provided to candidates and invigilators in the confirmation of arrangements email.

ACRRM strongly advises candidates to use the same computer for the practice MCQ that will used when undertaking the actual MCQ examination. This provides opportunity to ensure that any technical difficulties can be identified in advance of the examination day.

Nomination of invigilators

Each examination venue must have an invigilator. If more than four candidates are sitting in the same venue, there must be a second invigilator. A person currently holding a reasonable position of responsibility is considered suitable to be an invigilator for the MCQ. Examples of those deemed suitable as an invigilator are as follows:

- school teacher/principal;
- librarian;
- member of the clergy;
- bank officer;
- law enforcement officer;
- justice of the peace;
- clerk of the court;
- staff member from a rural clinical school;
- staff member from a division of general practice;
- staff member from a regional training organisation (assuming they have not had a significant involvement in the candidate's training);
- senior administrators; and
- for overseas candidates, only officials from formal Australian Government overseas missions (e.g. embassy, consulate, trade mission, military officers) are acceptable.

The above list is an example only and by no means exhaustive. Persons with other occupations will be considered. All invigilators are subject to consent by ACRRM, who has the discretionary authority to approve or decline each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the candidate will be notified and required to nominate another invigilator.

Persons under the age of 25 will not be accepted as an examination invigilator unless they have significant previous experience in examination supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the examination, close work colleagues or educators who prepared the candidate for the examination are not eligible to act as an invigilator.

Under no circumstances can the invigilator be on call or be available for any concurrent duties or activities during the examination.

ACRRM will correspond with invigilators via email to confirm arrangements made for the examination and to provide the website address, username and password to access the examination. However, it remains the candidate's responsibility to ensure that invigilators arrive at the correct venue at the correct time (according to the location of the venue). ACRRM will not be held liable for invigilators not being at the correct venue at the correct time, regardless of the College's involvement in assisting to source suitable invigilators.

ACRRM strongly advises candidates have a contingency plan if the invigilator withdraws at short notice and that candidates keep a note of their invigilators' mobile numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

In the event an invigilator becomes unavailable, candidates must source another invigilator immediately. If the candidate is unable to source another invigilator they must contact ACRRM immediately. Candidates are not able to sit the examination without an appropriate invigilator.

4. Multi-Source Feedback – Process, Rules & Regulations

Introduction

The Multi-Source Feedback (MSF) is a well-recognised, valid and reliable method of assessing interpersonal and professional behaviour, development and clinical skills.

The MSF tool consists of two components:
1. a colleague assessment tool and a self-assessment tool; (collectively known as Colleague Feedback Evaluation Tool — CFET) and
2. a patient assessment tool (Doctors Interpersonal Skills Questionnaire — DISQ).

Standard required

Candidates are required to demonstrate satisfactory completion of at least one MSF.

This requires submission to ACRRM of:

- a completed MSF report covering the two components;
- a completed reflective exercise; and
- evidence of discussion with a Medical Educator and remediation if required.

Once all the components of the MSF have been completed, the MSF will be presented to the ACRRM Board of Examiners to determine 'Satisfactory Completion'. If concerns are raised in any component of the MSF the Board of Examiners may require the candidate to repeat all or part of the MSF.

Candidates are eligible to enrol in the MSF after completing 12 months of training. The assessment is most suitable to be undertaken in a teaching post accredited for Primary Rural and Remote Training.

The MSF must be conducted through Client Focused Evaluations Program (CFEP). The ACRRM version of the MSF is the preferred tool. Alternate versions of MSF offered by CFEP are also acceptable. Both components of the tool must be completed however; it is acceptable to undertake the CFET components and DISQ separately. If completed separately a completed reflective exercise is required for each component.

Client Focused Evaluations Program (CFEP)

The MSF is conducted by Client Focused Evaluations Program (CFEP), an international organisation with extensive experience and expertise in this field. See the CFEP website for further information http://www.cfepsurveys.com.au/default.aspx

The colleague tool

The Colleague Tool involves a minimum of 12 nominated colleagues participating in a questionnaire.

Colleagues are required to rate the candidate in 20 different areas. There is also a provision for qualitative comments.

Nominated colleagues will be emailed on the candidate's behalf by CFEP and invited to participate online, where a PIN is issued for the participant to access the CFEP website and complete the questionnaire Feedback from a minimum of 12 colleagues is required to complete this tool.

ACRRM strongly recommends that candidates provide CFEP with their completed Colleague List as early as possible to facilitate timely completion of this tool, particularly as some colleagues may take some time to respond.

The self-assessment

Completion of the self-assessment is a mandatory requirement for the MSF. ACRRM recommends that the online self-assessment is completed early in the process to avoid inadvertently overlooking this requirement.

CFEP will email the candidate and provide them with a website address and password to access the online self-assessment.

The patient tool

The Patient Tool involves a minimum of 30 patients participating in an **anonymous** questionnaire.

Patients are required to rate the candidate in 12 different areas. There is also a provision for qualitative comments.

There are strict instructions that must be followed for the Patient Tool to ensure patient anonymity.

CFEP will post 40 Patient Questionnaire forms to the candidate with instructions on how these should be collected. The process for obtaining patient feedback must be strictly adhered to. Failure to do so will result in a Fail grade being awarded.

A minimum of 30 Patient Questionnaires are required to complete this tool.

CFEP report

A candidate mean score for each question is provided. National means and performance bands are been calculated from ACRRM candidates who have participated in the MSF process.

Summary of MSF process

- Candidate enrols with CFEP;
- CFEP email the candidate with a Colleague List form, which the candidate completes and returns to CFEP;
- CFEP post to the candidate 40 patient questionnaire forms and instructions for how patient participation should be arranged;
- Candidate completes the online self-assessment;
- Once all three components are completed, CFEP collate and process the information, generating a report;
- CFEP sends report to candidate and ACRRM;
- ACRRM sends report to Training Organisation;
- Candidate completes self-reflection exercise and discusses report with Medical Educator and designs a learning plan to address any areas for development;
- Candidate submits self-reflective exercise and evidence of Medical Educator discussion to ACRRM;
- ACRRM Board of Examiners (BOE) determines if MSF has been completed satisfactorily
- Once available, results are uploaded to the “My Documents” section, in a candidates “My College” dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

Roles and responsibilities of the candidate

Logistical considerations

- Candidates must inform CFEP they are undertaking MSF for as part of ACRRM training requirement.
- Candidates must also advise on the Enrolment Application Form of the practice environment they will be working in whilst undertaking the MSF.
- Candidates undertaking their MSF in an environment where a significant proportion of the patients may experience difficulty in completing a questionnaire are able to ask an appropriate person e.g. an Aboriginal Health Worker to assist the patients in completing the form. Candidates can also request CFEP to send an alternative DISQ patient survey for an AMS.

The colleague tool

- Candidates must complete and return the Colleague List providing names and email addresses of at least 15 colleagues.
- An email address must be provided for each nominated colleague. Email addresses must be independently verifiable by ACRRM and CFEP.
- Colleagues nominated to participate should include:
  - five doctors;

- three GP colleagues who are close to the candidate, e.g. neighbouring GPs, partners;
- two doctors from outside of the candidate's immediate practice, e.g. consultant, candidates;
- five medical professionals other than doctors. This should include a mix of people within a candidate's practice and also elsewhere, e.g. practice nurses, pharmacists, physiotherapists, midwives; and
- five managerial or administrative staff. This should include a mix of people within the candidate's practice and also from elsewhere, e.g. practice manager, reception staff, managerial staff of the local Primary Health Network.

The patient tool

The candidate is responsible for contracting a member of staff, e.g. a receptionist or an administrative officer to collect the completed Patient Questionnaires. This must be a person who has an opportunity to see the candidate's patients after consultations.

The candidate is responsible for ensuring that the contracted person is provided with instructions to ensure this process is undertaken anonymously and in an ethical and professional manner, as follows:

- the candidate must hand the Patient Questionnaires with sufficient envelopes to the contracted staff member for collection;
- the patient must not be advised of the questionnaire or invited to participate until after a consultation has been conducted;
- a confidential process must be adopted (a sealed box) for collecting completed questionnaires;
- patients should preferably complete the questionnaire whilst in the waiting room before they leave the premises;
- an envelope must be provided to each patient in which they must place their completed questionnaire;
- completed questionnaires must be handed back in a sealed envelope;
- if a patient insists on taking questionnaires away to complete, these must be returned the following day;
- under no circumstances should the candidate be given access to individual questionnaires
- sealed questionnaires are not to be opened by anyone; and
- when a minimum of 30 questionnaires have been completed, these should be posted to CFEP in the large envelope provided.

CFEP will also provide instructions for this process when they send Patient Questionnaires to candidates.

Timeframe for completing the MSF

Candidates must have fulfilled the requirements of all three components of the MSF process within four months from the date of enrolment.

Candidates must submit completed self-reflective exercise and evidence of discussion with Medical Educator to CFEP within two months from date MSF report received.

In extenuating circumstances, an extension of time may be considered, subject to the candidate providing CFEP with a written and verifiable statement of the reasons for the requested extension, prior to the expiration of the deadline.

In the event that the deadline is exceeded without prior approval, ACRRM reserves the right to report an 'Incomplete' grade. In this instance the candidate will be required to re-enrol, pay the MSF assessment fee and recommence the process.

Special circumstances

ACRRM acknowledges that some environments may create difficulties for candidates. Candidates who consider that their working environment would pose significant difficulties in fulfilling the requirements of the MSF should contact the ACRRM Assessment Team, before enrolling with CFEP.

If consideration of extenuating circumstances is required, applications must be made in writing. Such applications will be considered on a case-by-case basis.

5. Mini Clinical Evaluation Exercise – Process, Rules & Regulations

Introduction

The mini Clinical Evaluation Exercise (miniCEX), one modality of the assessment process, is a well-recognised valid and reliable method of simultaneously observing and assessing the clinical skills of candidates.

The miniCEX assesses five areas of competency. In particular, the miniCEX focuses on those areas not measured by other modalities, which includes core skills in history taking and especially core skills in physical examination.

