Australian Medical Council Limited

# Clinical Examination Specifications

Australian Medical Council Limited | April 2024

> ***"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."***

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# 1. General introduction

## 1.1. Purpose of the document

These specifications have been prepared to assist candidates for the Australian Medical Council (AMC) clinical examination. Candidates should make themselves fully aware of the information provided.

## 1.2. Privacy

The AMC observes the provisions of the *Privacy Act* which sets out the requirements for the collection and use of personal information collected.

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*.

The AMC's full Privacy Policy may be found on the AMC web site at http://www.amc.org.au/about/privacy-policy.

## 1.3. Aims and objectives of the AMC examination process

The AMC examination process assesses, 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 process is designed as a comprehensive test of medical knowledge and clinical competence. There are two stages, the computer adaptive testing (CAT) multiple-choice question (MCQ) examination and the clinical examination. Both the MCQ and clinical examination 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 answer and plausible alternatives. The MCQ is a computer-administered examination of three hours and thirty minutes duration and consists of 150 questions. For more information on the MCQ examination, please click here for access.

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

## 1.4. Standard of the AMC examination

The standard of the AMC examination is formally defined as the level of attainment of medical knowledge, clinical skills and professional behaviours that is required of newly qualified graduates of Australian medical schools who are about to commence intern training. These are described in the AMC graduate outcome statements listed in Appendix A.

The graduate outcomes form the basis of medical education in Australia and are used to accredit medical schools. They are expressed in terms of four overarching domains:

1) Clinical Practice: the medical graduate as practitioner
2) Science and Scholarship: the medical graduate as scientist and scholar
3) Health and Society: the medical graduate as a health advocate
4) Professionalism and Leadership: the medical graduate as a professional and leader

# 2. The Clinical Examination

## 2.1. General objective of the clinical examination

The general objective of the AMC clinical examination is to assess the clinical competence of the candidate for the safe and effective clinical practice of medicine in the Australian health care system.

The clinical examination will be offered in the online format in 2024, as described below or on the AMC website.

## 2.2. Pre-requisites for the clinical examination

Candidates must have passed the MCQ examination before being eligible to proceed to the clinical examination.

## 2.3. Standard of performance required

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

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 have some awareness of other less common health issues in the Australian community

- take a competent history, perform a competent physical examination, arrive at relevant diagnoses and differentials, order or interpret relevant investigations, describe/explain management plans and prescribe common medications safely

- 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)

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## 2.4. Applying for the clinical examination

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.

Candidates who have lodged a Clinical examination appeal may **not** lodge an application for another examination until the results of that appeal have been received.

## 2.5. Workplace based assessment

Candidates who have been accepted into a position in an AMC accredited workplace based assessment (WBA) program and who have not commenced, who are in the process of completing the WBA program, or are awaiting their WBA results, may not apply for a position in a clinical examination.

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

## 2.6. Scheduling process for the clinical examination

The Clinical examination scheduling process includes –

- Once an examination is open for scheduling, candidates will be able to log into their candidate portal and directly apply for their preferred examination date.

- Payment of the examination fee is ONLY accepted by credit card. There will be a 15-minute period to complete payment for the examination, once this has lapsed, the placement will be released to the next candidate. *Please note that Cheque payment is not accepted for scheduling of Clinical examinations*

- Once payment has been successfully processed, a placement letter and receipt confirming candidate examination details will be available immediately to download from the candidate portal

- Once the examination placements have been filled, the AMC will compile a cancellation list. To be put on this list, candidates must email clinical@amc.org.au (please note telephone requests will not be accepted). In the event that a candidate is unable to proceed with their examination, candidates on the cancellation list will be contacted to fill the available position. *Please note the cancellation list does not guarantee an examination placement and is only valid for the month that is open for scheduling*

For further information regarding examination closing dates, please see:
http://www.amc.org.au/assessment/clinical-exam/clinical-events

## 2.7. Venue and scheduling

All Clinical Examination in 2024 will be delivered online.

Candidates must log on and report to the tAMC team in attendance no later than the time advised in the examination schedule. Once candidates have reported, they will be required to remain, under the direction of the administrative staff, until the examination session concludes.

