



RACGP

Royal Australian College of General Practitioners

Candidate guidelines for the Remote Clinical Examination

Candidate guidelines for the Remote Clinical Examination

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.

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. Candidate guidelines for the Remote Clinical Examination. East Melbourne, Vic: RACGP, 2021.

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

Tel 03 8699 0510
Fax 03 9696 7511
www.racgp.org.au

ABN: 34 000 223 807
ISBN: 978-0-86906-597-6

First published January 2021, updated May 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.

Contents

<i>About this guide</i>	<i>1</i>
<i>Remote Clinical Examination</i>	<i>2</i>
What is the Remote Clinical Examination (RCE)?	2
How are RCE cases written?	2
How are RCE cases marked?	2
RCE assessment methodology – sequential testing	3
The clinical competencies for the RCE	3
What happens in an RCE case?	5
Answering the questions in case-based discussion cases	6
Conflicts of interest	6
<i>Results</i>	<i>7</i>
Candidate examination results	7
Ratification of results	7
Reconsideration of an examination result	7
<i>RCE preparation</i>	<i>8</i>
Examination preparation in the work setting	8
New exam preparation resource package	8
Public examination report	8
RACGP Curriculum for Australian General Practice	9
BEACH: Frequency and patterns of problems in general practice	9
<i>gplearning</i>	9
Continuing Professional Development (CPD)	9
<i>check</i>	9
Yagila Wadamba 'Learn to Heal'	10

About this guide

This guide is designed for current and prospective RACGP Remote Clinical Examination (RCE) candidates.

The purpose of this guide is to ensure that candidates are informed about every aspect of the RCE, from theory to quality assurance and results. The guide outlines the standards, processes and features used to develop the examination, and provides tips for preparation.

This guide does not cover details of enrolment, Fellowship pathways, education standards, policy or appeals. It is purely focused on the RCE.

The RACGP [Fellowship Pathways framework](#) provides an overview of the pathways to Fellowship and the associated policies.

Details relating to candidate entry requirements and enrolment processes are available in the [Assessment and examinations candidate handbook](#).

Remote Clinical Examination

What is the Remote Clinical Examination (RCE)?

The RCE is designed to assess clinical competence and readiness for independent practice as a specialist general practitioner (GP). The examination assesses how a candidate applies their knowledge and clinical reasoning skills when presented with a range of clinical scenarios (called 'cases'). It allows the candidate to demonstrate their abilities over a range of competencies that are mapped to the RACGP Curriculum for Australian General Practice.

Candidates are expected to demonstrate application of their clinical skills as well as their communication skills, including inter-professional and patient-centred communication and professional attitudes in the context of each of the cases.

Cases include:

- case-based discussion
- case-based discussion with a physical examination and/or procedure
- critical appraisal and case-based discussion with reference to a research paper
- remote consultation with a simulated patient.

Each RCE consists of 16 cases delivered in short sessions over multiple days.

The RCE is run entirely remotely, with candidates and examiners engaging via a secure videoconferencing platform. Candidates are able to sit the examination at a venue of their own choosing.

How are RCE cases written?

The RCE cases are representative of a typical general practice setting in Australia.

Cases are written by a team of GPs with experience in medical education and assessment, using examples from actual patient encounters and drawing on the RACGP Curriculum for Australian General Practice to ensure that competencies are tested across a range of cases and contexts. Patients are role-played by trained role-players.

Cases are reviewed and road-tested by a panel of quality assurance examiners, recently Felledd members and representatives from the Council of Censors before being approved for use in the exam.

How are RCE cases marked?

Examiners for the RCE are experienced GPs who undergo significant training in delivering and marking cases in a standardised way before examining for the RCE.

Each case presents a number of competencies that are assessed as the case unfolds. Within each of the competencies there are multiple criteria describing the performance expected at the level of early Fellowship.

Examiners rate each candidate's performance in relation to the competency areas 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 standard expected is set at the point of Fellowship. The decision to be made in the RCE is binary – at the standard or not. Being at the standard expected means that the candidate is ready for unsupervised general practice in Australia.

