

acrrm

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**Assessment
Handbook**
for
**Fellowship
Training**



Australian College of
Rural and Remote Medicine

Published by

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Applicability of the Content of this Handbook

The information contained in this handbook only applies to the year in which the assessment item is undertaken by the registrar, not the year of enrolment. While every effort has been made to ensure the accuracy of the content of this handbook, ACRRM reserves the right to introduce changes at any time. Registrars already enrolled in the affected assessment modality will be notified of any relevant change.

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SECTION A: Overall Processes

Chapter 1: The ACRRM Approach to Assessment

Introduction

The ACRRM assessment process has been designed to provide registrars with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflects the educational outcomes of the training program, and is relevant to the rural and remote context.

Philosophical Underpinnings

ACRRM views assessment as an ongoing and integral part of the learning process that is developmental in nature, assists learners in identifying and understanding their strengths and weaknesses, provides guidance for seeking additional assistance, and enables registrars to become competent, confident and, most importantly, safe medical practitioners in their provision of health care to the public. The two key core principles are that the content of examinations is developed by clinically active rural and remote medical practitioners, and that registrars participate in the examinations within the locality where they live and work, to prevent depopulating rural and remote Australia of their medical workforce (registrars 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 Chief Examiner, the Assessment Committee and support from the membership. College Fellows make a commendable contribution to assessment activities. The Assessment Coordinator is responsible, under the direction of the Chief Examiner, for the coordination of summative assessment, including annual retreats 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 Curriculum*, ensuring that it comprehensively reflects the educational objectives of the training program. Both training and assessment are integrally linked to the educational objectives as outlined in the ACRRM curriculum, which is the primary structure to which all education processes are aligned. Hence the educational objectives of the primary curriculum training program are directly matched against the seven domains and 72 learning outcomes in the primary curriculum. These provide a description of the core knowledge, skills and attitudes that all rural doctors require. The ACRRM assessment process is similarly directly aligned with the curriculum creating a parallel path and vertically integrated structure from the curriculum through training and then through assessment.

List of Assessment Modalities

Formative – for the purpose of feedback and personal development

- Portfolio
- Multi Source Feedback (MSF)
- mini Clinical Evaluation Exercise (miniCEX)

Summative – count towards final marks for purposes of certification

- Portfolio
- Procedural Skills Logbook
- Multi Source Feedback (MSF)
- mini Clinical Evaluation Exercise (miniCEX)
- Multiple Choice Question (MCQ) Examination
- Structured Scenarios using Multiple Patient Scenarios (StAMPS)

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

Programmatic Approach

A core feature of the ACRRM assessment process is the 'programmatic approach' e.g. the 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 standardized approach, and the miniCEX which provides an assessment of the registrar's clinical practice in their own milieu. Each examination has proven validity and reliability, but each measures a different aspect of the registrar's clinical skills. Similarly, the MSF and the miniCEX measure different attributes of the registrar's professional behaviour, one as perceived by patients and colleagues and the other through direct examiner observation. As each measures different aspects of the registrar'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 registrar has the requisite knowledge, skills and attitudes as expressed through the educational objectives of the training program, each registrar is required to achieve a minimum of a Pass grade in each of the five summative assessment modalities, instead of simply summing the five 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 outcomes against the assessment modalities. Hence, the sum of the assessment modalities ensures that each learning outcome is assessed at least once during the four year program, although each individual modality only measures learning outcomes 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 Millers Pyramid (Figure 1), so that registrars are required to demonstrate that they 'know', the second that they 'know how', the third that they can 'show how', and finally, what the registrar actually 'does' in the workplace.

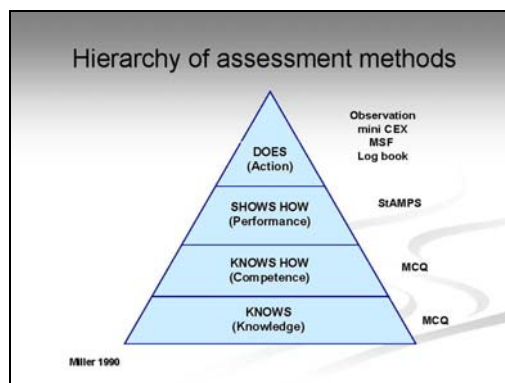


Figure1

Alignment with the Training Program

The ACRRM policy for ongoing evaluation of assessment modalities includes consideration of the educational impact of the assessment on registrar learning. Awareness of the temptation for assessment to drive learning in registrars, the ACRRM approach is to align the assessment processes with the learning aims and objectives to further encourage a healthy approach to learning. The aims and objectives of the education program are readily cross referenced against the assessment modalities as detailed in Table 1.

Table 1: Cross Referencing the Aim and Objective of the Training Program with the Assessment Modalities		
Aims and Objectives of the Training Program		Related Assessment Modality
Primary Aims	Produce Fellows who can function as safe, confident, independent doctors, capable of working in a variety of health care settings in both rural and remote and urban Australia.	Combination of all Assessment Modalities
	Attain Fellowship of ACRRM by successfully completing the ACRRM Assessment Program and completion of training requirements	Combination of all Assessment Modalities
	Demonstrate readiness to maintain competency after Fellowship through professional development activities	Formative MSF, Summative MSF, Portfolio
Primary Objectives	Acquire the skills, knowledge and behaviours which facilitate safe, independent and comprehensive medical practice in the discipline of Rural and Remote Medicine:	Combination of all Assessment Modalities
	Working in settings which provide exposure to a broad and comprehensive range of experiences relevant to the practice of the Rural Medical Generalist	Portfolio, Logbook
	Working with and being supervised/mentored by Rural Medical Generalists who are either Fellows of ACRRM or have the equivalent qualifications and experience	Portfolio, Formative MSF, Summative MSF, Logbook
	Working congruently with the scientific basis of Rural and Remote Medicine, including office based, community and general practice	MCQ Examination
	Delivering safe, high quality, cost effective health care within the Australian Health System;	Formative miniCEX, Summative miniCEX
	Working with health teams and communities	Formative MSF, Summative MSF
	Engaging in self directed and supported educational activity which relates to ACRRM curricula	Portfolio
Aim of Primary Rural and Remote	Progressively build clinical and procedural skills in the rural and remote context. On completion of this training period, the registrar will be able to independently provide comprehensive and continuing care for individuals, families and communities across the primary and secondary care continuum in a rural and remote setting.	Combination of all Assessment Modalities
Aim of Advanced Specialised Training	Provide an opportunity for the registrar to extend skills and knowledge beyond the Primary Curriculum learning outcomes in one specialised discipline area that is relevant to rural and remote practice, to ensure that the rural or remote doctor is able to contribute specialised medical services and work with rural and remote medical colleagues, to ensure that the community is afforded access to a full range of medical services.	Formative MSF, Formative miniCEX, Portfolio, StAMPS (AST)

The alignment between the assessment formats (referred to as modalities in the ACRRM vernacular) and the training program is detailed in Table 2. Of particular note, the programmatic approach allows for repeated formative measurements of the registrar over time. For example, the formative miniCEX is conducted on a regular basis throughout training, allowing the registrar and his/her teachers detailed and structured information about the registrar's progress through his/her training. The summative assessment modalities are also distributed across the four years of the program.

Abbreviated Name	Attributes	Role	Position	Timing	Type	Location
Logbook	Key psychomotor procedural skills	Formative & summative	Primary Training	Ongoing	Practice based	Practice Based
MSF	Interpersonal & professional behaviour and development	Formative & summative	Primary Training (both) & AST (formative)	> Year 3	Practice based	Practice Based
miniCEX	Overall clinical competence	Formative & summative	Primary Training (both) & AST (formative)	> Year 3	Practice based	Practice Based
Portfolio	Professional development & clinical competence & applied clinical knowledge	Formative & summative	Primary Training & AST*	Ongoing	Practice based	Practice Based
MCQ	Recall, reasoning and applied clinical knowledge	Summative (and formative practice exam)	Primary Training	> Year 2	External	Registrar's Community
StAMPS	Higher order clinical reasoning	Summative (and formative practice exam)	Primary Training	Primary training: after all other modalities passed	External	Registrar's Community
StAMPS (AST)	Higher order clinical reasoning	Summative	AST*	Towards the end of the AST year	External	Registrar's Community

*AST summative assessment requirements varies across the range of topic areas available

Assessment Modalities are Interdependent

As assessment is unfolding across the four years of the training program, the enrolment for summative assessment and fee schedule designates that each of the five items are considered separately, rather than packaged together as a single examination unit. This reflects the need for registrars to view their learning as evolving across time in line with the educational program, and that different knowledge, skill and attitude attributes are developed at different stages of the program rather than 'as one'. However, successful completion of the summative assessment

program requires registrars to have attained a Pass grade in all five summative assessment modalities, rather than an overall Pass on an aggregated score.

The summative assessments used in the AST vary across the topic areas available for registrars to choose from. However, these are drawn from the five modalities used in the primary curriculum, except for those that already have formal credentialed external examinations e.g. obstetric training will continue to use the DRANZCOG examination, and anaesthetic training will continue to use the JCCA examination.

Hence 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. In line with the ACRRM training program's flexible attitude, the assessment modalities can be attempted when the registrar wishes (as long as they have completed the prescribed period of training), with the sole exceptions of the primary training StAMPS, which must be completed after all other primary training summative assessment has been passed and, where required, the AST StAMPS attempted, at the earliest, in the late phase of the AST year. However, there is no requirement to complete the entire primary training summative assessment before the AST year, as this is not a prerequisite.

Scoring and Grading of Assessment

Each of the five summative assessment modalities are graded on a pass/fail basis and registrars are required to score a Pass grade in each of these. For each modality, registrars will also be provided with feedback on their performance through detailed additional information, which will include their score. For those registrars that fail any assessment modality, ACRRM offers a teleconference session with a medical educator to assist in the interpretation of the results and planning remediation.

ACRRM has a series of policies in place for formal ongoing evaluation of the assessment process to ensure fairness and equity for all participants. ACRRM regularly conducts evaluations of all assessment processes, offering registrars, examiners, invigilators, writers and editors the opportunity to provide anonymous feedback through an online secure market research tool licensed to ACRRM (except for the MSF, where the evaluations are conducted in partnership with Client Focussed Evaluation Programs). 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. Oversight of all aspects of the assessment process is also provided by the Assessment Committee. This duly constituted committee reporting to the Censor's Committee provides an overview of the processes independent of the implementation group.

ACRRM formally evaluates the validity and reliability of each assessment modality on an ongoing basis according to the policy statement. The MCQ and StAMPS examinations have formal statistical testing after each examination episode using standard statistical methodology. ACRRM has a detailed policy for standard setting and definition of the cut point between pass and fail in each of the summative assessment modalities.

The summative MSF assessment modality is performed under licence by CFEP, an international organisation with extensive experience and expertise in this field. The cut point for pass/fail grades are calculated from the extensive international normative value database held by this organisation. This will be moving to an ACRRM specific normative reference standard in the future.

Standard setting for the summative miniCEX assessment is focussed around examiner training, based on the modified Rothman method based on global judgements of borderline registrars made during the test.

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 registrars'. 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 assessment is focussed around examiner training, based on the modified Rothman method based on global judgements of borderline registrars made during the test. Examiner training utilises a mixture of distance based and face-to-face techniques.

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

The Annual ACRRM Assessment Prize

From 2010, ACRRM will award an annual prize to the registrar with the highest aggregate score across the MSF (25%), miniCEX (25%), MCQ (25%) and StAMPS (25%).

Eligibility criteria:

- Successfully completed with a Pass grade each of the four assessments within the previous five years;
- Successfully completed the StAMPS examination with a Pass grade in either semester two the year before or semester one in the current year; and
- Not received a Fail grade for any summative assessment.

The winning registrar will be presented with the award at the annual conference held late in the calendar year.

Chapter 2: Formative Assessment

ACRRM has a structured approach to formative assessment, utilising the assessment modalities of the Procedural Skills Logbook, miniCEX and MSF. The Logbook is an ongoing process that begins on or even prior to commencing training with ACRRM. Although completion is a summative prerequisite, the requirement of regular supervisor review of the Logbook triggers formative discussion and reflection on progress. Hence, registrars who are lagging behind in the progressive attainment of psychomotor skills are identified early, allowing appropriate inquiry as to the causes and timely intervention where required.

Formative MSF and the miniCEX are undertaken across the four years of the program. The miniCEX is a well-recognised valid and reliable method of simultaneously observing and assessing the clinical skills of registrars, and then being able to use this information to provide immediate and structured feedback on their performance. Similarly, the MSF is a well recognised valid and reliable method of assessing interpersonal and professional behaviour and development. The ACRRM MSF modality provides a detailed 32-page report that includes qualitative and quantitative results, as well as comparison with international normative values. This level of detail greatly assists in structured feedback to the registrar and informing remediation when required.

It is in the registrar's interest to use the ACRRM structured formative tools, as this will greatly assist in familiarity with the modalities and hence with examination preparation. ACRRM encourages the registrar to use the formative miniCEX process and associated paperwork (which is freely available on the ACRRM website at www.acrrm.org.au/assessment on a regular basis. The person providing feedback can be anyone the registrar chooses and is not limited to the formal supervisor. To assist both registrars and those providing feedback through the miniCEX, ACRRM will be releasing an online training module in early 2010. This will be freely available from the ACRRM website at www.acrrm.org.au/assessment.

At present there are no formal minimum numbers required of either the formative MSF or formative miniCEX, although this may change in the future.

Feedback to Supervisors

Upon enrolment, each registrar signs a *Declaration* incorporating a statement to provide authority for ACRRM to share a registrar's summative assessment results with their supervisors and local managers of their training (e.g. Regional Training Provider, Remote Vocational Training Scheme or ACRRM Independent Pathway). This ensures that there is a clear path for all levels of their training and assessment providers to be aware of their ongoing progress throughout their training, and hence allows for a co-ordinated approach to remediation where this is required. ACRRM plays a key role in facilitating and supervising this process to ensure that registrar's needs are addressed in a timely and appropriate fashion. The ongoing and longitudinal nature of the formative assessment processes assists in formally monitoring progress with any remedial programs that have been implemented.

Early Identification of Registrars Who Are Under Performing

The ACRRM assessment approach maintains a commitment to a balance of formative assessment for feedback purposes and summative assessment to determine progression. Structured formative assessment is provided through two paths:

- (a) Formalised formative assessments
- (b) Detailed feedback from summative assessments

This process ensures a consistent approach is used. Registrars have opportunities to gain experience in assessment methods formatively before they experience them in a summative mode. The programmatic approach as detailed above directly lends itself to the early identification

of registrars who are under performing. The results of formative and summative assessment directly inform ongoing training on a regular, ongoing basis with information being provided to the supervisor, education coordinator and mentors. This occurs both in the context of the mentoring/apprenticeship model of training and also within the context of the Portfolio's ongoing, longitudinal educational interaction between educational supervisors and registrars. As formative assessment is undertaken progressively throughout the program including in year one, there are ample opportunities to formally evaluate each registrar's performance across the range of knowledge, skills and attitudes.