Due to the multi-station structure of the examination, candidates logging in late will not be permitted to commence the examination.

## 2.8. Examination and Withdrawal fees

Payment of the examination fee will confirm the placement in the relevant clinical examination session.

If a candidate has been scheduled in the clinical examination and then subsequently withdraws, there will be no refund - *except in an exceptional circumstance as determined by the AMC Chief Executive Officer or nominee*. To withdraw, a candidate must submit a Withdrawal Form, which can be found here.

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

The examination fees for the clinical examination are shown on the AMC website (http://www.amc.org.au/).

## 2.9. Structure of the clinical examination

The AMC clinical examination is an integrated multidisciplinary structured clinical assessment.

### *2.9.1. Examination online*

This is a 16-station examination administered on line via a video conferencing format at a location organised by the candidate and approved by the AMC.

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

Most stations are of 10 minutes duration (comprising two minutes reading time, and eight minutes assessment time.

Stations may use actual patients, simulated patients, or videotaped patient presentations. Other relevant materials, such as charts, digital images and photographs may also be used in the examination.

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

## 2.10. Assessment criteria

Stations will assess clinical skills relating to presentations of medical, surgical, women's health, paediatrics and mental health problems. These will be in a variety of settings including community and hospital.

Each station has a single broad "predominant assessment area". These are:

- 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 vascular disease [examination station]

- interpretation of a laboratory report result [diagnostic formulation station]
- diagnosis of a common skin lesion [diagnostic formulation station]
- educating an asthmatic patient on the use of an inhaler [management/counselling/education station]
- counselling a patient with obesity [management/counselling/education station]
- presenting a management plan for a patient presentation (management/counselling/education station).

Examiners from all disciplines contribute to the assessment process.

#### *2.10.1. Online examination*

- The format of examination stations has been developed for online delivery. The assessment blueprint and criteria remain the same as the in-person NTC examination with the exception of hands-on components of physical examination.
- Physical examination skills will be tested at as high a level as possible in the online environment.
- The candidate will be required to exhibit clinical reasoning, interpretation and detailed description of physical examination techniques and process.
- The candidate may be delivering this information to either the examiner, medical student, patient, family member, carer or health professional.

Examiners from all disciplines contribute to the assessment process.

### 2.11. Standard of the clinical examination

The clinical examination requires the candidate to demonstrate their ability in a range of clinical tasks in a series of clinical scenarios. The competence of the candidate is measured against the standard expected of the graduating medical student at an Australian university.

### 2.12. Content of the clinical examination

The scenarios used in the assessed stations comprise:

- a clinical stem of essential information to the candidate about the scenario, which may include investigations, imaging or charts
- a series of tasks, commonly three to four
- a suggested timing for the main task(s)

Each scenario has a single “predominant assessment area” (namely history, physical examination, diagnostic formulation, or management/counselling/education). Assessment tasks will be focussed on this area, but may include other areas.

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, and take careful note of 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, prescribing, 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: newborn to aged
- direct patient care, carer and family interactions or multidisciplinary team interactions.

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

Any time guidelines are also indicated to candidates during the station by a time prompt.

### 2.13. Formal notification of clinical examination results

Candidate results will be available from the AMC in accordance with the process notified on the AMC website - http://www.amc.org.au/assessment/clinical-examination/clinical-results

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

# 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 contains three components, (i) key steps, (ii) domains and (iii) the global score. 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 B.

## 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

Typically, there will be between three and five assessed domains in each station. The candidate performance on each separate domain is rated on a seven-point scale. There is no pass/fail point for these ratings.

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.

The expectations of the candidate are described specifically for each domain as relevant to the individual station.

## 3.3. The global rating

Finally the examiner makes a global rating of the candidate's overall ability on the station, again on a seven-point scale. The global rating takes into account the predominant assessment area of the station as well as all aspects of the candidates' performance as demonstrated in the station.

The global rating alone determines the pass/fail performance on the station. A score of three or below constitutes a fail score, and four or above constitutes a pass score (in the global rating only)

## 3.4. Use of recordings for marking

The examiner will generally mark the candidate's performance based on observation during the course of the station. However if there is some technological problem that prevents the examiner from properly observing the candidate during the station, then the examiner may use a recording of the station to mark the candidate's performance.

