RACGP

Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2021.1 RCE

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RACGP Education: Exam report 2021.1 RCE

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Introduction to the RCE

The Remote Clinical Exam (RCE) is the final general practice Fellowship exam for The Royal Australian College of General Practitioners (RACGP). The exam 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 2021.1 RCE was delivered using Zoom.

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

The 2021.1 RCE was delivered across multiple, non-consecutive days as follows:

Day 1: Saturday 3 July 2021, cases 1–6

Day 2: Sunday 4 July 2021, cases 7–12

Day 3: Thursday 15 July 2021, cases 13–16

This was the final iteration of the RCE and from the 2021.2 semester onwards, the Clinical Competency Exam (CCE) will be the final RACGP Fellowship exam.

Exam psychometrics

The 2021.1 RCE has been proven to be reliable and valid. Individual case pass rates ranged from 80% to 92%. Reliability calculated using Cronbach's alpha was 0.77 for this exam (Table 1). The case discrimination indices ranged from 0.46 to 0.60, with most indices between 0.48 and 0.58, which indicates that cases were good discriminators.

Most performance criteria were addressed well by candidates, with mean scores ranging from 56% to 84%.

The competencies where candidates did not perform as well, with mean scores below 67%, related to communication and consultation skills, general practice systems and regulatory requirements, preventive and population health, and clinical management and therapeutic reasoning.

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, the RACGP can be confident that 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 required for Fellowship. These candidates are not 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 competency.

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. 2021.1 RCE psychometrics

Reliability	0.77
Pass rate (%)	85%
Number passed	528
Number sat	622

Exam banding

Table 2 provides a percentage breakdown of candidates into bandings.

Table 2. 2021.1 RCE candidates in each banding

Banding	Candidates (%)
P2	63
P1	22
F1	9
F2	6

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

Preparation for the RCE

Practising case-based discussions with supervisors and colleagues was recommended to prepare for the RCE. It was important for candidates 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 which was available on *gplearning*.

Candidates were encouraged to review the online RCE module, which contained four sample cases containing the marking grids, FAQs and tips, as part of their preparation for the exam.

Other specific activities available through the RACGP included a suite of freely available, guided exam preparation activities, comprising RCE exam cases, marking rubrics, and video demonstration and analyses of candidates' performances.

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

2021.1 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 in conjunction with candidate results. All of the cases within the RCE 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.

Case 1

An 80-year-old man presents for a health assessment and has a one-month history of haematuria.

The competent candidate should demonstrate their ability to synthesise clinical information in assessing an elderly man with haematuria, and explain their rationale for investigations considered. They should communicate the news of likely malignancy sensitively, and provide clear and comprehensive education to the patient and daughter on the potential outcomes of various choices and support them to make an informed decision on his management.

Case 2

A 67-year-old Aboriginal patient presents with worsening shortness of breath on a background of mesothelioma.

The competent candidate should be able to offer clinically and culturally appropriate end-of-life care. They should be able to provide, or know how to access, support for all aspects of the patient's and their family's needs during this stage of life. They should be able to help the patient navigate culturally specific palliative care programs and multidisciplinary teams, as well as medico-legal and social support services.

Case 3

A 14-year-old boy presents with right knee pain.

The competent candidate should demonstrate a rational approach to assessing and managing knee pain in an adolescent involved in high-level competitive sports. They should also recognise the anxiety experienced by the patient and manage this with a holistic approach and appropriate support.

Case 4

A 41-year-old nurse presents with sleep issues.

The competent candidate should be able to provide a comprehensive discussion on the factors contributing to her insomnia, and education regarding the potential pharmacological and non-pharmacological strategies to improve her sleep. They should also recognise that her consumption of alcohol may put her at risk professionally.

Case 5

A 34-year-old doctor presents with abdominal pain.

The competent candidate should recognise the potentially significant provisional diagnosis and discuss features on history that could effectively establish the potential causes or exclude other differentials. A competent candidate should recommend appropriate management and demonstrate appropriate communication skills to effectively manage potential barriers to treatment. They should recognise the important issues for a doctor with a substance use disorder, including the doctor–patient's health needs, confidentiality, patient safety, and statutory frameworks and requirements.

Case 6

A 51-year-old patient presents for their regular diabetes review and for the results of their recent blood tests.