The results of formative and summative assessment are shared across all levels of the registrar's training and assessment providers (as detailed below). This vertically integrated structure facilitates a co-ordinated approach between all levels of the education program in the early identification of registrars who require educational assistance and for the creation of tailor made remediation programs that target specific areas of identified weaknesses.

Chapter 3: Enrolling for Summative Assessment

Enrolling for Summative Assessment (Primary Rural and Remote Training)

The *Assessment Enrolment Application Form* is available on the ACRRM website at www.acrrm.org.au/assessment.

Each assessment modality is enrolled and paid for separately. Eligibility criteria must be satisfied before enrolment will be accepted (see below). The price for each modality is reviewed annually, aiming for a cost neutral approach where the cost to the registrar matches the cost of delivering the assessment. Note that as the assessment is delivered to the registrar's home locality, the travel and locum cover costs that registrars would otherwise incur to travel to distant examination centres are avoided.

The miniCEX fee is based on the average actual cost of delivering the assessment in the registrar's own clinical environment and is designed to avoid disadvantaging those who work in the more rural or remote environments. Registrars are required to enrol in the miniCEX assessment by a set cut off date each semester, to enable geographical clustering of registrars. This process facilitates individual examiners in visiting two or more registrars on the same trip and hence minimising travel costs per registrar. This helps to keep the cost of the summative miniCEX as low as possible. However, for those who wish to participate while working in the most remote locations, ACRRM may have to charge an additional fee to cover the actual travel costs of the examiner. For this reason, registrars are encouraged to participate in the summative miniCEX while working in less remote locations where possible.

The miniCEX, MCQ and StAMPS require additional information at the time of enrolment. This is to assist ACRRM in sourcing an examiner for the miniCEX, and to assist the registrar in sourcing a suitable venue and invigilators for the MCQ and StAMPS. Sourcing venues and invigilators for the MCQ and StAMPS is ultimately the responsibility of the registrar. However, ACRRM will endeavour to work with a registrar to ensure that the MCQ or StAMPS examination can be undertaken as closely as possible to the preferred location, but reserves the right to require the registrar to travel to a suitable venue if required. Such travel will be at the registrar's expense.

Sitting Examinations in Another Country

ACRRM does have provisions in place for those registrars who wish to undertake examinations outside of Australia. The MCQ and StAMPS examinations can be completed offshore subject to appropriate invigilation and technical requirements being met, with the registrar meeting any additional costs (e.g. videoconference line charges to Australia). While New Zealand has the same requirements as Australia for invigilation, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices). The miniCEX can be completed offshore only where there is a clinical environment comparable to Australian rural and remote practice (e.g. New Zealand, other countries with an advanced economy and similar medical services, medical services for Australian soldiers, embassy staff, Western expatriate workers and their families), and the examiner is a Fellow of ACRRM and has Vocational Recognition (or equivalent). The MSF colleague tool can be completed with colleagues who live outside of Australia, subject to their having verifiable bona fides and email addresses. The MSF patient tool can only be completed in an environment that would be acceptable for the miniCEX.

In all cases, registrars who wish to sit the examination offshore must contact the office for further advice before finalising enrolment.

Note that regardless of the location where the registrar undertakes the MSF or miniCEX examination, the content and standard are always that pertaining to Australia, while acknowledging that the local context may be different.

Eligibility for Enrolment

All registrars must meet the following criteria to enrol in any component of ACRRM assessment:

- Be enrolled as an ACRRM registrar in ACRRM's Independent Pathway (IP), the Vocational Preparation Pathway (VPP), or the Remote Vocational Training Scheme (RVTS); and
- Have up-to-date registration with an Australian Medical Board.

ACRRM registrars (enrolled in the IP/VPP/RVTS pathways) must have completed:

- One year of ACRRM training (e.g. in year 2, 3 or 4 of training) or have received sufficient recognition of prior learning (RPL) prior to attempting MCQ;
- Two years of ACRRM training (e.g. in year 3 or 4 of training) or have received sufficient recognition of prior learning (RPL) prior to attempting summative MSF and summative miniCEX; and
- All other components of ACRRM assessment (e.g. MCQ, MSF, miniCEX and the ACRRM Procedural Skills Logbook) must be completed prior to attempting StAMPS.

Please note that registrars are not able to undertake miniCEX for primary training assessment whilst undertaking an AST year.

Note that all registrars are advised to consider whether they are ready to participate in each assessment modality before enrolling, and, in particular, to discuss this with their supervisors and/or mentors. Items to especially consider include:

1. The MCQ examination covers the broad scope of rural and remote practice including office and hospital based care, as well as emergency medicine, population health and Aboriginal and Torres Strait Islander health. Those registrars who practice in one focal clinical discipline or those without office based rural/remote office based practice experience will find the examination particularly difficult.
2. As the miniCEX is conducted in the registrar's own practice, it is advised that registrars are familiar and comfortable with their clinical surroundings before attempting this assessment item.
3. All registrars are advised not to undertake any assessment modality unless they are appropriately prepared and sufficiently familiar with both the processes and associated examination techniques required for the assessment modality, as well as the content that will be measured. Hence ACRRM strongly recommends that all registrars 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, etc.
4. Similarly, ACRRM strongly discourages registrars who have failed an assessment modality from simply re-enrolling without undergoing some form of structured remediation program.

Flexibility

The assessment process has an inherent degree of flexibility with multiple pathways, flexible timing, and options for registrars that are practice based, or modular, reflecting the varied learning styles and progress of registrars. In particular, as the assessment is modular in design, it is easily adaptable for registrars who participate in the education program on a part-time basis or who require a period of away due to parenthood, sickness or other reasons. For example, as the order of most of the assessment modalities is flexible, registrars could attempt and complete their practice based assessment while still in clinical practice in the earlier stages of pregnancy, 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 registrar to be in active clinical practice at the time of sitting the MCQ or StAMPS. Similarly, registrars who are part-time in the education program may

find that spacing their assessment modalities allows them to space their learning and study programs, removing their requirement to temporarily move to full-time in the study period in the run up to a traditional grouped together style of assessment.

Number of Times Each Assessment Modality can be Attempted

Each assessment modality can only be attempted a set number of times.

- MCQ can be attempted three times;
- Summative MSF can be attempted three times;
- Summative miniCEX can be attempted three times; and
- StAMPS can be attempted twice.

Any registrar who fails an assessment the number of times listed here will be referred to an ACRRM Registrar Review Panel for consideration of appropriate action.

Policy on Disability

ACRRM has a formal disability policy that applies to all registrars and assessment registrars. This policy states that all registrars have the right to expect that:

- a) They will be treated with due respect and dignity;
- b) They will be able to participate in the assessment process free from discrimination and harassment;
- c) ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- d) Confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of registrars include:

- a) Being proactive in advising College staff and relevant Fellows of their disability;
- b) Verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- c) Discuss their specific requirements and share responsibility in negotiating solutions; and
- d) Advising College staff and relevant Fellows of any changes to the nature or status of their disability. The policy is located in the Appendix 4.

Code of Conduct

ACRRM has implemented a comprehensive *Assessment Code of Conduct* for all participants in the assessment process. The key foundations are respect for people, integrity, diligence, and economy and efficiency. The code is based on the Queensland Public Sectors Ethics Act 1994 and the Queensland Health Code of Conduct March 2006. The *Assessment Code of Conduct* is detailed in the Appendix 3.

Appeals

ACRRM has a formal policy for appealing against the grade awarded at any examination. Please note that appeals can only be lodged on the grounds of an alleged breach of process and not the content of the actual examination questions. The policy is detailed in the Appendix 5.

Preparing For Assessment

Registrars are strongly advised to consult the *ACRRM Primary Curriculum* when planning their examination study program. In particular, registrars should consider the *ACRRM Assessment Blueprint* that details which of the assessment modalities examines each of the learning outcomes. The standard expected is that of a fully qualified rural doctor working without supervision.

Registrars are strongly advised to familiarise themselves with the format of each assessment modality. ACRRM strongly recommends that the registrar have experience with the formative MSF and miniCEX, before attempting the summative MSF and miniCEX, as this will provide an invaluable guide to both the process and content of each of these modalities.

Recommended Reading List

The ACRRM assessment process is designed to ensure that clinical experience remains the principle 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 'reading list' of printed and electronic material 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 curriculum *Recommended Reading List* is in the Appendix 6: AST reading lists are located in their respective curriculum documents.

The Health Needs of Aboriginal and Torres Strait Island Peoples

Up to 15% of the content of the MCQ and StAMPS may be directly related to the health needs of Aboriginal and Torres Strait Island peoples. All registrars are strongly advised to consider this in their preparation for examinations. Registrars 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.

SECTION B: Primary Curriculum Assessment Modalities

Chapter 4: Portfolio

The Portfolio has two separate components: a collection of discrete educational activities that are provided in modular format by ACRRM or other external providers, and the ongoing, longitudinal educational interaction between educational supervisors and registrars.

4a: Prescribed Courses

Prescribed Emergency Medicine Courses

The number and type of courses required for completion of training are defined by the ACRRM Emergency Medicine Course Requirements (Vocational Training) Policy (provided at www.acrrm.org.au/vocational-training).

1. Purpose

ACRRM requires all registrars to attain comprehensive skills and competencies in emergency medicine that will allow individuals to lead and manage emergency care in a rural or remote setting.

The specific learning outcomes relating to emergency medicine are outlined in the *ACRRM Primary Curriculum*. They include that registrars be able to competently:

1. Undertake initial assessment and triage of patients with acute or life threatening conditions;
2. Stabilise critically ill patients and provide primary and secondary care;
3. Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and available services;
4. Perform required emergency procedures;
5. Arrange and/or perform emergency patient transport or evacuation when needed;
6. Demonstrate resourcefulness in knowing how to access and use available resources;
7. Communicate effectively at a distance with consulting or receiving clinical personnel;
8. Participate in disaster planning and implementation of disaster plans, and post incident analysis and debriefing; and
9. Provide inter-professional team leadership in emergency care that includes quality assurance and risk management assessment in the rural and remote setting.

Although registrars may use a wide range of methods to obtain the requisite skills, knowledge and experience in emergency medicine, ACRRM does specifically require individuals to successfully complete a minimum of two* approved emergency medicine courses as a mandatory part of their training regime (*specific details outlined in Registrar Requirements below) . The purpose of attendance at emergency medicine courses is to augment training posts and other education with an intensive period of skills development and independent assessment of key competencies.

This policy outlines the standards and accreditation process for approval of such emergency medicine courses.

2. Related Documentation

- The ACRRM Primary Curriculum; and
- The ACRRM Vocational Training Handbook.

(Provided at www.acrrm.org.au/vocational-training).

3. Classification of Emergency Medicine Courses

ACRRM will assess and accredit courses for the purpose of meeting the vocational training Emergency Medicine Course requirements on the basis that they meet one of the following sets of criteria:

Tier 1 courses will be:

1. Highly relevant emergency medicine content applicable in a rural context;
2. Not less than 12 hours duration over two days;
3. Rigorously assessed using MCQ, skills station and scenario assessment; and
4. Recognised at national or international level.

Tier 2 courses will be:

1. Highly relevant emergency medicine content applicable in a rural context;
2. Not less than eight hours duration or one day;
3. Taught using interactive learning techniques, including simulation; and
4. Recognised at state or national level.

4. Registrar Requirements

Registrars enrolling in ACRRM vocational training from 2009 onwards must successfully complete **either** two accredited Tier 1 courses **or** one accredited Tier 1 course and two accredited Tier 2 courses. Registrars who enrolled in ACRRM vocational training prior to 2009 must successfully complete two emergency courses, preferably from the Tier 1 accredited group, but individual cases may be assessed on their merits.

5. Accreditation of Courses

Applications for accreditation of emergency medicine courses must be made in writing to the College and include comprehensive information on:

- Course content;
- Duration and program format;
- Teaching methods;
- Assessment requirements and techniques; and
- Level of national or international recognition. International recognition is defined as the identical course content, duration, and teaching and assessment methods used for the same course in other countries, e.g. The Early Management of Severe Trauma course.

Applications will be assessed and classified by the ACRRM Vocational Training Committee. Appeals against outcomes can be made in writing to the ACRRM College Censor. A list of accredited courses and their classifications will be circulated to Training Providers. These will also be available on the College website (see Vocational Training). Accredited courses will be reviewed annually to ensure they continue to meet the required standards.

6. Retrospective Approval of Courses

The ACRRM Censor may award retrospective approval of emergency medicine courses attended by registrars prior to their enrolment in the ACRRM vocational training program.

Prescribed Other Courses

All registrars are required to complete at least four educational modules provided on RRMEO at www.rrmeo.com.

4b: Supervisor/Registrar Interaction

Supervisor/Registrar Interaction

The regular interaction between the registrar, their supervisor and other members of their learning environment is a key source of formative feedback and a crucial element of effective training. There is no formal ACRRM requirement for this interaction to be documented in a verifiable manner in the primary curriculum training, but it is in the registrar's best interests for this process to be conducted in a regular and meaningful way.

Note that in some of the AST programs, there is a requirement for the supervisor to provide a report documenting the scope and nature of the registrar's clinical experience and training. Hence in these programs, the supervisor will be reporting on the nature and substance of the supervisor/registrar interactions.

Chapter 5: Multi Source Feedback

The Multi Source Feedback (MSF) assesses each registrar's interpersonal and professional behaviour and development.

Setting

The MSF incorporates practice-based assessment through an internationally validated and reliable tool. The MSF is conducted for ACRRM under licence by Client Focused Evaluations Program (CFEP), an international organisation with extensive experience and expertise in this field. The MSF consists of two key components; a colleague assessment tool and a patient assessment tool. The former involves a questionnaire sent out to 15 people (including doctors, other health care professionals, other work colleagues such as managerial or administrative staff), while the latter requires 25 patients (reduced from 50 in February 2010) to complete an anonymous questionnaire. In all there are 32 items measured (12 patient and 20 colleague).

Formative MSF

The colleague and/or patient tool can be completed as a formative process at any stage during the training program, and can be repeated more than once if so desired. ACRRM strongly recommends that registrars complete the formative MSF before submitting for the summative MSF, as this allows for the detailed formative MSF feedback to inform registrar knowledge, skills and attitudes which will increase the likelihood of achieving a Pass grade in the summative MSF.

The formative MSF is available for registrars to arrange and undertake at a time of their choosing in accordance with the rules and regulations of their training provider or by contacting CFEP direct on 07 3855 2093 or email cfep@bigpond.net.au.

Summative MSF

Summative MSF consists of three components; colleague feedback, patient feedback and an on-line self-assessment.

