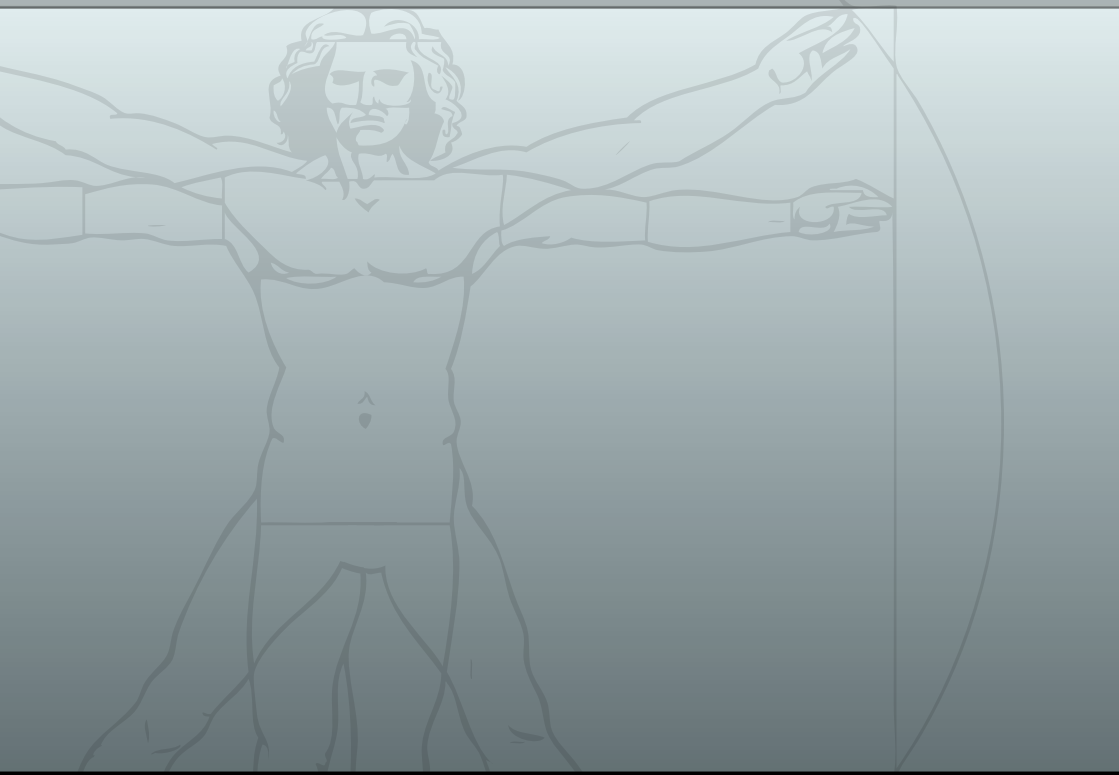
CLINICAL EXAMINATION SPECIFICATIONS

Australian Medical Council



"The purpose of the Australian Medical Council is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian Community."

Australian Medical Council Limited

Important notice to candidates for the Australian Medical Council (AMC) clinical examination

Clinical examination format

In 2014, the AMC implemented changes to the clinical examination that were designed to:

- streamline the format and operation of the AMC examination
- bring the AMC examination into line with current assessment practices in Australia and overseas
- make more effective use of clinical resources and, as a result, accommodate larger numbers of candidates in a more timely manner.

The AMC examination is a two-stage sequential test consisting of an advanced format Computer-Adaptive Test (CAT) MCQ examination of applied clinical knowledge and a 16 station OSCE format assessment of clinical skills.

AMC National Test Centre

The Australian Medical Council in July 2013 officially opened the Vernon C Marshall National Test Centre in Melbourne. The purpose of this facility, which was funded in part by the Australian Government, is both to facilitate the delivery of the AMC clinical examination for International Medical Graduates (IMGs) and to support innovation in assessment for medicine and other health professions.

Statement on privacy

The AMC is required to observe the provisions of the *Privacy Amendment (Private Sector) Act 2000*, (effective from 21 December 2001) which sets out the requirements for the collection and use of personal information collected before and after that date.

Each of the Application Forms required by the AMC includes a statement relating to the AMC's privacy procedures. Each must be signed by the applicant to give formal consent for the AMC to collect and hold personal information.

Please note: if this consent is not provided, the AMC will not be able to process the application.

Contents

1. Guidelines and specifications

1.1. Introduction

These guidelines and specifications have been prepared to assist candidates for the Australian Medical Council (AMC) examination. They contain information about the examination, including:

- the format and content
- levels of clinical knowledge, skills and attitudes required the areas and topics covered
- preparation
- suggested reading lists.

Candidates should study these guidelines in conjunction with the current edition of the AMC publication *Information booklet for candidates (application procedures and requirements for the AMC examination)*, which sets out the formal procedures for the AMC examination.

1.2. Assessment aims and objectives

The AMC examination is designed to assess, for registration purposes, the medical knowledge and clinical skills of international medical graduates whose basic medical qualifications are not recognised by the Medical Board of Australia.

The examination is designed as a comprehensive test of medical knowledge, clinical competency and performance. Both the multiple-choice question (MCQ) and clinical assessments are multidisciplinary and integrated.

The MCQ examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines, involving understanding of disease process, clinical examination, diagnosis, investigation, therapy and management, as well as on the candidate's ability to exercise discrimination, judgment and reasoning in distinguishing between the correct diagnosis and plausible alternatives.

The clinical examination also assesses the candidate's capacity in such areas as history taking, physical examination, diagnosis, ordering and interpreting investigations, clinical management and communication with patients, their families and other health workers.

1.3. Objective of the clinical examination

The general objective of the AMC clinical examination is to assess the clinical competence and performance of the candidate in terms of his or her medical knowledge, clinical skills and professional attitudes for the safe and effective clinical practice of medicine in the Australian community.

1.4. Structure of the AMC Examination

The AMC examination consists of two parts:

- A computer-adaptive multiple-choice question (MCQ) examination, testing medical knowledge. The MCQ is a computer-administered examination of three hours and thirty minutes duration and consists of 150 questions.
- A clinical examination (following a pass result in the MCQ examination), testing a wide range of clinical and communication skills. The clinical examination is of three hours and 20 minutes duration and is administered on a single morning or afternoon. A retest examination, duration of one hour and 40 minutes, will be administered if required. Conditions for awarding a retest result are detailed further below.

1.5. Standard of the AMC examinations

The standard of the AMC examinations is formally defined as the level of attainment of medical knowledge, clinical skills and attitudes that are required of newly qualified graduates of Australian medical schools and who are about to commence intern training.

The graduate outcomes forming the basis of medical education in Australia, as determined by the AMC for the accreditation of medical schools, are expressed in terms of four domains:

- history taking
- examination
- diagnostic formulation
- management/counselling/education

The objectives (known as graduate outcome statements) are listed in APPENDIX A.

1.6. Appeals procedure

The AMC has established procedures for candidates to lodge an appeal a regarding the Clinical examination. This process is outlined in the Appeals rules which are found on the AMC website at - www.amc.org.au. An appeal application form is also found on the website.