The process, rules and regulations are designed to ensure that the administration of this examination is consistent and fair.

In 2016 candidates have the option to undertake summative miniCEX or CBD. Summative miniCEX will not be offered as a summative assessment from 2017 onwards.

In 2016 formative miniCEX requirements differ depending on the year training commenced and if opting to undertake summative miniCEX or CBD.

- Candidates who opt to undertake summative miniCEX and have commenced training between 2012 and 2015 are required to undertake formative miniCEX of at least six consultations (see details below).
- Candidates who opt to undertake summative miniCEX and have commenced training prior to 2012 are not mandated to complete formative miniCEX but are strongly encouraged to do so.
- Candidates who opt to take summative Case Based Discussion or commence training in 2016 are required to undertake at least nine miniCEX consultations (see CBD section for further information).

In 2017 all candidates respective of the year they commenced training will be required to meet revised assessment requirements for summative CBD and formative miniCEX. See CBD section for further information.

Formative MiniCEX (for candidates undertaking summative miniCEX in 2016)

Formative miniCEX should be undertaken prior to completing summative miniCEX, as this will provide familiarity with both the process and content of this assessment and assist in determining if ready for summative assessment.

A miniCEX can be conducted within the context of the candidate's medical educator visit or at the instigation of the candidate with their supervisor or by any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior candidate or consultant.

The six formative miniCEX consults may be undertaken consecutively by one reviewer however the process will be more valuable if conducted at different sessions or locations by different reviewers.

In each formative miniCEX consultation the assessor provides written and oral feedback to the candidate during and after each consultation using a standardised format.

Formative miniCEX forms are available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

To assist candidates and assessors in this process, an online training module is available on the "My Online Learning" section in a candidates "My College" dashboard, accessible from the ACRRM website.

Formative miniCEX process

ACRRM strongly encourages the formative miniCEX be undertaken prior to the summative miniCEX.

- It is the candidate and training organisation's responsibility to arrange and complete required number of formative miniCEX assessments. Minimum of six consultations to be completed.
- The training organisation to record the date of completion of the formative miniCEXS.
- Record of completion of miniCEXS to be kept in the candidates training record.
- Must be submitted to ACRRM as part of the 'completion of training' requirements.

Summative miniCEX

Timing

The summative miniCEX takes place on a day that is acceptable to the candidate and the ACRRM appointed examiner. ACRRM will liaise between the appointed examiner and the candidate to organise the date and time.

Examiners and candidates are not permitted to liaise directly to organise the examination without the involvement of ACRRM.

On average the miniCEX is expected to take approximately four hours to complete, but can take longer in some instances. This will depend upon the average duration of a consultation at the nominated venue. Nine cases must be seen or 4.5 hours of assessment time, whichever occurs first.

Location

The miniCEX is conducted in the candidate's regular clinical environment with non-emergency patients. The practice setting must be in a post that is relevant to Primary Rural and Remote Training (PRRT). The miniCEX for PRRT cannot be conducted whilst the candidate is practising in an Advanced Specialised Training (AST) post. MiniCEX is limited to locations which are primarily consultation based, including office-based practice, inpatient care, outpatient care and aged care facilities.

The miniCEX can be undertaken in an Emergency Department (ED) setting if the candidate is confident that a sufficient broad mix of patients will be available. In an ED setting, only Category 4 and 5 patients can be used for the examination. The initial patient assessment should only be used for the purpose of the examination. The candidate must explain to the examiner what their management plan will be, including follow up for the patient. Category 3

patients can only be included at the discretion of the examiner and where the case is not likely to take an extended period of time.

Where more than one location is chosen to be included in the examination, travel time between sites is to be less than 15 minutes. There must be at least four patients at any one location should the examination be held at more than one location.

ACRRM will forward a letter of introduction to the contact person (provided by the candidate) at each assessment location, advising that the miniCEX will be taking place.

Patients and patient consent

As the miniCEX takes place in the candidate's normal clinical setting, the patients should be part of the candidate's regular patient workload. Patients are to be informed about the examination process and must sign a Patient Consent Form on the day of the examination, prior to participating.

The candidate is to ensure that patient consent is undertaken in a professional and ethical manner. Failure to do so will result in an automatic Fail grade being awarded. A copy of the Patient Consent Form must be offered to each participating patient and the signed Patient Consent Form given to the examiner at the start of each consultation.

Multiple examiners

In most instances the examination will be conducted by one examiner. However, ACRRM reserves the right to engage up to three examiners.

Format of the summative miniCEX

Number of clinical interactions

The miniCEX consists of nine separate patient interactions.

Mandatory requirements – history taking

One new patient detailed history (at least medium complexity case) OR detailed updating patient database information on a returning patient (at least medium complexity case).

Mandatory requirements – physical examination

Five detailed physical examinations from at least three of the following:

- cardiovascular;
- respiratory;
- abdominal;
- neurological;
- endocrine;
- musculoskeletal (region);
- mini-mental state examination (cognition testing), (maximum of one);
- neonatal/paediatric (maximum of one); or
- antenatal (maximum of one).

Nine cases must be seen or 4.5 hours of assessment time, whichever occurs first. If there are insufficient patients then the candidate will be required to conduct a consultation on an available staff member to ensure the required number of cases.
No more than one such consultation can be performed in lieu of a patient. This consultation must address any shortfall in the mandatory history taking and physical requirements and must be complementary to the actual patients the candidate has seen. Any such consultation is to be directed by the examiner accordingly.

If physical examinations have not been performed on at least three of the required systems, the examiner must instruct the candidate to perform an examination on one of the systems specified.

Case complexity

Consultations are categorised according to the level of complexity. This is taken into consideration during grading. Medium complexity is the default option to be used unless examiners believe that the case is either significantly less or more complex.

Low complexity

This may include presentation where there is a short consultation with a single problem, requiring limited history, limited physical examination and straightforward management. For example:

- uncomplicated respiratory infection;
- uncomplicated essential hypertension which is well controlled and requires only repeat medication; or
- Uncomplicated subsequent antenatal visit.

Medium complexity

Unlike the low level presentation, this is more complex and may include presentations where there are one or more problems, requiring a detailed history and examination of multiple systems, the diagnosis is not straightforward and patient review following a period of management will be required. For example:

- review of a patient with multiple chronic diseases who is reasonably well;
- a new patient with a chronic disease requiring decisions about long term management;
- first antenatal visit; or
- Subsequent antenatal visit where significant management decisions must be addressed.

High complexity

This may include difficult problems where the diagnosis is elusive and highly complex, requiring consideration of several possible differential diagnoses, and the making of decisions about the most appropriate investigations and the order in which they should be performed. For example:

- acutely unwell patient requiring admission to hospital for diagnosis or management; or
- initial diagnosis of severe disease requiring consideration of complex management plan within the rural/remote context (more than simply referral).

Specific areas of assessment

Each consultation is scored against five categories as follows:

Overall clinical competence

Characteristics of a 'satisfactory' candidate in this area may include:

- demonstrates a systematic approach;
- is consistently competent across the marking categories; and
- has made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate in the clinical situation.

Clinical management in the rural/remote context

Characteristics of a 'satisfactory' candidate in this area may include:

- makes an appropriate diagnosis;
- formulates a suitable management plan;
- selectively orders or performs appropriate diagnostic studies;
- considers the risks and benefits to the patient;
- has a clear and demonstrated understanding of the patient's community needs, the socioeconomic context, and the particular mortality and morbidity patterns of that community; and
- provides high quality care to the patient, family and broader community that is delivered locally (as far as possible).

NB In the situation where a Candidate is undertaking the examination in a Metropolitan or large regional centre, the examiner may ask the candidate how they may have managed the case differently if located in a rural context.

History taking

Characteristics of a 'satisfactory' candidate in this area may include:

- effectively uses appropriate questions to obtain an accurate, adequate history with necessary information, and responds appropriately to verbal and non-verbal cues.

Physical examination

Characteristics of a 'satisfactory' candidate in this area may include:

- follows an efficient and logical sequence;
- performs an appropriate clinical examination;
- explains the process to the patient; and
- is sensitive to the patient's comfort and modesty.

For the purpose of fulfilling the mandatory requirements of the miniCEX, it is expected that for the designated examination cases the physical examination will be a thorough and complete examination of the relevant system.

Communication skills

Characteristics of a 'satisfactory' candidate may include:

- explores the patient's problem using plain English;
- is open, honest and empathetic;
- negotiates a suitable management plan/therapy with the patient;
- shows respect, compassion and empathy;
- establishes trust;
- attends to the patient's needs of comfort;
- shows awareness of relevant legal frameworks; and
- is aware of their own limitations.

Where relevant, the candidate demonstrates an understanding of the differing cultural beliefs, values, and priorities of Aboriginal and Torres Strait Islander people, as well as other cultural groupings regarding their health and health care provision, and the candidate communicates effectively respecting these cultural differences.

The standard required

Candidates are eligible to enrol in the miniCEX after completing 24 months of training.

The miniCEX is not merely an opportunity for the College to witness a candidate's performance in their work environment. It is an examination and the standard required for a successful outcome is that of an independent practitioner practising safely at Fellowship level.

ACRRM reserves the right not to process an enrolment or to withdraw a candidate from the miniCEX, if they have been unsuccessful in any other assessments.

Candidates are expected to be thorough and exhaustive in their approach to physical examinations, which should be conducted at the level of a generalist specialist in the related area. The standard required for a satisfactory physical examination is as defined in *"Clinical Examination: A Systematic Guide to Physical Diagnosis, 7th Edition" by Nicholas J Talley MD, PhD, FACP, FRACP, FRCP and Simon O'Connor MBBS, FRACP, DDU, Blackwell Science Inc.*

Conducting a respiratory examination through a T-Shirt would not be considered satisfactory. Failure to demonstrate hygiene after performing a physical examination would also impact negatively on performance.

Being able to demonstrate the ability to consider differential diagnoses is important as well as demonstrating the ability to develop and initiate an adequate management plan, utilising resources efficiently, being empathetic, displaying good communication skills and interacting well with patients, i.e. giving them opportunity to ask questions and ensuring they understand the advice given.