Upon enrolment, CFEP will email the registrar and request the names and email addresses of 15+ colleagues. Note that the email addresses must be independently verifiable by ACRRM and CFEP and that generic email addresses (e.g. hotmail, gmail, etc.) will not be allowed. They will be emailed on the registrar's behalf by CFEP and, if they agree to participate, provided with the relevant questionnaire where they will be asked to score the registrar in 20* different areas, including a provision for qualitative comments.

CFEP will also email the registrar with a website address and a password to access the on-line self-assessment.

The registrar will be posted 25 patient questionnaires from CFEP with detailed instructions on how best to arrange patient participation in an anonymous and ethical fashion. Each patient is asked to score the registrar in 12 different areas, including a provision for qualitative comments. All results are then processed by CFEP. The registrar receives a detailed 32-page report, including a comparison of results against international benchmarks.

Registrars can enrol in the summative MSF after successfully completing 24 months of training.

Summative MSF: Requirements

Registrars must have completed the entire process within four months of the date of enrolment. Please note that this may be extended in extenuating circumstances subject to ACRRM receiving

from the registrar a written and verifiable statement of the reasons, prior to the expiration of the four-month deadline. Note that the summative MSF can only be conducted prospectively and formative data obtained through CFEP or another organisation cannot be submitted in lieu.

Summative MSF: Special Circumstances

ACRRM acknowledges that certain environments may create particular difficulties for registrars. These include Aboriginal Medical Services, anaesthetics and emergency departments for the patient tool, and those working predominantly in administration for the colleague tool. Registrars whose MSF will be conducted in these environments are advised to contact the assessment office, before finalising their enrolment and may be advised to apply in writing to apply for consideration of extenuating circumstances. These applications will be considered on a case-by-case basis.

Summative MSF: Grades and Scoring

Registrars are graded and scored in two categories: communication/professional skills and clinical skills. As with all ACRRM summative assessment, the only recordable grades are Pass or Fail. In order to provide feedback to registrars, ACRRM also provides qualitative and quantitative data to assist registrars in their ongoing learning. The summative MSF is marked against normative data held by CFEP and is based on the reported *quartile data* for each of the 31* reporting categories. The detailed scoring system is provided to each registrar with their grade and scores.

Summative MSF: Remediation

Registrars who score a Fail grade in either category of the MSF will normally be required to re-attempt the MSF after an intervening period of remediation as determined by ACRRM. Those registrars who score a Fail grade and received an exemption from any modality of the summative assessment under the recognition of prior learning process, may be required to undertake one or more of the previously exempted modalities.

Ongoing Development

The normative data currently used for scoring MSF is based on pooled data from both the UK and Australia, and is not specific to the Australian rural and remote medicine context. Data that has been collected by CFEP on behalf of ACRRM will be used as the normative standard when there is sufficient data to satisfy standard statistical protocols. The normative standard will be based on registrars going through one of the three training pathways.

*In order to assist in the MSF specificity for rural and remote medical practice, in 2009 an additional category of 'Rural and Remote Context' was included. This category will be incorporated into the scoring process once sufficient data has been collected to create a statistically valid and reliable normative reference value.

Chapter 6: Mini Clinical Evaluation Exercise

The mini Clinical Evaluation Exercise (miniCEX) examination assesses overall clinical competence which includes communication skills, history taking, physical examination, clinical judgment, clinical organisation and efficiency. In particular, the summative miniCEX focuses on those areas not measured by other modalities which include core skills in history taking and especially core skills in physical examination.

Formative MiniCEX

The formative miniCEX is available for registrars to arrange and undertake at a time of their choosing. The formative miniCEX can be conducted within the context of their medical educator visit or at the instigation of the registrar with any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior registrar or consultant. In early 2010 an online modular training program will be available to assist registrars and assessors in this process (provided at www.acrrm.org.au/assessment).

Each miniCEX can be conducted as a single episode or consecutively as a series of up to five miniCEX in any one session. Hence it is the registrar's choice whether each miniCEX has the same or different assessors and whether it is conducted in one or multiple locations. In each miniCEX consultation the assessor provides written and oral feedback to the registrar during and after each consultation using a standardised format. These forms are freely available at www.acrrm.org.au/assessment.

Summative MiniCEX: Logistical Considerations

Timing

The examination takes place on a day that is mutually convenient to the registrar and the ACRRM appointed examiner(s). The examination takes approximately three to four hours to complete. In order to expedite a mutually agreeable time, the examiner(s) provide five suggested times and dates in ascending order of preference, spread over a four-week period. Should no date be identified as suitable, the registrar will need to contact the ACRRM Assessment Coordinator for further advice.

Location

The examination is conducted in the registrar's regular clinical environment with non-emergency patients. This is limited to locations which are primarily consultation based, including office-based practice, inpatient care, outpatient care, aged care facilities, and home visits. 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 registrar) of each assessment location, advising that an examination will be taking place. Both the registrar and examiner(s) will be provided with copies.

Number of Clinical Interactions

The examination consists of nine separate patient interactions.

Patients and Patient Consent

As the examination takes place in the registrar's normal clinical working environment, the patients would be part of the registrar's regular patient workload. Patients are to be informed about the examination process and provide written consent of their participation. The registrar is to ensure that this is undertaken in a professional and ethical manner. Failure of the registrar to do so will

result in an automatic Fail grade being awarded. The signed *Patient Consent Form* is to be given to the examiner at the start of each case. A copy of the *Patient Consent Form* must be offered to each participating patient.

Multiple Examiners

The examination may engage up to three examiners. Where there are multiple examiners, the examiners should privately confer after each consultation to award a unified examination score on the *MiniCEX Examination Scoring Book*. One examiner is to be responsible for submitting the completed *MiniCEX Examination Scoring Book* and the *Patient Consent Forms* to the ACRRM Assessment Coordinator. Upon confirmation of receipt from the ACRRM office, the original examination documentation is to be posted to the ACRRM Assessment Coordinator in the Express Post envelope provided.

Summative MiniCEX: Mandatory Requirements - Number of Cases

Nine cases must be seen (increased from five of 10 options in 2010). If there are insufficient patients, then the registrar will be required to perform well person checks on any available staff members to ensure the required number of cases. If less than nine cases are seen, then the registrar will fail the examination. Note that when performing the well person checks, it must be complimentary to the actual patients the registrar has seen. Hence if a registrar has not performed sufficient physical examinations, then the well person check would be concentrated around physical examinations, as dictated by the examiner. Similarly, if physical examinations have not been performed on at least three of the required systems, the examiner will instruct the registrar to perform an examination on one of the systems specified.

Summative MiniCEX: 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).

Summative MiniCEX: Mandatory Requirements - Physical Examination

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

- Cardiovascular;
- Respiratory;
- Abdominal;
- Neurological;
- Endocrine;
- Musculoskeletal (region); or
- Mini-mental state

Level of Complexity

Note that 'Medium Complexity' is the default option to be used unless examiners believe that the case is either significantly less or more complex.

Low: 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: Unlike the low level presentation, this is more complex and may include presentation 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: 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 case is scored against six categories, whose definitions are as follows:

Communication Skills:

Characteristics of a 'satisfactory' registrar in this area may include: the registrar 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 registrar 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 registrar communicates effectively respecting these cultural differences.

History Taking:

Characteristics of a 'satisfactory' registrar in this area may include: the registrar 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' registrar in this area may include: the registrar 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.

Clinical Management/Clinical Judgement:

Characteristics of a 'satisfactory' registrar in this area may include: the registrar makes an appropriate diagnosis; formulates a suitable management plan; selectively orders or performs appropriate diagnostic studies; and considers the risks and benefits to the patient.

Rural and Remote Context/Organisation/Efficiency:

Characteristics of a 'satisfactory' registrar in this area may include: the registrar 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).

Summative MiniCEX: Grades and Scoring

As with all ACRRM summative assessment, the only recordable grades are Pass or Fail. In order to provide feedback to registrars, ACRRM also provides qualitative and quantitative data to assist registrars in their ongoing learning. Each case is weighted according to the level of difficulty (multiply by the complexity factor). The grade is determined by the number of weighted borderline and fail marks awarded by the examiner. The scoring system is provided to each registrar with their grade and scores.

Summative MiniCEX: Overview of Process

1. Eligible registrar submits an *Assessment Enrolment Application Form* to enrol in the summative miniCEX, nominating a preferred examination venue/post for assessment.
2. The Assessment Coordinator confirms in writing the registrar's enrolment in the miniCEX examination. After the enrolment closing date, the registrar is provided with:
 - *MiniCEX Rules and Regulations*;
 - *Assessment Code of Conduct* (to be completed and returned by the date specified if a copy of this has not previously been signed);
 - *MiniCEX Nominated Venue Form* (to be completed and returned by the date specified);
 - *Examination Scoring Sheet* (sample); and
 - *Patient Consent Form* (sample).
3. The Assessment Coordinator sources a suitable examiner(s) and extends an invitation to conduct the miniCEX.
4. Upon acceptance of the invitation, the Assessment Coordinator provides the examiner(s) with the following documents:
 - *MiniCEX Rules and Regulations*;
 - *Assessment Code of Conduct* (to be returned by the date specified if a copy of this has not previously been signed);
 - *Examiner's Suggested Dates* (to be returned by the date specified);
 - *MiniCEX Examination Scoring Book*;
 - *Patient Consent Forms*;
 - *Examination Incident Report*;
 - *ACRRM Travel Expense Claim Form*;
 - *Examiner's Tax Invoice*.
5. The examiner(s) confirms their availability and preferred dates with the Assessment Coordinator. Examiners are not permitted to liaise directly with the registrar to schedule a date and time for the miniCEX.
6. The Assessment Coordinator liaises with the registrar and miniCEX examiner to schedule a mutually agreeable time and date for the miniCEX to be conducted.

7. If additional costs will be incurred in transporting the examiner to the venue (for flights and/or accommodation, extra examiner travel time, etc), the Assessment Coordinator will advise the registrar of such costs.
8. Upon approval of additional costs from the registrar, the Assessment Coordinator will make any necessary bookings and email an invoice for such costs incurred to the registrar. These additional costs are payable within 14 days of the invoice date.
9. The Assessment Coordinator emails the registrar and examiner(s) written confirmation of the venue, date, and time agreed for the examination.
10. The Assessment Coordinator advises in writing the venue(s) where the examination is to be conducted and the arrangements made, e.g. date and time.
11. The miniCEX is conducted.
12. The examiner(s) submits the following completed documentation to the Assessment Coordinator:
 - *MiniCEX Examination Scoring Book*;
 - *Patient Consent Forms*;
 - *Examiner's Tax Invoice*;
 - *ACRRM Travel Expense Claim Form* (if applicable); and
 - *Examination Incident Report* (if applicable).

Summative MiniCEX Rules and Regulations: Roles and Responsibilities of the Registrar

The registrar is responsible for all costs associated with the examination. For registrars who wish to undertake this examination in locations with difficult or expensive access for the examiner(s), an additional fee may be payable. Hence registrars are requested to time their examination for terms when they are in less remote locations. Any additional fee must be paid within 14 days of receiving an invoice from ACRRM.

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

- The registrar must complete and return the *Assessment Code of Conduct* and *MiniCEX Nominated Venue Form* to the Assessment Coordinator by the date specified.
- The registrar is to ensure that there will be nine patients in total present and available to participate in the examination. Note that as some patients may choose not to participate, it is advised to have 10 or 11 patients available. If there are insufficient patients, then the registrar will be required to perform well person checks on any available staff members to ensure the required number of cases. The registrar is advised that they cannot attain a Pass grade if there are less than nine consultations.
- The registrar is to choose appropriate locations for the examination to be conducted, e.g. an equipped consulting room.
- The registrar is to engage in an informed and ethical process for obtaining written consent from patients willing to participate.
- The registrar is not to be on call for emergencies during the examination.
- It is the registrar'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 registrar will be advised to take a more in-depth/comprehensive approach.

Summative MiniCEX Rules and Regulations: Roles and Responsibilities of the Examiner

The primary responsibility of the examiner is to ensure that the registrar 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(s) must complete and return the *Assessment Code of Conduct* (if they have not previously signed a copy) and the *Examiner's Suggested Dates* documentation to the Assessment Coordinator by the date specified.
- 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(s) is/are to send the completed *miniCEX Examination Scoring Book*, together with the *Patient Consent Forms* to the Assessment Coordinator within 24 hours of the completion of the examination by fax or email (scanned copy). Please note that 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 the Assessment Coordinator confirms receipt of the completed *MiniCEX Examination Scoring Book* and the *Patient Consent Forms*, the examiner(s) must post the original examination documentation in the Express envelope provided.
- The examiner submits the completed *Examiner's Tax Invoice* and, where applicable, the examiner's *Travel Expense Claim Form* to the Assessment Coordinator in a timely manner.

Summative MiniCEX: Rules for the Conduct of the Examination

Arrival Time

The registrar and the examiner should arrive at least 15 minutes prior to the scheduled start of the examination, to avoid any delay in commencement.

Initial Process

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

Examination Consultation

The examiner(s) observes but does not participate in the patient interactions. As appropriate to the situation, the registrar is expected to take a history, perform an examination, demonstrate clinical judgement, appropriately manage the issues, especially in the use of resources, and communicate each of the above in an appropriate manner to the patient.

After the patient has left, the examiner(s) should discuss the case with the registrar to further explore the registrar's clinical reasoning and judgement. As this is a summative examination and not a formative teaching session, the examiner(s) is/are not permitted to provide feedback to the registrar unless there are compelling ethical reasons relating to patient safety to do so. The examiner(s) **must not** under any circumstances offer an opinion as to whether the registrar has scored a Pass or Fail grade.

Summative MiniCEX: Conduct of Registrars during the Examination

The registrar is to conduct the consultations as though they are seeing the patient without the examiner(s) being present, other than allowing the examiner(s) to introduce themselves.

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

The registrar 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; or
- Phone 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 registrar could result in a lower score.

Late Arrival of Registrars

Registrars 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(s). Registrars who arrive late will not be permitted any extension of time in which to complete their assessment. A registrar 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 registrar or examiner who has a concern about the management or conduct of the examination should complete an *Examination Incident Report*. Examples of misconduct or other incidents may include:

- An uncooperative registrar 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).

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 registrar), the examiner(s) should:

- Assist the registrar in attempting to fix the situation;
- Consider seeking advice from the ACRRM Assessment Coordinator for the appropriate course of action; and
- Complete an *Examination Incident Report*.

Appeals Policy and Procedure

Please refer to the *ACRRM Appeals Policy* document, which is available at www.acrrm.org.au/assessment.

Chapter 7: The Primary Curriculum Procedural Skills Logbook

The *ACRRM Procedural Skills Logbook* provides a structured and objective assessment of the registrar'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 mandatory skills in the *ACRRM Primary Curriculum*, as these are required of all Fellows of ACRRM regardless of their areas of special interest. Certification of additional procedural skills may be a mandatory requirement for each of the AST posts and are documented in those course-specific logbooks located elsewhere. The complete *Logbook* can be downloaded at www.acrrm.org.au/assessment).

