RACGP

Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2021.2 CCE

racgp.org.au

Healthy Profession.
Healthy Australia.

RACGP Education: Exam report 2021.2 CCE

Disclaimer

The information set out in this report is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing

any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential

or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. RACGP Education: Exam report 2021.2 CCE. East Melbourne, Vic: RACGP, 2021

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au
ABN: 34 000 223 807

Published December 2021

© The Royal Australian College of General Practitioners 2021

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

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.

ID-2203

Introduction to the CCE

The Clinical Competency Exam (CCE) is the final general practice Fellowship examination for the Royal Australian College of General Practitioners (RACGP). The examination is blueprinted to both the RACGP curriculum and to the clinical competency rubric. It is designed to assess clinical competence and readiness for independent practice as a specialist general practitioner (GP) at the point of Fellowship.

The CCE was introduced in 2021 to replace the Remote Clinical Exam (RCE) and the Objective Structured Clinical Examination (OSCE). It allows flexible delivery, either in person or remotely. In 2021.2, the CCE was delivered remotely to all candidates via videoconferencing technology. The CCE reflects contemporary assessment principles and standards and incorporates elements of both the RCE and OSCE. A significant amount of academic research, combined with local and international external consultation, informed the development of the CCE.

The CCE consists of nine clinical cases.

The 2021.2 CCE was delivered in two streams, on non-consecutive days as follows:

- **Day 1A:** Saturday 6 November 2021, cases 1A–4A
- **Day 1B:** Sunday 7 November 2021, cases 1B–4B
- **Day 2A:** Saturday 13 November 2021, cases 5A–9A
- **Day 2B:** Sunday 14 November 2021, cases 5B–9B

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Exam psychometrics

The 2021.2 CCE proved to be reliable and valid. Table 1 shows the psychometrics for the entire cohort that sat the exam. These values can vary between exams. The reliability calculated using Cronbach's alpha is a measurement of the consistency of the exam, with values between 0 and 1. Each case had high internal reliability. There were two streams in the 2021.2 CCE, each independently reliable and valid.

The 'pass rate' is the percentage of candidates who achieved a pass mark. A candidate must achieve a score equal to or higher than the pass mark (or cut score) in order to pass the exam. The CCE pass mark is determined by the borderline regression method.

The RACGP has no quotas on pass rates; there is not a set number or percentage of people who pass the exam. Candidates are not required to achieve a pass in a minimum number of cases in order to achieve an overall pass. There is no negative scoring in the CCE exam.

Table 1. 2021.2 CCE psychometrics

Average reliability	0.75
Pass rate (%)	83.25%
Number passed	701
Number sat	842

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Exam banding

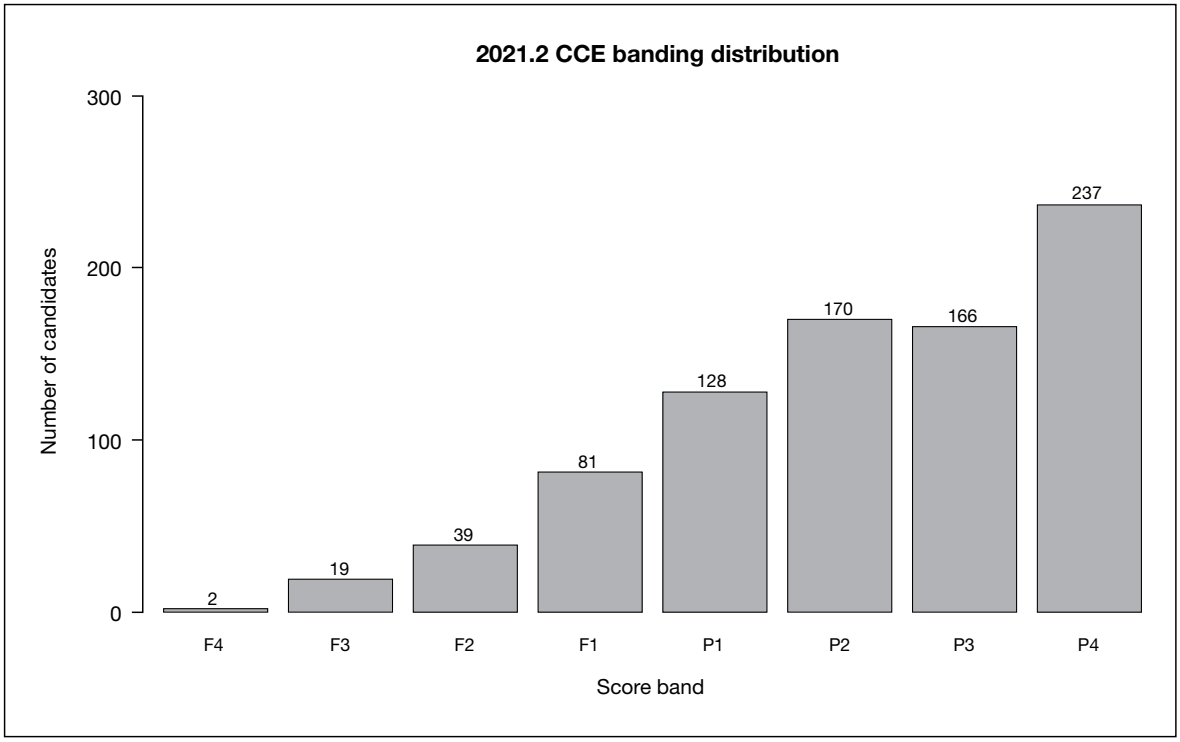
Table 2 provides a percentage breakdown of candidates into bandings.

