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Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2020.1 RCE

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Contents

Introduction to the RCE

The Remote Clinical Exam (RCE) is the final general practice Fellowship examination for The Royal Australian College of General Practitioners (RACGP). The examination is designed to assess clinical competence and readiness for independent practice as a specialist general practitioner (GP). The RCE was introduced in 2020 to replace the Objective Structured Clinical Examination (OSCE). It is delivered remotely to all candidates via videoconferencing technology. The 2020.1 RCE was delivered using Zoom.

The RCE consists of 16 clinical cases in total. Sequential testing methodologies are used to optimise the number of assessments for each candidate depending on their performance. The use of sequential testing eliminates the need for candidates who are clearly not competent or clearly competent to experience extra unnecessary testing.

The 2020.1 RCE was delivered across multiple, non-consecutive days as follows:

Day 1: Friday 23 October 2020, cases 1–4

Day 2: Sunday 25 October 2020, cases 5–8

Day 3: Tuesday 27 October 2020, cases 9–12

Day 4: Thursday 5 November 2020, cases 13–16

Exam psychometrics

The 2020.1 RCE proved to be reliable and valid. Cases passed ranged from 74% to 96%. Reliability calculated using Cronbach's alpha was 0.76 for this exam. The case discrimination index ranged from 0.42 to 0.58, which indicates that cases were good discriminators. Most performance criteria were addressed very well by candidates, with mean scores ranging 70–81%.

The competencies where candidates did not perform as well, with the mean scores below 70%, related to clinical management and therapeutic reasoning, general practice systems and regulatory requirements, preventive and population health, managing uncertainty, and identifying and managing the significantly ill patient.

In sequential testing, all candidates are presented with a shorter initial test. In the case of the RCE, this consists of 12 cases. After completing 12 cases, each candidate's performance is reviewed to determine those who are a clear pass or a clear fail.

Based on binomial probability calculations, candidates who achieve a total of 11 or 12 passes in the first 12 cases are at the standard required for Fellowship and therefore are a clear pass at this stage of the exam. These candidates do not require further assessment. Similarly, statistically, we can be confident that candidates who fail five or more cases of the initial 12 are not yet at the standard for Fellowship. These candidates will not be eligible to sit the last four cases.

Any candidate for whom competency cannot yet be determined after 12 cases is offered an additional four cases to enable them to demonstrate their competence.

The 'pass rate' is the percentage of candidates who achieved the standard expected at the point of Fellowship.

The RACGP has no quotas on pass rates; there is not a set number or percentage of people who pass the exam.

Table 1. 2020.1 RCE psychometrics

Reliability	0.76
Pass rate (%)	84.91
Number passed	940
Number sat	1107

Exam banding

Table 2 provides a percentage breakdown of candidates into bandings.

Table 2. 2020.1 RCE candidates in each banding

Banding	Candidates (%)
P2	77.69
P1	7.23
F1	11.83
F2	3.25

P2: Candidates that were a clear pass in the first 12 cases
P1: Borderline candidates that passed across the 16 cases
F1: Borderline candidates that failed across the 16 cases
F2: Candidates that were a clear fail in the first 12 cases

Preparation for the RCE

Preparation for the RCE should involve practising case-based discussions with supervisors and colleagues. It is important to understand and apply the clinical competencies as outlined in the 'Clinical competency rubric' and the 'Tips for candidates' in the 'Introduction to the RACGP Remote Clinical Exam for candidates' module available on *gplearning*.

Candidates are encouraged to review the online RCE module, FAQs and tips as part of their preparation for the exam.

Other specific activities are available through the RACGP and include a mock RCE and recorded training information sessions.

The online delivery through Zoom requires candidates to have the ability to use Zoom's basic functions. The RACGP encourages all RCE candidates to practise in the online environment as much as possible to best prepare themselves for the exam day experience.

2020.1 RCE exam cases

All candidates are under strict confidentiality obligations and must not disclose, distribute or reproduce any part of the exam without the RACGP's prior written consent.

