

# RACGP Assessment handbook for candidates

## Assessment methods



THE ROYAL AUSTRALIAN  
COLLEGE OF  
GENERAL PRACTITIONERS

A variety of assessment methods have been developed to determine the competency of candidates to enter unsupervised general practice. This section describes the different assessment methods used in the college examination and practice based assessment (PBA), as it is valuable to all candidates to have a thorough understanding of each method before assessment.

## Assessment in the college examination

The Royal Australian College of General Practitioners (RACGP) Fellowship examination consists of three segments:

- applied knowledge test (AKT)
- key feature problems (KFP)
- objective structured clinical examination (OSCE).

These segments can be undertaken in a flexible and sequential manner over a three year examination cycle. The three year examination cycle commences from the date on which the candidate first passes an examination segment and concludes on the third anniversary of that date ('the examination cycle').

All candidates will undertake the AKT, and on successful completion will be able to move on to the clinical segment as they feel ready. Candidates will continue to have the opportunity to sit the AKT and KFP on the same day if they wish and if they meet KFP eligibility requirements, but are also able to undertake the KFP at a later stage in the examination cycle. For eligibility to enrol, see the RACGP *Assessment handbook for candidates*, 'Eligibility for assessment'.

Credit for each examination segment successfully completed can be accumulated during the examination cycle. At the end of the examination cycle each of the three segments must have been completed successfully for eligibility to Fellowship of the RACGP.

If the candidate has not successfully completed all three examination segments at the end of the examination cycle, accumulated credits cease to apply to any subsequent attempt(s) to qualify for Fellowship undertaken after the conclusion of the relevant examination cycle. In these circumstances, a candidate wishing to qualify for Fellowship must commence a new examination cycle, during which each of the three segments will need to be undertaken and successfully completed regardless of the result achieved in a previous examination cycle.

The questions and cases for each examination are selected with reference to the examination matrix (see *Figure 1a* and *Figure 1b*, the RACGP *Assessment handbook for candidates*, 'Assessment preparation') and are a unique sample for that administration.

## Written segments

The written segment consists of the AKT and the KFP. All questions used in the college examination are prepared and vetted by practising general practitioners who are Fellows of the RACGP.

### Applied knowledge test (AKT)

#### Objective

To assess the breadth and application of contextual knowledge required for certification to enter unsupervised general practice.

#### Examination format

All questions in the AKT are clinically based to reduce the likelihood of testing facts in isolation from the clinical context. The level of applied knowledge to be assessed in this paper is that required for functioning as an unsupervised GP within Australia.

There are 150 questions to be completed. The AKT is designed as a 3 hour test for which a universal allowance of an additional 1 hour has been granted to allow for the extra time needed for candidates with English as a second language or for other reasons. Therefore, all candidates may use up to 4 hours to complete the AKT.

All questions are of equal value and no negative marks are given for incorrect answers; candidates are therefore advised to attempt all questions. Where there appears to be more than one possible correct answer, candidates are advised to select the most correct answer.

There are two item types: single best answer and extended matching questions. Questions of each type are grouped together in the examination booklet. Examples of each question type are available on the college website at [www.racgp.org.au/exam/assessmentpreparation](http://www.racgp.org.au/exam/assessmentpreparation).

### Key feature problems (KFP)

#### Objective

To assess clinical decision making skills in general practice cases.

#### Examination format

A 'key feature' is a critical step in the resolution of a clinical problem in the context of everyday general practice. A KFP consists of a clinical case scenario followed by questions that focus only on those critical steps.

Candidates are required to either write responses or select responses from a list of options. Answers must be legible.

On each question, candidates supply or select whatever number of responses are appropriate to the clinical task and which are specified by the question. Candidates who supply a number of responses greater than the number requested will score 0 for that question.

In general, most cases contain more than one part, following a logical sequence.

There are 26 cases (of equal value) designed to be answered in 3 hours, however a universal time allowance of an additional 30 minutes has been granted to all candidates taking this assessment task. Therefore, all candidates may use up to 3.5 hours to complete the KFP. Sample questions are available at [www.racgp.org.au/exam/assessmentpreparation](http://www.racgp.org.au/exam/assessmentpreparation).