## 3.5. Pass requirements

The 16 assessed stations will include two pilot stations. A pilot station is a station that is being used in a clinical examination for the first time. Pilot stations:

- Have been developed by a discipline writing group and approved by the Clinical Assessment Panel for pilot status
- Have no statistics from previous examinations.

Pilot stations may also be stations requiring trialling for administrative purposes including stations with special operational and technology requirements.

A candidate's overall examination result (pass or fail) will be determined by 14 scored stations. Usually the scored stations will not include either of the two pilot stations, but if there is an issue with one or two of the non-pilot stations the Clinical Results Panel may determine that one or both of the pilot stations will be substituted. If this occurs the candidate's result will still be determined on the basis of 14 stations. Over the 14 stations candidates will be graded as pass or fail, as follows:

- A **pass** will be awarded where a candidate obtains a pass score in 9 or more of the 14 assessed stations.
- A **fail** will be awarded where a candidate obtains a pass score in 8 or less of the 14 assessed stations. There is no limit on the number of attempts a candidate may have at the clinical exam.

# 4. Feedback

A number of aspects of a candidate's performance can be used to provide feedback to the candidate.

It is important to note however, that the scores for the aspects of the marking that are reported as part of the feedback provided to candidates do not directly or numerically determine an overall result of a pass or a fail for the station. The pass/fail result is determined by the examiner making a separate global rating about a candidate's performance across **all** aspects of the station, not just those for which feedback has been provided.

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

Each candidate will receive a computer-generated breakdown of their performance against selected aspects of the station marks to assist with revision for future attempts.

# 5. Process of the online clinical examination

## 5.1. Before the examination

Ensure your email and contact number (mobile) is up to date.

Candidates must arrive by the time specified for the examination. Candidates who are not present as required by the time indicated will not be permitted to commence the examination.

The required dress standard for candidates is professional attire.

Candidates who may require special assistance during the examination should inform the AMC as early as possible prior to their examination. This may include medication requirements or food intake due to a medical condition.

## 5.2. Starting the examination

On logging into the examination link provided by the AMC, candidates will be welcomed by the Examination Coordinator. The Coordinator will perform an ID, security and environment check and provide the exam conditions and a candidate briefing video about the examination process.

Candidates will be moved to their starting station where an invigilator will inform the candidate when the examination will commence. A notification will indicate the start of the two-minute reading time of the candidate's first station.

A second notification will indicate the start of the examination and candidates will then commence the station. In most stations there are eight minutes to complete the tasks.

A Final notification will conclude the first station.

Candidates will be moved to a rest/breakout station until the next station starts. The candidate will be rotated in and out of stations by the Examination Coordinator.

Some candidates will start at a rest station and will be required to stay in the rest station for the first 10 minutes. The invigilator will advise if this is the case.

## 5.3. During the reading time

During the reading time candidates evaluate the given information and plan 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.

Candidates should pay close attention to the time guidelines provided.

## 5.4. During the station

During the assessment time the candidates conduct the interaction as required and perform the designated clinical tasks.

The examination will proceed through all stations in this manner.

## 5.5. Finishing early

If candidates finishes 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 time.

Candidates who complete a station before the allocated time are required to wait in the station until the conclusion of the 8 minutes. They may return to the tasks at any time before the assessment time is completed.

## *5.6.* Station content and equipment

Stations may use actual patients, simulated patients, or video patient presentations. Other relevant materials, such as charts, digital images and photographs may also be used in the examination.

## 5.7. Physical examination stations

Physical examination stations online will be of 5 or 10 minutes total duration. The time will be clearly stated. There will be two minutes reading time for an eight minute station, and one minute reading time for a four minute station. Candidates should follow the station tasks exactly as they are described.

## 5.8. Rest stations

All rest stations are supervised by the invigilator. Candidates are permitted to leave the rest station to attend the bathroom. Candidates must advise the invigilator should they wish to attend the bathroom. If candidates do not require use of the bathroom, they are required to remain in the room, in front of the camera and will continue to be supervised by the invigilator.

Candidates may finish their examination at a rest station and will be required to wait until the final notification sounds before being allowed to conclude their examination.

