



# PRE-EMPLOYMENT STRUCTURED CLINICAL INTERVIEW

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# HANDBOOK



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*ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.*

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# The Pre-Employment Structured Clinical Interview (Standard Pathway)

The Australian College of Rural and Remote Medicine (ACRRM) is an accredited provider of the Pre-Employment Structured Clinical Interview (PESCI) process to assess candidates on behalf of the Medical Board of Australia (MBA). ACRRM is a specialist medical college accredited by the Australian Medical Council (AMC) to define standards and deliver training in the medical specialty of general practice. Fellows of ACRRM receive specialist registration as a General Practitioner with the MBA and can practice in any location throughout Australia. The PESCI is carried out in accordance with the AMC regulations.

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International Medical Graduates (IMG) seeking Limited or Provisional Registration in Australia are required to undergo a PESCI. The information obtained from the PESCI is then considered by the Medical Board of Australia (MBA) as to whether to grant registration and is one component of the process.

This PESCI has been established to provide objective information to the MBA for assessing IMGs who are applying under the standard pathway for direct entry into General Practice in Australia. The PESCI is delivered by providers accredited by the AMC against the national standards as stated in the document [Pre-employment Structured Clinical Interview Guidelines and Criteria for AMC Accreditation of PESCI Providers](#) (Medical Board of Australia, July 2020).

## Eligibility

All applicants must meet all the requirements as stated on the Australian Health Practitioner Regulation Agency (Ahpra) website.

Note that applicants applying for Limited Registration (Area of Need) to work in general practice must have at least three years full-time equivalent (FTE) experience working in general practice or primary care.

To be eligible to apply for a PESCI, the following is required by an applicant:

- A medical qualification as listed on International Medical Education Directory (IMED)
- Completed AMC Multi Choice Questionnaire (MCQ) or be eligible to apply for Provisional Registration through the Competent Authority Pathway
- A current job offer in an Area of Need or Distribution Priority Area in the following settings:
  - General practice
  - After hours general practice
  - Medical Deputising/Retrieval
  - Aboriginal Health Services

If an applicant wishes to request an exemption for sitting a PESCI, a request must be lodged with Ahpra as ACRRM is not able to grant exemptions.

# Application process

## Application

All applicants must complete an online application for a PESCI via the ACRRM website.

The following documents must be uploaded with your application:

- completed PESCI Proforma CV
- certified copy of the applicant's passport
- completed ACRRM-formatted General Practitioner position description template.
- signed PESCI Candidate Agreement

In addition, applicants applying for Limited Registration (Post Graduate Training or Supervised Practice) also require a completed Training Plan.

Once the fee has been paid and the application documentation confirmed as accurate and complete, applicants will be allocated a date to undertake the PESCI. Please note there is limited flexibility in the dates and times available, and a request to defer an interview may incur additional fees and/or have result in the application being withdrawn.

## PESCI fees

Fees are detailed on the ACRRM website [here](#).

## Refunds

Information relevant to refunds are detailed in the Refund policy on the ACCRM website [here](#).

## Interview outcome

An Applicant Report containing interview results will be issued to the candidate and a full Board Report to Ahpra within 21 days of the PESCI.

Timeframes and other requirements for those who are unsuccessful at the PESCI and wish to resit are detailed on the ACRRM website [here](#). Whilst there are no requirements for a candidate who wishes to resit a PESCI, it is recommended that candidates address any concerns raised in their PESCI report prior to reapplying.

## Reconsideration, Review and Appeals

The ACRRM Reconsideration, Review and Appeals Policy provides formal processes for requesting further consideration of specific College outcomes, whose details are on the ACRRM website [here](#).

# Level of Supervision

As defined by the MBA:

## Level 1:

- The supervisor takes **direct and principal responsibility** for each individual patient.
- The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.
- The IMG must consult their supervisor about the management of all patients before the patient leaves the practice.
- Supervision via telephone or other telecommunications is not permitted.