Content

The key topic areas covered by the *Logbook* include:

- Urgent/emergency care including:
 - Resuscitation;
 - Airway, breathing and circulation support;
 - Trauma; and
 - Newborn.
- Diagnostic imaging;
- ENT;
- Musculoskeletal;
- Neurology;
- Ophthalmology;
- Respiratory;
- Skin;
- Obstetrics;
 - Antenatal care;
 - Intrapartum care; and
 - Postnatal care.

Process

Each registrar is provided with a hard bound printed *Logbook* upon enrolment or up to 24 months earlier upon request. The *Logbook* entries may begin at any point in the registrar's training cycle or during the 12 months prior to enrolling as a registrar.

The *Logbook* contains those procedural items that are defined as mandatory skills in the *ACRRM Primary Curriculum*.

Certification of competency in all skills is a prerequisite for those applying for Fellowship of the College. Certification of additional procedural skills may be a mandatory requirement for each of the AST posts and are documented in those course-specific logbooks which are located elsewhere.

When each individual item is successfully performed in a safe, competent, professional and ethical manner, the certifier (e.g. the person who actually witnessed the registrar complete the procedure)

can complete the relevant certification documentation. This must be completed at the same time as the certifier witnessed the performance. All items refer to adults unless otherwise identified.

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; and
- 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 registrar 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.

In this *Logbook*, 'certifier' refers to the person immediately responsible for the actions of the registrar to ensure patient safety. The minimum qualification for performing the role of a supervisor in this *Logbook* is a registered medical practitioner at the rank of senior registrar or equivalent. Where possible, the supervisor should hold a Fellowship or other appropriate postgraduate qualification in the relevant discipline.

Note: the certifier of a procedure is not necessarily the registrar's day to day supervisor or principal supervisor. The certifier must have personally observed the registrar perform the procedure or personally observed the outcome of the procedure so 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 registrar 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.

The obstetric requirement varies from the other curriculum areas. While all registrars are required to demonstrate proficiency in emergency obstetric procedures, ACRRM requires all registrars to also have documented experience of participating in deliveries. Although ACRRM encourages a minimum of 20 deliveries, a minimum of five (simple and/or complex) is mandatory.

Regulations

1. Satisfactory completion of the *Logbook* is a mandatory requirement for award of the FACRRM. Those registrars who are unable to gain certification in any specific item in the *Logbook* for specific reasons can apply to the College Censor in writing for a determination of whether an alternative may be acceptable evidence for that single item.
2. The registrar 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 registrar to perform regular backup through photocopying or digital scanning.
3. The registrar 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 'Six Monthly Certification Form.' The training supervisor and/or medical educator will be required to note whether progress has occurred in their report to the accredited training provider.
4. The registrar is required to forward to ACRRM the entire logbook [photocopy or scanned copy but not the original] for inspection every 12 months. This must include at least one 'Six Monthly Certification Form.' The registrar must maintain their own original and backup copies as the logbook items sent in annually to ACRRM will not be returned.

5. The registrar is required to forward to ACRRM the entire original Logbook for inspection once all procedural items have been assessed as completed. If the *Logbook* meets all the criteria for completion, the 'Certificate of Satisfactory Completion' of the *Logbook* will be signed by the ACRRM staff and the *Logbook* will be returned to the registrar.

Electronic Logbook

An electronic version of the *Logbook* will be progressively rolled out over time. Initially this will work in parallel with this paper based version. The rules and regulations listed above will apply to both the electronic and written versions. Once the electronic version becomes available, registrars will have the option of having procedure certification in either or both systems.

Chapter 8: The Multiple Choice Question Examination

Introduction

The ACRRM comprehensive and innovative assessment process reflects world best practice in academic standings.

ACRRM administers the Multiple Choice Question (MCQ) examination in a professional, consistent and fair manner. All examination venues and invigilators are required to be officially approved by ACRRM, before a registrar is able to undertake the examination. The examination rules and regulations are designed to ensure that the administration of this examination is consistent and just, with inbuilt mechanisms to ensure security and administrative integrity.

Aim

The MCQ examination provides an assessment of the registrar's recall, reasoning and applied clinical knowledge.

Summary of Examination Process

The examination is conducted through a secure website over the internet, enabling the registrar to undertake the examination within or close to their own local community. All examination venues and location invigilators (proctors) are required to be officially approved by ACRRM, to ensure the examination is conducted in a professional, consistent and fair manner. The examination is held at the same time in all locations, regardless of time zones.

The examination is conducted over three hours (180 minutes) and consists of 125 questions of the 'type A' style. Questions mostly consist of a clinical case presentation, a brief targeted lead-in question and four or five options, from which registrars are required to choose the single best option. There are no negative marks for incorrect answers. The stem of the question may include text, images or videos (without sound).

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

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.

Practice MCQ Examination

To assist in orientating registrars to the style of questions used in the MCQ examination, there are 10 practice questions provided on the ACRRM website at www.acrrm.org.au/assessment. Each enrolled registrar is also provided with non-compulsory personal access to a 50 question online practice examination. Each registrar is provided with once only access. The purposes of this practice examination are:

- Orientation to the online platform and software used in the delivery of the MCQ examination;
- Orientation to the style of the questions used in the examination;
- An opportunity to 'test run' the actual computer that will be used in the examination; and
- An opportunity to further refine and hone the registrars 'test taking skills' and examination technique.

The practice MCQ examination consists of 50 questions. As with the actual MCQ examination, registrars 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 registrars have completed all the questions and press the submit button, they immediately receive their overall score with the opportunity to review each question individually and be advised of the correct answer.

The MCQ practice examination is provided as 'one time' access for a period of one week. Registrars have six hours to complete the questions which leave the option of participating under examination conditions (75 minutes) or at a more leisurely pace.

The practice MCQ can be attempted from any computer that meets the minimum technical specifications. However, ACRRM strongly recommends that registrars use the same computer for the practice MCQ 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 registrars are on line undertaking the practice MCQ. However, in order to gain the most benefit from participation it is suggested that registrars try and complete the practice MCQ under 'summative examination conditions' e.g. over 75 minutes and without accessing additional resources.

MCQ Rules and Regulations: Roles and Responsibilities of the Registrar

Each registrar undertaking the MCQ examination is personally responsible for the following:

- Ensuring that the Assessment Coordinator is provided with an email address that is accessed regularly;
- Reading the *MCQ Examination Rules and Regulations* and abiding by these rules;
- Signing and returning the *Assessment Code of Conduct* to the Assessment Coordinator by the date specified (if the registrar has not already signed this document);
- Returning the *Venue and Invigilators Form* by the specified date advising if sitting the examination in the central examination centre (arranged by ACRRM) or own venue;
- If organising their own venue, registrars must:
 - Source and book a suitable venue with adequate IT facilities for the examination;
 - Source two suitable examination invigilators;
 - Obtain contact information from invigilators to facilitate completing the *MCQ Examination Venue and Invigilators Form* in full;
 - Complete and return the *MCQ Examination Venue and Invigilators Form* in full (which includes invigilator contact details) to the Assessment Coordinator by the date specified;
 - Ensure that the IT internet speed and browser tests are performed on the computer to be used for the examination, and that the *MCQ Examination IT Testing Form* is completed and returned to the Assessment Coordinator by the date specified; and
- Acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

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

It is the registrar's responsibility to ensure that they provide all of the requested documentation by the dates specified. Registrars are reminded that there are strict timelines in place for submission of paperwork to the Assessment Coordinator. The absolute final date for submission is 1700 AEST on the Friday 15 days before the examination. **Failure to do so will mean being denied entry to**

the examination and no refund of examination fees. 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.

Summary of documentation to be completed and returned:

- *Venue and Invigilators Form*;
- *Assessment Code of Conduct* (from the registrar and both invigilators, if applicable); and
- *MCQ Examination IT Testing Form* incorporating the internet speed and browser checks (if applicable).

MCQ Rules and Regulations: For Registrars Arranging Own Venue and Invigilators

Please note that it is the registrar's responsibility to ensure that their two invigilators each return their *Assessment Code of Conduct* by the date specified. The only exception is when the registrar undertakes the examination at the ACRRM central examination centre in Brisbane, when the registrar is not required to nominate invigilators, provide information on the IT capabilities nor ensure return of invigilator paperwork.

Please also note that it is the registrar's responsibility to ensure that the logistical arrangements are successful on the examination day, including ensuring access to the building, examination room and the designated examination computer.

Arrangements for the Examination Venue

It is the registrar's responsibility to source and book a suitable venue to sit the examination. Venues deemed suitable by ACRRM include:

- University Department (e.g. Rural Clinical School);
- Regional Training Provider (offices);
- Divisions of General Practice (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.

Please note that under no circumstances can an MCQ venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government), and retail businesses are not allowed. 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.

ACRRM does have provisions in place for those registrars who wish to undertake the examination outside of Australia. The MCQ examination can be completed offshore subject to appropriate invigilation and technical requirements being met, with the registrar meeting any additional costs. While New Zealand has the same requirements as Australia for invigilation, only formal Australian Government overseas missions are acceptable in all other countries (e.g. embassy, consulate, trade mission, military offices). In all cases, registrars who wish to undertake the examination offshore must contact the office for further advice before finalising enrolment.

When identifying a venue, registrars 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). Note that the examination invigilators 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, good ventilation, sufficient space);
- Adequate IT facilities, as specified by ACRRM; and
- Any associated costs for use of the venue (this will need to be covered by the registrar).

If you need assistance to find a suitable venue, please contact the ACRRM Assessment Coordinator on 1800 223 226.

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

Information Technology Requirements

It is the registrar's responsibility to ensure that the examination venue has a computer that meets the required IT specifications for completing the examination. Registrars are not permitted to undertake the examination using their personal laptop computer.

IT requirements are:

- Stable broadband internet connection (at least 128/128 kbps);
- Windows XP (note: Mac, Win 95, 98, ME, NT4 and Vista not supported);
- Internet Explorer version 6 or higher;
- Java Virtual Machine (JVM); and
- Flash plug-in.

ACRRM provides websites to test that a computer meets the minimum browser requirements at: www.assessment.acrrm.org.au/q4/Perception.aspx - and an internet speed connection test at: www.assessment.acrrm.org.au/speedtest/index.aspx.html.

To confirm adequate IT specifications, the *MCQ Examination IT Testing Form* (incorporating internet speed and browser checks) must be completed and returned to the ACRRM Assessment Coordinator 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 Coordinator on 1800 223 to check or clarify any IT compatibility issues.

The website address of the examination together with user name and password access codes will be provided to registrars and invigilators in the week prior to the examination.

ACRRM strongly advises registrars to use the same computer for the purpose of the practice MCQ that will be 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 two invigilators. A person currently holding an appropriate position of responsibility is suitable to be an invigilator for the MCQ examination. Examples of those deemed suitable to be an invigilator include the following:

- School teacher/principal;
- Librarian;
- Member of the clergy;
- Bank officer;
- Law enforcement officer;
- Justice of the peace;
- Clerk of the court;
- Senior staff member from a rural clinical school;
- Senior staff member from a division of general practice; and
- For overseas registrars: See above.

The above list is not exhaustive and others may be considered, subject to consent by ACRRM, who has the sole discretionary authority to approve or not each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the registrar will be notified and required to nominate another invigilator. Relatives of registrars taking the examination, close work colleagues nor educators who prepared the registrar 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, e.g. the name and address of the venue, the examination start time (a time zone table will be provided), and the website address, username and password to access the examination. However, it remains the registrar'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.

We strongly advise that registrars keep a note of their invigilators' mobile numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

MCQ Rules and Regulations: Roles and Responsibilities of Examination Invigilators

The main responsibilities of each examination invigilator are to provide registrars with the opportunity to demonstrate their medical competence under fair and uniform testing conditions and to ensure the integrity of the examination process. This includes ensuring that the examination is administered according to the rules and regulations specified in this document, whereby each registrar is appropriately supervised and remains undisturbed during the examination.

As registrars are not permitted to access any other websites (other than the examination website) or any other areas of the computer, it is essential that invigilators are located in a position to be able to view the registrar's computer screen for the duration of the examination.

Each invigilator supervising a registrar in the MCQ examination is personally responsible for the following:

- Reading the *MCQ Examination Rules and Regulations* and abiding by these rules;

- Providing the registrar with their details to forward to ACRRM including:
 - Job title;
 - Place of work;
 - Mobile number (which the invigilator can be contacted on if necessary during the examination for direct communication with the examination centre during the examination);
 - Email address (which they access regularly, as ACRRM will use this address to email important information);
- Signing and returning an *Assessment Code of Conduct* to the Assessment Coordinator by the date specified;
- Ensuring that they will be available to attend on time on the day of the examination, including not being on call or having any other concurrent commitments;
- Ensuring that there are no conflicts of interest in supervising the registrar including not being a close relative of the registrar, close work colleague nor educator who prepared the registrar for the examination;
- Acknowledging receipt (via email) of important information emailed, where acknowledgement is requested; and
- Completing the *Invigilator Tax Invoice* and returning this to the Assessment Coordinator for payment, preferably prior to the examination, but by no later than one week after.

Invigilators Work as a Team

Invigilators at each venue work together as a team in supervising the registrars, and sharing the roles across members. At each site, all invigilators will be issued with the same user name and password for logging into the examination. As there is more than one invigilator present at each examination centre, it is permissible for each invigilator to have a short five minute break each hour outside the examination room. However, at all times at least one invigilator must be directly observing the registrar and the examination computer. If the registrar requires a bathroom break during the examination, one invigilator must remain with the computer (to ensure this is not interfered with by a non-authorised person) while the other escorts the registrar to the bathroom door.

Note that in venues which have more than one registrar undertaking the MCQ examination, two invigilators may be sufficient. Please contact the Assessment Coordinator for further information.

Paperwork for Registrars

Invigilators are not required to provide registrars with any printed material. However, each invigilator will need to bring five sheets of blank A4 paper and three pencils for each registrar to use during the examination. These must be collected from the registrar at the end of the examination, with the papers destroyed at the earliest opportunity.

Invigilator Payment for Services Rendered

The invigilators' time will be funded by ACRRM at a rate of \$110.00 (GST inclusive). ACRRM will email invigilators a *Tax Invoice*, which is to be completed and returned to ACRRM for payment, preferably prior to the examination day, but no later than one week after.

MCQ Rules and Regulations: Rules for the Conduct of the Examination

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

- Invigilators at least 30 minutes; and
- Registrars at least 15 minutes.

This allows sufficient time to address any last minute technical problems.

Items Not Permitted in the Examination Room

The registrar is 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, walkmans, ipods, MP3 players;
- Bottles of water with labels or food (water bottles without labels will be allowed); and
- Mobile phones or other electronic communication devices.

Invigilators are not permitted to bring food (of any kind) or any personal material into the examination room, such as MP3 players, radios, cameras or computers as the invigilator is required to stay focused on the registrar's behaviour at all times. However, printed books for the invigilator to read during the examination are allowed, as long as they are not medical texts.