Candidates are not to be over inclusive in their consultations and each case should be of a duration that would normally be expected for the condition presented. The only exception to this would be unless the examiner directs the candidate to perform a detailed history or physical examination on a patient in a situation where this would not otherwise be necessary, for the purpose of ensuring that these mandatory requirements for the examination are fulfilled.

Candidates are required to gain a 'pass grade' in physical examination and a 'pass grade' overall.

Summary of miniCEX process

1. Candidates have the opportunity to enrol in the Assessment Information Sessions. A fee applies.
2. Candidate submits an Assessment Enrolment Application Form nominating an examination venue/post for assessment.
3. ACRRM confirms in writing the candidate's enrolment in the miniCEX examination.
4. After the enrolment closing date, the candidate is provided with:
   - MiniCEX Process, Rules and Regulations;
   - MiniCEX Arrangements Form (to be completed and returned within seven days of receipt). At this point, the candidate must inform ACRRM if any permits will be required for an examiner to travel to the examination location. The candidate will need to ensure they apply for any relevant permit in time for the examination;
   - Assessment Code of Conduct (to be completed and returned within seven days of receipt if a copy of this has not previously been signed);
   - MiniCEX Marking Book (sample);
   - miniCEX Sample Marking Book; and
   - Formative Patient Consent Form.
5. ACRRM sources a suitable examiner and extends an invitation to conduct the miniCEX.
6. Upon acceptance of the invitation, ACRRM will email the following documents to the examiner:
   - MiniCEX Rules and Regulations;
   - Examiner's Suggested Dates
7. The examiner(s) confirms their availability and preferred dates with ACRRM.
8. ACRRM liaises with the candidate and appointed miniCEX examiner to schedule a mutually convenient time and date for the miniCEX to be conducted. Examiners are not permitted to liaise directly with the candidate to schedule their miniCEX. ACRRM aims to give candidates a minimum of three weeks' notice of date of the assessment. Unless there are extenuating circumstances the candidate is required to make themselves available for assessment on the date offered.

9. ACRRM emails the candidate written confirmation of the venue, date and time agreed for the examination, also providing the Patient Consent Form and an Incident Report Form. The candidate will need to print nine copies of the Patient Consent Form in preparation for the examination.
10. For Quality assurance purposes (only) some examinations maybe selected to be recorded by Ipod. If this is the case for your examination, the candidate will be notified by ACRRM and an Ipod will be sent by registered post to the candidate well before the examination. Patient Consent forms will be supplied for the Ipod recordings.
11. ACRRM emails the examiner written confirmation of the venue, date and time agreed for the examination and any relevant travel and/or accommodation itineraries. The following examination documentation will be attached to this confirmation email:
    - MiniCEX Marking Book (to be printed and taken with the examiner on the day of the examination);
    - Examination Incident Report (to be printed and taken with the examiner on the day of the examination);
    - Examiner Expense Reimbursement Form; and
12. ACCRM generates a Tax Invoice after the examination and emails to the examiner.
13. ACRRM sends to the examiner an Express Post Envelope for the purpose of returning the original examination documentation to ACRRM after the examination. A hard copy of the miniCEX Marking Book is also posted with the Express Post Envelope.
14. ACRRM emails the venue(s) where the examination is to be conducted to inform them of the arrangements made, e.g. date and time and name of the examiner.
15. The miniCEX is conducted.
16. The examiner faxes or emails the following completed documentation to ACRRM:
    - MiniCEX Marking Book;
    - Patient Consent Forms; and
    - Examination Incident Report (if applicable).
16. Using the Express Post Envelope previously provided, the examiner(s) posts to ACRRM the following <u>original</u> examination documentation:
    - MiniCEX Marking Book;
    - Patient Consent Forms;
    - Examination Incident Report (if applicable); and
    - ACRRM Expense Reimbursement Form (if applicable) with supporting receipts.

Roles and responsibilities of the candidate

The roles and responsibilities of the candidate for the miniCEX process are as follows:

- The candidate is to choose appropriate locations for the examination to be conducted, i.e. an equipped consulting room.
- The candidate must complete and return the miniCEX Arrangements Form and Assessment Code of Conduct (if a copy has not previously been signed) to ACRRM within seven days of receipt.
- The candidate must inform ACRRM if any permits will be required for the examiner to travel to the examination location. The candidate will need to ensure they apply for any relevant permits in time for the examination.

- Once a date and time has been confirmed, the candidate must organise arrangements for their examination with the venue and ensure that there will be at least nine patients present and available to participate in the examination. Consultations must be original consultations and not a repeat of a consultation conducted with a patient in advance of the examination. As some patients may choose not to participate, ACRRM recommends that 10 or 11 patients are available. If there are insufficient patients, as a last resort the candidate will be required to conduct a consultation on an available staff member, as directed by the examiner, to ensure the required number of cases. No more than one such consultation can be performed on a staff member in lieu of a patient. A Pass grade cannot be obtained if the mandatory history taking and physical examination requirements have not been fulfilled.
- The candidate is to engage in an informed and ethical process for obtaining written consent from patients willing to participate. The Patient Consent Form must be signed on the day of the examination and not before.
- The candidate is not to be on call for emergencies during the examination.
- It is the candidate's responsibility to ensure they address the mandatory requirements for history taking and physical examination. Where the consultation does not immediately lend itself to this, the candidate will be advised by the examiner to take a more in-depth/comprehensive approach to include history taking and physical examination if these requirements are otherwise unlikely to be met by the end of the examination.

Roles and responsibilities of the examiner

The primary responsibility of the examiner is to ensure that the candidate is provided with the opportunity to demonstrate their medical competence under fair and uniform testing conditions, and to ensure the integrity, consistency and fairness of the examination process.

The roles and responsibilities of the examiner for the miniCEX process are as follows:

- The examiner must complete and return the Examiner's Suggested Dates and Assessment Code of Conduct (if they have not previously signed a copy) documentation to ACRRM within seven days of receipt.
- Advise ACRRM of any conflict of interest with candidate to be assessed.
- The examiner(s) must not be on call during the examination and will not interrupt the examination process by responding to any electronic communication device, other than to contact the ACRRM assessment office.
- The examiner must engage the candidate in a pre-examination briefing (maximum 10 minutes) to ensure that candidate understands the examination process and requirements.
- The examiner must engage in a post-consultation discussion (maximum five minutes) after each case when the patient has departed to contextualise the consult.
- In the event of borderline and unsatisfactory ratings being awarded, the examiner must provide information in the relevant comments section on the miniCEX Marking Book to support this judgement and to enable the College to provide effective feedback to the candidate.
- In the event that the candidate is unlikely to meet the mandatory history taking and/or physical examination requirements by the end of the examination, the examiner is to

direct the candidate to take a more in-depth/comprehensive approach to a case to include these requirements if they are otherwise unlikely to be met.

- In the event of insufficient patients (eight) being available, the examiner must direct the candidate to conduct a relevant well person check consultation on an available staff member, to ensure the number of consultations and any other outstanding mandatory requirements are fulfilled. Only one such consultation is permitted and the examiner must not direct such a consultation in lieu of an actual patient, if another patient will be available within a reasonable timeframe. A consultation conducted on an available staff member should only be included in the examination as a last resort.
- The examiner is to send the completed miniCEX Marking Book, Patient Consent Forms and any Incident Report by fax or scanned email to the Assessment Manager within 24 hours after the examination. Scanned copies must be signed. Completed examination documents are not to be sent via post before these have been faxed and confirmation of receipt has been given by the ACRRM office.
- Once ACRRM confirms receipt of the examination documentation, the examiner must post the original documentation in the Express Post envelope provided; and
- The examiner submits the completed Examiner Tax Invoice and, where applicable, the Examiner Expense Reimbursement Form including any receipts to the Assessment Team in a timely manner.

Rules for the conduct of the MiniCEX

Arrival time

The candidate and the examiner should arrive at least 30 minutes prior to the scheduled start of the examination, to avoid any delay in commencement.

Initial process

The candidate is to submit valid photographic identification (e.g. driver's licence or passport) to the examiner(s) for verification of identity. This is an <u>essential</u> requirement.

Pre-Examination briefing

The examiner and candidate are to engage in a pre-examination briefing session (maximum 10 minutes) before the first consultation is conducted. This briefing is to:

- Ensure that the candidate is informed of the examination process;
- Ensure that the mandatory requirements and the standard required for a positive outcome are explained and understood;
- Ensure that the candidate is aware of the criteria they will be assessed against;
- Advise that there will be a discussion (maximum 5 minutes) after each consultation when the patient has left;
- Ensure that the candidate is advised that they should not be over-inclusive in their consultations. Each case should be of a duration that would normally be expected for the condition presented. The only exception would be if there is a need for the examiner to be directive, to ensure that mandatory requirements are fulfilled; and
- Ensure that the candidate and examiner's perceptions of the examination are identical.

During the consultation

The examiner observes but does not participate in the patient interactions. As appropriate to the situation, the candidate is expected to:

- take a history;
- perform a physical examination;
- demonstrate clinical judgement/clinical management;
- appropriately manage the issues, especially in the use of resources; and
- communicate each of the above in an appropriate manner to the patient.

As this is a summative examination and not a formative teaching session, the examiner is not permitted to provide feedback to the candidate unless there are compelling ethical reasons relating to patient safety.

The examiner must not under any circumstances offer an opinion of performance or whether they consider the candidate has scored a Pass or Fail grade.

Post consultation briefing

The examiner and candidate are to engage in a brief discussion after each consultation (maximum five minutes) when the patient has departed. This discussion is to:

- provide the candidate with opportunity to contextualise the consult;
- provide the examiner with opportunity to further explore the candidate's clinical reasoning; and
- enable the examiner to keep the candidate informed of their progress in fulfilling the mandatory requirements of the examination regarding physical examinations and history taking.

Conduct of candidates during the miniCEX

The candidate is to conduct the consultations as though they are seeing the patient without the examiner being present, other than allowing the examiner an introduction.

The candidate is not to ask the examiner for assistance in the conduct of the consultation or for advice on how to manage the patient's medical issues.