Important Note: Candidates who lodge an appeal for a clinical examination may not apply for a clinical examination until the outcome regarding the appeal has been received by the candidate.

2. Clinical examination

2.1. Requirements for the clinical examination

Candidates are required to meet the pass standard in the MCQ examination before being eligible to proceed to the clinical examination.

2.2. Standard of performance required

The clinical examination requires the candidate to demonstrate, to the satisfaction of the examiners, clinical ability across a broad range of required clinical disciplines, at the level of a graduating final year medical student about to commence the pre-registration intern year.

The candidate is required to:

- be familiar with the common and important health promotion strategies, health disorders, prevention strategies and related issues in the Australian community and to have some awareness of other less common health issues in the Australian community
- discuss the mechanisms of production of symptoms, signs, clinical features, morphological changes and the pathological appearances pertinent to common and important health disorders
- synthesise clinical findings, order and interpret investigations pertinent investigations
- be familiar with the indications for, the mechanisms and actions of, and the adverse effects of, the major therapeutic agents
- explain and justify an approach to a patient's problem(s)

2.3. Format of the clinical examination

A summary of the clinical examination is set out in Appendix B.

2.4. Arrangements for clinical examination

The specified dates and times of clinical examinations are available upon log in to the candidate portal at candidates.amc.org.au.

Examinations are held at the AMC Vernon C Marshall National Test Centre in Melbourne. Occasionally, examinations are also held periodically in Perth and Townsville.

Candidates may only apply for one examination at a time. Therefore, candidates who have been scheduled for a clinical examination may not lodge an application for another examination before they have received the results of the scheduled examination.

2.5. Workplace based assessment

Candidates who have applied for a position the workplace based assessment (WBA) pathway, are in the process of completing WBA or awaiting WBA results may not apply for a position in a clinical examination.

For further information regarding WBA, see:
http://www.amc.org.au/assessment/pathways/standard/wba

2.6. Scheduling process for the clinical examination

Once an examination is open for scheduling, candidates can select either Main or Retest and then select payment method (credit card, cheque or via ASDOT funding) and directly apply for their preferred examination date.

About 2,500 places are available in each calendar year. Currently, there is no wait time to get a placement in the AMC Clinical examination and places are allocated on a first come, first served basis.

The scheduling process allows candidates to view exact examination dates on the AMC website. Candidates can view the examinations open for scheduling, the closing dates and the number of places available.

Once an examination is open for scheduling, candidates can select either Main or Retest. Depending on the selection, relevant dates will be shown. *Please note: you will only be able to select the examination that you are eligible for (i.e. Main or Retest).*

Candidates can then directly apply for the preferred examination date and select the payment method (credit card, cheque or via ASDOT funding), a tick box option will be available for

candidate selection. There are different closing dates depending on the method of payment.

- **Credit card payment:** A candidate can make payment right up until the examination closing date. Candidates paying by credit card will receive a placement letter once payment is successfully processed. This should be immediate.
- **Cheque payment:** A candidate can make a cheque payment up to 10 days prior to the examination closing date. This allows for the cheque to be received and processed at the AMC prior to the examination closing date. If the cheque is not received 10 days prior to the examination closing date, the placement will be forfeited. Candidates paying by cheque will be able to download a placement letter via the candidate portal once payment is successfully received and processed. Please be aware that cheque processing may take up to two weeks.
- **ASDOT payment:** Once scheduled into an examination, the ASDOT Agreement to Pay (ATP) letter MUST be received at the AMC prior to the examination closing date. If not received by the examination closing date, the placement will be forfeited. Candidates paying by ASDOT funding will be able to download a placement lettervia the candidate portal, once the ATP letter is successfully received and processed.

For further information regarding examination closing dates, please see:

http://www.amc.org.au/assessment/clinical-exam/clinical-events

2.7. Venue

Candidates must arrive promptly and report to the administrative staff in attendance. Once candidates have reported, they will be required to remain, under the direction of the administrative staff, until the examination session concludes.

Candidates are scheduled for a single morning or afternoon examination. Candidates complete the examination within four to five hours of reporting.

Candidates are required to wait at the venue of the examination at the direction of the administrative staff in attendance.

Due to the multi-station structure of the examination, candidates arriving late will be excluded from commencing the examination.

2.8. Examination fees

Payment of the examination fee will confirm the placement in the relevant clinical examination session. If payments made by cheque or NOOSR are not paid by the examination closing date, the candidate will forfeit their placement.

Candidates who withdraw after accepting a clinical place will incur a withdrawal fee, the amount of which will depend on the date of the withdrawal.

The fees for the AMC examination are reviewed from time to time and are subject to variation.

The examination fees for the clinical examination (based on current examination costs) are shown on the AMC website (www.amc.org.au). Information regarding withdrawal fees, currently applying to the examination are also available on the AMC website.

2.9. Structured clinical assessment

The AMC clinical examination is an integrated multidisciplinary structured clinical assessment consisting of a 16-component multi station assessment, including three women's health stations and three child health stations.

A retest (additional pass/fail assessment) for candidates with marginal performance will be offered at the next available opportunity.

Candidates will rotate through a series of 20 stations, 16 of which will be assessed, and will undertake a variety of clinical tasks. All candidates in a clinical examination session will be assessed against the same stations.

Rest stations will not be scored, but will provide candidates with an opportunity to have a break between the assessed stations. There are four rest stations in addition to the 16 assessed stations.

Each station will be of 10 minutes duration (two minutes changeover and reading time, and eight minutes for the assessment). One examiner will be involved in each assessed station. Stations may use actual patients, standardised patients, role-playing patients, or video patient presentations. Models and other relevant equipment may also be used in the examination (e.g. prescription pads).

2.10. Assessment criteria

Stations will assess clinical skills in medicine, surgery, child health, women's health, general practice and mental health. Scoring is structured, with individual aspects of each station specified under the following broad headings:

- history taking
- examination
- diagnostic formulation
- management/counselling/education

Examples of material that could be included in the stations are:

- taking the history of a patient with symptoms of shortness of breath [history taking station]
- taking a history from a third party such as the parent or carer of a patient (history taking station)
- physical examination of a patient with symptoms of suspected intermittent claudication [examination station]

- physical examination of a patient with suspected thyrotoxicosis [examination station]
- interpretation of a clinical chemistry result [diagnostic formulation station]
- diagnosis of a common skin lesion [diagnostic formulation station]
- counselling of an asthmatic patient on the use of an inhaler [management/counselling/education station]
- counselling of a patient with obesity [management/counselling/education station]

The structured clinical assessments will make use of examiners from all disciplines.

2.11. Assessment objective for the clinical examination

The clinical examination assesses medical knowledge, skills and attitudes by the demonstration of ability at a range of clinical tasks in a series of clinical scenarios, against the standard of the graduating medical student at an Australian university.

2.12. Clinical Examination Content

The scenarios used in the assessed station may comprise:

- a clinical stem of essential information to the candidate about the case, which may include investigations, imaging or progress charts
- a series of tasks, commonly three–four
- a series of assessment points (domains), commonly three–five, which are aligned with the tasks.

