CGT StAMPS

ASSESSMENT PUBLIC REPORT

2024B

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.

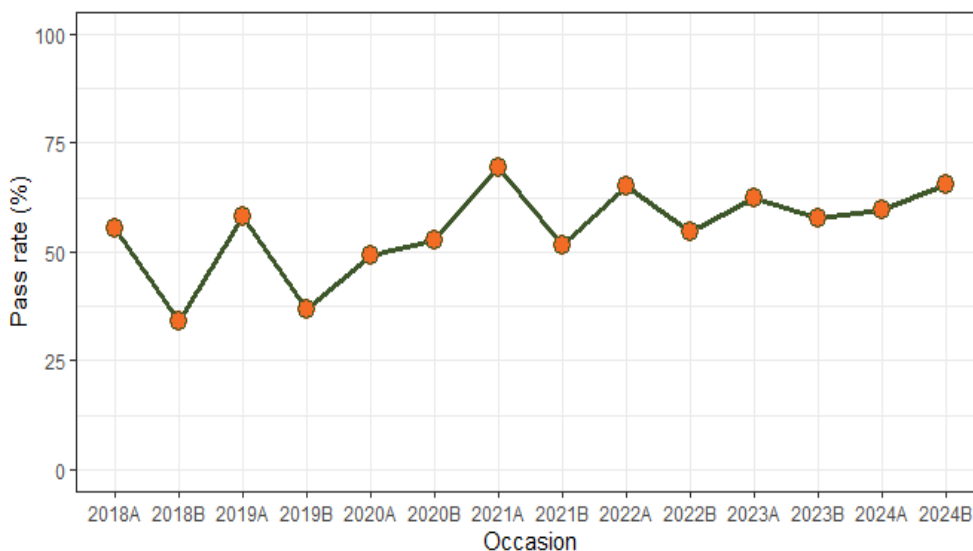The 2024B CGT StAMPS exam was held on 16 - 17 November 2024.
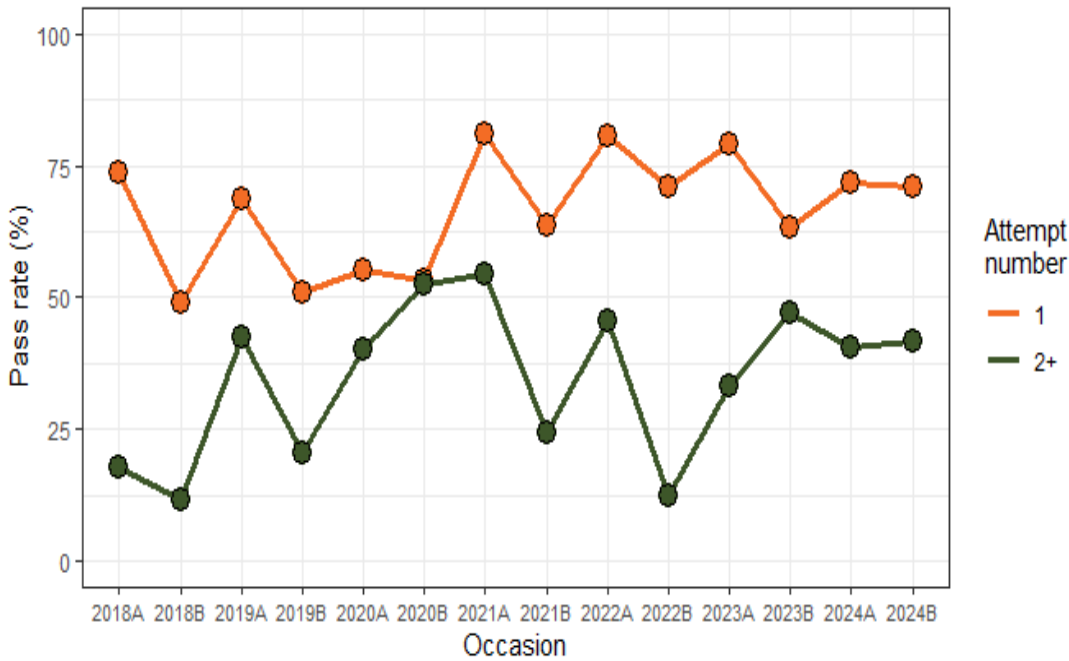
Overall Outcome

A total of 124 candidates sat the 2024B exam, with 81 of the candidates passing. The overall pass rate was 65.3%.

Assessment Statistics

The pass mark for 2024B (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 19 candidates scored in this range and were reviewed.

For 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 online examination software. .

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 10 minutes of reading time prior to the start of the first scenario to review the provided printed material. 10 minutes were scheduled between scenarios to ensure there was at least 5 minutes for reading time and a buffer to accommodate for any technical audio-visual issues and/or allow troubleshooting. Candidates remained on one continuous videoconference link throughout the assessment with an ACRRM room monitor online. Examiners moved between the virtual rooms. This was the first CGT exam delivered with no in person invigilator required.

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.

Grading and Scoring Overview

Following from its inception in 2021A, the revised grading and scoring system was used in this exam.

Candidate performance is graded against a rubric and behaviour anchor on an 8-point 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

As with previous years, the 2024B CGT-StAMPS exam used a combination of new and previously used scenarios. New scenarios were written and standardised by the Lead Writer, with review and approval at every stage by the Lead Examiner and Lead Reviewer. As a quality measure, the new scenarios in this exam underwent review by a Delphi panel of three examiners (selected to optimise diversity) who were asked to recommend changes, grade difficulty, and outline an expected satisfactory answer.

Curriculum Blueprint

The table below provides a brief overview of the 2024B 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

Table 1: Curriculum Domain Map

Curriculum Area	Domains Assessed								Implied pass rate (%)
	1	2	3	4	5	6	7	8	
SATURDAY									
1 Welder's Flash	✓		✓	✓			✓	✓	69
2 Atrophic vaginitis/dyspareunia	✓	✓			✓			✓	66

Curriculum Area	1	2	3	4	5	6	7	8	Implied pass rate (%)
3 Menstrual migraine	✓	✓	✓			✓	✓	✓	59
4 Domestic and family violence	✓	✓					✓	✓	68
5 Acromegaly	✓	✓						✓	64
6 Paracetamol OD	✓		✓	✓		✓	✓	✓	83
7 Anal fissure	✓	✓			✓			✓	76
8 Huntington's disease	✓	✓					✓	✓	59

Curriculum Area	Domains Assessed								Implied pass rate (%)
	1	2	3	4	5	6	7	8	
SUNDAY									
1 Cranial nerve injury	✓		✓	✓			✓	✓	66
2 Bartholin's abscess	✓	✓					✓	✓	74
3 Asthma	✓	✓					✓	✓	63
4 ADHD	✓	✓						✓	52
5 Erectile Dysfuncion	✓	✓						✓	72
6 Hepatitis/SBP	✓		✓	✓	✓	✓	✓	✓	**74**
7 Typhoid	✓	✓			✓	✓	✓	✓	46
8 Paget's disease	✓	✓					✓	✓	43

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.

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:

- Study Groups and Mock StAMPS preparation activities were found to effectively align with the assessment.
- Communications and instructions to prepare for the exam, including IT requirements, were clear and easy to find.
- The assessment was satisfactory in format and length, with skills and knowledge assessed being adequately aligned to the curriculum/handbook.
- Examiners were respectful to candidates and were clear in their communication.
- The assessment management system was generally user friendly and satisfactory technical support was provided during the assessment, although some users did find the timer/timings difficult to follow.

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 2024B, 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.