The candidate is permitted to consult appropriate resources during the examination, as long as it is consistent with standard practice and relevant to the medical issues at hand. These may include written or electronic resources or telephone consultation with a consultant. Reasons for this may include:

- checking the dose of a medication;
- finding an appropriate picture on the internet to illustrate a particular point;
- showing a patient an information website; and
- phoning a consultant to arrange an appointment or to make an admission to a hospital.

Telephoning a consultant or checking texts for answers to questions that would reasonably be expected to be known by the candidate could result in a lower score.

Late arrival of candidates

Candidates who arrive within 30 minutes after the scheduled start time of the examination may be permitted to continue with the examination at the discretion of the examiner.

A candidate who arrives later than 30 minutes after the scheduled start time will not be assessed and will receive a Fail grade.

Misconduct and irregularities

A candidate or examiner who has a concern about the management or conduct of the examination should complete an Incident Report. Incident Reports must be provided to the ACRRM Assessment Team within two days after the examination. Incident Reports submitted after two working days will not be accepted. Incident reports involving the Examiner must be made within 24 hours after the Exam.

Examples of misconduct or other incidents may include:

- an uncooperative candidate or examiner (e.g. not following the miniCEX examination procedure);
- disturbances (e.g. unexpected noisy consulting room); and
- disruptions (e.g. loss of power or computer malfunction).

An examiner is only responsible for conducting the examination and is not involved in ratifying the outcome. If a candidate wishes to discuss their performance or the grade awarded, all communications and correspondence must be directed to the ACRRM office.

Illness

If a candidate is significantly unwell on the day of the examination and considers that their performance may be affected as a consequence, it is the candidate's duty to notify the examiner in the pre-examination briefing session prior to commencement of the miniCEX. In this event, the candidate must provide ACRRM with an Incident Report supported by a Medical Certificate within two working days after the examination. The examiner must also notify ACRRM of any illness in the provision of an Incident Report.

Emergencies

In the event of an incident that interferes with the administration of the examination (e.g. power failure or external noise that effects the concentration and performance of the candidate), the examiner(s) should:

- assist the candidate in attempting to fix the situation;
- consider seeking advice from the ACRRM Assessment Coordinator for the appropriate course of action; and
- complete an Incident Report to be provided to ACRRM within two days after the examination.

Grades and marking

Each case is weighted according to the level of difficulty. The grade is determined by the number of weighted borderline and unsatisfactory marks awarded by the examiner. A pass grade must be obtained in the physical examination category and in the miniCEX overall.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

Grades are reported as Pass or Fail. A miniCEX Candidate Report will be made available to provide more comprehensive data on performance.

Once available, results are uploaded to the “My Documents” section, in a candidates “My College” dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

Feedback

Candidates who attain a Fail grade will be offered a feedback session, via teleconference or virtual classroom, with a medical educator and or principal examiner who will also be able to assist in the interpretation of the results.

Please note that the ACRRM Assessment team will not enter into any discussions about your performance in the examination.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the miniCEX or undertake CBD. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. This process is described in the Candidate Review Policy, available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from training and/or other assessments may be required to undertake further training and/or previously exempted assessments.

6. Case Based Discussion (CBD) and revised miniCEX requirements – Process, Rules and Regulations

Introduction

In 2016, candidates who commence training will be required to undertake CBD and candidates meeting the following criteria have the option to undertake CBD:

- candidates who commenced training prior to 2016 and
- have competed two years of training or have been awarded two years for recognition of prior learning.

The option to undertake CBD is also open to candidates who have previously attempted summative miniCEX but did not attain the standard for a pass grade.

In 2017, all candidates will be required to undertake CBD.

Candidates who undertake summative CBD are required to meet CBD and formative miniCEX as outlined in this section.

Candidates who undertake summative miniCEX in 2016 are required to meet miniCEX summative and formative requirements as outlined in section 5. MiniCEX – Process, Rules and Regulations.

Mini Clinical Examination Exercise (miniCEX) – formative

The MiniCEX is one form of workplace based assessment used in medical schools and medical post graduate training programs around the world. It is a contemporary method for assessing trainees in the workplace setting. It is used to assess trainee performance during direct contact with patients and is usually one component of an integrated assessment program.

The formative MiniCEX consists of two key components:

1. A short encounter between a candidate and patient which is observed by a supervisor. This encounter generally consists of a focused history taking and examination and takes approximately 15-20 minutes.
2. Discussion of patient management and provision of feedback to the candidate by the supervisor to assist the candidate in planning for future patient encounters. This takes approximately 5-10 minutes.

MiniCEX is one of the ACRRM formative assessment requirements.

Mandatory requirements

ACRRM candidates, irrespective of RPL awarded, are required to have a formative miniCEX conducted on a minimum of nine patient interactions (consults) during their Primary Rural and Remote training. A minimum of five miniCEX consults are to be submitted to ACRRM by the end of Primary Rural and Remote Training (PRRT) year 1 and all nine miniCEX consults must be submitted by the end of PRRT year 2.

This is in addition to a minimum of five formative miniCEXS required in the clinical Advanced Specialised Training disciplines. See the AST curricula for specific information.

The nine miniCEX consults must include a:

- reasonable range of types of consults, age groups and both genders.
- minimum of five physical examinations, each from a different body system:
  - Cardiovascular
  - Respiratory
  - Abdominal
  - Neurological
  - Endocrine
  - Musculoskeletal region
  - Mini-mental state examination
  - Neonatal/paediatric
  - Antenatal (first visit)
- detailed history taking of at least one new patient or detailed updating patient database information on a returning patient (of at least medium complexity).

Physical examination is required to be undertaken in the context of a patient consultation. A 'Physical Examination Reference' document is provided for guidance on undertaking a systematic physical examination see http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

MiniCEXs may be conducted in real time, face to face or remotely using virtual technology. Some miniCEXs may be conducted using recorded consults; however recorded consults should not be used to assess physical examination skills.

Reviewer requirements

A miniCEX can be conducted within the context of the candidate's medical educator visit or anytime at the instigation of the candidate or supervisor.

The miniCEX reviews are to be conducted by a doctor, meeting one of the following criteria:

- an ACRRM accredited supervisor or
- holding a Fellowship of ACRRM or
- a Medical Educator from an ACRRM accredited training organisation.

The nine miniCEX assessments should be conducted by a range of reviewers, at a minimum three different reviewers are required.

A minimum of three miniCEX assessments must be conducted by a Medical Educator from an ACRRM accredited training organisation (who does not work in the same workplace as the candidate).

In each miniCEX consultation the reviewer provides oral and written feedback to the candidate using a standardised form.

To assist candidates and reviewers in this process, an online training module is available on the College's online learning platform. Users can enrol in this module using the "My Online Learning" tool via the "My College" dashboard, accessible from the ACRRM webpage.
Nine miniCEXS reviews meeting the requirements above must be submitted to obtain 'satisfactory completion'.

Process

1. Reviewer to observe and score consultation using ACRRM miniCEX form with reference to 'Physical Examination Reference' where relevant, this form is available on the ACRRM website at:http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources
2. Reviewer to provide feedback to the candidate.
3. Reviewer to provide completed form to the candidate and submit a copy to the training organisation.
4. Candidate and/or training organisation upload completed miniCEX forms to ACRRM candidate file as completed.
5. At a minimum all completed miniCEXs must be provided to ACRRM at end of each training year.

A minimum of five miniCEX consults are to be submitted to ACRRM by the end of Primary Rural and Remote Training (PRRT) year 1 and all nine miniCEX consults must be submitted by the end of PRRT year 2.

Standard required

There are five scoring categories:
1. Overall clinical competence
2. Clinical management
3. History taking
4. Communication skills
5. Physical examination

For each consultation, each category is scored:

- Excellent
- Satisfactory
- Borderline
- Unsatisfactory

1. Overall clinical competence
Characteristics of a 'satisfactory' candidate in this area may include:

- demonstrates a systematic approach;
- is consistently competent across the marking categories; and
- has made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate in the clinical situation.

2. Clinical management
Characteristics of a 'satisfactory' candidate in this area may include:

- makes an appropriate diagnosis;
- formulates a suitable management plan relevant to the context;
- selectively orders or performs appropriate diagnostic studies;
- considers the risks and benefits to the patient;

- has a clear and demonstrated understanding of the patient's community needs, the socioeconomic context, and the particular mortality and morbidity patterns of that community; and
- provides high quality care to the patient, family and broader community that is delivered locally (as far as possible).

3. History taking

Characteristics of a 'satisfactory' candidate in this area may include:

- effectively use appropriate questions to obtain an accurate, adequate history with necessary information, and responds appropriately to verbal and non-verbal cues.

4. Communication skills

Characteristics of a 'satisfactory' candidate may include:

- explores the patient's problem using plain English;
- is open, honest and empathetic;
- negotiates a suitable management plan/therapy with the patient;
- shows respect, compassion and empathy;
- establishes trust;
- attends to the patient's needs and comfort;
- shows awareness of relevant legal frameworks; and
- is aware of their own limitations.

Where relevant, the candidate demonstrates an understanding of the differing cultural beliefs, values, and priorities of Aboriginal and Torres Strait Islander people, as well as other cultural groupings regarding their health and health care provision, and the candidate communicates effectively respecting these cultural differences.

5. Physical examination

Characteristics of a 'satisfactory' candidate in this area may include:

- follow an efficient and logical sequence;
- performs an appropriate clinical examination;
- explains the process to the patient; and
- is sensitive to the patient's comfort and modesty.

For the purpose of fulfilling the mandatory requirements of the miniCEX, it is expected that the physical examination will be a thorough and complete examination of the relevant system. See 'Physical Examination Reference' for guidance on the standard expected for physical examination.

Transition arrangements for formative miniCEX

Candidates who have completed formative miniCEXs meeting the 2015 requirements may count these towards the miniCEX requirements outlined above.

Candidates need to ensure that they cover the physical examination requirements in the remaining miniCEXs.

A minimum of five miniCEXs must be submitted by the end of the 6 month semester, that CBD is undertaken. The remaining four miniCEXs must be submitted by end of training.