Table 2. 2021.2 CCE candidates in each banding

Banding	Candidates (%)
P4	28.15%
P3	19.71%
P2	20.19%
P1	15.20%
F1	9.62%
F2	4.63%
F3	2.26%
F4	0.24%

P1 is the first band above the pass mark and P4 is the highest band.
F1 is the first band below the pass mark and F4 is the lowest band.

Graph 1 provides an overview of the number of candidates in each band.



This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Preparation for the CCE

Preparation for the CCE primarily involves working in and reflecting on comprehensive general practice. It is useful to practise case-based discussions with supervisors and colleagues, and it is important to understand and apply the clinical competencies as outlined in the 'Clinical competency rubric'.

A two-part CCE exam preparation course is available on *gplearning*. The first module, Introduction to the RACGP Clinical Competency Exam for Candidates, includes information on the competencies being assessed and how they can be demonstrated by candidates. The second module, Preparing for the CCE Case Discussions and Clinical Encounters, is a guided exam preparation activity that includes cases, marking grids and video examples.

Frequently asked questions (FAQs), tips, technical resources, and multiple additional practice cases are available on the CCE resources website, available to all RACGP members. This includes the clinical competency rubric with the criteria and performance lists against which candidates are being assessed.

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

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

2021.2 CCE 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 CCE in conjunction with candidate results. All cases within the CCE 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 CCE 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 multiple 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.

Specific case details are outlined below (Saturday: stream A; Sunday: stream B). Equivalent competencies were assessed over both streams, and each clinical case provided a framework in which those competencies were assessed.

A selection of criteria and descriptions of what the competent candidate was expected to demonstrate for each case are also outlined below. Each case assessed an average of 14 criteria; those selected for the below case outlines are key competencies for the cases described. Competencies are assessed multiple times over the exam.

Cases 1A and 1B

These cases required a candidate to describe a procedure and manage a complaint secondary to a complication. The procedure in case 1A related to a laceration repair, and the procedure in case 1B related to plaster slab application. Explanation of the procedure was expected to the level that consent could be obtained, describing the procedure and the reasoning behind it, after care and potential complications.

A competent candidate was required to:

- demonstrate developing a patient-centered and comprehensive management plan by
  - safety netting
  - taking into consideration patient's health literacy, social circumstances, and expectations
  - negotiating agreement with the patient on the management plan

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

- provide effective explanations, education and choices for a patient by
  - discussing possible outcomes and uncertainties of treatment options
  - balancing communication regarding risks vs benefits
- Implement strategies to review potential and actual critical incidents to manage consequences and reduce future risk by
  - recognising what has happened
  - acting immediately to rectify the problem, if possible, including seeking any necessary help and advice
  - explaining to the patient as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences
  - acknowledging any patient distress and providing appropriate support
  - complying with any relevant policies, procedures and reporting requirements, subject to advice from your medical indemnity insurer
  - reviewing adverse events and implementing changes to reduce the risk of recurrence.

Cases 2A and 2B

Both cases presented complex Aboriginal patients with multimorbidity. The candidate was required to address the cultural and psychosocial factors in addition to the medical presentation. In terms of cultural context, the candidate needed to outline appropriate and specific engagement strategies rather than generalities. For example, rather than 'communication skills' or 'culturally safe practice', candidates should instead consider 'appropriately use family and social relationships to support healthcare for Aboriginal and Torres Strait Islander patients' and 'identify what barriers this patient is facing and consider family obligations, cultural obligations, language and home environment' and 'provide non-judgemental care that is free from stereotypes'.

