



RACGP

# Candidate guidelines

## for the Clinical Competency Exam



## **Candidate guidelines for the Clinical Competency Exam**

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# About this guide

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This guide is designed for current and prospective RACGP Clinical Competency Exam (CCE) candidates.

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

This guide doesn't cover details of enrolment, Fellowship pathways, education standards, policy or appeals.

The RACGP [Education policies and supporting documents](#) provides an overview of the pathways to Fellowship and the associated policies.

You can find details about candidate entry requirements and enrolment processes in the [Assessment and examinations candidate handbook](#).

# Clinical Competency Exam (CCE)

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## What is the CCE?

The CCE is designed to assess clinical competence and readiness for independent practice as a specialist GP. The exam assesses how you apply your knowledge and clinical reasoning skills when presented with a range of clinical scenarios (called 'cases'). It allows you to demonstrate your abilities over a range of competencies mapped to the RACGP [Curriculum for Australian General Practice](#) (the curriculum).

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

Each CCE consists of nine cases delivered in short sessions over two days.

Four cases are in the format of case discussions that involve you discussing a case with the examiner and five cases are clinical encounters where you interact directly with a role-player while the examiner observes and assesses your competency. The CCE is delivered entirely remotely via Zoom. Clinical encounters and case discussions are mixed over both exam days.

## How are CCE cases written?

The CCE 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 curriculum to ensure 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 QA examiners, recently Fellowed members and representatives from the Council of Censors before being approved for use in the exam.

## How are CCE cases marked?

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

Each case presents a [number of competencies](#) that are assessed as the case unfolds. Within each of the competencies, multiple criteria describe the performance expected at the level of early Fellowship.

Examiners rate your 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. Being at the standard expected means that you're ready for unsupervised general practice anywhere within Australia.

Candidates are examined by different examiners on each station, providing broad sampling that limits the potential for bias and provides a significant number of data points for analysis.

## **The clinical competencies for the CCE**

### **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, interpreting and using information for clinical judgement.

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

### **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 isn't 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, 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 and 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 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. A structured, evidence-based approach is needed 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 patient with significant illness

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.

### Aboriginal and Torres Strait Islander health context

This competency requires culturally appropriate and non-judgemental communication, acknowledging the impacts of intergenerational trauma on the patient's ability to trust and build therapeutic relationships with health professionals; awareness and respect for differences in social structure, culture and impacts of intergenerational trauma; and, in this context, the way that these affect perceptions of health, wellness and approach to health.

- The candidate communicates with social and cultural competency to develop effective therapeutic relationships with Aboriginal and Torres Strait Islander patients.
- The candidate demonstrates how they would optimise health outcomes by early identification and effective management of all health conditions.

### Rural health context

This competency is about understanding general practice in the rural and remote setting.

- The candidate demonstrates an understanding of referral pathways, including transfer, evacuation and retrieval procedures.
- The candidate identifies and ethically manages therapeutic boundaries.

## What happens in a CCE case?

There are two types of cases, case discussions and clinical encounters, which are both delivered entirely remotely via Zoom. You will be moved through four cases on weekend one and five cases on weekend two by the exam administrator. Each of your exam days will have a mix of case discussions and clinical encounters. Each case takes 15 minutes, with five minutes of reading time. A case scenario and instructions are given for every case. It's critical that you read the instructions and follow them carefully.

### Case discussions

You are given a link and connected to examiners through the Zoom video-conferencing platform. Cases are presented on screen, with examiners sharing control to enable you to scroll through the information.

You may also take notes, and case information is available throughout the case.

You have five minutes to read case information and instructions on your screen. The allotted exam time of 15 minutes begins immediately after, and the examiner will manage the timing and advise you when you can start.

Each case contains a number of questions relevant to the case. If you don't answer the question asked or don't address a particular aspect of the question, examiners may ask a prompting question.

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

### Clinical encounters

You are given a link and connected to examiners through the Zoom video-conferencing platform. Cases are presented on screen, with examiners sharing control to enable you to scroll through the information. You may also take notes, and case information is available throughout the case. You have five minutes to read case information and instructions on your screen. The allotted exam time of 15 minutes begins immediately after.