Invigilator's Arrival Procedure

- Turn on the computer and ensure that it is in working order and able to access the web address of the examination.
- Ensure that the table, seat, air-conditioning/heating and lighting of both the registrar and the invigilators are in reasonable working order.
- If there is more than one registrar, invigilators need to ensure that the computers to be used are positioned in such a way as to prevent registrars from seeing each other's computer, including via reflection.
- Ensure that the access to the bathroom is operational in case this will be required, and that there are no 'hidden' materials that may assist the registrar in the bathroom.
- Place five sheets of blank A4 paper and three pencils on the registrar's desk.
- If possible, arrange for a clock showing accurate (local) time and a white board where the start and finish times of the examination are clearly visible.
- Ensure that no unauthorised person enters the examination room at any time during the examination. This includes those claiming to be registrars who are not registered to participate.
- Ensuring they have this document and follow the section regarding *Invigilator Announcements*.

Registrar's Arrival Procedure

- Submit valid photographic identification (e.g. driver's licence or passport) to the invigilators for verification, to ensure the invigilators are sure of the registrar's identity.
- Switch off and surrender to the invigilators mobile phones and any other electronic devices for the duration of the examination.
- Hand to the invigilator any item in their possession as specified previously in *Items Not Permitted in the Examination Room*.

- Receive paper and pencils as specified previously in *Invigilator's Arrival Procedure*.

Procedure for Logging on to the Examination

Upon arrival at the examination venue, the invigilators will switch on the computer to be used during the examination and access the web address of the examination. The registrar will log onto the website with their specific user name and password and the examination name will appear on the screen. After clicking on the examination name, the invigilator will then log on using the site specific user name and password and the examination "Welcome Page" will be displayed. An *ACRRM MCQ Examination How-to-Guide* containing comprehensive instructions for logging onto the examination website will be emailed to registrars and invigilators, prior to the day of the examination.

The registrar can only proceed to the first question of the examination at the scheduled starting time of the examination and is not permitted to see the examination before the official start time.

Commencing the Examination

It is the responsibility of the invigilators to keep track of the time. The examination commences at the scheduled start time. The invigilator will clearly announce when the registrar can begin. Registrars and invigilators may wish to ensure that their watches are synchronised.

During the Examination

Registrars are strictly prohibited from accessing any aspect of the computer, email or internet sites other than the examination website during the examination.

Late Arrival of Registrars

Registrars 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 invigilators or ACRRM. Registrars who arrive late are not permitted any extension of time in which to complete their examination. Any registrar arriving more than 30 minutes after the advertised starting time will not be permitted to participate under any circumstances.

Invigilators should note the late arrival and associated reasons on the *Examination Incident Report*.

Leaving the Examination

Registrars who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by one invigilator to the bathroom door. The other invigilator must stay with the computer to ensure no unauthorised person has access to the examination computer. Extra time will not be approved for bathroom breaks.

Registrars who complete their examination early can leave the examination room, but they will not be re-admitted under any circumstances.

Please note that no registrar can leave the examination room in the first 30 minutes of the examination.

The End of the Examination

The invigilators will announce when there is 10 minutes left before the end of the examination.

The invigilators will announce when the examination time has expired. At this stage the registrar must cease working and move away from the computer.

The invigilators must collect the A4 pages given to the registrar and destroy these at the earliest possible opportunity.

Invigilator's Log-Off Procedure

It is a requirement that the invigilators clear on the examination computer the internet explorer memory, delete the history source and ensure that the examination has not been saved to the computer. Detailed instructions on how to do this contained in the document *MCQ – Clearing the Computer Browser* will be emailed to invigilators with the *ACRRM MCQ Examination How-to-Guide*, prior to the day of the examination.

Invigilator's Announcements

Invigilators are required to use the following formal text in managing the examination. This is to ensure uniformity and equity across the multiple venues used at each examination.

Before the Registrar Enters the Examination Room

- *You are required to bring photographic ID into the room.*
- *Please turn off mobile phones, pagers, ipod, MP3 players or any other electronic device and leave in your bag.*
- *Leave all other material in your bag.*
- *Leave your bag at the rear/front of the examination room, not beside you.*
- *You are permitted a clear bottle of water without a label, but no food is permitted*
- *You may come in now.*

When the Registrar is Settled in their Seat

- *Place your photographic ID on your desk.*
- *If you are found with unauthorized materials or engage in cheating it will be seen as a breach of ACRRM's examination conduct requirements.*
- *No unauthorised material – such as reading material, dictionaries, mobile phones – are allowed.*
- *Note that exactly three hours has been allocated to the examination.*
- *Please ensure that you use the “next” and “previous” buttons at the bottom of the screen to navigate between the pages. Do not use the “back” button on the internet browser as this will lock you out of the examination.*
- *You will be given a warning at 10 minutes before the conclusion of the examination.*
- *You are advised to attempt every question as there are no marks deducted for incorrect answers.*
- *As the time frame of the examination is limited proportionate to the number of questions, you are strongly advised to enter a response to each question as you go, rather than leaving that question to answer later. However, questions can be revisited at any stage during the examination and answers changed.*
- *If you need to leave the room during the examination, raise your hand to attract the attention of the invigilators. You will only be allowed to leave under supervision. You will not be given extra time if you leave the examination room to attend the bathroom.*
- *If you need to attract the attention of the invigilator you will need to raise your hand.*
- *You are not permitted to access any websites other than the examination website, or any other area on the computer during the examination.*
- *Any suspected incidents of malpractice will be reported to ACRRM and may lead to results being declared null and void.*

At the Scheduled Start Time of the Examination

- *You may start the examination now.*

Ten Minutes before the end of the Examination

- *You have ten minutes until the examination ends.*

At the End of the Examination

- *Please stop working now.*
- *Please leave all the papers on your desk behind as you stand, collect your belongings and leave the examination room.*

MCQ Rules and Regulations: How to Manage Unforeseen Problems

It is the invigilator's responsibility to assist the registrar in resolving any unforeseen problems which occur during the examination. ACRRM provides a dedicated examination support team on the examination day to help with any information or support that you require. The telephone number is **1800 223 226**.

It is essential that the ACRRM examination centre is able to contact invigilators during the examination. For this reason, the invigilators are required to have with them during the examination their mobile phone, whose telephone number was provided to ACRRM via the registrar on the *MCQ Examination Venue and Invigilators Form*. Mobile phones are to be switched to discreet mode (vibrate) to minimize any disruption to the registrar and placed in such a location that invigilators will be able to respond to if the ACRRM examination centre contacts the invigilator during the examination.

Please note that under no circumstances is the invigilator permitted to use their mobile phone for calls or messaging unrelated to the examination during the examination process.

MCQ Rules and Regulations: Misconduct and Irregularities

Examination Incidents

Invigilators or registrars concerned about the management of the conduct of the examination are requested to complete the *Examination Incident Report*.

Examples of misconduct or other incidents may include:

- Uncooperative invigilator or registrar (e.g. not following examination procedure);
- Registrar with unauthorized materials in their possession after being advised on arrival to surrender any material;
- Disturbances (e.g. noisy invigilator, registrar or environment); and
- Disruptions (e.g. loss of power or computer malfunction).

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

- Allow the registrar 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 ring the ACRRM examination centre on 1800 223 226;
- Confiscate any unauthorized material – under no circumstances is it to be returned to the registrar; and
- Report all forms of misconduct or disturbances, etc using the *Examination 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 affects the concentration and performance of the registrar), the invigilator will:

- Instruct the registrar to stop working;
- Fix the situation, if possible; and
- Seek advice from the ACRRM examination centre for the appropriate course of action.

The invigilator will complete an *Examination Incident Report* and immediately notify the ACRRM examination centre in Brisbane by telephone. Any time lost due to no fault of the registrar will be added to the registrar's examination time at the direction of the ACRRM examination centre.

Please note that the examination software will automatically save questions in the event of technical failures.

Disability

ACRRM has a formal *Disability Policy* that applies to all registrars. This policy states that all registrars have the right to expect that:

- They will be treated with due respect and dignity;
- They will be able to participate in the assessment process free from discrimination and harassment;
- ACRRM staff will work with them to meet any reasonable need for flexible arrangements;
- Confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of registrars include:

- Being proactive in advising College staff and relevant Fellows of their disability;
- Verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- Discussing their specific requirements and share responsibility in negotiating solutions; and
- Advising College staff and relevant Fellows of any changes to the nature or status of their disability.

Appeals Policy and Procedure

Please refer to the ACRRM Appeals Policy document, which is available from the ACRRM website at www.acrrm.org.au/assessment.

Checklist for Registrars

- Read the *MCQ Examination Rules and Regulations*
- If organising own venue:
 - Source a suitable examination venue;
 - Ensure that the computer to be used at the nominated venue meets the minimum IT requirements;
 - Source two suitable examination invigilators;
 - Obtain contact information from invigilators to facilitate completing the *MCQ Venue and Invigilators Form* in full;

- Ensure that the following documentation is submitted to the Assessment Coordinator by the dates specified:
 - *Assessment Code of Conduct* (from the registrar and both invigilators, if applicable);
 - *MCQ Nominated Venue and Invigilators Form*; and
 - *MCQ Examination IT Testing Form* incorporating the internet speed and browser checks (if applicable).

Checklist for Invigilators

- Read the *MCQ Examination Rules and Regulations*.
- Ensure that a regularly accessed email address and mobile number is provided to the registrar, which will be passed on to ACRRM.
- Sign and return the *Assessment Code of Conduct* to the Assessment Coordinator by the date specified.

MCQ EXAMINATION: Marking System

Standard setting for the MCQ examination is based on the modified Angoff method. This involves setting a standard score for each question where a degree of difficulty factor is added by the writing/editorial team, reflecting their expert judgement on the projected performance of 'borderline registrars'.

Each examination contains a random sample of 125 questions from all active questions in the question bank database. This means that each examination will have questions with a variety of levels of difficulty, e.g. ranging from easy through to quite difficult.

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

The pass mark on the raw score 2008-9 was around 57%. Note that the reported marks to registrars are always normalised so that each registrar receives a final score where 50% is the pass mark.

As with all ACRRM summative assessment, the only recordable grades are Pass or Fail.

Chapter 9: Structured Assessment using Multiple Patient Scenarios by Videoconference

Introduction

The ACRRM provides a comprehensive and innovative assessment process reflecting world best practice in academic standings. The Structured Assessment using Multi Patient Scenarios (StAMPS), which is one component of the assessment process, is a blend of the Objective Structured Clinical Examination (OSCE) and the traditional viva vocé examination. The examination has been designed to provide ACRRM registrars with a reliable, affordable, flexible, acceptable and contextually relevant assessment method.

ACRRM administers the StAMPS examination in a professional, consistent and fair manner. All examination venues and invigilators are required to be officially approved by ACRRM, before a registrar is able to undertake the examination. The examination rules and regulations are designed to ensure that the administration of this examination is consistent and just, with inbuilt mechanisms to ensure security and administrative integrity.

Aim

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

Summary of Examination Process

The examination is run in an 'open release' format, in order to minimise ambiguity between the registrar and examiners about the setting in which the clinical scenarios encountered in the examination are taking place, as well as providing some indication of the type of patients that may be encountered during the examination. On the day prior to the examination, each registrar is able to access the 'Appointment Book' through a secure internet portal. This lists the 15+ patients who have made an 'appointment' for a consultation with the registrar, details key logistical issues about the location where the examination is set, and an indicator of 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.

The examination is conducted by videoconference with each registrar in his/her home region and all examiners at the one examination centre. The registrars have one continuous videoconference connection, with examiners rotating between registrars, so that each registrar has a range of examiners. The registrars are provided with written documentation detailing the background information for each scenario at the start of the 15 minute reading time, which precedes the first scenario. Each examination comprises eight scenarios of 10 minutes duration, with five minutes between scenarios during which time the registrar can read the material for the next scenario. Each registrar's performance is digitally recorded to assist in the marking process and for quality assurance purposes.

Format of Each Scenario

Each scenario is framed around an assessment target or goal. The scenario and questions are unfolding in nature, allowing information to be progressively revealed. One or two of the scenarios are in the 'simulated' format where the registrar interacts with a simulated patient, parent, colleague, nurse, etc. The remainder of the scenarios are in the viva vocé format where the registrar discusses the scenario directly with the examiner and no simulation is performed. The

registrar may be asked to clarify their answers when these are unclear and to expand on answers when there is insufficient detail.

Please note: This examination is not a traditional OSCE. The viva voce questions are specifically designed to measure the registrar's understanding of core and general principles, rather than necessarily applying them to a specific nominated patient. In particular, 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. Being a viva voce examination, there is ample opportunity for the registrar 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.

Bearing this in mind, registrars are strongly advised to consider the practice material provided on the ACRRM website at www.acrrm.org.au/assessment, both as personal reading and with their supervisors and peers. Although the examination is designed to measure content, it is in each registrar's best 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. At the very least, this will maximise the effective use of the reading time provided during the examination.

The score received for each scenario depends on the way the registrar is able to integrate important facts and other pieces of information into a logical, coherent and well reasoned discussion of the important issues. The *Key Item List* is an indicative view of the potential content of the appropriate answer, but is not intended to be exhaustive and never to be used as a simple "tick list". Hence merely listing the facts may not in itself be sufficient for a Pass grade.

Examination Preparation

The standard expected is that of a fully qualified rural doctor working without supervision. Each scenario is designed to address specific components of the curriculum and registrars should refer to the *ACRRM Assessment Blueprint* for further information. Registrars are strongly advised to consider the practice questions with the assistance of their preferred educational support structures.

StAMPS: Grades and Scoring

As with all ACRRM summative assessment, the only recordable grades are Pass or Fail. In order to provide feedback to registrars, ACRRM also provides qualitative and quantitative data to assist registrars in their ongoing learning. The grade is determined by the number of borderline and fail marks awarded by the examiner. The scoring system is provided to each registrar with their grade and scores.

StAMPS Rules and Regulations: Timing

The examination for each registrar will be held at a predetermined set time. Registrars and invigilators will be notified of their examination start time in Australian Eastern Standard Time. Each registrar and invigilator is advised to check their local time zone and adjust the start time to account for any differences, if necessary.

StAMPS Rules and Regulations: Roles and Responsibilities of the Registrar

Each registrar undertaking the StAMPS examination is personally responsible for each of the following:

- Ensuring that ACRRM is provided with an email address that is accessed regularly;
- Reading the *StAMPS Examination Rules and Regulations* and abiding by the rules as stated;

- Signing and returning the *Assessment Code of Conduct* to the Assessment Coordinator by the date specified (if the registrar has not already signed this document);
- Sourcing and booking a suitable examination venue;
- Ensuring the video conferencing unit to be used for the examination at the nominated venue meets the minimum IT specifications;
- Sourcing and booking two suitable examination invigilators;
- Obtaining contact information from invigilators to facilitate completing the *StAMPS Venue and Invigilators Form* in full;
- Completing and returning the *StAMPS Venue and Invigilators Form* to the Assessment Coordinator by the date specified;
- Ensuring that each invigilator signs and returns the *Assessment Code of Conduct* to the Assessment Coordinator by the date specified; and
- Acknowledging receipt (via email) of important information emailed, where acknowledgement is requested.