## Clinical segment (objective structured clinical examination)

### Objective

To assess applied knowledge, clinical reasoning, clinical skills, communication skills and professional attitudes in the context of consultations, patient examinations and peer discussions. This is a clinical consulting performance assessment.

### Examination format

The clinical examination reflects aspects of a typical session of general practice in Australia. The gender and age distribution of cases are selected to match Australian epidemiological data.

There will be a combination of 14 clinical cases of either 8 minutes or 19 minutes duration, with rest stations interspersed between the clinical stations. It will take candidates approximately 4 hours to complete all clinical stations.

The 8 minute consultation stations will require candidates to focus on one or two aspects of a consultation. These consultations are not intended to represent whole consultations. Other 8 minute stations will focus on other areas such as clinical reasoning or professional attitudes.

The 19 minute stations more closely resemble standard consultations, and will usually require focus on a number of tasks.

Clear instructions will be provided for both the 8 minute and 19 minute stations. It is critical that candidates read the instructions carefully and understand the task(s) required.

Although each task will be focused, candidates will be expected to exhibit a 'whole patient' approach by demonstrating the general practice skills of communication, empathy, history taking (relevant and systematic), appropriate examination (relevant and systematic), patient education, preventive care, opportunistic medicine and involvement of carers, as appropriate to each simulated case.

Each station will present its own challenges and reflect what is seen in general practice. For example, candidates might consult with an emotional patient, a confused patient, a patient with multiple medical problems, a new patient, or a patient with diagnostic and management dilemmas.

Each station will also have a different marking schedule, ie. a station that calls for a focus on history taking will have a marking schedule that is weighted towards this aspect, whereas a station where developing a management plan is being examined will have a marking schedule that reflects this element's importance. Furthermore, if a station presents a diagnostic problem in which candidates need to take a history and discuss differential diagnoses with the patient, simply arriving at the 'correct' diagnosis may not be enough to pass this station. Other important elements such as taking a good comprehensive medical history and demonstrating communication skills may also contribute to a candidate's score in this station.

Scoring key descriptors against which candidates are assessed can be found on the college website. A blank sample of the clinical case template is also available at [www.racgp.org.au/exam/assessmentpreparation](http://www.racgp.org.au/exam/assessmentpreparation).

## Practice based assessment

Practice based assessment (PBA) consists of three main components:

- videotaped consultations
- examiner clinical visit (ECV)
- viva

Candidates are required to undertake all components of PBA. These components cannot be separated and must be sat during the one intake. Unsuccessful candidates are required to complete all three components in a subsequent intake.

### Videotaped consultations

Candidates are required to videotape 90 consultations in their own practice, from which 15 cases will be selected for assessment. These are to be accompanied by a logbook, which the college examiners use to select consultations to be assessed. This segment assesses clinical consulting performance.

### Examiner clinical visit

The ECV consists of a visit to the candidate's practice by a college examiner to observe a general practice session with a minimum of eight patients. The objective of the ECV is to assess competencies that are more difficult to assess on videotaped consultation. Importantly, the ECV also allows the examiner more scope to assess physical examination skills.

### Viva

The viva consists of a videotaped oral examination that is subsequently marked by a second examiner. It is conducted over 90 minutes with an optional 15 minute break in between.

The aim of this component is to assess applied professional knowledge and skills, clinical decision making, health promotion, continuity of care, practice management and medical record keeping. That is, it measures what the candidate actually 'does' in clinical practice.

Questions are based on the college examination matrix covering the domains of general practice and the International Classification of Primary Care (ICPC) chapter headings. Sample viva questions for candidates are made available when enrolment is confirmed. For more detailed information on PBA visit [www.racgp.org.au/pba](http://www.racgp.org.au/pba).

## Candidate policies for conduct

Policies and procedures related to the conduct of the examination are detailed at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy). Candidates should be aware of the rules and regulations for the conduct of the examination.

## Feedback from candidates

Feedback received from candidates is an important element of the continuing quality improvement for any assessment. A questionnaire is distributed to candidates following the written and clinical components. From the responses, the national coordinators are given feedback on their respective component. Results from the analysis of the questionnaires is presented to the Board of Assessment. Completion of feedback is anonymous (candidates may identify themselves if they choose) and only group results are reported. Candidate feedback has no bearing upon individual candidate performance in the examination.