

# *RACGP Education*

**Exam report 2020.2 RCE**



## **RACGP Education: Exam report 2020.2 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.*

# *Introduction to the RCE*

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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 2020.2 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 2020.2 RCE was delivered across multiple, non-consecutive days as follows:

**Day 1A:** Saturday 13 March 2021, cases 1A–6A

**Day 1B:** Sunday 14 March 2021, cases 1B–6B

**Day 2A:** Saturday 20 March 2021, cases 7A–12A

**Day 2B:** Sunday 21 March 2021, cases 7B–12B

**Day 3:** Wednesday 31 March 2021, cases 13–16

## Exam psychometrics

The 2020.2 RCE proved to be reliable and valid. Cases passed ranged from 74% to 95%. Reliability calculated using Cronbach's alpha was 0.76 for this exam. The case discrimination index ranged from 0.35 to 0.61, with most between 0.51 to 0.56, which indicates that cases were good discriminators. In the 2020.2 RCE there were two streams for cases 1–12, and statistical analysis showed no significant difference between the two streams for exam reliability (0.76 compared to 0.75).

Most performance criteria were addressed well by candidates, with mean scores ranging from 59% to 83%.

The competencies where candidates did not perform as well, with the mean scores below 67%, related to information gathering and interpretation, general practice systems and regulatory requirements, preventive and population health, and professionalism.

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 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. 2020.2 RCE psychometrics**

Reliability	0.76
Pass rate (%)	79%
Number passed	880
Number sat	1114

## Exam banding

Table 2 provides a percentage breakdown of candidates into bandings.

**Table 2. 2020.2 RCE candidates in each banding**

Banding	Candidates (%)
P2	57
P1	22
F1	13
F2	8

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, which contains 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 include a mock RCE with a post-mock webinar providing feedback on each of the mock exam cases.

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.

## 2020.2 RCE exam cases

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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. 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 divided by streams below (Saturday: stream A, Sunday: stream B). Day 3 cases (13–16) are the same across both streams.

It is important to note that the competencies tested are distributed across each set of 12 cases. Cases with similar demographic details or contexts across the two streams may not be testing the same competencies or performance criteria, and therefore, cannot be used for direct comparisons.

### Case 1A

A seven-year-old boy, attending with his mother, presents with a four-month history of abdominal pain.

The competent candidate will demonstrate their ability to manage a child presenting with chronic constipation, from taking an appropriate history and focused examination to enable them to work through their differential diagnosis, to providing the parent with clear explanations and appropriate follow up.

### Case 2A

A 32-year-old man presents with dysuria of five days' duration.

The candidate needs to demonstrate a non-judgemental and empathic approach, and acknowledge the concerns expressed by a potentially vulnerable patient and the importance of confidentiality. They should have a clear management approach to urethritis in men who have sex with men and heterosexual male patients.

### Case 3A

A seven-month-old girl presents with her mother, who is concerned about her breathing.

The candidate should provide an appropriate list of possible causes for the child's respiratory symptoms and describe a focused assessment. They should offer a clear explanation of the condition to the mother and instructions for safety netting in case of deterioration.

### Case 4A

A 48-year-old Aboriginal man presents for follow up of his hypertension with multiple chronic disease risk factors.

The competent candidate should define a clear problems list, and recommend appropriate investigations targeting their differential diagnosis. They should provide appropriate lifestyle advice and outline a management plan with a team-based approach, linking the patient to Aboriginal and Torres Strait Islander-specific programs that would support him to achieve his health goals.

### Case 5A

A 24-year-old woman presents with recurrent abdominal pain.

The competent candidate should take a focused history targeting their differential diagnosis, discuss an appropriate assessment of the patient and narrow down their differential diagnosis based on the clinical findings. They should manage the subsequent presentation as an emergency that requires stabilisation and transfer to hospital.

### Case 6A

A 46-year-old man/woman presents about their snoring.

The competent candidate should effectively engage with the patient to achieve a shared understanding of the patient's ideas about their illness, concerns and expectations. They should provide appropriate explanation and education to the patient using concise, easily understood language, and check the patient's understanding of sleep apnoea and its potential impact on their health and work.

### Case 7A

A 75-year-old man, who is a new patient, and accompanied by his daughter, presents with pathology results for diabetic review.