Each scenario has a single predominant assessment area (history, examination, diagnostic formulation, or management/counselling/education).

During the reading time the candidate evaluates the given information and plans their approach to the assessment phase. They should plan their time, taking into account the number and type of tasks, including any given time guidelines.

During the assessment time the candidate conducts the interaction as required and performs the designated clinical tasks.

The clinical tasks include but are not limited to: history taking, physical and mental state examination, investigation planning and interpretation, diagnostic formulation, management planning, counselling and performance of procedures.

A clinical scenario may test a candidate's ability in responding to these tasks in various health care settings, including:

- community or general hospital services
- metropolitan, regional or remote locations
- any phase of health care: preventative, acute/critical care and continuing care

- any patient age group: new born to aged
- direct patient care: carer and family interactions or multidisciplinary team interactions.

A clinical scenario may be based on normal development, prevention or on any common and/or important diseases or syndromes, from any clinical system.

2.13. Retest

(Additional pass/fail assessment for marginal performance)

Candidates with borderline or marginal performances will have an opportunity to validate their result as a pass or fail in the form of a retest clinical examination. There is an additional fee for a retest. Dates of the next available retest are available on the AMC website. .

If a candidate schedules into a retest examination but fails to attend, then the overall result will be confirmed as a fail.

The retest will involve eight assessed stations, including one women's health station and one child health station, each of 10 minutes duration (two minutes changeover and reading time, and eight minutes for the assessment).

To pass the retest examination, and therefore the whole structured clinical assessment examination, a pass must be obtained in at least six of the eight assessed stations.

2.14. Results

A listing of candidates' results will be available on the AMC website (www.amc.org.au/results.asp) in the week following the examination and remain displayed for a period of four weeks. The candidate listing will be shown by AMC candidate reference number only, in compliance with Commonwealth privacy legislation.

Formal examination results will be posted to all candidates, usually within two weeks of the examination. Candidates should ensure that their current address is registered with the AMC secretariat.

3. Marking in the structured clinical assessment examination

Each station has a predominant assessment area that defines the main aim of the station.

The marking system for the examination has changed. The very unsatisfactory'/ unsatisfactory approach, as described in previous editions of this booklet, is no longer in use.

The revised marking system for the examination now contains two main approaches, key steps and domains. Each station will have several key steps and domains that are relevant to that station.

A sample of a structured clinical assessment station is at APPENDIX C.

3.1. Key steps

Typically in each station, there will be between two and five key steps that a candidate is expected to demonstrate. These are marked as 'observed' or 'not observed'.

3.2. Domains

Domains may include (but are not limited to) such items as approach to the patient, history taking, choice and technique of physical examination, accuracy of physical examination, differential diagnosis, choice or interpretation of investigations, management, and patient education/counselling.

Each domain selected for the station will be rated on a seven-point scale. Typically, there will be between three and five domains in each station that a candidate will be assessed on. The expectations of the candidate are described specifically in each domain as relevant to the individual station.

In addition, the examiner makes a global rating of the candidate's ability on the station, at the level of an exiting medical student, again on a seven-point scale. At present, a score of three or below constitutes a fail score, and four or above constitutes a pass score.

3.3. Determination of results

Performance requirements:

The overall result for each of the 16 assessed stations will be recorded as a pass or fail only. Candidates will be globally graded as clear pass, marginal performance or clear fail, as follows:

For a clear pass, candidates must obtain a pass score in 12 or more of the 16 assessed

stations including:

- a pass in at least one women's health station *and*
- a pass in at least one child health station

For a marginal performance, candidates must obtain a pass score in 10 or 11 of the 16 assessed stations including:

- a pass in at least one women's health station *and*
- a pass in at least one child health station

For a clear fail, candidates must obtain a pass score in nine or less of the 16 assessed stations

or

- a fail score in all three women's health stations, irrespective of the total number of stations passed

or

- a fail score in all three child health stations, irrespective of the total number of stations passed.

A candidate who obtains a *marginal performance* grade will be eligible to present for a pass/fail retest to confirm their result as a pass or fail.

Candidates will be globally graded as clear pass or a clear fail in the retest, as follows:

- clear pass (a pass score in at least six of the eight stations)
- clear fail: a pass score in five or less of the eight stations.

A candidate who obtains a clear fail at the main examination or the retest will be required to re-sit the clinical examination.

With the implementation of new format mark sheets in clinical examinations conducted from May 2014, information is obtained in relation to a number of aspects of each individual case that can be used to provide feedback to candidates. Such information is gathered as a score from examiners on a scale from 1 to 7, with a score of 4 or above considered satisfactory for that particular aspect of the station, and is reported to candidates on the feedback provided.

It is important to note, however, that the scores for the aspects that are reported as part of the feedback provided to candidates, are not the scores from examiners that determine a Pass or a Fail for the station. This is determined by examiners making a separate Global Judgement about candidate performance that looks at performance across all aspects of the case, not just those for which feedback has been provided. A pass in the clinical examination remains at 12+/16 stations passed (with 10/16 or 11/16 constituting a retest).

Although the aspects of a case that are reported as part of the feedback provided to candidates may contribute to an examiner's Global Score, it is not possible to determine whether a Global Score that would result in a station being passed or failed was obtained for a case simply by looking at the scores associated with the aspects of the case provided in the candidate feedback.

4. Administration arrangements at the National Test Centre (NTC) in Melbourne

On entering the examination venue, candidates will be given a lanyard containing a starting card signifying which station they will be starting the examination on. Candidates will be shown a briefing video regarding the examination and then taken into the examination area and asked to stand outside their starting station.

The first audio notification will indicate the start of the two-minute reading time outside the candidate's first station. The second audio notification will indicate the start of the examination and candidates will then proceed into the appropriate examination room. Some candidates, however, will be starting at a rest station (this will be shown on the starting card) and will be required to stay in the rest station for the first ten minutes. The third audio notification will be after eight minutes of assessment and will conclude the first station. Candidates will then move, at the direction of the examination marshals, to their next station and read the information outside their second station. Each station will last eight minutes, with one examiner assessing each candidate's performance.

If candidates finish a station early, this does not mean that they have done well or failed. It merely means the task has been completed ahead of the allotted eight minutes. If candidates complete a station either early or on time, they will be required to stand outside the station just completed, until directed to their next station by an examination marshal.

Candidates have two minutes to move to, and read the information outside their next station.

Stations may use actual patients, standardised patients or role-playing patients. Candidates should regard and treat every patient as they would in a real setting, and therefore need to clean their hands as appropriate after physical examination.

In some stations, due to the eight-minute examination time period, there is not enough time to do a full physical examination. Therefore, the examiner may interrupt and request the candidate to move on to the next task. This should not be taken as a negative performance.

Drinking water and access to toilets will be provided at each rest station. Candidates must remain quiet while in the rest stations, which will be supervised by examination marshals.