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

It is the registrar's responsibility to ensure that they provide all of the requested documentation by the dates specified. Registrars are reminded that there are strict timelines in place for submission of paperwork to the ACRRM Assessment Coordinator. The absolute final date for submission is 1700 AEST on the Friday 15 days before the examination. **Failure to do so will mean being denied entry to the examination and no refund of examination fees.** Extensions will only be considered in cases of extenuating circumstances and when an application has been submitted in writing to the ACRRM Assessment Coordinator in a timely fashion.

Summary of documentation to be completed and returned:

- *Assessment Code of Conduct* (from the registrar and both invigilators); and
- *StAMPS Venue and Invigilators Form*.

Please note that it is the registrar's responsibility to ensure that their two invigilators each return their *Assessment Code of Conduct* by the date specified.

Arrangements for Examination Venue

It is the responsibility of each registrar to source and book a suitable venue to undertake the examination. Venues deemed suitable by ACRRM include:

- University Department (e.g. Rural Clinical School);
- Regional Training Provider (offices);
- Divisions of General Practice (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
- For overseas registrars: Australian Embassy, Consulate or International Trade Office.

Please note that under no circumstances should the videoconference venue be in a private residence, medical practice (private or government owned), hospital clinical area (private or government), and retail businesses are not allowed. 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.

Other venues may be suitable upon approval by ACRRM.

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

- After hours arrangements (access to building/examination room, requirements for institutional log on to the videoconference machine. Please note that the examination invigilators 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, good ventilation);
- Adequate videoconference facilities;
- Any associated costs for use of the venue. This cost is at the registrar's expense; and
- The videoconference facility is not used for medical emergencies.

If you need assistance to find a suitable venue, please contact the Assessment Coordinator on 1800 223 226. Video-conferencing venues available across Australia are also detailed at: www.whygo.com.au/bookvc.asp.

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

Information Technology Requirements

It is the responsibility of each registrar to ensure that the examination venue has a videoconference machine that meets the required IT specifications for completing the examination.

The minimum requirement is:

- H320 ITU standards video-conferencing system with 128kpbs ISDN capacity.

Nomination of Invigilators

Each examination venue must have two invigilators. A person who currently holds an appropriate position of responsibility is considered suitable to act as an invigilator for the StAMPS examination. Those persons deemed suitable include:

- School teacher/principal;
- Librarian;
- Member of the clergy;
- Bank officer;
- Law enforcement officer;
- Justice of the peace;
- Clerk of the court;
- Senior staff member from a rural clinical school;
- Senior staff member from a division of general practice; and

- For overseas registrars: Australian Embassy, Consulate or International Trade Office official staff member.

The above list is not exhaustive and others may be considered, subject to consent by ACRRM, who has the sole discretionary authority to approve or not each nominated invigilator. If ACRRM deems that a chosen invigilator is not suitable for any reason, the registrar will be notified and required to nominate another invigilator. Relatives of registrars taking the examination, close work colleagues nor educators who prepared the registrar 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, e.g. the name and address of the venue, and the examination start time (a time zone table will be provided), and to provide the *Examination Printed Material*. However, it remains the registrar's responsibility to ensure that invigilators arrive at the correct venue at the correct appointed time (according to the location of the venue), bringing with them the *Examination Printed Material*. ACRRM will not be held liable for invigilators not being at the correct venue at the correct time, or failure to bring the *Examination Printed Material*, regardless of the College's involvement in assisting to source suitable invigilators.

We strongly advise that registrars keep a note of their invigilators' mobile numbers and email addresses to confirm final arrangements and/or in the event of an emergency.

StAMPS Rules and Regulations: Roles and Responsibilities of Invigilators

The major responsibilities of each examination invigilator are to provide registrars with the opportunity to demonstrate their medical competence under fair and uniform testing conditions, and to ensure the reliability of the examination process. This includes ensuring that the examination is administered according to the rules and regulations specified in this document, whereby each registrar is appropriately supervised and remains undisturbed during the examination.

Each invigilator supervising a registrar in the StAMPS examination is personally responsible for the following:

- Reading the *StAMPS Examination Rules and Regulations* and abiding by the rules stated;
- Signing and returning the *Assessment Code of Conduct* to the Assessment Coordinator by the date specified;
- Providing the registrar with their details for ACRRM including:
 - Job title;
 - Place of work;
 - Mobile number (which the invigilator can be contacted on if necessary during the examination for direct communication with the examination centre during the examination);
 - Email address (which they access regularly, as ACRRM will use this address to email important information);
- Ensuring that they will be available to attend at the time and date of the examination;
- Ensuring that there are no conflicts of interest in invigilating the registrar, including being a relative of the registrar, close work colleague or educator who prepared the registrar for the examination;

- Ensuring that they take the *Examination Reading Material* to present to the registrar before the examination at the appointed time;
- Acknowledging receipt (via email) of important information emailed, where acknowledgement is requested; and
- Completing the *StAMPS Invigilator Tax Invoice* and returning this to the Assessment Coordinator, preferably prior to the examination or by no later than one week after, for payment of services rendered.

Invigilators Work as a Team

All examination venues require at least two invigilators. The invigilators at each venue work together as a team in supervising the registrar, sharing the roles across members. As there is more than one invigilator present at each examination centre, it is permissible for each invigilator to have a short five-minute break each hour outside the examination room. However, at all times at least one invigilator must be directly observing the registrar. If the registrar requires a bathroom break during the examination, one invigilator must remain with the videoconference machine (to ensure this is not interfered with by a non-authorized person and the connection is maintained) while the other escorts the registrar to the bathroom door.

Paperwork for Registrars

Both invigilators will be sent the same *Examination Printed Material* that is to be taken the examination on the day and given to the registrar during reading time, e.g. 15 minutes before the scheduled starting time of their examination. Each invigilator will also need to bring five sheets of blank A4 paper and three pencils for the registrar to use during the examination. Please note that the invigilators must collect all papers from the registrar including both copies of the printed registrar material at the end of the examination and destroy these at the first opportunity.

Invigilator Payment for Services Rendered

The invigilators' time will be funded by ACRRM at a rate of \$110.00 (GST inclusive). ACRRM will email invigilators a *Tax Invoice*, which is to be completed and returned to ACRRM for payment, preferably prior to the examination day, but no later than one week after.

StAMPS Rules and Regulations: Rules for the Conduct of the Examination

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

- Invigilators at least 30 minutes; and
- Registrars at least 30 minutes.

This allows sufficient time for the videoconference connection to be made and to address any last minute technical problems.

Items Not Permitted in the Examination Room

The registrar is 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, walkmans, ipods, MP3 players;
- Bottles of water with labels or food (water bottles without labels will be allowed); and
- Mobile phones or other electronic communication devices.

The invigilator is not allowed to bring any food (of any kind) or personal material into the examination room, such as MP3 players, radios, cameras or computers as the invigilator is

required to stay focused on the registrars behaviour at all times. However, printed books for the invigilator to read during the examination are allowed, as long as they are not medical texts.

Invigilators Arrival Procedure

- Ensure they have the *StAMPS Examination Rules and Regulations* (this document) with them and abide by the rules and regulations, as specified in this document.
- Ensure that the registrar's photographic identification is viewed for verification before the examination commences.
- Turn on the videoconference machine and ensure that it is in working order;
- Ensure that the table, seat, air-conditioning/heating and lighting are in reasonable working order for the registrar and invigilators.
- Ensure that the access to the bathroom is operational in case this will be required and that there are no 'hidden' materials that may assist the registrar in the bathroom.
- Place five sheets of blank A4 paper and three pencils on the registrar's desk.
- If possible, arrange for a clock showing accurate (local) time and a white board where the start and finish times of the examination are clearly visible.
- Ensure that no unauthorised person enters the examination room at any time during the examination. This includes those claiming to be registrars who are not registered to participate.

Registrars Arrival Procedure

- Submit valid photographic identification (e.g. driver's licence or passport) to the invigilators for verification to ensure the invigilators are sure of the registrar's identity.
- Switch off and surrender to the invigilators mobile phones and any other electronic devices for the duration of the examination.
- Hand to the invigilator any item in their possession as specified previously in *Items Not Permitted in the Examination Room*.
- Receive paper and pencils as specified in *Invigilator's Arrival Procedure*.

Procedure for Logging on to the Examination

The examination centre will dial in to the registrar's videoconference machine. Once the call arrives the invigilator will accept the call. Please wait for instructions from the examination centre. If you are not advised of any technical problems, the invigilators will hand to the registrar the *Examination Printed Material* at 15 minutes before the scheduled start time of the examination.

Examination Printed Material

During reading time the registrar is to consider the *Examination Printed Material* associated with each scenario, prior to the start of the actual examination. Registrars are allowed to make notes during reading time and during the examination if they wish. Please note that the registrar will be expected to have read the material for the first scenario, prior to the start of the examination.

The *Examination Printed Material* provided to registrars also includes a timetable listing the order of the scenarios. Please note that at times there may be last minute changes in the event of technical difficulties.

Late Arrival of Registrars

Registrars 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 invigilators and/or ACRRM. Registrars who arrive late are not permitted any extension of time in which to complete their examination. This means that the registrar 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 registrar arriving more than 30 minutes after the advertised starting time will not be permitted to participate under any circumstances.

Invigilators should note the late arrival and associated reasons on the *Examination Incident Report*.

Leaving the Examination

Registrars who need to leave the room temporarily (e.g. to visit the bathroom) should be accompanied by one invigilator to the bathroom door. The other invigilator must stay with the videoconference machine to ensure no unauthorised person has access and the integrity of the connection is maintained. Extra time will not be approved for bathroom breaks.

Registrars who leave the examination room early will not be re-admitted under any circumstances. Please note that no registrar can leave the examination room in the first 30 minutes of the examination.

The End of the Examination

Once the eight scenarios have been completed, the videoconference connection must remain untouched until the examination centre confirms that the registrar is no longer required. Only after this confirmation is the examination completed and the videoconference machine 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 registrar as below.

StAMPS Rules and Regulations: Unforeseen Technical Problems

Videoconference Disconnect during the Examination

The ACRRM technical 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 again.

If the line drops out during a scenario, the examiner will immediately ring on the invigilators nominated mobile phone and continue the examination by teleconference until the video line is restored.

For this reason it is crucial that the examination centre is provided with the correct mobile numbers of both invigilators, as submitted by the registrar on the *StAMPS Venue and Invigilators Form*. Invigilators must also ensure that their mobile phone has a fully charged battery. However, it should be on discreet (vibrate) mode during the examination to avoid inadvertently disrupting the registrar.

No registrar will be disadvantaged by a line drop out, as the examiners will take this event into account. If the registrar has scored a Pass in a scenario affected by a video line drop out, then no further action will be taken. If the examiners require further information to score the registrar on this scenario, the examiners will continue this scenario during the additional time available after all scheduled eight scenarios have been completed.

Please note that under no circumstances is the invigilator permitted to use their mobile phone for calls unrelated to the examination during the examination process.

StAMPS Rules and Regulations: Misconduct and Irregularities

Invigilators or registrars concerned about the management of the conduct of the examination are requested to complete an *Examination Incident Report*.

Examples of misconduct or other incidents may include:

- Uncooperative invigilator or registrar (e.g. not following examination procedure);
- Registrar with unauthorized materials in their possession after being advised on arrival to surrender any material;
- Disturbances (e.g. noisy invigilator, registrar or environment); and
- Disruptions (e.g. loss of power or videoconference malfunction).

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

- Allow the registrar 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 unauthorized material – under no circumstances is it to be returned to the registrar; and
- Report all forms of misconduct or disturbances etc, using the *Examination Incident Report*.

Disability

ACRRM has a formal disability policy that applies to all registrars and assessment registrars. This policy states that all registrars have the right to expect that:

- They will be treated with due respect and dignity;
- They will be able to participate in the assessment process free from discrimination and harassment;
- ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- Confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardise the safety of a patient.

The responsibilities of registrars include:

- Being proactive in advising College staff and relevant Fellows of their disability;
- Verifying the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- Discuss their specific requirements and share responsibility in negotiating solutions; and
- Advising College staff and relevant Fellows of any changes to the nature or status of their disability.

Appeals Policy and Procedure

Please refer to the *ACRRM Appeals Policy* document, which is available on the ACRRM website at www.acrrm.org.au/assessment.

StAMPS Rules and Regulations: Checklist for Registrars

- Read the *StAMPS Examination Rules and Regulations*.
- Source a suitable examination venue.
- Ensure that the videoconference machine to be used at the nominated venue meets the minimum IT requirements.
- Source two suitable examination invigilators.
- Obtain contact information from invigilators to facilitate completing the *StAMPS Nominated Venue and Invigilators Form* in full.

- Ensure that the following documentation is submitted to the Assessment Coordinator by the dates specified:
 - *StAMPS Nominated Venue and Invigilators Form*; and
 - *Assessment Code of Conduct* (from the registrar and both invigilators).

StAMPS Rules and Regulations: Checklist for Invigilators

- Read the *StAMPS Examination Rules and Regulations*.
- Sign and return *the Assessment Code of Conduct* to the Assessment Coordinator by the date specified.
- Ensure that a regularly accessed email address and mobile number is provided to the registrar (this will be passed on to ACRRM).

SECTION C: Advanced Specialised Training Assessment Modalities

Chapter 10: Introduction

Advanced Specialised Training: Beyond the Primary Curriculum

ACRRM has a range of AST disciplines available. These include:

- Aboriginal and Torres Strait Islander Health;
- Adult Internal Medicine;
- Anaesthetics;
- Emergency Medicine;
- Mental Health;
- Obstetrics;
- Paediatrics;
- Population Health;
- Remote Health; and
- Surgery.

Each of the AST disciplines has defined assessment processes. Depending upon the AST, these vary from external assessments approved by ACRRM through to ACRRM based assessment processes.

