

CGT StAMPS

Assessment Public Report

2024A

Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced following each Core Generalist Training (CGT, formerly Primary Curriculum) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Past public reports are available on the [ACRRM website](#).

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented realistic rural medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. The StAMPS assessment aims to test higher order thinking skills in a highly contextualised framework. Candidates are expected to explain how they would approach a given situation, demonstrating clinical reasoning, not only knowledge of facts.

The 2024A CGT StAMPS exam was held on 22 - 23 June 2024.

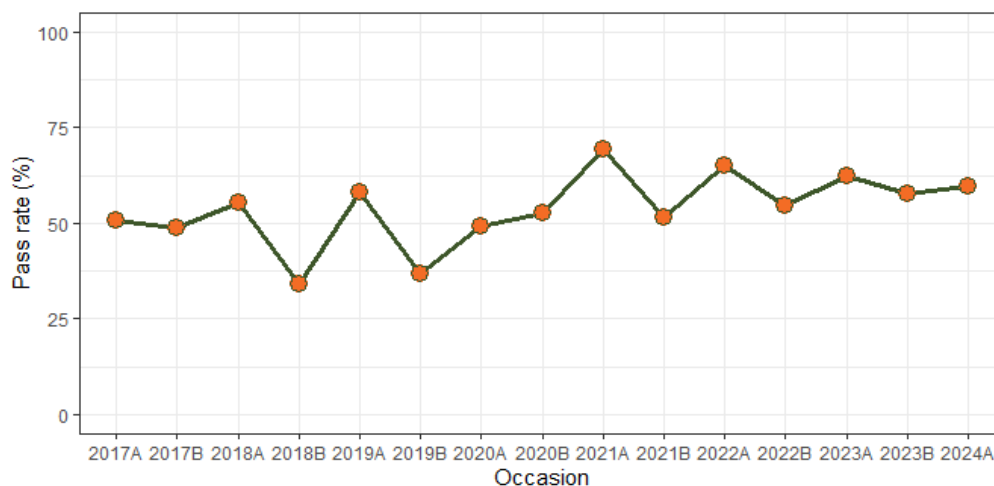
Overall Outcome

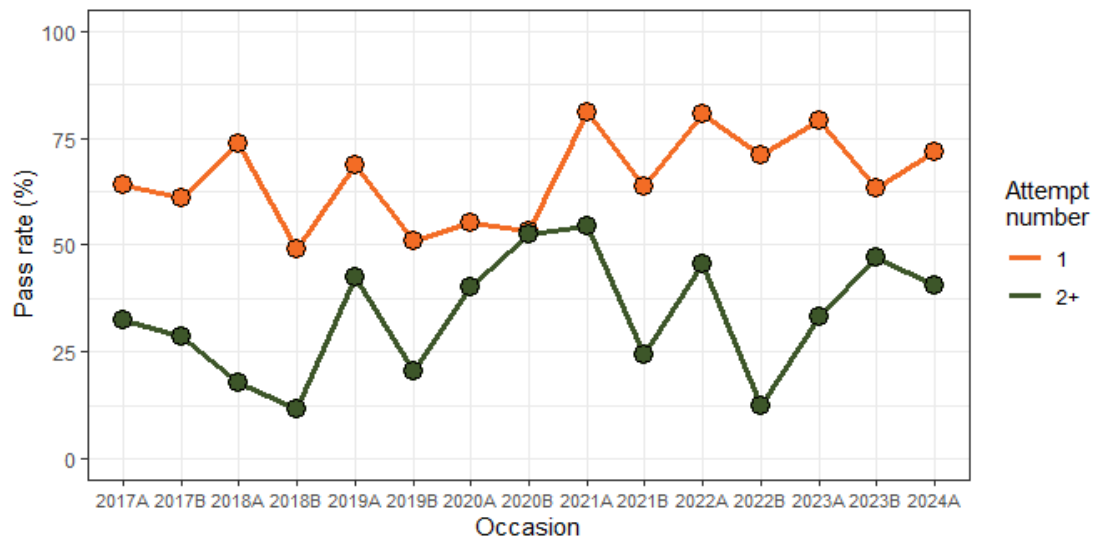
A total of 97 candidates sat the 2024A exam, with 58 of the candidates passing. The overall pass rate was 59.8%.

Assessment Statistics

The pass mark for 2024A (both exam days) was 196 out of a theoretical maximum of 336. Candidates who scored within 11 points of the cut score (i.e. 185 or higher) were formally reviewed. A total of 12 candidates scored in this range and were reviewed.

For historical context, the overall pass rates for previous exams are illustrated in the plots below:





Conduct of the Exam

The assessment was conducted according to the previously established processes for CGT-StAMPS delivery via the College’s online platform.

Candidates were provided a Community Profile that described the demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment delivery and marking for all candidates regardless of their actual practice location. The Community Profile used was unchanged from recent previous CGT-StAMPS exams. The current Community Profile is published on the [ACRRM website](#) and available to view by the general public.

Candidates were provided with 15 minutes of log in time prior to the start of the first scenario to accommodate for any technical audio-visual issues and/or allow troubleshooting. 10 minutes were scheduled between scenarios to ensure there was at least 5 minutes for reading time. Examiners remained on one continuous videoconference link throughout the assessment with an ACRRM room monitor online. Candidates moved between the virtual rooms with their nominated invigilator on-site.