## Level 2:

- The supervisor **shares the responsibility** with the international medical graduate for each individual patient.
- The supervisor must be physically present in the workplace a minimum of 80% of the time that the IMG is practising.
- The IMG must inform the supervisor daily about the management of the patients.

## Level 3:

- The international medical graduate takes primary responsibility for each individual patient.

## Level 4:

- The international medical graduate takes full responsibility for each individual patient.

# PESCI Process

## Purpose

In order to be scored as suitable at the PESCI, the candidate is required to demonstrate:

1. safe and effective practice
2. application of knowledge, skills and attitudes

Note that these requirements were only explicitly endorsed when the process was updated by the AMC in 2019.

## Conduct

PESCI's are conducted to establish whether an applicant has the knowledge, skills and experience to practise **safely and effectively** in the position and at the level of supervision for which registration is being sought. The interviews are constructed to demonstrate that an applicant 'knows how' rather than simply 'knows'.

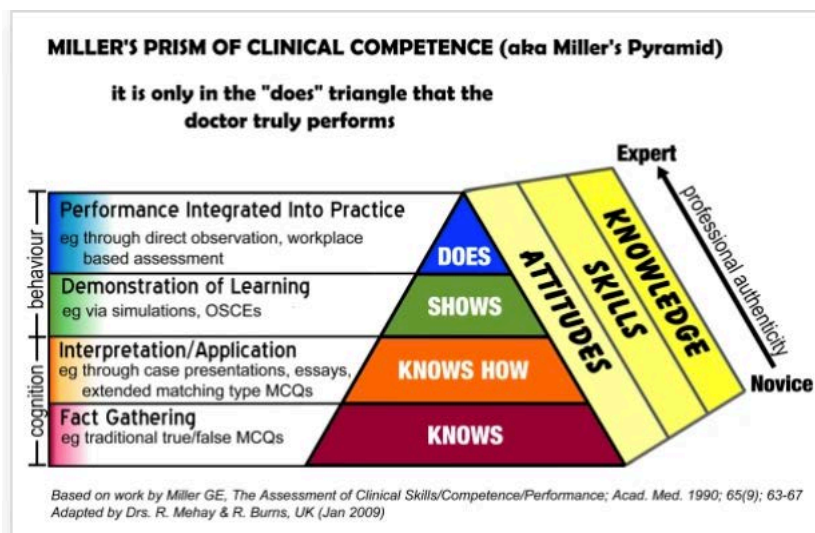
[Pre-employment Structured Clinical Interview \(PESCI\) Guidelines and Criteria for AMC Accreditation of PESCI Providers](#) (Medical Board of Australia, July 2020).

## Theoretical underpinning

ACRRM's PESCI 2020 was designed on the theoretical processes proposed by Miller, which demonstrate sound medical educational principles. Miller's Prism of Clinical Competence, commonly referred to as Miller's Pyramid, denotes four stages of assessment:

- Knows: fact Gathering e.g., MCQ
- Knows How: interpretation / Application e.g., extended match questions
- Shows: demonstration via simulation e.g., OSCE, StAMPS
- Does: performance integrated into practice e.g., workplace-based assessment

Levels 1 and 2 measure cognition while Levels 3 and 4 measure behaviour. Moving from Level 1 through Level 4 delineates the transition from novice through to expert i.e., higher levels are reflective of greater professional authenticity.



Witheridge A, Ferns G, Scott-Smith W. Revisiting Miller's pyramid in medical education: the gap between traditional assessment and diagnostic reasoning. *Int J Med Educ.* 2019;10:191-192. Published 2019 Oct 25. doi:10.5116/ijme.5d9b.0c37

The AMC part 1 exam measures 'knows' and hence this is not included in the PESCI process as it is mandatory that all candidates have passed this exam to be eligible to sit.

The PESCI is similar to an Objective Structured Clinical Examination (OSCE) and Structured Assessment using Multiple Patient Scenario (StAMPS) as it is entirely centred on assessing how a candidate would behave in a real-life consultation, specifically the demonstration of how their knowledge, skills and attitudes are applied to actual specific clinical situations.