## 5.9. The final notification

When the examination has finished, a notification will advise candidates that the examination has concluded and they can log out of the examination.

## 5.10. Prohibited materials

No books, textbooks, notes, items of jewellery, tie pins or other materials are allowed into the examination room, including recording devices, watches (smart, digital and analogue) or handbags. Candidates are not permitted to write any prompting material on their skin before or during the examination.

In order for candidates and the AMC to communicate with each other in the event of a technical issue, candidates will be permitted to have their mobile phone switched to silent in the same room. Candidates will be required to show the invigilator that their phone is switched to silent. Only one phone is to be in the examination room.

The invigilator or coordinator may request to view any items or the examination room itself prior to, during, or after the examination if necessary.

If candidates may require any medications during the examination, they should bring this to the attention of the AMC prior to the examination day and the invigilator before the examination starts.

# 6. Candidate Conduct

## 6.1. General conduct of candidates

Candidates are expected to conduct themselves courteously in examinations, correspondence and in personal contact with examiners, patients (actual or simulated), employees or agents of the AMC and other candidates. Candidates whose conduct is disruptive, or is considered by the AMC to have been outside the bounds of reasonable and decent behaviour, may be excluded from the examination and/or refused the opportunity to sit future AMC examinations.

All candidates must comply with the instructions of all clinical examination staff during examinations. Failure to do so will constitute a breach of examination procedures and may result in the candidate being excluded from the examination or refused the opportunity to sit future examinations.

For exams at the NTC, family and friends accompanying candidates to an examination are NOT permitted to enter the examination venue.

For exams online – Candidates must advise people in the household or other venue that they are sitting an examination and cannot be interrupted.

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 clinical examination may be guilty of professional misconduct and may be investigated and subjected to disciplinary action by regulatory authorities.

Candidates in clinical examinations are expected to observe fully the confidentiality of patients and simulated 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.

## 6.2. Unsatisfactory Results

A feature of the Clinical examination is that because it enables analysis of a candidate's performance, the AMC can form a reliable opinion as to whether the candidate's performance in the examination can be confidently accepted as a fair reflection of the candidate's ability.

Under the *Health Practitioner Regulation National Law*, which regulates registration of doctors in Australia, a fundamental principle is to provide for the protection of the public.

Accordingly, if on analysis the AMC becomes concerned that the candidate's performance may not be confidently accepted as a fair reflection of the candidate's ability, the AMC may identify this concern to the candidate and seek an explanation. The CEO of the AMC will consider the issue, including any explanation from the candidate, and determine whether to withhold a result from the candidate because the CEO decides that the candidate's result cannot be confidently accepted as a fair reflection of the candidate's ability. (This may come about because, for example, analysis indicates that a candidate's results have been materially affected by pre-knowledge of questions or rote learning or regurgitation of pre-learned answers.)

In this circumstance the candidate will be invited to attempt the Clinical examination again.

### 6.3. Irregular Behaviour

Any attempt to circumvent the objectives or processes of the examination (as described in these Specifications or in other material made available to candidates), the reliability of candidate assessment, or the security of the examination or examination content, may:

a) produce exam results which cannot be confidently accepted as reflecting a candidate's true ability,
b) compromise the integrity and security of the Clinical examination and Clinical examination content, and/or
c) detract from or impede the AMC purpose of protecting the health of Australian patients and communities.

Accordingly, any candidate:

• found with recording equipment, or recording any aspect of the examination during the examination; or

• who discloses or attempts to disclose or compromise the examination content or procedures (including but not limited to, supplying, offering to supply, selling, or offering for sale materials or details purporting to be AMC examination content); or

• who acts in any way that is in breach of the AMC's intellectual property rights in the examination content or procedures, or inconsistent with those rights; or

• who cheats, or receives or seeks inappropriate outside assistance in their performance in any examination; or

• who otherwise behaves in any inappropriate manner such that the AMC cannot have confidence that the assessment of the candidate is an accurate reflection of the candidate's ability; or

• who provides inappropriate assistance to another candidate, such that the AMC cannot have confidence that the assessment is an accurate reflection of that other candidate's ability; or

• who participates in an examination for a purpose other than a genuine desire to pass that examination, or whose performance in the examination is particularly poor such that it appears that the candidate's purpose in attempting the examination is other than a genuine desire to pass that examination;

may be subject to the following disciplinary processes:

• Any concern identified by the Clinical Results Panel will be reported by the Clinical Results Panel to the AMC CEO for review. The Clinical Results Panel may withhold awarding a result for the examination.