Chapter 11: Appendices

- 1) Abbreviations Used in the Text
- 2) Assessment Blueprint
- 3) Code of Conduct
- 4) Policy on Disability
- 5) Policy on Appeals
- 6) Recommended Reading List: Primary Curriculum
- 7) Web Links For:
 - a) ACRRM Primary Curriculum
 - b) ACRRM Vocational Training Handbook
 - c) Assessment Enrolment Application Form
 - d) AST-EM Supervisor Report
 - e) miniCEX Formative Documents
 - f) Primary Curriculum Procedural Skills Logbook
 - g) AST-EM Procedural Skills Logbook
 - h) MCQ Practice Examination
 - i) MCQ Browser Test and Internet Speed Test (to ensure that the computer to be used for the MCQ meets the minimum IT specifications required to run the assessment)
 - j) StAMPS Practice Examination

Appendix 1: Abbreviations Used in the Text

AST	Advanced Skills Training in one of Surgery, Obstetrics, Anaesthetics, Aboriginal and Torres Strait Islander Health, Emergency Medicine, Adult Internal Medicine, Population Health, Paediatrics, Mental Health or Remote Health
CFEP	Client Focused Evaluations Program; a private company that is the provider of the ACRRM MSF process
Formative Assessment	A self-reflective process that intends to promote student attainment
Logbook	Procedural Skills Logbook
MCQ	Multiple Choice Question Examination
miniCEX	Mini Clinical Evaluation Exercise
MSF	Multi-Source Feedback
Portfolio	Supervisor appraisals and specific educational modules
Primary Curriculum	Three core years of training i.e. 12 months Core Clinical Training in an ACRRM-accredited metropolitan, provincial or regional/rural hospital, and 24 months Primary Rural and Remote Training in rural or remote ACRRM-accredited posts, e.g. hospital, Aboriginal Medical Service or community/general practice based facilities
RRMEO	Rural and Remote Medical Education Online
StAMPS	Structured Assessment using Multiple Patient Scenarios Examination
Summative Assessment	Process of evaluating and grading the learning of students at a point in time
VR	Vocational registration

Appendix 2: Assessment Blueprint

DOMAIN 1 – CORE CLINICAL KNOWLEDGE & SKILLS							
Learning Outcome	MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio	
101	Function as an effective and appropriate clinician across primary, secondary, and tertiary care settings.		✓		✓		✓
102	Establish a doctor/patient relationship and use a patient centred approach to care		✓		✓	✓	
103	Obtain a clinical history that reflects the different contextual issues including: presenting problem, epidemiology culture, and geographical location	✓	✓			✓	
104	Perform an accurate physical examination that is relevant to clinical history, risks, and the age, gender and culture of the patient and the local disease epidemiology	✓		✓		✓	
105	Apply and describe diagnostic reasoning to arrive at one or more provisional diagnoses including common, and uncommon yet important, conditions	✓	✓				
106	Formulate and justify a plan of investigation and management related to the differential diagnosis	✓	✓		✓		
107	Consider uncommon but clinically important differential diagnosis	✓	✓				
108	Apply core procedural skills in clinical practice			✓	✓		
109	Use specialised clinical equipment as required for further assessment and to interpret results	✓		✓			
110	Communicate findings of clinical assessment effectively and sensitively to patients, their families and/or carers		✓		✓	✓	
111	Negotiate a management plan with patients, their families and/or carers		✓		✓	✓	
112	Revise the management plan and continually review and follow up as new information becomes available		✓				
113	Use evidence based standard treatment protocols and guidelines to inform decision making	✓					
114	Use the principles of universal precautions against infection in practice	✓		✓		✓	
115	Facilitate and coordinate access to services according to the individual patient needs					✓	✓
116	Develop and maintain clinical and service provider networks for effective patient care				✓		
117	Demonstrate capacity to apply quality assurance mechanisms and to appropriately use resources	✓			✓		✓
118	Refer clients for specialist care and other services judiciously				✓	✓	

DOMAIN 2 – EXTENDED CLINICAL PRACTICE

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
201	Diagnose and manage complex, advanced or uncommon medical conditions across a broad scope of rural and remote medical practice	✓	✓			✓	✓
	201.1 Justify the diagnosis and differential diagnosis by reference to the aetiology, pathogenesis and epidemiology of the condition	✓	✓			✓	✓
202	Perform extended office and hospital-based diagnostic and procedural skills			✓			
203	Provide secondary and tertiary based care as required	✓	✓			✓	
204	Provide direct and distant clinical supervision and support for other rural and remote health care workers		✓		✓		✓
205	Work as part of a rural or remote multi-disciplinary team that reflects the extended skills of other health professionals in providing effective patient care	✓	✓		✓		✓
206	Provide team leadership, inter-agency liaison and participation in risk management programs				✓		
	206.1 Know their own limitations and when and how to refer				✓		
	206.2 Safety and occupational health				✓		
207	Demonstrate the ability to undertake the relevant forensic responsibilities	✓					

DOMAIN 3 – EMERGENCY CARE

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
301	Undertake initial assessment and triage of patients with acute or life threatening conditions	✓	✓				✓
302	Stabilise critically ill patients and provide primary and secondary care	✓	✓				✓
303	Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and available services	✓					✓
304	Perform required emergency procedures and courses			✓			✓
305	Arrange and/or perform emergency patient transport or evacuation when needed	✓	✓				✓
306	Demonstrate resourcefulness in knowing how to access and use available resources		✓		✓		✓
307	Communicate effectively at a distance with consulting or receiving clinical personnel		✓				

308	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing		✓				✓
309	Provide inter-professional team leadership in emergency care that includes quality assurance and risk management in the rural and remote setting				✓		
DOMAIN 4 – POPULATION HEALTH							
Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
401	Analyse the social, environmental, behavioural, economic and occupational determinants of health that affect the community's burden of disease and community access to health-related services	✓					✓
402	Demonstrate an ability to apply a population health approach suitable to community practice profile	✓	✓		✓		
403	Integrate evidence based prevention, early detection and other health maintenance activities into practice at a systems level					✓	✓
	403.1 Undertake, supervise and monitor early detection strategies						✓
	403.2 Use brief interventions in managing chronic disease						✓
	403.3 Competently use clinical information and recall systems, particularly in the organised management and evaluation of chronic disease across the practice population						✓
	403.4 Provide health education and health promotion strategies in practice						✓
	403.5 Provide continuity and coordination of care for their own practice population						✓
404	Comply with statutory population health reporting and notification requirements				✓	✓	
405	Evaluate the quality of health care for practice populations	✓	✓				✓
406	Access and collaborate with agencies responsible for key population health functions, including public health services, employer groups and local government				✓		✓
407	Understand the role of a medical advocate in the design, implementation and evaluation of interventions that address the determinants of that population's health		✓				✓

DOMAIN 5 – ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Learning Outcome		MCQ	StAMPS	Logbook	MSF	MiniCEX	Portfolio
501	Demonstrate an understanding of the links between the social, cultural, historical, economic and political framework that influence the health status of Aboriginal and Torres Strait Islander peoples	✓	✓		✓		✓
502	Apply to clinical practice knowledge of the differing profile of disease among Aboriginal and Torres Strait Islanders	✓	✓				✓
503	Demonstrate an understanding of the differing cultural beliefs, values and priorities of Aboriginal and Torres Strait Islander peoples regarding their health and health care provision	✓	✓			✓	✓
	503.1 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe health care for Indigenous Australians						✓
504	Communicate effectively and in a culturally safe manner with Aboriginal and Torres Strait Islander people		✓		✓	✓	✓
	504.1 Identify key community contacts, mentors and support structures in the provision of effective health care		✓		✓	✓	✓
505	Develop capacity building and skills transfer strategies when working with Indigenous health care workers				✓		
506	Describe the common patterns and prevalence of disease, and use best evidence in the management of chronic diseases experienced by rural and remote Aboriginal and Torres Strait Islander peoples	✓	✓				✓
507	Appreciate the role and effect of comprehensive Aboriginal community-controlled Primary Health Care including self-determination, collaboration, partnership and ownership	✓	✓		✓		✓
	507.1 Use a primary health care approach in rural and remote indigenous health practice	✓	✓		✓		✓
	507.2 Discuss the different power based structures and decision making that need to be taken into account when working in a community controlled organisation	✓	✓		✓		✓
508	Identify overt, covert and structural forms of discrimination in interactions with patients, health professionals and systems; and advocate for their resolution	✓	✓		✓		✓
509	Work effectively and respectfully as part of a cross cultural team, and use local protocols for referral and involvement of health workers				✓		
	509.1 Describe the role of the Aboriginal and Torres Strait Islander Health Worker				✓		

510	Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and health research				✓		
511	List potential strategies to address social, economic and environmental determinants of disease among Aboriginal peoples and Torres Strait Islanders, and advocate for change	✓	✓				✓

Appendix 3: Code of Conduct

Introduction

The ACRRM assessment process has been designed to provide registrars with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflects the educational outcomes of the training program, and is relevant to the rural and remote context. Assessment modalities include a series of practice-based and external components. A unique feature of the program is that the assessment is delivered to each registrar in their local environment.

Participants

This *Code of Conduct* applies equally across all those participating in the ACRRM assessment process and includes:

- Registrars;
- Invigilators;
- Examiners;
- Question Writers;
- Editorial Staff;
- Logistic Staff; and
- Administration Staff.

Responsibilities

It is the responsibility of all participants in the ACRRM assessment process to have a working knowledge of this *Code of Conduct*. Before entering the assessment process, each participant will be required to formally acknowledge that they agree to abide by the Code, by completing the declaration section at the end of this form and sending this to ACRRM.

Key Foundations

Respect for People

The ACRRM assessment environment does not tolerate bullying, harassment or discrimination. It is an environment where people are respected, and diversity of opinions and beliefs are welcomed. Hence, all those involved in the assessment process are required to:

1. Treat people with respect, courtesy, honesty and fairness;
2. Respect different values, beliefs, cultures and religions;
3. Not discriminate against those with a disability;
4. Value the contribution of others you work with, and work co-operatively;
5. Not bully, intimidate, harass or discriminate against other people;
6. Treat patient information with the strictest confidence; and
7. Not be on-call during examinations or interrupt examinations to answer telephones or pagers or any other form of electronic communication. This is relevant to registrars, invigilators and examiners.

ACRRM will only use examination material for education and research purposes when the material is de-identified and in composite data format, so that no item of information could be traced back to an individual.

Integrity

Being part of the assessment process places participants in a position of trust. Hence, each participant must ensure that they:

1. Make reasonable and transparent decisions;
2. Take all appropriate steps to ensure that confidential information associated with the assessment process (including examination questions and results) is stored and transported in a secure fashion;
3. Do not allow any unauthorised person to have access to examination materials or the examination room at any time;
4. Respect and protect the intellectual property assets associated with the assessment process owned or used by ACRRM;
5. Destroy or return to ACRRM all confidential examination material that they have at the conclusion of the examination;
6. Tell ACRRM about any potential conflict of interests, e.g. if the registrar is a relative or in a close working relationship with the examiners or invigilators; receipt of gifts in relation to their position in the assessment process;
7. Never use their position improperly to gain a personal advantage in their private life;
8. Report any fraud or corruption that they become aware of;
9. Specify that public comments about the ACRRM assessment process are their own personal views;
10. Only release ACRRM assessment process information when authorised; and
11. Do not attempt to record any examination material in any format, other than examiners using approved ACRRM processes (e.g. approved marking sheets and ACRRM official digital recording of StAMPS).

Diligence

Each participant in the ACRRM assessment process is required to:

1. Participate to the best of their ability;
2. Ensure that they have read and understood the *Rules and Regulations* document for the assessment process they are participating in and obtained clarification from ACRRM for any areas that are unclear;
3. Exercise due care, skill and diligence in operating within the rules and regulations for the relevant assessment modality ;
4. Use the *Examination Incident Report* to notify ACRRM of problems arising during examinations;
5. while participating in the ACRRM assessment process, and avoid conduct that could bring ACRRM into disrepute;
6. Ensure that use of alcohol and other drugs does not affect their participation; and
7. Be open about reporting mistakes, and deal justly with colleagues when mistakes are made.

Economy and Efficiency

1. Use their time, resources and equipment efficiently while participating in the ACRRM assessment process.

Specific Assessment Modality Additional Issues

1. The registrar's identity is confirmed through photo identification (e.g. passport, driver's licence) at the start of each examination by the examiner (miniCEX) or invigilator (MCQ, StAMPS).
2. The invigilator will continuously observe the registrar during the examination (MCQ, StAMPS).
3. The invigilator will wipe the HTML history source from the computer at the end of the examination as detailed in the Rules and Regulations document (MCQ examination).
4. ACRRM may use the digital recordings of StAMPS examination material for Quality Assurance purposes, but will not publicly release this material without specific consent from the participants.

Breaches of the Code

This *Code of Conduct* is not to be used to intimidate or pressurize participants. Any suggestion of a breach of the *Code of Conduct* will be investigated by ACRRM in a timely manner. ACRRM will attempt to address the behaviour in a constructive, fair, transparent and consistent manner. Where there is a proven breach of the *Code of Conduct*, the ACRRM response will be determined by the seriousness of the violation and could include counselling, performance management processes, disciplinary processes or referral to other appropriate government agencies.

Acknowledgement

This document is based on the Queensland Public Sectors Ethics Act 1994 and the Queensland Health Code of Conduct March 2006.

Requirement

Before entering the assessment process, all participants are required to sign the declaration below and return this completed form to ACRRM via:

- Email (scanned): (assessment@acrrm.org.au);
- Fax: (07) 3105 8299; or
- Post: The Assessment Coordinator, ACRRM, GPO Box 2507, Brisbane, QLD 4001

We strongly recommend that you retain a copy of this document for future reference.

Declaration

I hereby acknowledge that I have read this document and agree to abide by the Code.

Name: Signature: Date

Witness

Name: Signature: Date:

In addition to signing this document, please ensure that you also print your name in the space provided, and initial pages one and two before, returning all three pages.

Appendix 4: Policy on Disability

1. Purpose

ACRRM recognises the right of ACRRM vocational training pathway applicants and enrolled registrars to participate in an environment free from personal discrimination and bias. The purpose of this policy is to outline the roles and responsibilities of both ACRRM and the registrar. The policy applies across all aspects of training and assessment without exception, including:

- a. Entry into an ACRRM vocational training pathway;
- b. Recognition of prior learning;
- c. Progress within an ACRRM vocational training pathway;
- d. Remediation requirements;
- e. Outcomes of remediation;
- f. Completion of training; and
- g. Assessment requirements and results.

2. Related Documentation

2.1 This policy should be read with reference to the following related documents:

- *ACRRM Policy on Appeals (Vocational Training & Assessment): 2009*

3. Policy

3.1 ACRRM acknowledges that all registrars have the right to expect that:

- They will be treated with due respect and dignity;
- They will be able to participate in the assessment process free from discrimination and harassment;
- ACRRM staff will work with them to meet any reasonable need for flexible arrangements; and
- Confidential information about their disability will not be disclosed without their permission, except where a failure to disclose would jeopardize the safety of a patient.

3.2 Registrars are responsible to:

- Be proactive in advising College staff and relevant Fellows of their disability;
- Verify the nature and limitations of their disability to the extent required when seeking flexible arrangements;
- Discuss their specific requirements and share responsibility in negotiating solutions; and
- Advise College staff and relevant Fellows of any changes to the nature or status of their disability.