This feedback report is published following each RCE exam in conjunction with candidate results. All of the cases within the RCE exam are written and quality assured by experienced GPs who currently work in clinical practice, and are based on clinical presentations typically seen in an Australian general practice setting.

The RCE assesses how a candidate applies their knowledge and clinical reasoning skills when presented with a range of common clinical scenarios. It allows a candidate to demonstrate their competence over a range of clinical situations and contexts.

Each case assesses a number of competencies, each of which comprises multiple criteria describing the performance expected at the point of Fellowship.

Examiners rate each candidate's performance in relation to the competencies being assessed in the context of each case. Ratings are recorded on a four-point Likert scale ranging from 'Competency not demonstrated' to 'Competency fully demonstrated'.

The feedback report is provided so all candidates can reflect upon their own performance in each case. It is also being provided so prospective candidates, as well as those assisting them in their preparation, can see the breadth of content in the exam.

Case 1

A male Aboriginal patient presents for results following an Aboriginal and Torres Strait Island health assessment. A number of investigation results and observations and a range of lifestyle risk factors are presented to the candidate.

The competent candidate is expected to demonstrate they are able to communicate and manage this patient in a culturally appropriate way, with comprehensive strategies for follow-up and long-term considerations in their management approach.

Case 2

A female patient presents with abdominal pain, and then tests positive for a sexually transmitted infection.

The competent candidate needs to demonstrate their ability to gain informed consent for an intimate examination. They should articulate an appropriate practice recall process, which may incorporate electronic systems blended with phone and letter recalls. There needs to be consideration for the patient's personal wellbeing as well as public health concerns.

Case 3

A simulated patient presents with tiredness.

The competent candidate needs to demonstrate taking a comprehensive biopsychosocial history in a complex presentation, and the ability to explain their list of potential diagnoses to the patient. The list of appropriate investigations for this patient should be articulated by the candidate.

Case 4

A young patient presents, having been acutely unwell for 24 hours.

The competent candidate should recognise that the patient is critically ill and take appropriate actions to facilitate access to definitive care. They should recognise diabetic ketoacidosis and be able to articulate the immediate care required as well as the need for long-term follow-up.

Case 5

A first-time young mother presents with her baby, who is aged three months and has sleep problems.

The competent candidate should demonstrate an appropriate assessment of the mother to ensure the safety and wellbeing of both mother and child. They should provide support that is based on shared decision making and contextualised to patient needs. The candidate should discuss strategies to motivate and facilitate access to social support networks for a young first-time mother who has limited support at home and is potentially socially isolated. They should be able to articulate the risks and benefits of appropriate options for contraception.

Case 6

A female patient presents with acute tachycardia on a background of being unwell for two weeks.

The competent candidate should recognise that this patient is likely to have thyroid storm, which requires urgent action to stabilise and access to definitive care with specialist advice. They should clearly articulate the management steps and pharmacotherapy required for stabilisation and explain this to the patient.

Case 7

A male patient presents with a two-year history of shortness of breath that has become progressively worse over the last three months.

The competent candidate should demonstrate comprehensive knowledge in the diagnosis and management of chronic obstructive pulmonary disease. Appropriate pharmacological treatments should be articulated. They should recognise that the patient has multiple issues and risk factors that need to be supported long term with a patient-centred, multidisciplinary team management approach.

Case 8

Prior to the exam day, candidates were provided three research papers. One of these was chosen to be discussed in the context of a specific patient.

A female patient presents after being reviewed at the hospital the day before with central chest heaviness and being recommended to follow up with further cardiac investigations. A journal article provided to the candidate discussed a study comparing a computed tomography coronary angiogram (CTCA) and a dobutamine stress echocardiogram (DSE).

The candidate needs to be able to critically appraise the literature, and apply an evidence base to their management of the patient.

Case 9

A patient presents with an 18-month history of tiredness.