When the final audio notification sounds, all candidates will be guided out of the examination area. Candidates may finish at a rest station and will be required to wait until the final notification sounds before being allowed to leave the examination area.

For health and safety reasons, candidates are required to bring their own stethoscope to the examination. Candidates are also permitted to carry a tendon hammer into the examination area, although these will be provided in the station if they are required.

All basic equipment will be provided in the examination room.

No books, textbooks, paper or other material are allowed into the examination area, including mobile telephones or handbags. Mobile telephones must be switched off and kept in the provide locker. All candidate belongings must be left in the locker provided during the sign in process. Candidates are not permitted to write any prompting material, for example, on their skin.

Any candidate found recording any information during the examination or attempting to compromise the examination content or procedures will not be permitted to continue with the examination and may forfeit his or her eligibility to proceed with the AMC examination process.

Listings of candidates' results will be available on the AMC website (www.amc.org.au/results.asp) from 9am (AEST) the week following the examination and remain for a period of four weeks. The candidates' listing will be shown by AMC candidate reference number only, in compliance with Commonwealth privacy legislation.

Formal examination results will be posted to all candidates, usually within two weeks of the examination. Candidates should ensure that their current address is registered with the AMC Secretariat.

5. Preparation for the structured clinical assessment examination

5.1. Review of clinical skills

The main objective of the clinical examination is to assess a wide range of clinical skills and safety in the context of safe clinical practice. The clinical examination is designed to evaluate the candidate's ability to identify key aspects of the history, identify normal and abnormal physical signs and symptoms, interpret these to arrive at an accurate diagnosis or differential diagnosis, briefly discuss the appropriate management of the patient and the condition, and to communicate effectively with the patient or carer.

AMC clinical examiners recommend that candidates undertake a comprehensive review of clinical skills and differential diagnoses. Experience suggests that a review of journals that contain articles dealing with common clinical conditions in the Australian community will be more effective in preparing for the clinical examination than spending too much time with reference books. Books concerning physical examination skills are essential and some online materials from reputable sources may assist in preparing for physical examination skills.

The AMC examiners also consider that candidates who are able to maintain continuing contact with the practice of clinical medicine in a teaching hospital or other relevant clinical service can significantly improve their chances of success in the AMC examination. It is in each candidate's best interest to identify their clinical strengths and weaknesses and to focus their efforts on overcoming any basic clinical deficiencies before sitting the examination.

Some candidates overlook the importance of the feedback from their MCQ examination when preparing for the clinical examination. Reviews of performance in the clinical examination show that there is a strong correlation between performance in the MCQ and clinical examinations. Candidates who fail certain topics in the clinical examination are often found to have performed poorly in the same topics in the MCQ examination.

Particular attention in the clinical examination needs to be paid to reviewing basic clinical skills, competence and safety to a standard comparable to that expected of an Australian medical graduate and to practising all aspects of consultation skills and doctor—patient communication in clear, non-technical English. The examination format and standards are geared to these aspects as required of Australian medical graduates. The AMC clinical examination is not set at postgraduate level in internal medicine, surgery, general practice or other specialties.

5.2. Conduct of candidates presenting for examination

Candidates are expected to conduct themselves courteously in examinations, correspondence and in personal contact with examiners, employees or agents of the AMC. Candidates whose conduct is disruptive, or is considered by the AMC to have been outside the bounds of reasonable and decent behaviour may forfeit their eligibility to sit future AMC examinations.

All candidates must comply with the instructions of clinical examination staff during

examinations. Failure to do so will constitute a breach of examination procedures and may result in action being taken against the candidate concerned.

No books, papers or electronic devices may be used in the examination. Candidates found to be giving, receiving or recording information during the examinations will not be permitted to continue in the examination and may forfeit their eligibility to sit future AMC examinations.

Candidates in clinical examinations are expected to observe fully the confidentiality of patients or role playing patients who participate in the examination and should not discuss the personal details of the consultations outside the examination at any time, with any person.

Any candidate found in breach of exam regulations will be reported to the Board of Examiners for possible disciplinary action.

A candidate who attempts to compromise the examination procedures may forfeit his/her eligibility to proceed with the examination. Action may be taken against any candidate found to be selling or offering for sale materials or details purporting to be AMC examination content.

The AMC will investigate thoroughly a complaint or adverse report concerning any candidate sitting an AMC examination, and disciplinary action may be taken.

Family and friends accompanying candidates to an examination are NOT permitted to enter the examination venue.

5.3. The doctor–patient relationship in Australia

Professional boundaries are crossed when any interaction of an unwanted or sexual nature occurs between a doctor and the patient or an immediate family member of the patient. The Medical Board of Australia has codes of practice on this matter.

A doctor who crosses professional boundaries while undertaking the AMC's clinical examination will be guilty of professional misconduct and may be sanctioned under the relevant Legislation.

5.4. General preparation for the clinical examination

The following points are suggested to assist candidates in planning for and sitting the clinical examination:

- Undertake a comprehensive review of clinical skills leading up to your scheduled clinical examination. Use clinically oriented texts but avoid heavy study of reference books. The candidate is expected to be able to take a focused history and perform a concise but complete physical assessment based on the patient’s presenting problem. The clinical examination is not designed to retest knowledge alone. Candidates do not get ‘extra points’ because they can recite detailed material from a text book on a particular clinical

condition.

- Get a good night's rest before presenting for the examination. Avoid the use of stimulants or other drugs that may impair your performance.
- Read your placement letter carefully and note the times and locations of your examination.
- Ensure that you arrive on time for each clinical examination session and give yourself time to settle down before your examination commences.
- If travelling from interstate, ensure that you check any interstate time differences and allow extra time in case of delayed flights or travel time between the airport and the city.
- Listen carefully to the examiners, and read carefully any preliminary data given to you.
- If you are uncertain about any instruction or question from the examiners during your clinical examination, you should ask for clarification of the particular matter, or for the question to be repeated.
- Do not overlook the fact that there may be role-playing, standardised, simulated or real patients in the clinical examination. The examiners will take note of the manner in which a candidate addresses and deals with the patient. As a medical practitioner, you already have a duty of care to your patients. The patients in the examination have a right to receive the same care.
- Where physical examination is required, exercise care with both technique and accuracy. Ensure that you do not cause any unnecessary discomfort to the patient. Ensure that you can identify correctly the physical signs that are present and absent. Avoid discussing patients with other candidates who may attend the clinical examination centre in the future. Patients are rotated and, in some cases, alternative conditions are examined in patients with multiple clinical signs. Any candidate who attempts to formulate a diagnosis or management on the basis of information provided by other candidates, without having examined the patient, is likely to compromise their assessment.
- The final consideration in determining the result in the clinical examination is the safety, accuracy and appropriateness of the assessment and/or management of the patient.

A list of recommended reading is at APPENDIX D.

General information for the structured clinical assessment is at APPENDIX E.

5.5. Formal notification of clinical examination results and feedback

Formal examination results will be posted to all candidates, usually within two weeks of the examination. Candidates should ensure that their current address is registered with the AMC secretariat.