Clinical encounters involve you interacting with a role-player while an examiner observes and grades your performance. You should communicate directly with the role-player, rather than the examiner, as per the case instructions. When communicating with the role-player, you should avoid common errors such as:

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

Communication with the role-player should be appropriate for the person and their needs. It is important that you demonstrate active listening and respond to the cues given by the role-player.

## Conflicts of interest

You might encounter examiners you know or who you have met before, such as during your general practice training. This is not normally a conflict of interest.

All examiners are provided with a list of candidates they will be examining. They must notify the RACGP if there's an actual, potential or perceived conflict of interest. Conflicts of interest are managed using QA examiners who step in to examine when a conflict has been identified.

Conflicts of interest can include or relate to, but aren't limited to:

- financial and commercial interests, including connections/employment to a commercial exam 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

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### Candidate exam results

You can access your results by logging in to the [RACGP website](#) on the results publication date. Results can be viewed under your 'Assessment statement'.

Exam results won't be provided by email, telephone, fax or post.

Training regions receive their registrars' results on the same day as the registrars themselves.

### Determination of a passing grade

Each of the nine cases in the CCE are designed to assess specific competency areas and how a candidate applies those competencies in the context of the patient or scenario in each case. Each case assesses 10–14 competency criteria. These competencies include, but are not limited to, interpersonal skills, clinical management, ethics and communication. These competencies are drawn from the Fellowship of the RACGP Curriculum.

All candidates are presented with four case discussions and five clinical encounters. You don't need to pass a minimum number of cases to achieve a pass in the CCE, nor are there specific stations that you must pass.

Candidates are scored by their examiners against a rubric unique to each case. The standard against which you're assessed is that of a Fellow of the RACGP at the point of Fellowship; that you're fit for unsupervised general practice anywhere within Australia.

A pass mark for each case is determined at the completion of the exam using a borderline regression method, an internationally recognised standard-setting methodology. The pass mark for the exam equals the average of the pass marks for each individual case.

## Ratification of results

Results are ratified before being released. The RACGP Council of Censors is responsible for reviewing and ratifying all exam results on behalf of the RACGP Board. The Council of Censors reviews the administration of the exam segment, QA 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 exam result

Candidates may choose to appeal their final exam result in some circumstances. Full details relating to the grounds for appeal and how to submit an application are outlined in the RACGP's [Dispute, reconsideration 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.

# CCE preparation

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## Exam preparation in the work setting

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

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

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

It's essential that you continue to practise patient-centred care in a culturally appropriate and safe way. You must also practise using an evidence-based approach to quality care.

## Public exam report

The public exam report contains important information and statistics relating to each exam, including general and specific feedback on candidate performance as observed by examiners in each of the cases. It is published following each exam and made available for download from the [RACGP website](#). This report may be useful in formulating a strategy for exam preparation.

The public exam 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.

## **Exam preparation resources**

A suite of resources, including a candidate technical guide, tips for candidates, example cases and marking guidance, can be found on the [CCE resource web page](#) and the Exam preparation toolkit on [gplearning](#).

## **RACGP Curriculum for Australian General Practice**

In preparation for the exams, you 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 exam questions and cases, so you'll find it useful to refer to the curriculum to guide your exam 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 exam preparation. Information gathered from research, such as the University of Sydney's [Bettering the Evaluation and Care of Health \(BEACH\) study](#), is used to design the exams.

You might find it useful to compare your practice profile with that of other practitioners; for example, by reviewing your practice using a log diary of 100 consecutive patients.

Comparing a practice profile with BEACH data may help you identify learning needs. If you see very few paediatric cases, for example, you might wish to do 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 and 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 login.

Dedicated *gplearning* modules are available to help you study for the exams, including the 'Introduction to the RACGP Clinical Competency Exam for candidates'. The Exam preparation toolkit contains a suite of resources to help with your CCE preparation including the Exam guidance program – CCE module.

## **Continuing professional development (CPD)**

Many activities promoted through the RACGP's CPD program may also be useful to you as you prepare for the exams. 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, exam, 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 has 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 exam preparation and other key areas of general practice training. Participants can 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 exams but to thrive throughout their general practice training journey.

For more information on support for Aboriginal and Torres Strait Islander GPs in training, contact [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au) or 03 8699 0528.



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