The competent candidate is expected to articulate a broad list of possible causes for this non-specific presentation, recognising there are multiple lifestyle factors that affect the health of this patient. They should order appropriate initial investigations relevant for their differential diagnosis, and demonstrate an evidence-based, empathic and collaborative approach to facilitate shared decision making that supports the patient's optimal long-term outcomes.

Case 10

A male patient presents with unilateral hip pain.

The competent candidate should demonstrate a good understanding of potential causes of hip pain, and how to differentiate these by appropriate examination and investigations. They should provide a safe management plan with therapeutic options that take into consideration the patient's other medications, and should offer effective non-pharmacological options.

Case 11

A patient presents demanding complementary and alternative therapy for her non-specific symptoms. She goes on to complain about the GP's management of her health.

The competent candidate would demonstrate an empathic and non-judgemental approach with this patient, who presents a different health paradigm and whose demands create potential ethical dilemmas for the clinician. An open and collaborative management approach should be offered. The candidate should be aware of support available from their medical defence organisation, and articulate practice policies and procedures that should be in place to address patient complaints, noting the importance of good clinical documentation at all times.

Case 12

A male patient presents to talk about getting the prostate test that he saw on television.

The competent candidate should demonstrate their ability to create a health partnership with the patient and facilitate an informed decision for prostate cancer screening. They should also take this opportunity to promote other general health screening activities and provide preventive health advice relevant for this patient.

Case 13

A male patient presents for results of blood tests that show elevated liver enzymes and iron indices.

The competent candidate should be able to consider and investigate for common and not-to-be missed potential causes of elevated iron indices and hepatic dysfunction. They should be able to provide education and support to the patient on genetic testing and the long-term management of hereditary haemochromatosis to prevent the complications of iron overload.

Case 14

In this case the GP is made aware that one of their patients has forged a script for a drug of addiction.

The competent candidate will recognise the legal implications of this situation and seek appropriate assistance from their legal counsel to address the multiple issues identified. Patient care and adequate clinical handover should be discussed. System issues, good documentation and practice improvement steps to prevent future recurrence should be considered.

Case 15

A male patient presents with exacerbation of his chronic back pain not responding to his usual management plan.

The competent candidate should consider a broad differential diagnosis list for low back pain and be able to differentiate between benign and more sinister causes, using appropriate clinical examination and investigations. They should be able to appropriately manage back pain caused by a benign or more serious condition.

Case 16

A male patient presents for advice on managing his obesity following a recent health assessment. Pathology results and clinical observations are provided.

The competent candidate is expected to engage with this patient on multiple levels to address all biopsychosocial aspects of his concerns. They will support this patient to make an informed decision about ongoing management of his current and future health risks related to his obesity, using a collaborative and motivating approach. The candidate should also have good working knowledge of evidence-based treatment options for managing obesity.

Feedback on candidate performance

1. Candidate clinical performance: General comments

A high proportion of candidates demonstrated their competence clearly in the first 12 cases. Less than 20% of candidates were deemed borderline and offered the option to sit day 4.

Candidates who performed well clearly demonstrated their clinical reasoning skills to examiners. They provided rational approaches to diagnostic and therapeutic management. A scattergun approach to answering questions does not demonstrate the competence required.

Those who did not perform well often lacked structure to their answers, and they did not articulate clearly the rationale for their clinical decision making. Candidates need to communicate with examiners and simulated patients clearly. With videoconference modality, it is important to speak clearly and slowly to optimise performance.

2. Process: General comments

Most candidates engaged well with the process and had a smooth exam experience.

Some candidates experienced internet connection delays that affected the responsiveness of their remote control function. The likelihood of this occurring could have been reduced by candidates testing their internet connection speed, minimising other internet use locally where possible, or finding a location with better internet connection, as per the RCE technical guide.

Candidates are only required to monitor their case timing in the simulated patient case. In case-based discussion cases, the timing of questions is given as an indicator of the amount of detail required and not for candidates to time themselves. Timing is controlled by the examiner for each case.

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