4. Dispute

4.1 All registrars are entitled to enter an appeal process if they believe that ACRRM has not fulfilled the requirements of this policy. The process is defined in the *ACRRM Policy on Appeals (Vocational Training & Assessment): 2009*

5. Approval Authority

5.1 Amendments to this policy and associated procedures shall be approved by the ACRRM Censor's Committee.

6. Implementation and Monitoring

6.1 The Vocational Training and Assessment Manger on behalf of the Chief Executive Officer shall be responsible for the implementation of this policy and for monitoring its effectiveness.

Appendix 5: Policy on Appeals

1. Purpose

ACRRM recognises the right of ACRRM vocational training pathway applicants and enrolled registrars to appeal against decisions that impact on their acceptance into the program or training towards the award of Fellowship of ACRRM (FACRRM).

The purpose of this policy is to outline the process and procedures which apply to appeals against decisions relating to the ACRRM Vocational Training program and related assessment.

This policy is relevant to applicants who are refused entry into an ACRRM vocational training pathway and to registrars enrolled in an ACRRM vocational training pathway who wish to appeal decisions which delay or deny achievement of ACRRM Fellowship (FACRRM).

This policy applies to decisions made by ACRRM regarding:

- a. Entry into an ACRRM vocational training pathway;
- b. Recognition of prior learning;
- c. Progress within an ACRRM vocational training pathway;
- d. Remediation requirements;
- e. Outcomes of remediation;
- f. Completion of training; and
- g. Assessment requirements and results.

2. Related Documentation

This policy should be read with reference to the following related documents:

- ACRRM Remediation Policy; and
- ACRRM Registrar Review Policy.

3. Policy

Questions of disputed decisions or assessment can frequently be resolved without recourse to formal appeal. This policy may be employed when all other remediation avenues have been exhausted (see ACRRM Remediation Policy).

Prior to pursuing the appeals process, it is advised that the disputed decision be discussed with the Chief Executive Officer of the College. The Chief Executive Officer must be satisfied that all other avenues to resolve the issue have been exhausted before the Appeals Committee will be constituted.

The Appeals Committee shall hear appeals in relation to decisions made by or on behalf of the ACRRM. The ACRRM Board, on recommendation from the Appeals Committee shall be responsible for making final decisions regarding appeals.

All proceedings regarding an appeal shall remain confidential.

4. Grounds for Appeal

- 4.1 A person who is aggrieved by a College decision may request an appeal based on one or more of the following grounds:
 - a) That an error in law or in due process occurred in the formulation of the original decision;

- b) 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;
- c) That irrelevant information was considered in the making of the original decision;
- d) That procedures required by College policies to be observed in connection with the making of the decision were not observed;
- e) That the original decision was made for an improper purpose;
- f) That the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- g) That the original decision was inconsistent with the evidence and arguments put before the body making the original decision.

5. Time Restrictions for Appeals

- 5.1 Appeals must be lodged in writing to the Chief Executive Officer within three months of the appellant being informed of the decision to which the appeal is being made.
- 5.2 The written appeal letter must:
 - a) State the decision which is being appealed against;
 - b) Clearly state the grounds for the appeal;
 - c) Provide a brief outline of the aggrieved situation; and
 - d) State the remedy sought.

6. Appeal Proceedings

- 6.1 After determining that the appeal will proceed, the Chief Executive Officer or nominee shall:
 - a) Acknowledge receipt of the appeal;
 - b) Convene the Appeals Committee;
 - c) Determine the date of the appeal hearing, which shall be held within three months of the appeal being lodged;
 - d) Provide the following advice to the appellant at least 21 days prior to the hearing date:
 - the date, time and location of the hearing;
 - the membership of the committee;
 - their right to attend the hearing and present their case to the Appeals Committee personally, or to nominate an advocate to present their case, subject to approval by the Appeals Committee; and
 - their right to have a professional friend and/or a legal representative attend the hearing in an observer capacity.
- 6.2 The Appeals Committee will comprise:
 - Three College Fellows with medical educator experience who were not party to any decision to which the appeal relates;
 - The Chief Executive Officer of the College, as a non-voting member; and
 - Other individuals appropriate to a specific case, as judged by the Appeals Committee.

- 6.3 Appellants are required to lodge all written submissions to the Appeals Committee at least 14 days prior to an appeal hearing. Additional information provided after the submission will only be considered if the Chair of the Appeals Committee considers that the material is of significance to the matter.
- 6.4 A personal advocate, colleague or mentor may represent the Appellant in those cases where the Appeals Committee considers that an appellant would be disadvantaged in his/her appeal if required to present in person.
- 6.5 The Appeals Committee shall be entitled to consider all relevant information which it thinks fit, and may invite any person to appear before it or to provide information.
- 6.6 All proceedings shall remain confidential.
- 6.7 The Appeals Committee may:
 - a) confirm the decision which is the subject of the appeal;
 - b) revoke the decision which is the subject of the appeal and refer it back to the originating committee for a fresh decision; or
 - c) revoke the decision which is the subject of the appeal and make an alternative recommendation to the ACRRM Board.
- 6.8 In all cases the Appeals Committee's decision is final.
- 6.9 Decisions of the Appeals Committee must be notified to the ACRRM Board.
- 6.10 The Chief Executive Officer, on behalf of the Appeals Committee, will notify the appellant in writing of the decision, and reasons for the decision, within three weeks of the appeal hearing.

7. Fees

- 7.1 The CEO will advise the appellant of the applicable fee at the time of initial discussions prior to lodgement of the appeal.
- 7.2 The Appellant shall submit the fee with the letter of appeal.
- 7.3 The College will refund the appeals fee paid, minus administrative costs involved, in the case that the appeal is upheld.
- 7.4 The Chief Executive Officer of the College has the power to waive the application fee in appropriate circumstances, and the Chair of the Appeals Committee shall have the power to review decisions of the Chief Executive Officer regarding fee waiver on application of the appellant.
- 7.5 An appellant requiring a face-to-face hearing will meet all costs of convening such a meeting, including, but not limited to, travel and accommodation for the appellant and appeal committee members, regardless of the result of the appeal.

8. Approval Authority

- 8.1 Amendments to this policy and associated procedures shall be approved by the ACRRM Censor's Committee.

9. Implementation and Monitoring

- 9.1 The Chief Executive Officer shall be responsible for the implementation of this policy and for monitoring its effectiveness.

Appendix 6: Recommended Reading List: Primary Curriculum

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 'reading list' of material 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.

* Key Texts

RRMEO

- Tele-derm
- Tele-radiology
- PDA Guidelines
- A large variety of other modules are also available

Journals

- Australian Prescriber
- Emergency Medicine Australasia
- Medical Journal of Australia
- Medicine Today
- NPS: RADAR

Textbooks

Aboriginal and Torres Strait Islander Health

- Eckermann A. Binan goonj : bridging cultures in aboriginal health. 2nd ed. Sydney ; New York: Churchill Livingstone; 2006.*
- Couzos S, Murray R, Kimberley Aboriginal Medical Services' Council., National Aboriginal Community Controlled Health Organization. Aboriginal primary health care : an evidence-based approach. 3rd ed. Melbourne, Vic.: Oxford University Press; 2008.*

Cardiology

- Hampton JR. The ECG made easy. 7th ed. Edinburgh ; New York: Churchill Livingstone/Elsevier; 2008. *

Core Clinical Skills

- Flynn JA, Longmore JM. Oxford American handbook of clinical medicine. Oxford ; New York: Oxford University Press; 2007. *
- Bickley LS, Szilagy PG, Bates B. Bates' guide to physical examination and history taking. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2007. *

Dermatology

- Johr R. Dermoscopy : the essentials. Edinburgh ; New York: Mosby; 2004.
- Wolff K, Johnson RA, Fitzpatrick TB. Fitzpatrick's color atlas and synopsis of clinical dermatology. 6th ed. New York: McGraw-Hill, Medical; 2009.

Emergency Medicine

- Cameron P. Textbook of adult emergency medicine. 3rd ed. Edinburgh ; New York: Churchill Livingstone Elsevier; 2009. *

- Cameron P. Textbook of paediatric emergency medicine. Edinburgh ; New York: Churchill Livingstone Elsevier; 2006. *

Ethics

- Kerridge I, Lowe M, Stewart C. Ethics and law for the health professions. 3rd ed. Annandale, NSW: Federation Press; 2009.*
- Stewart C, Kerridge IH, Parker M. The Australian medico-legal handbook. Marrickville, N.S.W.: Church Livingstone Elsevier; 2008.

Evidence Based Practice

- Straus SE. Evidence-based medicine : how to practice and teach EBM. 3rd ed. Edinburgh ; New York: Elsevier/Churchill Livingstone; 2005.

Foundations of General Practice

- Balint M. The doctor, his patient, and the illness. 2nd ed. Edinburgh ; New York: Churchill Livingstone; 2000.
- McWhinney IR. A textbook of family medicine. 2nd ed. New York: Oxford University Press; 1997.

General Practice

- Murtagh J. John Murtagh's general practice. 4th ed. Sydney ; New York: McGraw-Hill; 2007.*
- Murtagh J. John Murtagh's patient education. 5th ed. North Ryde, N.S.W.: McGraw-Hill Australia; 2008.
- Murtagh J. Murtagh's practice tips. 5th ed. Sydney ; New York: McGraw-Hill; 2008.
- Simon C, Everitt H, Kendrick T. Oxford handbook of general practice. 2nd ed. Oxford ; New York: Oxford University Press; 2005.

Infectious Disease and Tropical Diseases

- National Health and Medical Research Council (Australia). The Australian immunisation handbook. 9 ed. Canberra: Australian Govt. Pub. Service; 2009. *
- Sutherland SK, Tibballs J. Australian animal toxins : the creatures, their toxins, and care of the poisoned patient. 2nd ed. South Melbourne ; New York: Oxford University Press; 2001.
- Gill GV, Beeching N. Tropical medicine. 6th ed. / edited by Geoff Gill & Nick Beeching. ed. Oxford: Wiley-Blackwell; 2009.

Medicine

- Boon NA, Davidson S. Davidson's principles & practice of medicine. 20th ed. Edinburgh ; New York: Elsevier/Churchill Livingstone; 2006.

Mental Health

- Davies T, Craig TKJ. ABC of mental health. 2nd ed. Malden, Mass.: BMJ Books/Blackwell Pub.; 2008. *
- Gelder MG. New Oxford textbook of psychiatry. 2nd ed. Oxford ; New York: Oxford University Press; 2009.

Obstetrics and Gynaecology

- Oats J, Abraham S, Llewellyn-Jones D. Llewellyn-Jones fundamentals of obstetrics and gynaecology. 8th ed. Edinburgh ; New York: Elsevier Mosby; 2005.

Orthopaedics

- Apley AG, Solomon L, Warwick D, Nayagam S. Apley's concise system of orthopaedics and fractures. 3rd ed. London, New York: Hodder Arnold ;Distributed in the United States by Oxford University Press; 2005.
- McRae R, Esser M. Practical fracture treatment. 5th ed. Edinburgh ; New York: Elsevier Churchill Livingstone; 2008. *

Paediatrics

- Thomson K, Tey D, Marks M, Royal Children's Hospital. Paediatric handbook. 8th ed. Oxford; Hoboken, NJ: Wiley-Blackwell; 2009. *

Public Health

- Germov J. Second opinion : an introduction to health sociology. 4th ed. South Melbourne, Vic.: Oxford University Press; 2009.
- Heymann DL, American Public Health Association. Control of communicable diseases manual. 19th ed. Washington, DC: American Public Health Association; 2008.
- Farmer RDT, Lawrenson R. Lecture notes. Epidemiology and public health medicine. 5th ed. Malden, Mass.: Blackwell Pub.; 2004.

Radiology

- Erkonen WE, Smith WL. Radiology 101 : the basics and fundamentals of imaging. 3rd ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2009.

Rural Health

- Smith JD. Australia's rural and remote health : a social justice perspective. 2nd ed. Croydon, Vic.: Tertiary Press; 2007.
- Hutten-Czapski P, Magee G, Wootton J, Society of Rural Physicians of Canada. Manual of rural practice. Shawville, Québec: Society of Rural Physicians of Canada; 2006. *
- Liaw S-T, Kilpatrick S. A textbook of Australian rural health. Canberra: Australian Rural Health Education Network; 2008.

Surgery

- Tjandra JJ. Textbook of surgery. 3rd ed. Malden, Mass.: Blackwell Pub.; 2006.

Therapeutics

- Australian medicines handbook : AMH. Adelaide, S.Aust.: Australian Medicines Handbook; 2009.
- Therapeutic Guidelines Limited. Therapeutic guidelines : Analgesics. 5. ed. North Melbourne: Therapeutic Guidelines Limited; 2007.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Toxicology and wilderness. 1. ed. North Melbourne, Vic.: Therapeutic Guidelines; 2008.
- Therapeutic Guidelines Limited. Therapeutic guidelines : Oral and Dental. 1. ed. North Melbourne: Therapeutic Guidelines Limited; 2007.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Rheumatology. 1. ed. Melbourne: Therapeutic Guidelines; 2006.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Antibiotic. 13. ed. North Melbourne, Vic.: Therapeutic Guidelines Limited; 2006..
- Therapeutic Guidelines Limited. Therapeutic guidelines: Dermatology. 3. ed. North Melbourne, Vic.: Therapeutic Guidelines; 2009.
- Therapeutic Guidelines Limited. Therapeutic guidelines. Palliative care. 2. ed. North Melbourne, Vic.: Therapeutic Guidelines Ltd.; 2005.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Psychotropic. 6. ed. North Melbourne, Vic.: Therapeutic Guidelines; 2008.

- Therapeutic Guidelines Limited. Therapeutic guidelines: Respiratory. 4. ed. North Melbourne, Vic.: Therapeutic Guidelines Limited; 2009.
- Therapeutic Guidelines Limited. Therapeutic Guidelines: Gastrointestinal. 4. ed. North Melbourne: Therapeutic Guidelines Ltd.; 2006
- Therapeutic Guidelines Limited. Therapeutic guidelines: Cardiovascular. 5. ed. North Melbourne: Therapeutic Guidelines Limited; 2008.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Endocrinology. 4. ed. North Melbourne: Therapeutic Guidelines Limited; 2009.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Neurology. 3. ed. North Melbourne: Therapeutic Guidelines Limited; 2007.
- Therapeutic Guidelines Limited. Therapeutic guidelines: Developmental Disability. 2. ed. North Melbourne: Therapeutic Guidelines Limited; 2005.

- 1) ACRRM Primary Curriculum
- 2) ACRRM Vocational Training Handbook
- 3) Assessment Enrolment Application Form
- 4) AST-EM Supervisor Report
- 5) MiniCEX Formative Documents
- 6) MiniCEX Online Training Modules
- 7) Primary Curriculum Procedural Skills Logbook
- 8) AST-EM Procedural Skills Logbook
- 9) MCQ Practice Examination
- 10) MCQ Browser Test and Speed Test for computers to be used for the MCQ (to ensure minimum IT specifications)
- 11) StAMPS Practice Examination