• The candidate will be informed of the concern in writing and provided with an opportunity to respond.

• The AMC CEO will consider all the material, including any response from the candidate, and will determine a final decision regarding the candidate examination result.

• The AMC CEO may also decide that the candidate may not be permitted to continue with any AMC assessment, may be refused the opportunity to sit future examinations,

may have their results in the examination withdrawn, may be refused a result for the examination, may be refused the award of the AMC certificate, may have their AMC certificate withdrawn, and/or be reported to the appropriate authorities including the Medical Board of Australia/Australian Health Practitioner Regulation Agency (MBA/AHPRA) or law enforcement authorities.

• Where a concern is identified during the course of a Clinical examination and reported to the authorised authority conducting the examination, the same person may direct that the candidate be immediately excluded from the examination, and the matter be referred to the Clinical Results Panel for further investigation in accordance with these specifications.

All AMC candidates should be aware that, under Australian law, copyright of all examination materials rests with the Australian Medical Council. No part of any examination may be reproduced, stored or transmitted by any means.

# 7. Preparation for the clinical examination

## 7.1. Review of clinical skills

AMC clinical examiners recommend that candidates undertake a comprehensive review of their clinical skills in the four main predominant assessment areas. Particular attention in preparing for the clinical examination needs to be paid to reviewing foundation clinical skills, clinical competence and patient safety to the required standard, and to practising all aspects of consultation skills and doctor-patient communication in clear, non-technical English.

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 as are online materials from reputable sources. Candidates are encouraged to obtain as much practice as possible to assist in preparing for demonstrating their clinical skills in the examination.

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.

The MCQ examination feedback may provide a useful guide to areas of strength and weakness in clinical knowledge.

## 7.2. General preparation for the clinical examination

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

### 7.2.1. Planning for the examination

The clinical examination is not designed to retest knowledge. Candidates should therefore focus on comprehensively reviewing and practising their clinical skills.

Candidates should:

- Get a good night's rest before presenting for the examination
- Avoid the use of stimulants or other drugs that may impair their performance
- Read their placement letter carefully and note the times and for NTC examinations the exact location of their examination
- Ensure they arrive/attend on time for their clinical examination session and give themselves time to settle down before the examination commences
- If travelling from interstate, ensure that they check any interstate time differences and allow extra time in case of delayed flights or travel time between the airport and the city.

### 7.2.2. During and after the examination

Candidates should:

- carefully read any preliminary data supplied, and take especial note of tasks given
- not overlook the fact that there may be simulated or real patients in the clinical examination. Examiners will take note of the manner in which a candidate addresses and deals with the patient. Medical practitioners have a duty of care to patients, and patients in the examination have a right to receive the same care.
- avoid discussing patients with other candidates who may attend the clinical examination in the future, because 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 seen the patient themselves, is likely to compromise their assessment.

## 7.3. AMC Certificate

Candidates who pass either the MCQ and clinical, or MCQ and WBA assessment processes and whose medical degree (final medical diploma/primary qualification) was accepted (outsourced and/or verified) by Educational Commission for Foreign Medical Graduates (ECFMG) a member of Intealth will be issued with an AMC Certificate. A candidate's certificate will be available to view/print from their AMC account after completion or passing thereof. Please allow up to 3-5 business days from when the results are released for the certificate to be generated.

It should be noted that the AMC certificate is available to the Medical Board of Australia, AHPRA to view for registration purposes and to a nominated specialist medical college for their assessment purposes.

## 7.4. Appeals procedure

The AMC has established procedures for candidates to lodge an appeal 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 another clinical examination until the outcome of the appeal has been received by the candidate.

# 8. General information

## 8.1. 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 (https://www.amc.org.au/).

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

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

Under the provisions of the Commonwealth *Privacy Act* the AMC is unable to accept changes of address or other candidate details submitted by email, unless provided on the Change of address form.