## Assessment Criteria

Candidates are advised to carefully consider specifics of the assessment domains as outlined below when preparing for the PESCI as these delineate what is required.

### Medical interviewing skills

Facilitates patient's telling of story, effectively listens and uses questions/directions to obtain accurate, adequate information needed, responds appropriately to affect and non-verbal cues.

### **Physical examination skills**

Follows efficient, logical sequence; balances screening/diagnostic steps for the problem; informs patient; sensitive to patient's comfort, modesty.

### **Clinical judgement**

Selectively orders/performs appropriate diagnostic studies, considers risks and benefits, arrives at an accurate diagnosis or differential diagnoses, and identifies effective management strategies.

### **Treatment/Advice**

Explains rationale for test/treatment, pays attention to obtaining patient's consent, and to education/counselling regarding management. Provides a plan for ongoing care and/or follow up as appropriate.

### **Communication skills**

Demonstrates clear, sensitive and effective communication skills including knowledge of culturally safe and respectful practice including for Aboriginal and Torres Strait Islander Peoples.

### **Professionalism**

Demonstrates professional values and ethical behaviours consistent with Good Medical Practice: A Code of Conduct for Doctors in Australia. In summary: integrity, truthfulness, dependability, compassion, confidentiality, understanding that each patient is unique, working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient, cultural awareness including being aware of their own culture and beliefs as well as respectful of the beliefs and cultures of others while recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

### **Procedural skills (for those scenarios where this a relevant component of the clinical process)**

Demonstrates they will be able to safely perform a range of procedural skills relevant to situations expected to be encountered in the position.

**Other domains** where relevant to the position (for those candidates applying to work in non-traditional GP locations e.g., Aboriginal Health Service, remote practice, etc). This may formally include Aboriginal and Torres Strait Islander People cultural competency.

## **Scenario Structure**

The PESCI consists of four clinical scenarios, each of 15 minutes duration. The scenarios will include:

- two role play scenarios with a simulated patient who is provided with a detailed script
- two case-based discussions with an experienced clinician
- A role play of handover to the supervisor is incorporated in at least one of the four scenarios above



Each scenario focusses on two primary domains (Medical interviewing skills, Physical examination skills, Clinical judgement, Treatment/Advice, Procedural skills) while all consider the domains of Communication skills and Professionalism. Hence, the scenarios are not intended to be 'complete consultations' but are structured to provide the candidate an opportunity to demonstrate their application of the relevant knowledge, skills and attitudes within the specific domain under consideration in that scenario. This means that across the four scenarios, the candidate will have the opportunity to demonstrate their knowledge, skills, and attitudes across all the assessment domains. Therefore, when the assessors have determined that the candidate has addressed the domains in question for that scenario, the scenario will end and move to the next, even though the 'natural' end of the consultation may not have been reached.

All scenarios include an on-screen patient summary, essentially the same as found in standard practice software which include:

- Name
- Age
- Sex
- Reason for attending today
- Past history
- Medication history
- Vaccination history
- Family history
- Social history
- Smoking, alcohol, illicit substance use
- All Aboriginal or Torres Strait Islander patients are clearly identified

Other information from the medical record may also be displayed on the screen.

All scenarios are focussed on common or important problems that would routinely be seen by an IMG in the practice and at the level of supervision where they have applied to work.