Candidates are examined by different examiners on each station, providing broad sampling that limits the potential for bias and provides a significant amount of data points for analysis. This enables a high confidence interval that allows for the integration of sequential testing into this examination.

RCE assessment methodology – sequential testing

The RACGP has introduced sequential testing into the RCE. Use of sequential testing eliminates the need for candidates who are clearly at the standard or not at the standard to experience extra unnecessary testing.

Sequential testing optimises the number of assessments for each candidate depending on their performance. In sequential testing, all candidates are presented with a shorter initial test. In the case of the RCE, this is 12 cases. At the end of the first 12 cases, each candidate's performance is reviewed to determine those who are clearly at the standard or not at the standard of a Fellow. These candidates are excused from further testing. The remainder of the candidates undertake four more cases (cases 13–16), the results of which are added to the results from the initial set of 12 cases.

The clinical competencies for the RCE

Communication and consultation skills

This competency focuses on communication with patients and appropriate general practice consultation techniques.

Communication skills enable a consultation to proceed. Effective communication, especially in difficult consultations, is a core skill in general practice.

- Communication and consultation are patient-centred, and the candidate engages the patient to understand their ideas, concerns and expectations.
- Developing respectful therapeutic relationships involves empathy and sensitivity, with the candidate trying to see things from the perspective of the patient.
- Explanations provided to the patient about the diagnosis or management are appropriate to the patient, their health literacy and their health beliefs.
- The candidate checks for understanding and agreement at various times during the consultation.

Clinical information gathering and interpretation

This competency is about the gathering, interpretation and use of information for clinical judgement.

- It includes information gathered from the history, clinical records, physical examination and investigations.
- History-taking includes gathering information from other sources, such as family members and carers where appropriate.
- Information gathering is hypothesis-driven and used to confirm or exclude likely diagnoses as well as red flags.
- The physical examination, and the selection of appropriate and evidence-based investigations are appropriate to the patient and presentation and are evidence based.

Making a diagnosis, decision-making and reasoning

This competency is about a conscious, structured approach to making a diagnosis and the decision-making process.

- The focus is on the content and includes all the steps leading up to formulating a diagnosis or problem list.
- The candidate demonstrates appropriate and accurate reasoning in working towards the diagnosis. The candidate is not necessarily required to make the correct diagnosis in the first instance.
- The candidate demonstrates the ability to think about and reflect on their reasoning.

This competency is closely aligned with information gathering; however, it can also be assessed in different ways.

Clinical management and therapeutic reasoning

This competency concerns the management of common, serious, urgent and chronic medical conditions encountered in general practice.

- It includes aspects of care beyond managing simple consultations (including management of comorbidity and uncertainty).
- The management plan is patient-centred at all times.
- Therapeutic reasoning includes the steps taken based on the problem list, or the likely diagnosis, and is a part of the clinical reasoning process.

Preventive and population health

This competency is about providing general practice care and service that support economically rational and effective use of the healthcare system.

- Issues related to public health are identified and managed.
- The determinants of health and disease are identified both on the individual and community level.
- This competency includes disease prevention and health promotion activities.

Professionalism

This competency requires knowledge of ethical principles, duty of care and maintaining appropriate therapeutic boundaries.

- The candidate is able to appropriately review potential and actual critical incidents and manage consequences and reduce future risk.
- The candidate is able to scrutinise their own professional behaviour and is open to feedback demonstrating a willingness to change.

General practice systems and regulatory requirements

This competency is about understanding general practice systems, including appropriate use of administration and IT systems, the importance of effective record keeping, clinical handover and recall systems.

- The candidate understands how primary care is organised in Australia, including statutory and regulatory requirements and guidelines.
- The candidate understands the importance of patient consent and maintaining confidentiality.

Procedural skills

Appropriate procedures are those that are likely to most benefit a patient's health and wellbeing from a diagnostic and/or management perspective.

- Assessment of appropriate procedures is related to the practice setting, individual sociocultural context, and consequent availability of access to more-specialised services.
- Recommendations for procedures consider the potential benefits, the evidence basis, and the possible risks and costs in the context of any relevant sociocultural beliefs of the patient.
- The candidate is able to demonstrate a range of procedures appropriate for general practice.
- The candidate considers skills that need to be developed and considers the local community or practice population needs.