The competent candidate should explore and address the multiple biopsychosocial issues affecting this elderly man's health status. They need to engage the patient and his daughter in his management plan, recommend appropriate investigations and rationalise his medications.

### **Case 8A**

A 59-year-old woman presents with a non-healing lump on her face. She later seeks legal compensation for delayed diagnosis.

The competent candidate should recognise that the lesion is a non-melanoma skin cancer, and that excision with adequate margins is required by an appropriately skilled practitioner. They should outline adequate recall processes. When faced with patient complaints, they should be able to articulate practice policies and procedures, and seek appropriate advice.

### **Case 9A**

A 66-year-old man presents with coughing and haemoptysis.

The competent candidate should articulate an appropriate list of probable diagnoses and focus their history and clinical assessment based on this. Appropriate investigations, short- and longer-term management and underlying factors contributing to the presentation should be addressed.

### **Case 10A**

A 45-year-old woman presents with a painful right shoulder.

The competent candidate should provide a broad differential diagnosis for this patient's shoulder pain, including work-related factors, and recommend appropriate investigations. The management plan needs to be comprehensive, incorporating work injury management, and offer the patient appropriate pharmacological and non-pharmacological options.

### **Case 11A**

A 52-year-old woman presents with moodiness.

The competent candidate should effectively engage with the patient to address her concerns and provide comprehensive advice regarding menopause and her management options, including the risks and benefits of the options offered. Appropriate preventive health advice should be offered.

### **Case 12A**

A 50-year-old woman presents with chronic intermittent lower abdominal pain and diarrhoea. Candidates are required to refer to one of the journal articles provided.

The competent candidate should demonstrate that they understand the tests have a high negative predictive value and a low positive predictive value. The negative faecal calprotectin is reassuring, but does not exclude colorectal cancer or colonic polyps, so the patient should still proceed to a colonoscopy, although with less urgency. They should also recognise that a functional gut disorder is the most likely diagnosis, and should provide correct advice regarding appropriate screening and prevention strategies, given the patient's clinical context.

### Case 1B

The candidate is asked to attend to an 86-year-old man who had a fall at an aged care facility.

The candidate should demonstrate a safe approach to assessment after a fall and strategies for falls prevention. They should articulate a rational review of the patient's medications and manage the polypharmacy, ceasing medications that increase falls risk and that are not beneficial to this patient. The acute deterioration of the patient should prompt consideration of potentially life-threatening conditions and hospital referral.

### Case 2B

A 57-year-old woman presents with a pigmented lesion on her leg. The patient is difficult to follow up, and later seeks legal compensation for delayed diagnosis.

The competent candidate should recognise that the lesion is a type of melanoma and that excision with adequate margins is required. It is reasonable for candidates to suggest referral to an appropriate specialist. They should outline appropriate recall processes, 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.

### Case 3B

The candidate is asked to review a 66-year-old aged care resident with worsening cough after choking several days prior.

The competent candidate should recognise that this is likely aspiration pneumonia, but also consider other causes for this presentation. They need to manage the acute episode and the underlying cause, and involve the allied health team to optimise the patient's outcome. The management plan needs to consider the wishes of the patient and ensure that an advance health directive is in place and respected.

### Case 4B

A 45-year-old woman presents with a painful left shoulder.

The competent candidate should undertake a systematic history and clinical examination that is guided by their differential diagnosis. They should recognise that investigations are limited and often unhelpful. The management plan should include work considerations, as well as pharmacological and non-pharmacological options. They should be able to explain a joint injection to the patient.

### Case 5B

A 56-year-old woman presents with hot flushes.

The competent candidate should take an appropriate history to understand the patient's concerns and provide clear answers to her questions related to menopause and its treatment. They need to consider the patient's underlying conditions and recommend appropriate options for their symptom management, as well as educating the patient regarding the risks and benefits of these options.

### **Case 6B**

A 39-year-old man presents with a change in bowel habit.

The competent candidate should demonstrate their awareness of the broad differential diagnosis for the patient's initial presentation, which requires further focused history and appropriate investigations. Initial management is focused on functional gut disorder, but subsequent presentation with rectal bleeding should prompt further investigations to exclude more serious causes.