Formal examination results will be posted to all candidates, usually within two weeks of the examination. Candidates should ensure that their current address is registered with the AMC secretariat.

Each candidate will receive a computer-generated breakdown of their performance against the assessment domains to assist with revision for future attempts.

A listing of candidates' results will be available on the AMC website (www.amc.org.au/results.asp) in the week following the examination and remain displayed for a period of four weeks. The candidate listing will be shown by AMC candidate reference number only, in compliance with Commonwealth privacy legislation.

Please note: Under no circumstances will final results be given over the telephone.

5.6. AMC certificate

Candidates who pass all sections (i.e. MCQ and clinical) of the AMC examination and whose medical qualifications are then confirmed by the International Credentials Service of the Educational Commission for Foreign Medical Graduates of the United States (ECFMG, will be issued with an AMC Certificate. A candidate's certificate will be sent to the office of the Medical Board of Australia in the state where the candidate resides approximately six–eight weeks after completion of the clinical examination. It should be noted that the AMC Certificate is only issued in Australia and cannot be re-issued once collected.

5.7. Request for duplicate copies of AMC results

For reasons of privacy, the AMC will not send copies of a candidate's official examination results to anyone but the candidate. However, upon request for duplicate copies of the results, the AMC will issue candidates with an application form, which should be filled in and returned to the AMC, with the appropriate fee. It may take up to ten working days before duplicate copies of results are received.

6. General information

6.1. Change of address

It is important that candidates advise the AMC secretariat promptly of each change of address, email address and/or telephone number. This will ensure that contact can be made as quickly as possible with candidates to notify them of examination venue changes, rule or eligibility changes, or to confirm information provided by the candidate on his or her application forms.

Change of address can be made via the telephone or by using the *Change of address form* which can be obtained by contacting the AMC Secretariat. The change of address form is also available on the AMC website (www.amc.org.au).

When advising of a change of address in writing, please include the following details:

- candidate number
- full name
- previous address
- new address
- candidate signature
- date of birth

Under the provisions of the Commonwealth *Privacy Amendment (Private Sector) Act 2000* (effective from 21 December 2001), the AMC is unable to accept changes of address or other candidate details submitted by email, unless provided on the Change of address form.

6.2. Further information

Candidates are advised to carefully study the current edition AMC publication – ***Clinical examinations specifications*** concerning examination procedures and requirements. If a candidate is in doubt about any aspect of the AMC examination, he/she should contact the AMC secretariat:

Australian Medical Council

PO Box 4810

Kingston ACT 2604

Australia

Telephone: (02) 6270 9777

Facsimile: (02) 6270 9799

Email: clinical@amc.org.au

Website: www.amc.org.au

Appendix A: Graduate outcome statements

The goal of medical education is to develop junior doctors who possess attributes that will ensure they are initially competent to practice safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for further training in any branch of medicine and for lifelong learning. Attributes should be developed to an appropriate level for the graduates' stage of training.

Included below is the list of graduate outcome statements, . These statements, divided into four domains, reflect the skills, knowledge and attitudes Australian medical students are required to demonstrate upon graduation. Graduate outcome statements can also be found in the AMC's *Standards for assessment and accreditation of primary medical programs*.

Domain 1
Science and Scholarship: the medical graduate as scientist and scholar
On entry to professional practice, Australian and New Zealand graduates are able to:
1.1 Demonstrate an understanding of established and evolving biological, clinical, epidemiological, social, and behavioural sciences.

1.2 Apply core medical and scientific knowledge to individual patients, populations and health systems.

1.3 Describe the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

1.4 Access, critically appraise, interpret and apply evidence from the medical and scientific literature.

1.5 Apply knowledge of common scientific methods to formulate relevant research questions and select applicable study designs.

1.6 Demonstrate a commitment to excellence, evidence based practice and the generation of new scientific knowledge.

Domain 2
Clinical Practice: the medical graduate as practitioner
On entry to professional practice, Australian and New Zealand graduates are able to:
2.1 Demonstrate by listening, sharing and responding, the ability to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.

2.2 Elicit an accurate, organised and problem-focussed medical history, including family and social occupational and lifestyle features, from the patient, and other sources.

2.3 Perform a full and accurate physical examination, including a mental state examination, or a problem-focused examination as indicated.

2.4 Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis. Discriminate between possible differential diagnoses, justify the decisions taken and describe the processes for evaluating these.

2.5 Select and justify common investigations, with regard to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results.

2.6 Select and perform safely a range of common procedural skills.

2.7 Make clinical judgements and decisions based on the available evidence. Identify and justify relevant management options alone or in conjunction with colleagues, according to level of training and experience.

2.8 Elicit patients' questions and their views, concerns and preferences, promote rapport, and ensure patients' full understanding of their problem(s). Involve patients in decisionmaking and planning their treatment, including communicating risk and benefits of management options.

2.9 Provide information to patients, and family/carers where relevant, to enable them to make a fully informed choice among various diagnostic, therapeutic and management options.

2.10 Integrate prevention, early detection, health maintenance and chronic condition management where relevant into clinical practice.

2.11 Prescribe medications safely, effectively and economically using objective evidence. Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents.

2.12 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures, including caring for the unconscious patient and performing CPR.

2.13 Describe the principles of care for patients at the end of their lives, avoiding unnecessary investigations or treatment, and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.

2.14 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including infection control, graded assertiveness, adverse event reporting and effective clinical handover.

2.15 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

Domain 3
Health and Society: the medical graduate as a health advocate
On entry to professional practice, Australian and New Zealand graduates are able to:
3.1 Accept responsibility to protect and advance the health and wellbeing of individuals, communities and populations.

3.2 Explain factors that contribute to the health, illness, disease and success of treatment of populations, including issues relating to health inequities and inequalities, diversity of cultural, spiritual and community values, and socio-economic and physical environment factors.

3.3 Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.

3.4 Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.

3.5 Explain and evaluate common population health screening and prevention approaches, including the use of technology for surveillance and monitoring of the health status of populations. Explain environmental and lifestyle health risks and advocate for healthy

lifestyle choices.

3.6 Describe a systems approach to improving the quality and safety of health care.

3.7 Understand and describe the roles and relationships between health agencies and services, and explain the principles of efficient and equitable allocation of finite resources, to meet individual, community and national health needs.

3.8 Describe the attributes of the national systems of health care including those that pertain to the health care of Aboriginal and Torres Strait Islander peoples and/or Maori.

3.9 Demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery in Australia and New Zealand and the broader Western Pacific region.

Domain 4
Professionalism and Leadership: the medical graduate as a professional and leader
On entry to professional practice, Australian and New Zealand graduates are able to:
4.1 Provide care to all patients according to "Good Medical Practice: A Code of Conduct for Doctors in Australia" and "Good Medical Practice: A Guide for Doctors" in New Zealand.

4.2 Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.

4.3 Describe the principles and practice of professionalism and leadership in health care.

4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.

4.5 Demonstrate awareness of factors that affect doctors' health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice. Recognise their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.

4.6 Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.