Managing uncertainty

Ongoing undifferentiated conditions can cause considerable anxiety for patients, their families and the GP. There is a need for a structured, evidence-based approach to minimise risk from the perspectives of a patient's health and economic situation.

- Undifferentiated conditions are often associated with uncertainty and ambiguity, and present management challenges.
- The candidate makes rational and balanced choices of investigations, avoiding over-investigation, under-investigation and management that would not benefit the individual.

Identifying and managing the significantly ill patient

A significantly ill patient is an individual at any life stage who is at risk of actual or acute potentially life-threatening health problems.

- Candidates identify significant illness early and manage this in line with accepted guidelines.

What happens in an RCE case?

The candidate is moved to a virtual exam room just before the start of each case.

Examiners share the case information on their screen and candidates can scroll and read throughout the reading time. Candidates may also take notes and case information remains available throughout the case.

Candidates have five minutes to read case information and instructions on their screen before the exam begins. The allotted examination time of 10 minutes begins immediately after, and the examiner will manage the timing and advise the candidate when they can commence.

Each case contains a number of questions relevant to the case. Examiners may prompt candidates to provide additional information or may prevent them from veering off track.

Answering the questions in case-based discussion cases

Case-based discussions

Examiners ask specific questions during each case. If a candidate does not answer the question asked or has not addressed a particular aspect of the question, examiners may ask a prompting question. For example, if the question is 'Describe how you would examine this patient' and you miss some components of the physical examination, the examiner may prompt you with 'Please describe specific tests you would perform and what you are looking for'.

Examiners may also ask probing questions to find out more information if your response lacked details or to clarify what you said. For example, 'You mentioned you would check for XYZ – can you please explain how you would do that?'

Simulated patient cases

Candidates should communicate directly with the patient rather than the examiner as per the case instructions. When communicating with the patient, candidates should avoid common errors such as:

- inappropriate language and use of jargon
- lack of empathy and a formulaic approach
- a paternalistic, instructional approach
- awkward peer-to-peer communication.

Communication with the patient should be appropriate for the person and their needs. It's important for candidates to demonstrate active listening and respond to the cues given to you by the patient.

Conflicts of interest

Candidates may encounter examiners they know or who they have met before, such as during their general practice training. This is not normally a conflict of interest.

The scheduling process ensures that candidate and examiners from the same state are not placed in the same rotation, avoiding the likelihood of most conflicts. Additionally, all examiners are provided with a list of candidates who they will be examining; they must notify the RACGP if there is an actual, potential or perceived conflict of interest.

Conflicts of interest can include or relate to, but are not limited to:

- financial and commercial interests, including connections/employment to a commercial examination preparation organisation
- external employer–employee relationships
- family connections and kinship
- receiving gifts or benefits
- friendships
- membership of an association, society, company, union or trusteeship
- professional relationships and collaborations
- domestic relationships
- intellectual property.

Results

Candidate examination results

Candidates can access their results by logging in to the [RACGP website](#) on the results publication date. Results can be viewed under the candidate's 'Assessment Statement'.

Examination results will not be provided by email, telephone, fax or posted.

Regional Training Organisations (RTOs) receive the results of their registrars at the same time as the registrars themselves.

Ratification of results

Results are ratified before being released. The RACGP Council of Censors is responsible for reviewing and ratifying all examination results on behalf of the Board. The Council of Censors reviews the administration of the examination segment, quality assurance processes followed, and the overall result for each candidate. The information provided to the Council of Censors is de-identified to ensure each censor is unaware of a candidate's identity at the time of ratification.

Reconsideration of an examination result

Candidates may choose to appeal their final examination result in some circumstances. Full details relating to the grounds for appeal and how to submit an application are outlined in the RACGP's [Reconsiderations and Appeals Policy](#). An application for reconsideration must be submitted to the RACGP within 10 national office business days of the applicant being notified of the original decision.