Each scenario is centred around the consultation process and are not diagnostic dilemmas:

- There are no 'hidden clues' that need to be extracted
- The assessment of each candidate is primarily on whether they can perform an appropriate clinical appraisal and act upon this, not necessarily whether they have the specific diagnosis

Candidates are required to manage the actual patient in each scenario rather than provide a theoretical discussion around the topic:

- For example, if the candidate is about to describe the physical examination of a 4-year-old child with recurrent headaches who is currently well, the candidate will need to describe the specific process in examining this child at this time and not a generic headache exam for a person of unspecified age

Candidates are required to explain their reasoning rather than simply list topic headings:

- For example, simply stating diet and exercise are part of the management to the role play patient is insufficient; the candidate must incorporate these into their discussions with the patient in a meaningful, real-life manner

Aboriginal and Torres Strait Islander people cultural competency:

- All candidates have at least one scenario (role play or case-based discussion) where the patient is an Aboriginal or Torres Strait Islander person. This meets AMC criteria 5.4.1.
- All patients who are Aboriginal or Torres Strait Islander persons will be clearly noted on the medical chart on the screen. Where an Indigenous Australian is the role player, the role-played patient will be an Indigenous Australian. As such, it is recommended that all candidates undertake cultural awareness training.

'The provider ensures that the content of the interview assesses the applicant's knowledge of, respect for, and sensitivity towards, the social and cultural needs of the community to be served, including those of Indigenous Australians.'

[Pre-employment Structured Clinical Interview \(PESCI\) Guidelines and Criteria for AMC Accreditation of PESCI Providers](#) (Medical Board of Australia, July 2020).

## The PESCI Assessment Team

### PESCI Assessors

The assessment team is made up of the Chair, Assessor and a Community Representative. Both the Chair and the Assessors are senior members of ACCRM: a Fellow of ACCRM; have unrestricted registration as a Specialist in General Practice in Australia and have extensive experience in the assessment of medical practitioners plus specific, formal training in PESCI assessment.

### Community Representative

The community representative holds or has held a substantive role in health care or medical education with extensive training and experience in assessing health care practitioners. All have received specific, formal training in the PESCI assessment.

### Assessor evaluation of each candidate

The assessors are required by the AMC and MBA, to designate whether the candidate is suitable or not suitable at the clinical location and at the level of clinical supervision applied for in each of the following domains:

1. Medical interviewing skills
2. Physical examination skills
3. Clinical judgement
4. Treatment/Advice
5. Procedural skills
6. Communication skills
7. Professionalism
8. Other domain relevant to the position

Each candidate is also allocated an overall assessment of suitable or unsuitable. A short summary of the key reasons and perhaps potential interventions that could help those deemed not suitable is also provided.

# Technical Aspects and Equipment

All ACRRM PESCIs are conducted via video conference platform (Zoom). It is the candidate's responsibility to ensure that the computer hardware, software, and internet connection are suitable.

## Minimum Requirements

The mandatory minimum requirements are:

1. Hardware: Must be a computer (not phone or iPad/tablet) and must have a screen of sufficient size and optical quality to be able to read text and the finer details of images. Hence the screen must be at least 1920 x 1080 (1080p FHD - Full High Definition) resolution or equivalent and no less than 13 inches diagonal measurement.
2. Software: at least Windows 10 or Mac 10.9, and you must use the Zoom App and not a browser.
3. Ethernet cable to modem rather than Wi-Fi recommended as this is more stable and reliable.
4. A headset is recommended as this is more reliable and stable than inbuilt microphone and speakers.
5. Internet connection: must be of sufficient bandwidth and stability to ensure completion of the PESCI without any interruption in video or audio quality. Minimum of 1.2 mbps. Ensure you have verified this with an online speed test.
6. You are not permitted to use Virtual Backgrounds. Ensure that you can be clearly seen against your chosen background i.e., appropriate lighting and (preferably) blank white wall background.
7. Ensure that you are alone in the room.
8. Ensure that all other devices are turned off including phones, tablets and other computers.
9. You are allowed to use a pen and blank sheets of paper to take notes if you wish.
10. It is mandatory that the candidate check that their computer is able to manage the desktop video system used prior to connecting.

It is recommended that candidates familiarise themselves with the Zoom technical requirements. For further information visit the Zoom website [here](#).

## Connection issues

The candidate has until 10 minutes from the commencement of the PESCI to complete their log in to Zoom with their camera and audio working properly. Failure to do so will result in the PESCI ending without a refund.