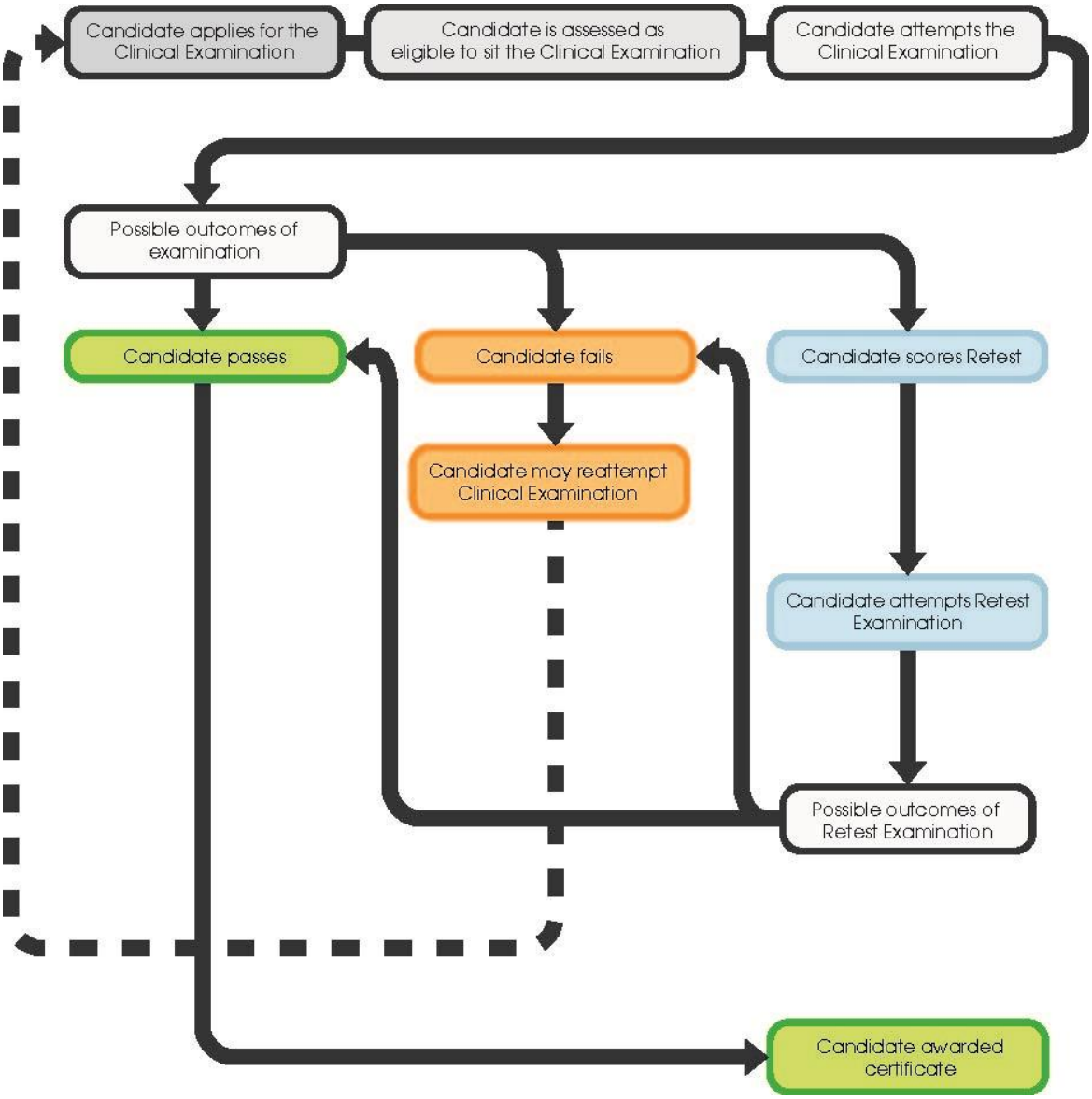
4.7 Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.

4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.

4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.

4.10 Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients and colleagues, privacy, confidentiality, mandatory reporting and notification. Demonstrate awareness of financial and other conflicts of interest.

Appendix B: Summary of the format of the AMC Clinical Examination



Appendix C: Structured clinical assessment station sample

Information for candidates

You are working in a general practice. Your next patient is a 37-year-old woman who suddenly became short of breath at work yesterday.

YOUR TASKS ARE TO:

- take a relevant focused history to enable you to further evaluate this problem; you should take no more than five minutes for this task
- obtain the relevant examination findings from the examiner; the examiner will only give you the results of the examination findings you specifically request
- explain to the patient the probable diagnosis and the possible differential diagnoses giving your reasons
- inform the patient of your immediate plan of management.

Information for role players

You are a 37-year-old woman who has come to see your GP because of shortness of breath.

The candidate has been asked to perform the following tasks:

- take a relevant focused history from you to further evaluate this problem
- obtain the relevant examination findings from the examiner
- explain to you the probable diagnosis and the possible differential diagnoses
- inform you of their immediate plan of management.

How to play the role:

If at any stage the candidate provides you with information which you do not understand, for example, because of technical language or because of ambiguities, ask for clarification until you are provided with a clear, consistent explanation in plain language. Say: *'I don't understand what you mean, would you explain?'* or *'I'm not clear about what you just said.'*

Other than clarification questions, do not ask further questions; it is up to the candidate to provide fluent advice.

Towards the conclusion of the station, if the candidate says to you: 'Do you have any questions?' say:*'What else should I know, Doctor?'*

Opening statement:
'I'm worried about my breathing. Yesterday at work I suddenly became short of breath and I was not doing anything energetic.'

In response to further open questions such as 'When did it all start?' say:

'At the time, I was sitting in a meeting, and noticed quite suddenly that I was short of breath even though I was just sitting down. At the same time I noticed I was coughing up phlegm.'

In response to further open questions such as 'Have you noticed anything else?', say:

'I don't think I've noticed anything more, although I'm still a little breathless.'

In response to direct or specific questions from the candidate, provide the following information (do not provide this in response to broad/open-ended questions):

- *I couldn't sleep last night because of breathlessness and had to sleep sitting up.*
- *I'm not as short of breath today as I was yesterday.*
- *I've never had shortness of breath like this before.*
- *I've been able to walk on the flat easily, but have had trouble walking up stairs in the last 24 hours.*
- *I haven't noticed any chest pain.*
- *There have been no palpitations.*
- *I've been coughing up phlegm since developing the shortness of breath.*
- *It was white and clear but it had a few spots of blood in it today* (only provide this detail if the candidate asks about the phlegm colour).
- *I have not fainted or lost consciousness.*
- *I don't have any wheezing.*
- *I've never had asthma.*
- *I have not had any fever.*
- *I have not had any recent colds or the flu.*
- *I haven't had any leg or ankle swelling.*
- *There's been no calf pain or tenderness.*
- *Three weeks ago I was on holidays in the States and arrived home six days ago* (again: don't give any of this information unless travel has been specifically asked about).
- *I took sleeping tablets to help me sleep during the flight. I managed to sleep most of the way home.*
- *I'm not on the oral contraceptive pill or any other medications. I get my sexual partner to use a condom.*
- *I have never had DVT or blood clots.*
- *No one in my family had DVTs or blood clots.*
- *I smoked about ten cigarettes a day from my late teens until about two years ago.*
- *I'm only a social drinker and have an occasional glass of white wine at weekends.*

To other questions, respond with either *'no'*, *'I don't know'* or *'I'm not sure'*.