## 8.2. Further information

If a candidate is in doubt about any aspect of the AMC examination, he/she should contact the AMC Clinical team at clinical@amc.org.au. or view further information on the AMC website at www.amc.org.au.

# Appendix A: The AMC 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 that 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

### Clinical Practice: the medical graduate as practitioner

Domain 1 describes the graduate as a practitioner who provides person-centred care for patients, across the stages of their patients' life, with supervision appropriate for internship. The graduate applies their knowledge and skills in diverse healthcare settings and with patients with diverse needs. The graduates also place first their patients' physical, emotional, social, economic, cultural and spiritual needs and their patients' geographic location, recognising that these can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

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

1.2 Apply whole-person care principles in clinical practice, including considering a patient's physical, mental, developmental, emotional, social, economic, environmental, cultural and spiritual needs and their geographic location.

1.3 Practise sensitive and effective communication with patients and their families and carers that promotes rapport and elicits needs, concerns and preferences.

1.4 Demonstrate flexible, adaptive and effective communication that supports health literacy and the needs of patients and their families and carers.

1.5 Demonstrate culturally safe practice with ongoing critical reflection on their own knowledge, skills, attitudes, bias, practice behaviours and power differentials to deliver safe, accessible and responsive healthcare free of racism and discrimination.

1.6 Demonstrate empathic communication with patients and their families and carers through respect for Aboriginal and/or Torres Strait Islander and Māori knowledges of wellbeing, Aboriginal and/or Torres Strait Islander and Māori healthcare models, and obligations to Aboriginal and/or Torres Strait Islander and Māori people when providing

culturally safe care. In Aotearoa New Zealand, the obligations to Māori people include those under Te Tiriti o Waitangi.

1.7 Integrate knowledge of the health issues and diseases that affect Aboriginal and/or Torres Strait Islander and Māori patients across medical disciplines when providing culturally safe care.

1.8 Elicit an accurate, structured medical history from the patient and, when relevant, from families and carers or other sources, including family, social, occupational, lifestyle and environmental features.

1.9 Demonstrate competence in relevant and accurate physical and mental state examinations.

1.10 Integrate and interpret findings from the history and examination to make an initial assessment, including a relevant differential diagnosis and a summary of the patient's mental and physical health.

1.11 Provide accessible information on options, rationales, costs, risks, harms and benefits of health interventions to enable patients and their families and carers to make fully informed choices about the management of their health.

1.12 Demonstrate the ability to adapt management proposals to the needs and communication requirements of patients and their families and carers.

1.13 Apply scientific knowledge and clinical skills to care for patients across their lifespan, including as children, adolescents and ageing people, and patients in pregnancy and childbirth.

1.14 Demonstrate competence in the procedural skills required for internship.

1.15 Select, justify, request and interpret common investigations, with due regard to the pathological basis of disease and the efficacy, safety and sustainability of these investigations.

1.16 Work within the interprofessional team to identify and justify management options, based on evidence, access to resources and services, and on the patient's needs and preferences.

1.17 Prescribe and, when relevant, administer medications safely, appropriately, effectively, sustainably and in line with quality and safety frameworks and clinical guidelines.

1.18 Prescribe and, when relevant, administer other therapeutic agents including fluid, electrolytes, blood products and inhalational agents safely and in line with quality and safety frameworks and clinical guidelines.

1.19 Record, transmit and manage patient data accurately and confidentially.

1.20 Recognise, assess and respond to deteriorating and critically unwell patients who need immediate care, including those with physical, mental or cognitive condition deterioration, communicating critical information and escalating care as required.

1.21 Demonstrate competence in emergency and life support procedures.

1.22 Apply preventive health approaches, such as screening and lifestyle advice, including to support the ongoing management of chronic conditions.

1.23 Apply the principles of quality care for patients at the end of their lives, avoiding unnecessary investigations or treatment, aligning care with patient values and preferences,

and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.

1.24 Demonstrate digital health literacy and capability in supporting patients and their families and carers to use technology for promoting wellbeing and managing health concerns.