RCE preparation

Examination preparation in the work setting

It is through everyday practice that candidates improve their consultation skills. It is important for candidates to practise each of the competency areas in their daily patient encounters, seeking feedback from supervisors, peers, mentors, colleagues and patients with the intent of continuously improving performance.

Candidates may find it helpful to invite a trusted colleague to spend time watching them consult, either in the practice or by video (such methods would require informed patient consent), and then asking for constructive feedback. Candidates can then become aware of their own performance in clinical situations and alter any aspects they consider appropriate. Performing well in actual practice makes it easier to translate these behaviours into the examination situation.

It is important that all candidates practise a structured approach to patient presentations, which are often non-specific and full of uncertainties. Candidates should also practise being systematic in defining patient problems, and working through the differentials to a provisional or definitive diagnosis.

It is essential that candidates continue to practise patient-centred care in a culturally appropriate and safe way. They must also practise using an evidence-based approach to quality care.

New exam preparation resource package

A new RCE preparation activity has been added to the current suite of candidate resources. It includes case examples, guidance on what is expected of a passing candidate, and the opportunity for candidates to grade and reflect on their own performance.

Full details will be available on the [RCE web page](#) from 17 May 2021.

Public examination report

The public reports for the RCE are available for download from the [RACGP website](#).

The reports includes feedback on each of the 16 cases from the clinical lead. They can be discussed with candidates to assist them in formulating a strategy to prepare for the examinations.

The public examination report is provided under licence by the RACGP. Full terms are available on the RACGP website. 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 Curriculum for Australian General Practice

In preparation for the exams, candidates should consider the question: what is Australian general practice?

The RACGP [Curriculum for Australian General Practice](#) is a guide to the knowledge, skills and learning experiences necessary for competent unsupervised general practice. The curriculum domains and statement areas provide the basis for selection of examination questions and cases, so candidates find it useful to refer to the curriculum to guide their examination preparation.

BEACH: Frequency and patterns of problems in general practice

The frequency and patterns of problems as they occur in Australian general practice are also considered during examination preparation. Information gathered from research such as the [University of Sydney's BEACH study](#) is used to design the exams.

Candidates may find it useful to compare their practice profile with that of other practitioners – for example, by reviewing their practice using a log diary of 100 consecutive patients.

Comparing a practice profile with the BEACH data may assist candidates in identifying learning needs. If they see very few paediatric cases, for example, they may wish to undertake further study in paediatrics to better prepare for the exams. This may include organising some sessions in a facility with a paediatric population, reading journals, attending lectures and workshops.

gplearning

[gplearning](#) is the RACGP's online portal that provides evidence-based, peer-reviewed general practice education for all RACGP members with a current member log in.

Dedicated *gplearning* modules are available to support candidates studying for the exams, including the 'Introduction to the RACGP Remote Clinical Examination for candidates'.

Continuing Professional Development (CPD)

Many activities that are promoted through the RACGP's CPD program may also be useful to candidates preparing for the exams. Candidates can visit the [RACGP website](#) to search for activities.

check

check is an independent learning program and peer-reviewed CPD activity that provides a range of cases written by expert clinicians. Each case includes a brief clinical scenario followed by a series of questions designed to highlight the important issues to consider in the clinical history, examination, investigation and/or management of a problem. Visit the [RACGP website](#) for more information.

Yagila Wadamba ‘Learn to Heal’

RACGP Aboriginal and Torres Strait Islander Health developed the Yagila Wadamba Program (meaning ‘learn to heal’), an annual support program for Aboriginal and Torres Strait Islander GPs in training.

The program is delivered face-to-face and/or online. It concentrates on examination preparation and other key areas of general practice training. Participants are able to network with their peers in a friendly and welcoming environment, while also taking advantage of the opportunity to hear and learn from medical educators and Aboriginal and Torres Strait Islander GP Fellows.

Attendees are supported to not only perform at their best in examinations, but to thrive throughout their general practice training journey.

For more information on Aboriginal and Torres Strait Islander GPs in training support, contact aboriginalhealth@racgp.org.au or 03 8699 0528.



Healthy Profession.
Healthy Australia.