Case Based Discussion

Introduction

The CBD assessment is an assessment of clinical reasoning and application of knowledge in a clinical context. The type and style of questions used in the CBD require candidates to demonstrate evidence of their clinical knowledge and how they apply that knowledge by appropriately assessing patients, formulating differential diagnoses, ordering relevant investigations and providing suitable management plans.

CBD is one of the required summative assessments to obtain a FACRRM. The standard expected for FACRRM is that of a fully qualified rural doctor working without supervision.

Candidates are required to undertake six Case Based Discussions.

A pass grade in summative CBD is defined as a global CBD rating of 'At expected standard for FACRRM' in a minimum of five of the six cases.

The CBD assesses five categories, communication skills, history taking, physical assessment, clinical management and professionalism.

The process, rules and regulations are designed to ensure that the administration of the CBD is consistent and fair.

Timing

Candidates are eligible to enrol in the CBD after completing 24 months of training.

The summative CBD takes place over three sessions, with a different assessor assessing each session. A session consists of two cases discussed for a maximum of 30 minutes for each case.

All three CBD sessions must take place within one six - month semester.

The CBD sessions take place at a time that is suitable to the candidate and the ACRRM appointed assessor. ACRRM will liaise between the appointed assessor and the candidate to organise the dates and times. Assessors and candidates are not permitted to liaise directly to organise the assessment without the involvement of ACRRM.

Results will be ratified by the Board of Examiners once the three CBD sessions are completed.

Location

The CBD assessment is conducted via teleconference, therefore the candidate can undertake the assessment within to their own local community.

Your CBD venue can be a medical practice (private or government owned), hospital clinical or administration offices area (private or government). A private residence is not permitted.

The candidate is required to be alone in a room that does not contain any material or electronic devices that can be referenced by the candidate during the discussion (except the candidate's own printed clinical notes). The CBD sessions are recorded for quality assurance purposes.

Candidates are required to arrange an invigilator. Most candidates find it convenient to use a staff member or colleague working in the same facility. The invigilator's role during the session is to verify the identity of the candidate and ensure that the relevant policies and procedures for the conduct of the CBD have been adhered to and that the integrity of the assessment session has not been compromised by any unauthorised person or the actions of the candidate.

Invigilators are only required to be present in the room at the beginning of the session; once the discussion has started they are able to leave. All invigilators are subject to approval by ACRRM; see the invigilator section for further information.

The candidate is required to advise the locality where the assessment will take place and provide a brief community profile, on the form provided.

Mandatory requirements

Candidates are required to undertake six Case Based Discussions. The cases must:

- cover a minimum of six of the Primary Curriculum clinical curriculum statements, listed below:
    1. Aboriginal and Torres Strait Islander Health
    2. Adult Internal Medicine
    3. Aged Care
    4. Anaesthetics
    5. Child and Adolescent Health
    6. Dermatology
    7. Mental Health
    8. Musculoskeletal Medicine
    9. Obstetrics and Women's Health
    10. Ophthalmology
    11. Oral Health
    12. Palliative Medicine
    13. Radiology
    14. Rehabilitation Medicine
    15. Surgery
- Candidates are also required to cover at least one mental health case.

On the day of the session, the case notes should not be more than six weeks old. Cases cannot be discussed more than once. The cases should be of medium level complexity.

It is the candidate's responsibility to ensure the required curriculum statements are covered. The case notes submitted must be marked with the curriculum statements(s) each case covers from the list above.

Candidates should be aware that CBD is an assessment of clinical reasoning, therefore it is important that candidates provide sufficient clinical information for assessors to be able to undertake a comprehensive evaluation of the candidate's clinical knowledge and clinical reasoning skills.

It is strongly recommended that candidates provide clinical notes for 2-3 consultations for each case and in addition ensure copies of all relevant investigations and or evidence of follow up are included in the case notes forwarded to ACRRM. Examples (but not limited to) of follow up case notes could include results for review, referral to specialists or other health care providers, preventative health care plans. If the case notes are not sufficient, candidates will be required to submit further cases.

Candidates are required to submit four sets of case notes prior to each session. The assessor will choose two cases to discuss at the session.

Standard required

A candidate practising 'at the expected standard for FACRRM' would be expected to:

- have an overall systematic approach and be consistently competent across grading categories
- make clear efforts to ensure patient comfort and safety and to reduce risks where appropriate
- have effective communication skills
- take an appropriate history and assessment
- consider appropriate diagnoses based on information gathered
- arrange for relevant further tests to clarify the diagnosis
- provide appropriate management and include short and some long-term recommendations based on information gathered, and
- involve the patient in decision making.

Each case will be given a global CBD rating of either:

- 'At expected standard for FACRRM' or
- 'Below expected standard for FACRRM'.

To pass the CBD assessment overall candidates will need to achieve 'At expected standard for FACRRM' in five of the six cases.

Candidate results are referred to the Board of Examiners for determination of an overall grade, once all six cases have been completed.

Candidates are provided with a grade and a 'candidate report' providing feedback on their performance.

Candidates who do not obtain a 'pass' grade will be required to enrol in a future semester and complete all three sessions (six cases) again.

Specific areas of assessment

There are five grading categories scored by the assessor for each case, in order to determine the global rating.

The five grading categories are:
1. Communication skills
2. History taking
3. Physical assessment
4. Clinical Management in the rural/remote context
5. Professionalism

For each case, each category will be scored:

- 'Satisfactory'
- 'Unsatisfactory' or
- 'Not Observed'.

Grading categories in detail

1. Communication skills

Characteristics of a 'satisfactory' candidate in this category include:

- Communication skills sound.
- Some patient centred communication evident. Builds trust and rapport with patient well, respectful and compassionate.
- Explores patient issue using a range of relevant question types. Asks patient for their story.
- Shows empathy and respect. Considers and discusses impact of presentation on patient function.
- Demonstrates empathy when breaking bad news.
- Flexible in approach.
- Advice provided appropriate with patient involvement in decision making.
- Explains aspects of care clearly.
- Considers cultural values, attitudes and beliefs

2. History taking

Characteristics of a 'satisfactory' candidate in this category include:

- Obtains a clinical history that reflects contextual issues including presenting problems, epidemiology and cultural context.
- Questions focused and appropriate.
- Patient perspective considered including impact of presenting issue on patient function and lifestyle.

3. Physical assessment

Characteristics of a 'satisfactory' candidate in this category include:

- Sound assessment conducted and a number of key differentials considered.
- Assessment organised, logical and efficient.
- Relevant signs and symptoms all accurately covered.
- Patient comfort and safety considered.

4. Clinical management

Characteristics of a 'satisfactory' candidate in this category may include:

- Diagnosis accurate.
- Provides patient with most plausible diagnosis based on appropriate range of evidence gathered.
- Explains severity of episode and range of treatment options.
- All required appropriate tests arranged.
- Management plan specific to patient needs and function.
- Management plan relevant to the candidate's community
- Short-term management strategies (including what to do if another acute episode) and possible long-term management plan discussed with patient, including impact on patient's lifestyle and function and family involvement where appropriate.
- Discusses the impact of change on the patient.
- Follow-up arranged and organises next appointment and follow-up pathology test.
- Addresses ethical / potential legal / work cover issues clearly.

5. Professionalism

Characteristics of a 'satisfactory' candidate in this category include:

- Ensured patient privacy and confidentiality.
- Clinical documentation was in accordance with professional standards.
- Demonstrated a commitment to team work, collaboration, coordination and continuity of care.
- Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.
- Critically appraised own performance.

Roles and responsibilities of candidate

The candidate must enrol in the CBD examination by the closing date.

After the enrolment closing date, the candidate is provided with:

- the CBD arrangement form
- community profile template
- CBD invigilator nomination form, and
- Code of Conduct

The candidate must complete and return the forms and Assessment Code of Conduct (if a copy has not previously been signed) to ACRRM within seven days of receipt.

At least 7 days prior to each session:

Submit four cases at least seven days prior to a scheduled session. The assessor will select two of these cases to be discussed in depth.

The cases should be at a least medium level of complexity e.g. cases based on a simple request for a prescription would not be acceptable. On the day of the session, the case notes should not be more than six weeks old. Cases cannot be discussed more than once.

The four sets of clinical case notes must include:

- the patient summary
- notes pertaining to a single consultation and any relevant investigation results, for new patients
- notes of all **relevant** consultation notes and any relevant investigation results, for returning patients.

The clinical case notes and patient summary must be scanned and uploaded into the "My Documents" tool via the "My College" dashboard, accessible from the ACRRM webpage. If not possible to scan and upload cases, contact the College to discuss other options.

The following processes must be followed to ensure that the confidentiality and privacy of patient clinical details are rigorously maintained. Any unauthorised deviation from these processes will result in a candidate failing the CBD for breach of assessment process.

- From the computerised medical record system, print off the relevant clinical data for the cases chosen for consideration for the CBD session. Ensure that key patient identifiers – name and address – are deleted using an indelible black marker. Do not delete gender, DOB or date of the consultation.
- Scan the de-identified notes and save them as a Portable Document Format (PDF) file.
- upload into the "My Documents" tool via the "My College" dashboard, accessible from the ACRRM website. Please select document type 'CBD case'.
- Advice ACRRM immediately once the case notes have been uploaded.

No less than 24 hours prior to session:

Advise ACRRM as soon as possible if unable to attend a scheduled session. Failure to attend a session without notification or late notification will result in candidate meeting any associated cost of rescheduling.

At session:

- Be present in room with invigilator at least five minutes prior to session scheduled start time
- Have a printed copy of the clinical notes submitted for this session
- Note if you are more than 10 minutes late the assessor is not required to undertake the session and another time will need to be arranged.
- Comply with rules of the assessment around being in a room alone, with access to submitted printed clinical case notes and no other clinical material
- Listen to pre-assessment briefing and clarify any areas you are not clear on
- Respond to assessors questions and advise assessor if unable to hear or understand the questions.

After session:

- If you have concerns about the conduct of the assessment or if an incident occurred that affected the assessment (e.g. loss of power or phone) candidate to complete an Incident Report and submit to assessment@acrrm.org.au within two working days.