## Domain 2

**Professionalism and Leadership: the medical graduate as a professional and leader**

Domain 2 describes the graduate as a practitioner who provides care to all patients according to Good medical practice: a code of conduct for doctors in Australia and standards of clinical and cultural competence and ethical conduct for doctors, as relevant to the location of their medical education and practice. The graduate also demonstrates understanding of the ethical and legal frameworks relevant to their workplace, and has both knowledge of professional standards, and the ability and aptitude to always practise within them. This includes reflecting on their practice, recognising their own limits and committing to life-long learning. The graduate applies the principles of leadership and effective teamwork in interprofessional teams and contributes to supportive working and learning environments for all healthcare professionals.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

2.1 Display ethical and professional behaviours including integrity, compassion, self-awareness, empathy, discretion and respect for all.

2.2 Apply the principles of professional leadership, followership and teamwork in healthcare by providing care within interprofessional healthcare teams.

2.3 Demonstrate an understanding of the ethical dimensions of medical practice, and explain the main ethical frameworks used in clinical decision-making.

2.4 Communicate effectively with patients, their families and carers and other healthcare professionals regarding the options and implications of ethical issues related to patient care.

2.5 Recognise the complexity and uncertainty inherent in the healthcare of diverse patients and be aware of the limits of their own expertise.

2.6 Engage with the interprofessional team to optimise patient outcomes, particularly to manage complexity and uncertainty.

2.7 Demonstrate awareness of professional limitations and actively monitor and address personal wellbeing, fatigue, health and safety to support self-care and patient care. This includes seeking support when needed and following the relevant advice of a trusted health professional.

2.8 Manage their time, education and training demands and show ability to prioritise workload to manage patient outcomes and health service functions.

2.9 Respect the boundaries that define professional and therapeutic relationships in clinical practice.

2.10 Explain the options available when personal values or beliefs may influence patient care, including the obligation to effectively refer patients to another practitioner.

2.11 Describe and show respect for the roles and expertise of healthcare and other professionals.

2.12 Demonstrate the ability to learn and work collaboratively as a member of an interprofessional team.

2.13 Demonstrate lifelong learning behaviours, including seeking feedback on, reflecting on and evaluating their own professional practice.

2.14 Seek, reflect on and use feedback in critically evaluating their own professional practice to improve the cultural and clinical safety of their practice for colleagues, patients and their families and carers.

2.15 Describe and apply the legal responsibilities of health professionals, including but not limited to:

- implementing a human rights based approach to health
- accepting a duty of care to patients and colleagues
- maintaining privacy and confidentiality
- completing records, certificates and other documents
- using digital health technology
- undertaking informed consent processes
- managing financial and other conflicts of interest
- applying mandatory reporting mechanisms.

2.16 Apply the principles of effective near-peer teaching, appraising and assessing.

2.17 Contribute to psychosocially safe and supportive working and learning environments, including adhering to and enacting their responsibilities under bullying, harassment, racism and discrimination policies and processes.

2.18 Critically evaluate their own professional practice in the context of health system structures and processes to contribute to culturally safe health environments, with particular awareness of Aboriginal and/or Torres Strait Islander and Māori communities.

## Domain 3

**Health and Society: the medical graduate as a health advocate**

Domain 3 describes the graduate as a practitioner who recognises the diverse needs of patients in communities across Australia and Aotearoa New Zealand, understands the underlying social and environmental determinants of health, and can apply strategies that address health inequities for individual patients, communities and populations. The graduate is committed to health advocacy to improve access and outcomes for individual patients, and to influence system-level change in a socially accountable and environmentally sustainable manner.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

3.1 Describe differences in healthcare access, healthcare delivery and patient experiences across diverse hospitals and community health settings in metropolitan, rural and remote areas.

3.2 Identify the social, cultural, personal, physical and environmental determinants of health for individuals and communities, including factors related to the ongoing impacts of climate change.

3.3 Describe the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and/or Torres Strait Islander and Māori people.

3.4 Describe the systemic and clinician implicit and explicit biases in the health system that impact on healthcare access, experience, quality and safety for Aboriginal and/or Torres Strait Islander and Māori people. This includes understanding current evidence around all forms of racism as a determinant of health and how racism establishes and sustains inequities in health.

3.5 Describe the structural barriers to accessing healthcare services and apply strategies to increase the inclusivity of these services for community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities by partnering with those groups.