A competent candidate was required to:

- communicate effectively, develop social and cultural competency with Aboriginal and Torres Strait Islander patients by
  - using a range of methods to facilitate culturally safe communication with Aboriginal and Torres Strait Islander patients
  - identifying resources to improve consultation skills with Aboriginal and Torres Strait Islander patients
  - appropriately using family and social relationships to support healthcare for Aboriginal and Torres Strait Islander patients
- optimise health outcomes by early identification and effective management of all health conditions by
  - identifying and addressing obstacles to optimise management of complex health presentations in Aboriginal and Torres Strait Islander patients.

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Cases 3A and 3B

These cases explored the management of an urgent presentation in a rural setting. The patient in case 3A presented with palpitations, and candidates were required to consider the early hospital management of the condition and stabilisation prior to transfer. The patient in case 3B presented with difficulty breathing, and candidates were required to consider pre-hospital and early hospital management. The rural context was important in both scenarios, and candidates were asked to take note of the services that were available to them as outlined in the scenario. In each case, community-based follow-up and ongoing preventive care needed to be demonstrated.

A competent candidate was required to:

- identify a significantly ill patient by
  - correctly identifying actual or potentially life-threatening health problems
- deliver quality care to a rural and remote community by
  - demonstrating leadership in emergency situations.

Cases 4A and 4B

These cases asked candidates to interpret evidence from a summary table in relation to a clinical scenario. Case 4A presented evidence on the recurrence of febrile seizures when intermittent ibuprofen was used. Candidates needed to correctly interpret the findings – ibuprofen does not reduce the risk of future febrile seizures. The relative effect has a confidence interval that crosses one, meaning the difference between the placebo group and the treatment group is not statistically significant.

Case 4B presented evidence of probiotics compared to placebo for the prevention of gestational diabetes mellitus. Candidates needed to interpret the findings – probiotics do not reduce the risk of gestational diabetes mellitus. Again, the relative effect has a confidence interval crossing one, meaning the difference between the placebo group and the treatment group was not statistically significant.

Examiners of these cases reported candidates performed poorly on these stations, not interpreting the results correctly or applying the results to the clinical situation. Some examiners expressed concern that candidates were unable to interpret the data at this stage in training, considering this to be an important skill for a GP.

A competent candidate was required to:

- judge the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms to inform decision-making by
  - using critical appraisal skills in determining whether resources are applicable to a particular patient
- provide effective explanations, education and choices to the patient by
  - discussing possible outcomes
  - discussing uncertainties of treatment options
  - providing balanced communication regarding risks vs benefits.

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Cases 5A and 5B

These cases asked candidates to demonstrate competency in history-taking, motivational interviewing and negotiation. Case 5A presented a woman seeking advice on weight loss to optimise fertility. Case 5B presented a woman with a complication of alcohol misuse who was open to behaviour change. In both cases, the patient's psychosocial context needed to be established, including the individual barriers to change that the patient experienced. A holistic approach to management was required.

A competent candidate was required to:

- demonstrate active listening skills by
  - listening attentively to the patient's opening statement, without interrupting or directing patient's response
  - listening attentively, allowing the patient to complete statements without interruption and leaving space for them to think before answering or go on after pausing
  - confirming list and screens for further problems (agenda setting)
  - using open and closed questioning techniques, appropriately moving from open to closed questions as the consultation progresses
  - clarifying any patient statements that are unclear or need amplification
  - periodically summarising to verify their own understanding of what the patient has said
- using appropriate strategies to motivate and assist patients in maintaining health behaviours by
  - identifying the patient's stage of change
  - assessing the patient's level of health literacy
  - providing information about risks of not changing
  - acknowledging the patient's perspective.

Cases 6A and 6B

These cases explored the symptom of dyspareunia. A sensitive, non-judgmental and thorough history needed to be taken and a management plan appropriate to the patients' needs composed. Appropriate symptom management should have been offered, even in the absence of a definitive diagnosis. Case 6A presented a post-menopausal woman with superficial dyspareunia, while case 6B presented a young woman with deep pelvic pain and dyspareunia.

A competent candidate was required to:

- take a comprehensive biopsychosocial history from the patient by
  - obtaining sufficient information to include or exclude any likely relevant significant conditions (red flags)
  - organising the history to ensure it is relevant and targeted to the presenting symptoms
  - following up on patient cues to elicit positive and negative details
  - using questions that are relevant and focused
  - integrating a mental-state assessment into history-taking as appropriate

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

- develop a patient-centred and comprehensive management plan by
  - appropriately safety-netting
  - taking the patient's health literacy into consideration
  - taking the patient's social circumstances into consideration
  - taking the patient expectations into consideration
  - negotiating an agreement on the management plan with the patient.

Cases 7A and 7B

Each of these cases featured acute mental health care in a health professional. There was a strong focus on appropriate communication and safety planning, and work context needed to be considered and appropriately managed. It was important for the candidate to recognise the severity of the condition and manage accordingly, recognising that health professionals have different obstacles to care provision.