Roles and responsibilities of the invigilator

Criteria

Each candidate must have an invigilator. A person currently holding a reasonable position of responsibility is considered suitable to be an invigilator for the CBD.

Candidates undertaking CBD usually find it easiest to use a suitable room in the workplace and ask a staff member for example practice manager or practice nurse to act as an invigilator.

Other examples of those deemed suitable to act as an invigilator include; staff member from a regional training organisation, school teacher/principal, librarian, member of the clergy, bank officer, law enforcement, officer, justice of the peace, clerk of the court, senior administrators, staff member from a rural clinical school, or staff member from a Medicare Local/Primary Health Network;

The above list is an example only and by no means exhaustive. Persons with other occupations will be considered. All invigilators are subject to approval by ACRRM, who has the discretionary authority to approve or decline each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the candidate will be notified and required to nominate another invigilator.

Relatives of the candidate are not able to act as an invigilator. Persons under the age of 25 will not be accepted as an assessment invigilator unless they have significant previous experience in assessment supervision.

Role

An invigilator is required at the beginning of each session for 10-15 minutes. The invigilator is not required to be present in the room once the discussion has started.

The invigilator's role during an assessment session is to verify the identity of the candidate and ensure that the relevant policies and procedures for the conduct of the CBD have been adhered to and that the integrity of the assessment session has not been compromised by any unauthorised person or the actions of the candidate.

Invigilator Process

- Sign the 'Summative CBD Invigilator Declaration' form and return it to ACRRM prior to the CBD session.
- Be present in the room with the candidate at least 5 minutes prior to scheduled session start time.
- Check the room that will be used for the discussion has a phone and does not contain any material or electronic devices that can be referenced by the candidate during the discussion (except the candidate's own printed clinical notes).
- Ensure that the candidate is alone in the room.
- Verify the candidate's identity and presence and confirm the above to the offsite assessor over the phone when dialled in. This will be automatically recorded along with the discussion, by ACRRM's teleconference provider.
- Once the session has started, leave the room and remind any surrounding persons that a private and confidential discussion is taking place in the room for approximately one hour.

Roles and responsibilities of the assessor

The primary responsibility of the assessor is to ensure that the candidate is provided with the opportunity to demonstrate their clinical abilities under fair and uniform testing conditions, and to ensure the integrity, consistency and fairness of the assessment process.

Assessors' responsibilities include to:

- advise ACRRM of any conflict of interest with candidate to be assessed
- advise as early as possible if the session needs to be rescheduled
- select two cases for discussion from the four cases provided by the candidate
- dial into the CBD session at least five minutes prior to scheduled start time
- talk to the invigilator to confirm candidate identify, that the candidate is alone in a room with no access to information and the candidate has the printed clinical case notes.
- conduct a pre-assessment briefing session (maximum 5 minutes) before the first case is conducted. This briefing is to ensure that the:
  - candidate is informed of the assessment process
  - mandatory requirements and the standard required for a positive outcome are explained and understood
  - candidate is aware of the criteria they will be assessed against, and
  - candidate and assessor's perceptions of the assessment match
- advise the candidate which two cases have been selected for discussion
- allow up to 30 minutes, to discuss each case
- ask questions relating to the cases selected for discussion
- score candidate according to marking criteria and return completed forms to ACRRM within two working days of the session
- inform ACRRM of any incidents relating to the assessment as soon as possible and submit an incident form within two working days.

The assessor must not be on call during the assessment and will not interrupt the assessment process by responding to any electronic communication device.

As this is a summative assessment, the assessor is <u>not permitted</u> to provide feedback to the candidate.

The assessor <u>must not</u> under any circumstances offer an opinion of performance or whether they consider the candidate has scored a Pass or Fail grade.

Misconduct and irregularities

A candidate or assessor who has a concern about the management or conduct of the assessment should complete an Incident Report. Incident Reports must be provided to the ACRRM Assessment Team within two working days after the assessment. Incident Reports submitted after two working days will not be accepted.

Examples of misconduct or other irregularities may include:

- candidate unwell
- disturbances (e.g. unexpected noisy consulting room),
- disruptions (e.g. loss of power or telephone malfunction)
- an uncooperative candidate or assessor and
- not following the CBD assessment procedure

Grades and marking

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

Grades are reported as Pass or Fail. A CBD Candidate Report will be made available to provide more comprehensive data on performance.

Please note that the ACRRM Assessment team will not enter into any discussions about your performance in the examination.

Once available, results are uploaded to the “My Documents” section, in a candidates “My College” dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the CBD. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at the CBD.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. This process is described in the Candidate Review Policy, available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from training and/or other assessments, may be required to undertake further training and/or previously exempted assessments.

7. Structured Assessment using Multiple Patient Scenarios – Process, Rules & Regulations

Introduction

The Structured Assessment using Multiple Patient Scenarios (StAMPS) is a blend of the Objective Structured Clinical Examination (OSCE) and the traditional viva vocé examination.

The aim of StAMPS is to test higher order functions in a highly contextualised framework, where candidates have the opportunity to explain what they do and demonstrate their clinical reasoning, instead of simply providing evidence of knowledge, listing facts or recalling protocols. The examiners also ask the candidates how they would deal with system or patient factors that prevent the 'standard' approach being applied.

The process, rules and regulations are designed to ensure that the administration of the StAMPS is consistent and fair, with mechanisms to ensure security and administrative integrity.

Logistical considerations

Location

The StAMPS is conducted either face to face from a central exam centre or by videoconference with each candidate in their home region and all examiners at one examination centre. The method of delivery for each session is specified on the enrolment form. Candidates who select to sit the Face to Face StAMPS and choose to sit at a central examination centre will be awarded their preference on a first come first served basis.

Timing

The StAMPS will be delivered in a series of rotations over one or two days, dependent upon the number of candidates undertaking the StAMPS. Candidates and invigilators will be notified of their examination start time in Australian Eastern Standard Time (AEST). Candidates and invigilators must check their local time zone and adjust the start time to account for any differences, if necessary.

Format of the StAMPS

The Community Profile

The 'Community Profile' details key logistical issues about the location where the examination is set; and provides information regarding other relevant community factors that would suggest other more possible emergent presentations, e.g. gastroenteritis epidemic, high prevalence of asthma, rodeo in town, roads closed, or hospital staffing problems.

There are two 'Community Profiles' one for all primary curriculum StAMPS and a second one for all Advanced Specialised Training StAMPS.

The profiles are published on the ACRRM website. Candidates are permitted to retain the 'Community Profile' for reference during the reading time and throughout the examination.

Examination reading time

Candidates will be provided with a short period (usually 10 minutes) prior to the start of the examination to read the Examination Printed Material. This material, which will be handed to them by the invigilators, provides background information for each scenario. You are permitted to read all the eight scenarios during this examination reading time.

Candidates will be expected to have read and be prepared for their first scenario by the start of the examination.

Number of scenarios

The StAMPS consists of eight scenarios, each of ten minutes duration. There will be a 5-minute interval between scenarios during which time the candidate should read the material for their next scenario. Examiners will not repeat the examination scenario as candidates will be expected to have read this in the reading time and during the intervals in preparation.

Candidates remain in one room (or have one continuous video conference link) and examiners rotate between candidates.

Format of scenarios

Each scenario is framed around an assessment target or goal. The scenarios and questions are unfolding in nature, allowing information to be progressively revealed.

The scenarios are in the viva vocé format where the candidate discusses the scenario directly with the examiner. The candidate may be asked to clarify their answers when these are unclear and to expand on answers when there is insufficient detail.

The StAMPS scenarios are designed to measure the candidate's understanding of core and general principles, rather than applying them to a specific nominated patient. Diagnostic dilemmas are not the focus of these scenarios matching real life where often the clinical management is required to proceed, prior to a definitive diagnosis being made.

Ample opportunity is provided for the candidate to explain the rationale behind their thinking, as well as an opportunity for the examiner to explore issues in greater depth than is possible in a written paper.

The standard required

The standard required is that an independent practitioner practising safely at Fellowship level.

Each scenario is designed to address specific components of the curriculum and focuses on topics and concepts that are important to the everyday experience of rural and remote doctors in practice.

Candidates are eligible to enrol in the StAMPS after completing 24 months of training. While it is not mandatory ACRRM recommends StAMPS is sat after all others assessments have been successfully completed. ACRRM reserves the right not to process an enrolment or to withdraw a candidate from the StAMPS, if they have been unsuccessful in any other assessments.

StAMPS preparation

Although the StAMPS is designed to measure content, it is in the candidate's interest to be thoroughly familiar with the style and process of the examination. This includes being careful to place their answers in the context of the location where the examination is set with reference to the Community Profile.

The score received for each scenario depends on the way the candidate is able to integrate important facts and other pieces of information into a logical, coherent and well-reasoned discussion of the important issues. Merely listing the facts may not in itself be sufficient for a 'Pass' grade.

A range of resources and information are available at this location:
http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources
these include:

- ACRRM Assessment Blueprint;
- Sample and preparation material;
- Assessment Information Sessions held each year;
- Facilitated study groups are held via virtual classroom prior to each assessment and
- Mock exams.

Summary of the StAMPS process

- a candidate enrols in the StAMPS;
- after the enrolment closing date, ACRRM sends a confirmation of enrolment email containing essential information and documentation to be completed and returned;
- a candidate returns the StAMPS Arrangements Form and Assessment Code of Conduct (including signed copies from nominated invigilators where relevant) by the dates specified;
- ACRRM provides a confirmation of arrangements email to candidates and attaching their Rotation Plan;
- ACRRM provides a confirmation of arrangements email to invigilators (where relevant) attaching the Rotation Plan; and
- ACRRM emails invigilators (where relevant) to provide the Examination Printed Material.

Roles and Responsibilities of the Candidate

Candidates are personally responsible for each of the following:

- providing the Assessment Team with an email address that is accessed regularly;
- reading the StAMPS Process, Rules and Regulations and abiding by the rules stated;
- signing and returning the Assessment Code of Conduct by the date specified (if the candidate has not already signed this document);and
- acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

ACRRM will correspond via email with candidates to organise arrangements for their examination. ACRRM will not be held responsible for candidates inadvertently failing to reply or deleting emails sent.