3.6 Apply health advocacy skills by partnering with patients and their families and carers, and/or communities to define and highlight healthcare issues, particularly health inequities and sustainability.

3.7 Explain, select and apply common population health screening, disease prevention and health promotion approaches in public health.

3.8 Describe how incorporating health technologies in clinical practice can both improve patient experiences and outcomes and present risks, particularly for community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.

3.9 Describe a systems approach to improving the quality, safety, sustainability and inclusivity of healthcare.

3.10 Describe the principles of sustainable and equitable allocation of finite resources to meet the needs of individuals and communities now and in the future, and the roles and relationships between health agencies, disability agencies and services in resource allocation.

3.11 Describe Aboriginal and/or Torres Strait Islander and Māori holistic concepts of wellbeing and Aboriginal and/or Torres Strait Islander and Māori health models, including programs and Aboriginal and/or Torres Strait Islander and Māori specific interprofessional healthcare teams that can enhance patient health outcomes.

3.12 Describe global health issues and determinants of health and disease, including their relevance to healthcare delivery in Australia and Aotearoa New Zealand, the broader Western Pacific region and in a globalised world.

## Domain 4

**Science and Scholarship: the medical graduate as scientist and scholar**

Domain 4 describes the graduate as a practitioner who is committed to expanding their scientific knowledge and who evaluates and applies evidence to their clinical practice. The

graduate recognises that research, along with quality improvement and assurance approaches, underpins continuous improvement of clinical practice and the broader healthcare system, and conscientiously supports these activities.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

4.1 Apply biological, clinical, social, behavioural and planetary health sciences and informatics in health care.

4.2 Apply core medical and scientific knowledge to populations and health systems, including understanding how clinical decisions for individuals influence health equity and system sustainability.

4.3 Describe Aboriginal and/or Torres Strait Islander and Māori knowledges of wellbeing and models of healthcare, including community and sociocultural strengths. Describe best practice approaches that lead to improved and sustained positive Aboriginal and/or Torres Strait Islander and Māori health and wellbeing outcomes.

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

4.5 Access, critically appraise and apply evidence from medical and scientific literature.

4.6 Apply scientific methods to formulate relevant research questions and identify applicable study designs.

4.7 Comply with relevant quality and safety frameworks, legislation and clinical guidelines, including health professionals' responsibilities for quality assurance and quality improvement.

# Appendix B: A 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.

### Information for simulated patient

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

**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 (Do not 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

- 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.

The predominant assessment area is DIAGNOSTIC FORMULATION

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 simulated patient to ensure appropriate answers are given when history questions are asked. The occurrence of these symptoms after recent overseas travel suggests the probability of pulmonary embolism.

**PROMPT:** If, after **five minutes** the candidate has not moved on from history taking, say: That was your five minute timer, please proceed to your next task.'

**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

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 | ☐ | ☐ |

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

1. **Approach to patient/relative**
   Demonstrated respect and empathy towards the patient; used plain language and active listening.

   N | 1 | 2 | 3 | 4 | 5 | 6 | 7

2. **History**
   Assessed the degree and duration of the shortness of breath, previous similar episodes, any other symptoms such as chest pain, coughing up phlegm or blood, fever, recent colds and flu or any past lung problems. Also enquired about leg swelling, calf pain, recent travel or surgery, smoking, occupational and medication history.

   N | 1 | 2 | 3 | 4 | 5 | 6 | 7

3. **Choice & Technique of examination, organisation and sequence**
   Requested: vital signs (pulse rate, blood pressure, temperature, respiratory rate); oxygen saturation; heart sounds; examination including auscultation of lungs; leg swelling and calf tenderness.

   N | 1 | 2 | 3 | 4 | 5 | 6 | 7

4. **Diagnosis/ Differential diagnoses**
   Reasoned from the history and examination findings that the most likely diagnosis is pulmonary embolism. Other possible diagnoses: pneumothorax, infection: bacterial or viral, asthma, myocardial infarction, acute left ventricular failure were reasoned to be unlikely.

   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

**Exam:** 98/99-01A **Station No:** 99 **AMC ID:** 1234567 (1) **Date:** 13/06/2018