A competent candidate was required to:

- communicate appropriate to the person and the sociocultural context by
  - considering and discussing the patient's sociocultural context as part of the consultation
  - considering the occupational aspects of the problem
  - adapting communication style as appropriate for the patient
- appropriately manage ethical dilemmas that arise by
  - being aware of their own values and belief systems and how these may affect patient care
  - considering multiple perspectives and options available to facilitate a decision.

Cases 8A and 8B

These cases explored the candidate's ability to manage a challenging request with a patient who has not been well educated on the risks of their current management. The cases were designed to demonstrate communication skills and to discuss the indications and possible harms of long-term opioid use.

A competent candidate was required to:

- monitor for medication side-effects and risks of polypharmacy by
  - planning medication reviews
  - checking for acute and chronic side-effects
  - having confidence in stopping or reducing medication where appropriate
- safely prescribe restricted medications using appropriate permits by:
  - prescribing restricted medication within the appropriate legal frameworks
  - keeping clear and accurate records regarding rationale for prescribing
  - having in place pain management plans for patients prescribed opioids
  - referring appropriately to a pain management specialist.

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Cases 9A and 9B

These cases were complex with multiple threads, and required the candidate to triage and prioritise concerns. As the patient in each case is a teenager, communication skills appropriate to this patient group were assessed. The candidate also needed to be aware of confidentiality for the young person and be explicit in clarifying that for that patient, including in what circumstances they would be required to break confidentiality. Prevention and history using a HEEADSSS (home, education/employment, eating/exercise, activities, drugs, sexuality, suicide/depression, safety) approach should have been demonstrated. There are legal dimensions and urgent management issues, so the candidate must have prioritised all of the tasks that need to be undertaken for the patient, while being clear that other issues needed to be followed up.

In case 9A, a female presented with an unexpected pregnancy and right iliac fossa pain, while in case 9B a male presented with testicular pain. Both cases reveal a history of an inappropriate sexual relationship. Candidates appeared less likely to act on this information in the case of the male patient; however, in both cases there is cause for the doctor to act on this information.

A competent candidate was required to:

- engage the patient to gather information about their symptoms, ideas, concerns, expectations of healthcare and the full impact of the illness experience on their lives by
  - considering and discussing the impact of the presentation on the patient's function
  - showing empathy and respect throughout the consultation
  - responding to verbal cues from the patient or their family
  - responding to non-verbal cues – this can be verbal (commenting that a patient may seem upset), or active (a change in posture, offering the patient a tissue)
  - exploring the presenting problem from the patient's perspective
  - showing a genuine curiosity to find out what the patient thinks
- prioritising problems, attending to the patient's and the doctor's agenda by
  - negotiating the agenda for the consultation with the patient
  - taking account of the patient's expectations
  - taking account of the patient's medical needs.
- Appropriately managing patient confidentiality by
  - keeping identifiable information private
  - managing exceptions to the above obligation, such as when there is a legal subpoena or requirements for mandatory reporting
  - describing situations when there is an exception to patient confidentiality requirements.

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

Feedback on candidate performance

Candidate clinical performance: General comments

Successful candidates were able to demonstrate an empathic and non-biased approach to patient management, taking into consideration the patient's context. An example of where candidates did not do this well was with culturally and linguistically diverse patients. General stereotyping is not appropriate and demonstrates a lack of understanding of patient context. Competent candidates should demonstrate a non-judgemental approach to all patients.

Other common pitfalls included formulaic responses that used a 'scattergun' approach in answering the question. This does not demonstrate clinical reasoning ability or understanding of individual patient context and needs. Assumptions and formulaic responses to specific cultural groups, for example, without considering individual circumstance may lead to incorrect conclusions.

Reflecting on areas of practice with which a candidate may be less familiar and addressing these gaps is helpful in exam preparation. In some stations, it was obvious to examiners that the candidate had not previously managed a certain type of presentation in practice. This leads to a formulaic rather than patient-centered approach.

A structured and systematic approach will assist candidates to encompass important potential diagnoses that guide their history, examination, investigations and management.

Process: General comments

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

However, a small number of candidates had not tested their technology and arrived at the exam without adequate audio and camera functionality. The RACGP information technology team, administrators and examiners supported those candidates to progress through the examination, but pre-exam preparation would have ensured a better experience for them.

A small number of candidates appeared to be unfamiliar with the functionality of the Zoom platform and were therefore less prepared to manage on-screen documents.

Additionally, some candidates experienced slow internet connections that affected their connectivity to the exam. The likelihood of this occurring can be reduced by testing internet speed prior to the exam. Refer to the CCE technical guide for more information.

Preparation is key to a smooth experience. We encourage all candidates to optimise their examination environment and tools when preparing to sit their CCE.

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.