Responses after candidate starts to explain the likely diagnosis and its management:

- If a diagnosis that the average patient would not know much about (i.e. pulmonary embolism), say: *'What is that?'* and *'Is it serious?'*
- If only one diagnosis is mentioned, ask: *'Could it be anything else?'*
- If told that you will have to go to hospital, say: *'Is that really necessary?'* and: *'What will they do?'*

Information for examiners

The aim of this station is to assess the candidate's ability to:

- take an appropriate focused history to evaluate and diagnose the likely cause of the sudden onset of shortness of breath in this woman. The possible diagnosis could be asthma, pulmonary embolism, pneumothorax, or chest infection (including bird flu) each of these possibilities should be addressed in the history.
- select the essential components of the physical examination of this patient
- explain to the patient the most likely diagnosis and the appropriate differential diagnoses
- advise correctly about immediate management.

EXAMINER TO START BY SAYING:
'Here is another copy of the instructions. Do you understand the task?'

EXPECTATIONS OF THE CANDIDATE:

History:
this clearly needs to cover an assessment of the degree and duration of the shortness of breath, whether there have been any previous similar episodes, whether there were any other symptoms such as chest pain, coughing up phlegm or blood, fever, recent colds and flus or whether there has been any lung problem in the past. The candidate should also enquire about leg swelling, calf pain and recent travel.

Detailed information has been provided to the role player to ensure appropriate answers are given when history questions are asked. The occurrence of these symptoms after recent overseas travel suggest the probability of pulmonary embolism.

PROMPT: If, after **five minutes** the candidate has not moved on from history taking, say:
'Please proceed to ask for the examination findings.'

Choice and technique of examination, organisation and sequence:

Examination findings:

The candidate must ask for each specific component of the examination, and findings should NOT be provided where they are not specifically requested.

- Vital signs: Pulse 104/min and regular, BP 110/65mmHg, Temp 36.8°C, Respiratory rate 24–26/minute, oxygen saturation 90% on room air.
- Height 155 cm, weight 68kg, BMI 28 (overweight range)
- The patient is short of breath, but not otherwise in distress.
- The trachea is not deviated.
- There is no evidence of cyanosis.
- Heart: Apex beat 5LICS, no parasternal heave, two normal heart sounds, pulmonary second sound is not increased, no bruits.
- JVP: not increased.
- Lungs: normal findings on inspection, palpation, percussion and auscultation, no rubs.
- Abdominal examination: normal.

- Extremities: no oedema, no calf tenderness, all peripheral pulses are present. If actual measurements are requested indicate these are the same in both calves and thighs.

Diagnosis/Differential diagnoses:

- pulmonary embolism
- pneumothorax
- infection: bacterial or viral
- asthma
- myocardial infarction
- acute left ventricular failure

Management plan:
The immediate plan of management should include:

- admission to hospital
- investigations: CT pulmonary angiogram (CTPA) or lung scan, chest X-ray, ECG and cardiac enzymes, FBE, arterial blood gases, and peak flow)
- anticoagulant therapy:
    - Usually low molecular weight heparin is initially administered, followed by six months of oral warfarin.
    - Heparin is administered first because of its short onset of action.
    - Fractionated low molecular weight heparin is commonly used because of its easy dosing and administration (once or twice daily and subcutaneously) and because blood monitoring is not required.
    - Warfarin should be started immediately.

The candidate must convey to the patient, without unnecessarily alarming her, that this is a serious illness which could be life threatening, requiring immediate management in hospital for investigation and treatment.

#*#*# SAMPLE MARKSHEET *#*#*#

Topic: Shortness of breath

Candidate Name: Sample Candidate **Candidate ID sighted** ☐

Key Steps: Did the candidate exhibit the following key steps in the station?

	NO	YES
1. Enquired about history of recent travel	☐	☐
2. Requested measurement of oxygen saturation	☐	☐
3. Considered the likely diagnosis of pulmonary embolism	☐	☐
4. Advised admission to hospital for urgent investigations and treatment	☐	☐

Level of Performance Observed: Rate the candidate in each of the following domains.

1. **History**
   Took a focused history to adequately evaluate the degree and duration of the shortness of breath, any previous similar episodes, associated chest pain, coughing of phlegm or blood, fever, recent respiratory infections or whether there has been any lung problem in the past. The candidate must also enquire about leg swelling, calf pain and recent travel.

N	1	2	3	4	5	6	7

2. **Choice & Technique of examination, organisation and sequence**
   Enquired about vital signs, i.e. pulse rate, blood pressure, temperature, respiratory rate and oxygen saturation; heart sounds; auscultation of lungs; leg swelling and calf tenderness.

N	1	2	3	4	5	6	7

3. **Diagnosis/ Differential diagnoses**
   Considered the likely diagnosis of pulmonary embolism and differential diagnoses of pneumothorax and chest infection.

N	1	2	3	4	5	6	7

4. **Management plan**
   Advised the patient, without unnecessarily alarming her, that this was a serious illness which could be life-threatening, and required immediate management in hospital for investigation and treatment. Indicated to the patient that the key investigations would be a CT lung scan, ECG and blood tests.

N	1	2	3	4	5	6	7

Global Rating of this candidate
(Mark 'X' in one box)

FAIL			PASS			
1	2	3	4	5	6	7

Appendix D: Recommended reading

Medicine

Devitt P, Barker J, Mitchell J and Hamilton-Craig C. Clinical Problems In Medicine and Surgery, 3rd edn. Churchill Livingstone, 2011, ISN 0443073236. http://shop.elsevier.com.au

Talley NJ, O'Connor S. Clinical Examination: A Systematic Guide to Physical Diagnosis. 7th edn. Churchill Livingstone, Sydney, 2014. ISBN 9780729539050. http://shop.elsevier.com.au

Walker BR, Colledge NR et al (eds). Davidson's Principles and Practice of Medicine, 22nd edn. Livingstone, Edinburgh, 2014, ISBN 9780702030857. www.us.elsevierhealth.com

Surgery

Burkitt HG, Quick CRG, Reed JB. Essential Surgery Churchill Livingstone 2007 ISBN

Tjandra JJ, Clunie GJA, Kay AH, Smith J. Textbook of Surgery, 3rd edn Wiley-Blackwell, Oxford 2005. ISBN 9781405126274. www.wiley.com

Hunt PS, Marshall VC. Clinical Problems in General Surgery. Butterworths, Sydney, 1991. ISBN 0409492132. This publication is out of print and only available second hand.