If there are problems encountered with the audio and/or video quality of the desktop video technology during the PESCI, the panel will first check if this is at the assessors' end. If the panel members are accessing the desktop video technology without defect, this will then be attributed to the candidate's connection. This includes inability to read the text, see the images clearly on the screen, or inability to hear the assessor. As such, the candidate will have a maximum interruption of 4 minutes in total across the entire PESCI to resolve the issue. It is the responsibility of the candidate to ensure their equipment and IT connection are appropriate. When the PESCI is unable to proceed due to these reasons, the assessors may elect to end the PESCI before the assessment is completed. In these circumstances, the candidate will be marked 'technology failure' and no refund will be provided.

If the candidate drops out of the Zoom PESCI and does not return to the Zoom waiting room within 4 minutes, the PESCI will be terminated, and the candidate will receive a 'technology failure' grade.

## Interview process

1. A link to the meeting will be provided via email, usually on the day of or one day prior to the scheduled session.
2. Candidates must enter the Zoom waiting room between 5 and 15 minutes prior to their scheduled starting time.
3. Candidates will be invited to join the meeting by a member of the team.
4. All PESCIs are recorded for ACRRM training and QA processes. The candidate is not permitted to access the recording.
5. The candidate will be asked to hold their photo ID to the camera for verification. The Photo ID used **MUST** be the same as the verified ID in the application. If the candidate is not able to present this at the PESCI, alternative arrangements must be made with the ACRRM IMG assessment team prior to the scheduled session.
6. The candidate will be asked to confirm the definition of the Level of Supervision that applies to the position in question. This is a legal requirement of registration and not part of the assessment.
7. The interview does not allow for discussion about the candidate's Curriculum Vitae.
8. Assessors will not provide any formal feedback during or after the assessment.
9. The report will be processed according to AMC regulations and timelines.

## Misconduct

Any attempt by the candidate to record the PESCI, have an unauthorised person present in the same room, access unauthorised material during the PESCI or any other attempt at cheating will result in the candidate being recorded as unsuitable.

The assessor panel may ask the candidate to reposition the camera to view the rest of the room if there is a suspicion that inappropriate behaviour has occurred or may be occurring. If inappropriate behaviour such as recording the PESCI is discovered during or after completion of the PESCI, Ahpra and the MBA may be notified.

## Frequently Asked Questions

### ***1. If I demonstrate safe practice, is this sufficient to be assessed as suitable?***

'Effective' is a much higher level of competence than simply 'safe' meaning that safe but ineffective candidates are now deemed not suitable.

### ***2. Is demonstration of knowledge sufficient?***

Demonstrating topic knowledge is no longer sufficient as appropriate interaction with the patient and supervisor are now also mandatory requirements.

### ***3. Can answers be framed in general terms?***

Candidates must demonstrate their application of knowledge and clinical reasoning to the specific patient under consideration, rather than provide a generic response.

### ***4. Do I have extra time to read the medical chart on the screen as I am not a native English speaker?***

Sufficient English language and comprehension skills to understand a standard medical record is part of the assessment as this is a critical skill to work effectively in Australia.

### ***5. Why do I always have an Aboriginal or Torres Strait Islander patient as the location I am going to rarely sees these patients?***

The AMC/MBA have determined that Aboriginal and Torres Strait Islander People cultural competency is a core component of the PESCI and as such is always assessed.

**6. *What happens if I don't have enough bandwidth on my internet connection?***

Delivery by desktop video means that inclusion of images (dermatological skin lesions, surface lumps, wounds, ECG, test results, etc) are often incorporated into scenarios. It is entirely the candidate's responsibility to ensure they have met the technical requirements. Inability to see the image may result in a technical abort of the PESCI.

**7. *Do I have to get the diagnosis correct to be deemed suitable?***

As the assessment focus is on process, you may be found suitable even in the absence of choosing the most likely diagnosis. Hence, arriving at the correct diagnosis is helpful but candidates who are deemed suitable are able to demonstrate the pathway that leads to the diagnosis, and/or safe and effective management when the diagnosis is uncertain (an extremely common situation in Australian general practice).