There are strict timelines in place for submission of paperwork to the Assessment Team. It is the candidate's responsibility to ensure that all of the requested documentation is provided by the date specified in the email that is sent to candidates immediately after the enrolment closing date.

If any required documentation remains outstanding on the Friday, 15 days before the examination date, the candidate will be denied entry to the examination and no refund of examination fees will be given. Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the Assessment Coordinator in a timely fashion.

Process, rules and regulations for arranging a video conferencing venue

Candidates undertaking StAMPS via videoconference are responsible for:

- sourcing and booking a suitable examination venue;
- ensuring the video conferencing equipment to be used for the examination at the nominated venue meets the minimum IT specifications;
- sourcing and booking a suitable examination invigilator;
- completing the StAMPS Arrangements Form in full and returning this by the date specified;
- ensuring the invigilator signs and returns the Assessment Code of Conduct by the date specified;

Venues deemed suitable by ACRRM include:

- university department (e.g. rural clinical school);
- regional training organisation (offices);
- hospital education or administration department (offices);
- school facility (e.g. primary or secondary);
- TAFE college or adult education centre;
- police station;
- court house; and;

- Australian Embassy, Consulate or International Trade Office (for candidates sitting overseas).

Other venues may be suitable upon approval by ACRRM.

Under no circumstances should the videoconference venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government) or a retail business premises. Hospital administration offices and education centres are deemed an acceptable venue, but no medical textbooks are permitted to be in the room to be used for the StAMPS.

When identifying a venue, candidates will need to ascertain the following:

- after hours arrangements - access to building/examination room, requirements for institutional log on to the videoconference unit. (Please note that the examination invigilator may not have authority to access these and the presence of a representative of the organisation providing the venue may also need to be present during the examination);
- specifications of the examination room (good lighting, quiet location, sufficient space, good ventilation);
- adequate videoconference facilities;
- any associated costs for use of the venue (this cost is at the candidate's expense); and
- that the videoconference facility is not used for medical emergencies.

Wherever possible, ACRRM will assist candidates in sourcing venues for the StAMPS. However, sourcing/booking venues and arrangements for access to the venue and the videoconference unit on the day of the examination remains the responsibility of the candidate. ACRRM will not be held liable in the event that the candidate or invigilator are not able to gain access to the venue for any reason on the day of the examination.

Undertaking the StAMPS Overseas

Candidates are able to undertake the StAMPS outside of Australia, subject to appropriate invigilation and technical requirements being met, with the candidate meeting any additional costs. While New Zealand has the same requirements as Australia, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices).

In all cases, candidates who wish to undertake the examination offshore must contact the Assessment Team for further advice before finalising enrolment.

Information Technology Requirements

It is the candidate's responsibility to ensure that the examination venue has a videoconference unit that meets the required IT specifications for completing the examination.

The minimum requirement is:

- H323 ITU standards or SIP video-conferencing system with IP or ISDN capability

Testing of Videoconference Equipment

Technical staff will contact all venues in the weeks leading up to an examination to test the videoconference unit that is to be used for the StAMPS. If there is any change after the StAMPS Arrangements Form has been submitted, it is essential that candidates inform the Assessment Team.

ACRRM recommends that candidates contact their examination venue in the week leading up to the examination to ensure that the videoconference room and unit they initially booked remain the ones to be used on the day of the examination and that no changes have been made. Any changes made could be detrimental to the delivery of the examination if ACRRM is not informed beforehand.

Nomination of Invigilators

Each examination venue must have one invigilator. Candidates are strongly advised to ensure that they have a contingency plan if the invigilator withdraws at short notice.

In the event an invigilator becomes unavailable, candidates must source another invigilator immediately. If the candidate is unable to source another invigilator they must contact ACRRM immediately. Candidates are not able to sit the examination without an appropriate invigilator.

A person currently holding a reasonable position of responsibility is considered suitable to act as an invigilator for the StAMPS. Examples of those deemed suitable to be an invigilator are as follows:

- school teacher/principal;
- librarian;
- member of the clergy;
- bank officer;
- law enforcement officer;
- justice of the peace;
- clerk of the court;
- staff member from a rural clinical school;
- staff member from a regional training organisation (assuming they have not had a significant involvement in the candidate's training);
- senior administrators; and
- for overseas candidates, only officials from formal Australian Government overseas missions e.g. embassy, consulate, trade mission, military offices) are acceptable.

The above list is an example only and by no means exhaustive. Persons with other occupations will be considered. All invigilators are subject to consent by ACRRM, which has the discretionary authority to approve or decline each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the candidate will be notified and required to nominate another invigilator.

Persons under the age of 25 will not be accepted as an examination invigilator unless they have significant previous experience in examination supervision. This will be determined at the discretion of ACRRM.

Relatives of candidates taking the examination, close work colleagues and educators who prepared the candidate for the examination are not eligible to act as an invigilator.

Under no circumstances can the invigilator be on call or be available for any concurrent duties or activities during the examination.

ACRRM will correspond with invigilators via email to confirm arrangements made for the examination. However, it remains the candidate's responsibility to ensure that invigilators arrive at the correct venue at the correct time. ACRRM will not be held liable for invigilators not being at the correct venue at the correct time, regardless of the College's involvement in assisting to source suitable invigilators.

ACRRM strongly recommends that candidates keep a note of their invigilators' mobile number and email address to confirm final arrangements and/or in the event of an emergency.

Rules for the conduct of the StAMPS

Mandatory arrival time prior to the start of the examination reading time:

- invigilators at least 30 minutes; and
- candidates at least 30 minutes.

Items Not Permitted in the Examination Room

Candidates are not permitted to access any material or communication device in the examination room. In particular, the following items are NOT permitted during the examination:

- printed or handwritten documents or notes;
- medical notes or textbooks – including medical dictionaries, PDAs, pagers, recording devices, radios, calculators, iPods, MP3 players; iPads and laptops;
- bottles of water with labels or food (clear plastic water bottles are permitted); and
- candidate's mobile phone, watches or other electronic communication devices.

*Please note - candidates are permitted to bring multi coloured pens into the examination room. Three pencils and eight sheets of paper will be provided by the invigilator.

Invigilators not permitted to bring food (of any kind) or personal material into the examination room, such as MP3 players, radios, iPods, iPads, cameras or computers as the invigilator is required to stay focused on the candidate's behaviour at all times. Invigilators are required to bring in the mobile phone which the number was provided to ACRRM. Printed books for the invigilator to read during the examination are permitted, as long as they are not medical texts.

Candidate's arrival procedure

Candidates must:

- submit valid photographic identification (e.g. driver's licence or passport) to the invigilators for verification of identity;
- switch off and surrender to invigilators mobile phones and any other electronic devices for the duration of the examination;
- surrender to invigilators any item in their possession as specified previously under *Items Not Permitted in the Examination Room*;
- receive paper and pencils as specified under - *Invigilator's Arrival Procedure;* and
- have the *Community Profile and Rotation Plan* in preparation for the examination.

Illness

If a candidate is significantly unwell on the day of the examination and considers that their performance may be affected as a consequence, it is the candidate's duty to notify the examiner in the pre-examination briefing session prior to commencement of the StAMPS. In this event, the candidate must provide ACRRM with an Incident Report supported by a Medical Certificate within two working days after the examination. The examiner must also notify ACRRM of any illness in the provision of an Incident Report.

Procedure for connecting to the examination site (StAMPS via videoconference only)

The videoconference unit must be switched on. James Cook University (JCU) or other suitable venues will be used as the examination centre for the StAMPS and are where the examiners and ACRRM staff will be located. Information Technology (IT) technicians will dial each venue to connect videoconference units. Once the call is received the invigilator will accept the call and wait for instructions from the examination centre (ACRRM staff).

An ACRRM staff member will perform an introduction to the examination and check:

- that the candidate is present;
- that the invigilator is present;
- the mobile number of the invigilator;
- the location of the examination venue;
- that the invigilator has the Examination Printed Material;
- that the candidate has the Community Profile;
- that the candidate has their Rotation Plan; and
- the order in which the scenarios will be delivered to the candidate compared to the candidate's Rotation Plan.

Invigilators will be instructed to present candidates with the Examination Printed Material at the start of the examination reading time specified on the Rotation Plan.

As IT technicians are unable to connect all sites simultaneously, the call could be received between 30-10 minutes prior to the start of the examination reading time.

Examination reading time

The reading time is intended for candidates to study the Examination Printed Material for each scenario in conjunction with the Community Profile. Candidates should refer to the Community Profile, where necessary, throughout the examination.

If undertaking by videoconference and there is a delay in connecting with your site the candidate should be given the reading material at the reading time recorded on the rotation plan.

Candidates may read all scenarios and are permitted to make notes during the reading time and examination if they wish, using the paper provided.

Candidates are expected to have read the material for their first scenario, prior to the start of the examination.

Candidates will be provided with a Rotation Plan specifying the order in which the scenarios will be delivered to them. The Rotation Plan should be read in conjunction with the Examination Printed Material, to ensure that candidates prepare for the scenarios in the correct order they will be delivered.

Intervals between scenarios

After each scenario there will be a five minute interval for the candidate to familiarise and prepare themselves for their next scenario. On occasions, there may be a 10-minute interval after the fourth scenario has been delivered. ACRRM will advise candidates and invigilators if this will be the case.

Late arrival of candidates

Candidates who arrive within 30 minutes of the start of the examination may be allowed to enter the room and undertake the examination at the discretion of the invigilator and/or ACRRM. Candidates who arrive late are not permitted any reading time or any extension of time in which to complete their examination. Consequently, the candidate will have missed all or part of at least one scenario, seriously compromising their ability to score an overall Pass grade in the examination, regardless of how well they perform in the remaining scenarios.

Any candidate arriving more than 30 minutes after the examination start time will not be permitted to participate under any circumstances.

Invigilators should note the late arrival and associated reasons on an Incident Report, which must be provided to ACRRM within two days of the examination.