### **Case 7B**

A seven-year-old boy presents with a history of ongoing abdominal pain of four months' duration.

The competent candidate will demonstrate their ability to manage a child presenting with chronic abdominal pain. They should take an appropriate history and undertake a focused examination to work through their differential diagnosis. The management plan should cater for a functional gut disorder and provide the parent with clear explanations and appropriate follow up in case of alternative diagnoses.

### **Case 8B**

A 32-year-old man presents with dysuria.

The candidate needs to demonstrate the ability to take a thorough history and appropriately investigate a man with presumed sexually transmitted infection. They should exhibit a non-judgemental and empathic approach, and be able to explain the rationale for their management and follow up of the patient.

### **Case 9B**

A seven-month-old girl with noisy breathing is presented by her mother.

The competent candidate should take a focused history, appropriately assess the child and reassure the mother. They should offer clear explanation and education on monitoring and safety netting in case of deterioration.

### **Case 10B**

A 48-year-old Aboriginal man presents for his ambulatory blood pressure results.

The competent candidate should discuss appropriate history, taking into consideration that this is an Aboriginal man, and investigations targeting the possible causes of secondary hypertension. They should provide a culturally appropriate management plan, as well as appropriate pharmacological and lifestyle advice.

### **Case 11B**

A 50-year-old woman presents with concerns about breast cancer. Candidates are required to refer to one of the journal articles provided.

The competent candidate should demonstrate that they understand breast MRI is sensitive but non-specific, with a high rate of false positives and overdiagnosis.

They should be able to give appropriate screening and preventive health advice for breast cancer. Irrespective of the likely diagnosis, this patient must be recommended for appropriate testing of the breast lump (triple test).

### **Case 12B**

A 50-year-old person presents for a check-up.

The candidate should readily elicit the patient's concerns and demonstrate a systematic approach in working with the patient to achieve their goal. The focus is on general preventive health advice to a patient who is relatively well. They should provide appropriate explanation and education to the patient and check the patient's understanding of information given.

### **Case 13**

A 30-year-old pregnant woman presents with pelvic pain and vaginal bleeding.

The competent candidate should manage the threatened miscarriage and the possibility of subsequent miscarriage sensitively and effectively. They need to address the patient's physical and psychological needs, and advise on preventive health measures to prepare for future pregnancies.

### **Case 14**

A 66-year-old woman presents for her blood test results.

The competent candidate should recognise that the patient is significantly anaemic. There are a number of possible causes, but gastrointestinal bleeding is the most likely cause, and an urgent endoscopy and colonoscopy will be required. The candidate should offer clear explanation and education when formulating the management plan with the patient so that she can understand why it is important that she follows through with the actions.

### **Case 15**

An 88-year-old woman presents with memory and behavioural issues.

The competent candidate needs to demonstrate a systematic approach to a patient with potential dementia, through appropriate assessment and investigations to exclude other potential causes. They should effectively manage the ethical dilemma arising from the patient's circumstances and provide clear management advice to her carer.

### **Case 16**

A 67-year-old man presents with weight loss.

The competent candidate should readily gather appropriate information to form a provisional diagnosis. They should communicate clearly and be able to break bad news to a patient with a likely malignancy, without being able to fully reassure or give specific answers to important questions at this time. They should demonstrate a patient-centred approach, compassionately acknowledging and addressing the patient's potential distress or concerns.

# *Feedback on candidate performance*

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## **1. Candidate clinical performance: General comments**

Successful candidates are able to demonstrate an empathic and non-biased approach to patient management, taking into consideration the patient's context. Examples of where this was not always done well by candidates was with culturally and linguistically diverse patients. General stereotyping is not appropriate and demonstrates a lack of understanding of patient context. The competent candidate should demonstrate a non-judgemental approach to all patients.

Other common pitfalls include formulaic responses and using a scattergun approach. These do not demonstrate clinical reasoning ability or understanding of individual patient context and needs. For example, assumptions and formulaic responses to specific cultural groups, without considering their individual circumstance, may lead to incorrect conclusions.

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

## **2. Process: General comments**

Most candidates engaged well with the process and had a smooth examination 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 examination; however, 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 to ensure adequate internet speed. Refer to the RCE 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 RCE.



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