**8. *Are the domains of communication and medical interviewing the same thing?***

The domain of communication considers how you relate to the patient and supervisor (manner, engagement, rapport, respect, etc) while medical interviewing is how you interact with the patient to gain the information you require as part of the clinical process. Note that medical interviewing is much more complex than simply taking a history (see the Assessment Domains for Medical Interviewing Skills for more detail).

**9. *As this is an assessment and I want to demonstrate my knowledge, should I use technical language in the role play?***

In the role play, you are required to provide management plans to the patient in an effective manner, in non-medical jargon, and not simply demonstrate that you know the principles of the management (e.g., topic headings).

**10. *Is the assessment all about choosing a diagnosis?***

Many scenarios provide the diagnosis to the candidate who is then required to manage a standard regular review of a patient with e.g., the stated chronic disease. This means that candidates are required to have an appropriate level of understanding to be able to manage this effectively noting that this is an extremely common consultation for an IMG and a critical component of Australian general practice.

**11. *Should I take an exhaustive history from the patient to make sure I don't miss anything?***

No, you are required to interact appropriately with the patient, and ensure your questions are focussed and relevant to help you manage the clinical situation which has been presented to you. Using a rote list / interrogation of history-taking questions that is not related to the patient, or otherwise engaging in a 'fishing expedition' is not appropriate.

**12. *How do I demonstrate a 'holistic' approach to my patient if I don't take a thorough history?***

You are required to interact with the patient in a safe and effective manner that looks at the whole person but in the context of this consultation, especially in relation to the patient's agenda and reason for attending.

**13. *Can I ask intrusive questions e.g., sexual history as long as I ask for permission beforehand?***

No, only clinically relevant questions can be asked. If the questions are of a sensitive nature, it is sometimes helpful to state why you need to know this information before asking.

**14. *Do I need to check the information on the medical chart is correct?***

Everything stated on the medical chart will be accurate and up to date. Therefore, you do not need to check this information is correct by asking the patient what is already on the screen.

**15. What does the medical chart mean when it says, 'nil relevant'?**

This means that asking further questions in this area will not yield different information which will impact on clinical reasoning. However, asking these questions may reflect on the effectiveness of your clinical process.

**16. Is it sufficient to simply mention diet and exercise, to ensure I have 'ticked the box' for these items?**

You are expected to provide an effective clinical interaction with the patient. Hence, you would need to assess the patient's current diet and exercise status before simply prescribing these and then tailor your suggestions to this specific patient.

**17. What does a focussed, effective physical examination mean?**

When asked for this, candidates are required to describe the examination that is relevant to the clinical situation presented using a structured format. Most important is to demonstrate looking for the important physical signs that will help include or exclude the elements of your differential diagnosis and planning your outcome for today e.g., which physical signs would determine sending to the hospital versus discharge home.

**18. Can I perform a 'quick' exam?**

No, you need to describe the relevant and focussed exam that is done correctly. Performing a 'quick' exam that is intrinsically at risk of being inaccurate is not appropriate clinical practice.

**19. I have been asked to examine a child. Can I use the adult exam instead?**

No, the exam described must be clinically focussed and relevant and hence a paediatric exam needs to be described.

**20. As I am applying for Level 1, won't my supervisor simply manage all the patients anyway?**

You are required to provide an appropriate handover to the supervisor that contains all the relevant clinical elements, including your provisional assessment and management plan. The role of the supervisor is to ensure your plan is safe, effective, and appropriate. Your supervisor will not be able to do this if you have not undertaken an appropriate clinical assessment.

**21. What is the purpose of the handover?**

An accurate, appropriate and thorough handover will ensure the information provided to your supervisor will enable a full understanding of your findings, impressions and management plan.

**22. Is there a way to be more structured in the handover?**

Yes, consider practicing using SBAR or ISBAR.