Child health

South M, Isaacs, D. Practical Paediatrics, 7th edn. Churchill Livingstone, 2012. ISBN 9780443102806. www.us.elsevierhealth.com

Royal Children's Hospital (Melbourne, Vic.). Paediatric Handbook, 8th edn. Wiley-Blackwell, Oxford 2013. ISBN 9781405174008. www.wiley.com

National Health and Medical Research Council (NHMRC). The Australian Immunisation Handbook. 9th edn. Australian Government Printing Service 2008. ISBN 1741864836. www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home

Hull D, Johnston D. Essential Paediatrics, 4th edn. Churchill Livingstone, Edinburgh, 1999. ISBN 0443059586. www.us.elsevierhealth.com

Women's health

Llewellyn-Jones D. Fundamentals of Obstetrics & Gynaecology, 9th edn. Mosby, London 2010. ISBN 9780723435099. www.us.elsevierhealth.com

Beischer NA, Mackay EV. Obstetrics and the Newborn - An Illustrated Text, 3rd edn. WB Saunders, Sydney 1998. ISBN 0702021237. www.us.elsevierhealth.com

Mackay EV, Beischer NA, Pepperell R, Wood C. Illustrated Textbook of Gynaecology, 2nd edition, WB Saunders, Sydney 1992. ISBN 0729512118. www.us.elsevierhealth.com

Mental health

Cowen P, Harrison P, Burns T. Shorter Oxford Textbook of Psychiatry, 6th edn, Oxford University Press, 2012. ISBN 0198566670 (paperback). www.oup.com/us/corporate/publishingprograms/medical/?view=usa

American Psychiatric Association. DSM-V: Diagnostic and Statistical Manual of Mental Disorders, 5th edn. American Psychiatric Association, Washington DC, 2013. ISBN 0890420254 (paperback); ISBN 0890420246 (hardback). www.psych.org

Online mental health resources:

Statements and Guidelines Royal Australian and New Zealand College of Psychiatrists (www.ranzcp.org/Publications/Statements-Guidelines.aspx)

The RANZCP educational and practice standards resource includes written and audiovisual guidelines for the assessment and care of patients with a spectrum of mental illnesses, and of their families and carers.

General Practice:

Murtagh J. General Practice, 5th edn. Hardcover. McGraw Hill Australia, 2011. ISBN 9780074717790. www.mhprofessional.com

Murtagh J. Practice tips, 5th edn. Soft cover. McGraw Hill Australia, 2008. ISBN 9780070158986. www.mhprofessional.com

Population Health:

Online resources and guidelines

The following list provides a summary of guidelines on a range of Australian population health topics. These are freely available online from the Heart Foundation and the Royal Australian College of General Practitioners' website.

Guidelines for preventive activities in general practice (The Red Book) 7th Edition 2009
www.racgp.org.au/guidelines/redbook

Putting Prevention Into Practice - The Green Book 2nd edition
www.racgp.org.au/guidelines/greenbook

SNAP: a population health guide to behavioural risk factors in general practice
www.racgp.org.au/guidelines/snap

National guide to a preventive assessment in Aboriginal and Torres Strait Islander peoples.
www.racgp.org.au/guidelines/nationalguide

National Heart Foundation of Australia physical activity recommendations for people with cardiovascular disease
www.racgp.org.au/guidelines/cardiovasculardisease

Smoking cessation guidelines for Australian general practice
www.racgp.org.au/guidelines/smokingcessation

The Australian Immunisation Handbook 9th Edition 2008
www.racgp.org.au/guidelines/immunisation

National HPV vaccination program
www.racgp.org.au/guidelines/immunisation/hpv

Diabetes management in general practice (16th Edition) 2010/11
www.racgp.org.au/guidelines/diabetes

Absolute cardiovascular disease risk assessment—quick reference guide

www.heartfoundation.org.au/SiteCollectionDocuments/A_AR_QRG_FINAL%20FOR%20WEB.pdf

Care of Patients with Dementia
www.racgp.org.au/guidelines/dementia

Refugee Health
www.racgp.org.au/guidelines/refugeehealth

Cancer Council's recommendations for screening and surveillance for specific cancers: Guidelines for general practitioners.
www.cancer.org.au/File/HealthProfessionals/CCA-Screening-Card-for-GPs.pdf

Ethical And Legal Responsibilities

Kerridge I, Lowe M, Stewart C. Ethics and the law for health professionals 3rd edition. 2009. The Federation Press.

Breen KJ, Cordner SM, Thomson CJH, Plueckhahn VD. Good Medical Practice: Professionalism, Ethics and Law. Port Melbourne: Cambridge University Press; 2010. ISBN 978-0-521-18341-3 Paperback

Online resources and guidelines

The following list provides a summary of freely available guidelines on a range of Australian ethical and legal topics.

Medical Board of Australia

GOOD MEDICAL PRACTICE: A CODE OF CONDUCT FOR AUSTRALIAN DOCTORS" (current version March 2014)

SEXUAL BOUNDARIES, GUIDELINES FOR DOCTORS (28 October 2011)

GUIDELINES FOR MANDATORY NOTIFICATIONS (17 March 2014)

Advance Care Plans

www.racgp.org.au/guidelines/advancecareplans

Code of Conduct for Corporations
www.racgp.org.au/guidelines/codeofconduct

Assessing fitness to drive for commercial and private vehicle drivers
http://www.austroads.com.au/aftd/downloads/AFTD_text_08-2006.pdf

Abuse and violence: Working with our patients in general practice
http://www.racgp.org.au/guidelines/abuseandviolence

Intimate Partner Violence
www.racgp.org.au/guidelines/intimatepartnerabuse

Journals

In addition to the major texts, journals should be read selectively, using editorials, annotations and review articles. The following journals are suggested as source material:

Australian Family Physician (www.racgp.org.au/publications)

Australian Prescriber (www.australianprescriber.com)

British Medical Journal (www.bmj.com)

British Journal of Hospital Medicine (www.hospitalmedicine.co.uk)

Current Therapeutics, Lancet (www.thelancet.com)

Medical Journal of Australia (www.mja.com.au)

New England Journal of Medicine (www.nejm.org/)

Appendix E: General information for the structured clinical assessment

- The required dress standard for candidates is professional attire.
- There are 16 assessed stations and four rest stations. Each candidate will be allocated one station at which to commence the examination.
- Most equipment will be provided: candidates must bring their own stethoscope. Tendon hammers are permitted in the examination area although not required; they will be provided in the examination station if necessary.
- Each station will be of 10 minutes duration (two minutes for changeover and reading and eight minutes for the assessment). During the two-minute changeover time, the candidate is given written information concerning the next station to read, unless the candidate's next station is a rest station.
- An audio notification will sound after eight minutes of assessment, concluding the station. Candidates will be required to move immediately to the next station when the audio notification sounds. No information given after the conclusion of the station time can be taken into account in the marking.
- Stations may use actual patients, standardised patients or simulated patients and models. Where possible, appropriately aged individuals are used for these tasks. Candidates should regard and treat the standardised or simulated patients as they would treat real patients.
- Late arrival: candidates who do not report to the venue by the time indicated will be excluded from the examination.

General information for the retest examination is as above, except for the number of stations; there are eight assessed stations and two rest stations.