Leaving the examination

Candidates who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by the invigilator to the bathroom door. Extra time will not be provided for bathroom breaks.

Candidates are not permitted to leave the examination room within the first 30 minutes of the examination for any reason, with the exception of a medical emergency or in the event of a fire.

The end of the examination (StAMPS via videoconference only)

Once the eight scenarios have been completed the videoconference connection must remain untouched until an ACRRM staff member has concluded the examination, given permission for the videoconference link to be terminated and confirmed that the candidate is no longer required.

Only after this confirmation is the examination completed and the videoconference unit can be turned off. This additional time is required in case there has been a technical problem with the examination and the examiners require additional time to examine the candidate.

Communicating with Other Candidates Undertaking the StAMPS

The StAMPS examination is often delivered over multiple rotations. Candidates are not permitted to discuss the examination with any other candidates undertaking the StAMPS examination until all scheduled rotations have concluded (this could be over a two day period). Any such communications will be considered a breach of the Code of Conduct and the College will take action accordingly.

Unforeseen Technical Problems

Videoconference Disconnect during the Examination

The IT staff will be monitoring all videoconference connections throughout the examination and will be immediately aware if the line drops out. If that occurs, please wait for the ACRRM examination centre to dial in to the videoconference unit again.

If the line drops out during a scenario, the examiner will immediately ring the invigilator's nominated mobile phone and continue the examination by teleconference until the videoconference line is restored.

For this reason it is crucial that ACRRM is provided with the correct mobile number for the invigilator. Invigilators must ensure that their mobile phone has a fully charged battery, but switched to discreet (vibrate) mode and visible as previously stated.

Candidates will not be disadvantaged by a line drop out, as the examiner will take this event into consideration. If the examiner requires further information to score the candidate on this scenario, the examiner will continue this scenario during the additional time available after all scheduled eight scenarios have been completed.

If any technical issues are experienced for any reason either the invigilator or candidate must declare the incident to ACRRM at the end of the examination. In this event, Incident Reports must also be completed by the candidate and an invigilator and provided to ACRRM within two days after the examination.

Technical issues are taken into consideration by the Board of Examiners prior to awarding a final grade.

Misconduct and irregularities

Invigilators or candidates concerned about the management of the conduct of the examination are required to complete an Incident Report, which must be provided to ACRRM within two days after the examination.

Examples of misconduct or other incidents may include:

- uncooperative invigilator or candidate (e.g. not following examination procedure);
- candidate with unauthorised materials in their possession after being advised on arrival to surrender any material;
- disturbances (e.g. noisy invigilator, candidate or environment); and
- disruptions (e.g. loss of power or videoconference malfunction).

Invigilators are not expected to deal with candidates who wish to enter into an argument and should endeavour to avoid a general disturbance. Invigilators should:

- allow the candidate to continue to complete the examination unless there is a clear case of significant incident or misconduct. If the invigilator is uncertain of the course of action, they should ask the examiner on screen;
- confiscate any unauthorised material – under no circumstances is it to be returned to the candidate; and
- report all forms of misconduct or disturbances, to ACRRM within two days using the Incident Report.

Under no circumstances are invigilators permitted to use their mobile phone for calls unrelated to the examination during the examination process.

Checklist for candidates

- read the StAMPS Process, Rules and Regulations;
- source a suitable examination venue;
- ensure that the videoconference unit to be used at the nominated venue meets the minimum IT requirements;
- source a suitable examination invigilator;
- Ensure that the following documentation is submitted by the dates specified:
  - StAMPS Arrangements Form;
  - Assessment Code of Conduct (from the candidate and invigilator); and
  - take the Community Profile and Rotation Plan to the examination.

StAMPS grades and marking

The grade is determined by the number of overall borderline and unsatisfactory marks awarded by the examiners. Candidates require seven "satisfactory" overall in the eight scenarios to be assured of passing.

Each candidate's performance is recorded to assist in the marking process and for quality assurance purposes.

Upon the finalising of results, a recommendation is presented to the ACRRM Board of Examiners to ratify all results and determine any remediation that is required in the event that a Fail grade is awarded.

The only recordable grades are Pass or Fail. A StAMPS Candidate Report will be made available to provide more information on performance.

Once available, results are uploaded to the "My Documents" section, in a candidates "My College" dashboard, accessible from the ACRRM website. Candidates will receive an email once results are uploaded.

Feedback

Candidates who attain a Fail grade will be provided with brief written feedback on areas for improvement.

Please note that the ACRRM Assessment team will not enter into any discussions about your performance in the examination.

Remediation

Candidates who attain a Fail grade will be required to re-attempt the StAMPS. ACRRM reserves the right to specify an intervening period of remediation, as determined by the College, prior to re-attempting the examination. Candidates are permitted three attempts at StAMPS.

Candidates who do not obtain a pass grade after three attempts in an assessment modality will be reviewed and a determination made if they are able to reattempt following a period of remediation. This process is described in the Candidate Review Policy, available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy

Candidates who attain a Fail grade and who, through the recognition of prior learning process had previously been exempted from training and/or other assessments, may be required to undertake further training and/or previously exempted assessments.

8. The Procedural Skills Logbook

Introduction

The ACRRM Procedural Skills Logbook provides a structured and objective assessment of the candidate's key psychomotor procedural skills at the level of competency required for independent rural and remote practice.

The Logbook contains those procedural items that are defined as 'Essential skills' in the ACRRM Primary Curriculum, these are required of all Fellows of ACRRM regardless of their areas of special interest.

Certification of competency in all skills is a prerequisite for those applying for Fellowship of the College.

An electronic version of the Logbook is available on the "My Training Portfolio" section on a candidates "My College" dashboard, accessible from the college website. Each candidate is also provided with the option to receive a hard bound printed Logbook upon enrolment into training or earlier upon request. Candidates have the option of using either the hard copy or electronic Logbook. A copy of the Procedural Skills Logbook is also available on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/logging-procedures-performed

Completion of an additional procedural skills logbook may be a mandatory requirement for an AST post, such as emergency medicine and surgery.

When to commence the logbook

Logbook entries may begin at any point in the candidate's training cycle or during the 12 months prior to enrolling as a candidate.

Medical students in their final two years are also able to commence having some procedures certified during a rural clinical school placement, as follows:

- oropharyngeal airway;
- intravenous access;
- spirometry and peak flow measurement;
- nasogastric tube insertion;
- perform Glasgow coma scale;
- local anaesthesia;
- fracture plaster case;
- use ophthalmoscope;
- urethral catheterisation on male;
- urethral catheterisation on female; and
- perform foetal heart sound detection.

Process for completing the logbook

The certifier must have personally observed the candidate perform the procedure or personally observed the outcome of the procedure performed. An example of the latter would include the receiving Emergency Department consultant examining a patient who has undergone an emergency retrieval and who has had a chest tube inserted by the candidate at another location. Even though the consultant was not present when the tube was inserted, he/she would be able to ascertain whether the procedure had been correctly performed.

When each individual item is successfully performed in a safe, competent, professional and ethical manner, the certifier (i.e. the person who actually witnessed the candidate complete the procedure) or candidate can complete the relevant certification documentation.

The 'certifier' refers to the person immediately responsible for the actions of the candidate to ensure patient safety. The minimum qualification for performing the role of a certifier in the logbook is a registered medical practitioner at the rank of senior candidate or equivalent. Where possible, the certifier should hold a Fellowship or other appropriate postgraduate qualification in the relevant discipline. The certifier of a procedure is not necessarily the candidate's day to day supervisor or principal supervisor.

ACRRM acknowledges that there are times when a procedure is undertaken and witnessed but the logbook (hard copy or electronic) is not accessible. A procedure will be accepted as certified if either:

- the procedure is signed off by a certifier; or
- sufficient information is recorded about the location and the certifier to allow ACRRM to verify that the procedure was certified.

Across the specified items there are four different levels of minimum competency that are required to be satisfied to qualify for certification. In decreasing level of complexity they are:

a) Performed to the standard of an independent practitioner on a real patient and not just in a simulated environment.
b) Performed to a Pass standard in a certified course in a simulated environment.
c) Performed under supervision to the standard of a practitioner working under supervision.
d) Assisted an experienced practitioner performing the task.

Each item has a defined minimum level of competency that must be met before the certifier can assign competency. A higher level of competency is also acceptable e.g. a candidate appropriately performs a specified task to the standard of an independent practitioner on a real patient when only simulation is required, is eligible for the certifier to sign that competency has been achieved.

Regulations

1. Satisfactory completion of the logbook is a mandatory requirement for award of FACRRM for candidates who commenced training in 2009 or later. This requirement also applies to AGPT/RVTS candidates who commenced FRACGP training in 2009 or later and then subsequently enrolled in FACRRM.
2. Changes in 2014, the following procedures have been removed from the logbook and are no longer required for completion of training (this applies to all candidates): gastric

lavage, spinal manipulation, spinal injection trigger points, spinal dry needling, spinal therapeutic ultrasound, excision of skin lesion on a child and chalazion curettage.

The following procedures are required to be certified for candidates commencing training from 2014: insert implanon and dermoscopy - Level A, peripheral line Seldinger - Level B, unlocking temporomandibular and knee joint and ascitic tap - Level C.

3. The candidate is wholly responsible for maintaining their logbook including ensuring each entry is accurate, up-to-date and that appropriate measures are taken in case of loss of the original document. The latter requires the candidate to perform regular backup through photocopying or digital scanning.
4. The candidate is required to present their logbook to either their principal supervisor or medical educator for inspection at least every six months, who will then complete the 'Record of Discussion and Review of Logbook' Section. The training supervisor and/or medical educator will be required to note whether progress has occurred in their report to the accredited training organisation.

Final Submission of the Logbook

The candidate is required to forward to ACRRM the entire original logbook for inspection once all procedural items have been assessed as completed or notify that the electronic logbook is ready for inspection. If certification has not been gained for specific items a letter of explanation must accompany the logbook. The Censor will determine if the logbook meets the criteria for completion.

Procedural Skills Logbooks submitted for completion of training will be audited if there are concerns about the accuracy of the logbook. The original hardcopy logbook will be returned to the candidate.

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