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

Quality Assurance

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

Each Team Lead also undertook independent and concurrent scoring ensuring that each case and each examiner had paired data to assess inter-examiner variability/reliability. These QA scores were not included in the candidates’ total scores and therefore did not affect the overall outcome, serving only a Quality Assurance function. All candidates’ scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and then are destroyed.

Additional Quality Assurance checks were performed by the Lead Reviewer and team of Review Examiners of the narrowest scoring Pass performances to ensure that these candidates were indeed meeting the standard to pass.

Grading and Scoring Overview

Candidate performance is graded against a rubric and behaviour anchors on an 0-7 linear scale. Each scenario offers the candidate the opportunity to earn up to 7 points on 6 items/domains which are scored independently.

1. Management in Part 1 that incorporates relevant medical and rural contextual factors
2. Management in Part 2 that incorporates relevant medical and rural contextual factors
3. Management in Part 3 that incorporates relevant medical and rural contextual factors
4. Problem Definition & Systematic Approach
5. Communication & Professionalism
6. Flexibility to changing context

Curriculum Blueprint

The table below provides a brief overview of the 2024A scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt “met the standard” in each scenario.

ACRRM Domains:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual, and professional framework
8. Provide safe medical care while working in geographic and professional isolation

Curriculum Area	Domains Assessed								Implied pass rate (%)
	1	2	3	4	5	6	7	8	
SATURDAY									
1 Behavioural Disturbance	✓.			✓.			✓.	✓.	63
2 Secondary PPH	✓.	✓.		✓.		✓.	✓.	✓.	71
3 Paediatric hernia	✓.	✓.		✓.			✓.	✓.	86
4 Geriatric mental health	✓.	✓.	✓.		✓.			✓.	54
5 Migraine	✓.	✓.			✓.			✓.	60
6 Amarois Fugax	✓.	✓.			✓.	✓.		✓.	45
7 Dengue Fever	✓.	✓.		✓.	✓.		✓.	✓.	66
8 Femur fracture/ delerium	✓.		✓.				✓.	✓.	43

Curriculum Area	Domains Assessed								Implied pass rate (%)
	1	2	3	4	5	6	7	8	
SUNDAY									
1 Epistaxis	✓.			✓.		✓.		✓.	71
2 Shoulder dystocia	✓.	✓.		✓.				✓.	58
3 Pyloric stenosis	✓.			✓.			✓.	✓.	71
4 Anorexia nervosa	✓.	✓.					✓.	✓.	61
5 Opiate reduction	✓.	✓.			✓.		✓.	✓.	58
6 Cerebral metastasis	✓.	✓.	✓.				✓.	✓.	58
7 Tick typhus	✓.			✓.	✓.	✓.	✓.	✓.	61
8 Dementia	✓.	✓.			✓.		✓.	✓.	60

Candidate and Educator Guidance

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this exam and educators who are supporting candidates. Brief individualised feedback is routinely provided to the medical educators. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

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

As always context is essential when answering questions in StAMPSville, and demonstrating clear understanding of facilities available in StAMPSville was key to passing every scenario – for example, some candidates requested moving a labouring woman presenting to the ED to the delivery room and requesting an epidural, when StAMPSville has neither a delivery room nor an epidural service. Requesting mobilisation of massive transfusion protocol was also an area identified as poor demonstration of StAMPSville context as this level of blood products would not be available in such a small centre.

Successful candidates were able to demonstrate clear and safe prioritisation of clinically urgent actions, and were able to explain how they would manage the patient in concrete, action base steps. It is not enough to simply say I would do a primary survey – Explain how you would do this in practical terms.

Unsuccessful candidates answered in rote learned style, without giving specific context to the case at hand. The time to answer each scenario is brief so efficiency in conveying the most relevant/important information is key. All investigations must have clear justification – what you would do, how you would do it (remembering issues with transport if tests not available locally) and why it is important.

Communication skills were also variably well demonstrated. Several scenarios had key questions about communication in difficult consults (opiate requests, unhappy patients wanting to discharge against medical advice etc). Candidates who did well on these scenarios conveyed a sense they had experience with these consultant level conversations and had done this in actual clinical practice.

Whilst exam technique is not a scoring criterion, having well-structured answers allowed more information to be covered in a shorter timeframe, and ensuring key features were not forgotten.

Survey Feedback

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CGT StAMPS. ACRRM remains committed to improving the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to registrars and medical educators.

Following each assessment, candidates, invigilators, examiners and staff are encouraged to provide feedback via an online survey. Feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate and examiner experience for future assessments.

Based on feedback received, the following themes were identified:

- The support and assistance provided by the Assessment team in setting up for online assessment is sufficient although more support should be provided to assist with firewall issues in lead up to the exam.
- Technical support during the exam was sufficient and the Assessment team provided adequate support on the day for most candidates. Where issues were encountered, the Assessment team accommodated very quickly to allow candidates to complete their exam.
- The online delivery on weekends remains the preferred delivery mode for candidates and examiners.
- Study Groups and Mock StAMPS were found to be useful tools for preparation.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the CGT StAMPS. ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is ongoing to review and update the 'Community Profile', examiner recruitment, training, professional development, feedback and to improve qualitative feedback for candidates.

Improvements include the removal of invigilators from October 2024 as part of a 12-month pilot. Further improvements to the examination software are in discussion to simplify the process for candidates and examiners to see exam material, and to further increase QA examiners on exam day to reduce post exam QA review requirements.

Acknowledgements

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

For 2024A, a special mention must be made of the role played by the Assessment Committee and the Registrar Committee in advising, supporting and endorsing the implementation of the revised scoring system.

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