The competent candidate should readily gather appropriate information to ascertain the factors that are contributing to the patient's suboptimal glycaemic control and provide a suitable management plan involving appropriate medication changes, lifestyle changes, allied health referrals if appropriate and specific follow up. The candidate should use appropriate communication to gather information and to negotiate a patient-centred management plan.

Case 7

A 29-year-old woman presents after two positive home urine pregnancy tests.

The competent candidate should order appropriate antenatal screening tests, be able to correctly interpret and explain results to the patient, and give the patient clear explanations of her options to make an informed decision, with appropriate referrals.

Case 8

A 35-year-old woman presents with a runny nose and headache.

The competent candidate should have a systematic approach to work through the potential causes of acute headaches and upper respiratory tract symptoms, and enquire about red flag symptoms and signs to exclude more serious causes. They should recognise the subsequent presentation as a seriously ill patient with possible meningitis who needs urgent care.

Case 9

A 37-year-old man presents with a rash on his scalp.

The competent candidate should demonstrate a systematic approach to assessing a rash and working through the differential diagnosis. They should be able to discuss the appropriate management of psoriasis and address its secondary and associated conditions.

Case 10

The parent of a 7-year-old boy presents to talk about the boy's bruising.

The competent candidate should demonstrate effective communication skills in engaging with concerned parents whose child may be seriously ill. They should consider the potentially serious causes of the presentation and be able to ask sensitive questions, give clear answers to the parents and appropriately explain any investigations or follow up recommended. Their history-taking should be focused and demonstrate a rational and systematic approach to working towards a diagnosis.

Case 11

A 60-year-old man presents with knee pain. Candidates are required to refer to one of the journal articles that is relevant to the case.

The competent candidate should demonstrate that they understand the limitations of the study, which affects the interpretation of the study findings, and the subsequent patient advice. The competent candidate should also have a broad understanding of the management of osteoarthritis of the knees, especially in relation to exercise and adjunctive therapies, and understand the broad benefits and limitations of knee arthroplasty.

Case 12

A 79-year-old man presents with questions about his vision problems.

The competent candidate should recognise the emotional distress in the patient and the competing health goals of the patient and his daughter, and discuss communication techniques to appropriately manage these goals. They should understand the principles of decision-making capacity assessment and discuss the use of appropriate communication skills that would support the patient's health decisions.

Case 13

A 47-year-old man presents with low back pain.

The competent candidate should consider common causes for low back pain and articulate a logical assessment of low back pain, ensuring that more serious causes are excluded. They should recognise sudden-onset saddle paraesthesia as a red flag symptom for cauda equina and refer appropriately (ie urgently to a neurosurgeon).

Case 14

A 22-year-old woman presents with post-coital bleeding.

The competent candidate should take a focused history and articulate an appropriate clinical examination. Their approach to managing acute and recurrent post-coital bleeding should be systematic and demonstrate rational use of investigations with clear follow-up planning. They should also offer appropriate preventive health advice and have a systems approach to health maintenance, such as use of recall systems.

Case 15

A 60-year-old man presents with a cough.

The competent candidate should demonstrate a systematic and structured approach to taking a focused history from a man presenting with a cough. They should use appropriate language to explain to the patient the potential diagnoses, and the follow-up examination and investigations they would like to perform.

Case 16

A 66-year-old woman presents with neck pain.

The competent candidate should demonstrate awareness of red flag symptoms for a patient with neck pain and outline a multifaceted approach to management. A competent candidate should recognise the significance of worsening symptoms and be able to investigate appropriately. They should also demonstrate understanding of Medicare eligibility rules for GP management plans, which are a common patient request, as well as alternative funding options for treatment.

Feedback on candidate performance

1. 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.

Overall, candidates did well in identifying the seriously ill patients.

One area in which candidates did not perform as well was consulting effectively in a focused manner. Another area in which candidates did not do as well was in the consideration and management of patient confidentiality (within the competency area general practice systems and regulatory requirements). Knowledge about therapeutic agents and monitoring their potential side effects and the risks of polypharmacy was also a relatively weak area, as demonstrated by the lower mean score.

Other common pitfalls included formulaic responses and using a 'scattergun' approach. These do not demonstrate clinical reasoning ability or understanding of individual patient context and needs. It is important not to make assumptions and to consider individual circumstances in order to formulate appropriate management plans.

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

2. Process: General comments

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

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 exam; however, more 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. However, overall technology was well managed by candidates.

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 before the exam to ensure adequate internet speed. Candidates were also alerted to the effects of lockdown on their internet load in their location, and ways to minimise this for their exam duration.

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