2019 Divisional Clinical Examination

Australia

Instructions to Candidates
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2019 Divisional Clinical Examination – Instructions to Candidates

Updated: February 2019
Important examination information

Key dates

<table>
<thead>
<tr>
<th></th>
<th>Paediatrics &amp; Child Health (PCH)</th>
<th>Adult Medicine (AM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisional Clinical Examination dates</td>
<td>Friday, 17 May – Sunday, 26 May 2019</td>
<td>Friday, 26 July – Sunday, 4 August 2019</td>
</tr>
<tr>
<td>Results release (via email)</td>
<td>3pm AEST Thursday, 6 June 2019</td>
<td>3pm AEST Thursday, 15 August 2019</td>
</tr>
<tr>
<td>Examination applications open</td>
<td>9am AEDT, Wednesday, 13 March 2019</td>
<td></td>
</tr>
<tr>
<td>Examination applications close</td>
<td>12pm AEDT Wednesday, 27 March 2019</td>
<td>12pm AEDT Wednesday, 3 April 2019</td>
</tr>
<tr>
<td>Pre-examination special consideration requests close</td>
<td>12pm AEDT Friday, 5 April 2019</td>
<td>12pm AEST Thursday, 6 June 2019</td>
</tr>
</tbody>
</table>
- Provisions for examination day
- Allocation requests
| Post-examination special consideration requests close | 12pm AEST Friday, 31 May 2019 | 12pm AEST Friday, 9 August 2019 |
- Technical and procedural issues

Locations

The 2019 Divisional Clinical Examination will be hosted by approximately 80 hospital sites (for Adult Medicine) and 30 sites for (Paediatrics & Child Health) across Australia.

You cannot be examined in hospitals where you have undertaken training rotations and will be required to travel interstate.

Fees

<table>
<thead>
<tr>
<th></th>
<th>Amount (AUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisional Clinical Examination fee</td>
<td>$2,888.00</td>
</tr>
</tbody>
</table>

For more information about paying examination fees, please refer to the RACP’s Terms and Conditions of College fees.
Applying to sit the examination

1. Eligibility

To be eligible to sit the Divisional Clinical Examination as a basic trainee, you must:

- have passed the Divisional Written Examination
- apply to sit by the closing date
- have renewed your registration as a trainee for 2019
- have completed all necessary training requirements
- be fully current with all RACP training fees. If you have outstanding training fees, you will not be eligible to sit the Divisional Clinical Examination unless you have made an application in writing to the Honorary Treasurer requesting special consideration.

Overseas Trained Physicians (OTPs) under assessment with the RACP should contact OTP@racp.edu.au concerning their eligibility to apply for the Divisional Clinical Examination.

1.1. Examination attempts

Limits on the total training time allowed and the number of examination attempts are specified by the RACP’s Progression through Training Policy. The revised policy took effect on 1 January 2017. Transition arrangements are in place that may be relevant to trainees sitting the Divisional Clinical Examination in 2019. You can view your examination attempts to date on the Basic Training Portal.

For more details, please see the relevant Basic Training Handbook and the Progression through Training Policy.

All enquiries relating to the 2019 Divisional Clinical Exam regarding eligibility and examination attempts must be directed to Assessment & Selection.

Email: examinations@racp.edu.au
Phone: Australia – 1300 MY RACP (1300 69 7227)
Overseas – (+61) 2 9256 5444

1.2. Notification to apply

Notification to apply for the Divisional Clinical Examination will be sent out by email from 4pm AEDT on Thursday, 14 March 2019. Please visit MyRACP to ensure that your contact details, particularly your email address, are up to date.

If you are expecting to be eligible to sit in 2019, and have not received an invitation by Friday, 15 March 2019, you should contact prep_BT@racp.edu as soon as possible. You should also check your junk/spam email folder in case your notification is there.

Notifications to apply are sent as a courtesy to alert you that applications to sit the examination are opening. You will not be granted an extension to apply if you fail to receive a notification and do not contact the College in sufficient time to complete an application.
2. Application period

Applications must be submitted via MyRACP by 12pm AEDT, Wednesday, 27 March 2019 (Paediatrics & Child Health) or 12pm AEDT, Wednesday, 3 April 2019 (Adult Medicine). The application process will be accessible to all eligible trainees.

If you believe you are eligible to sit the examination but are unable to commence the application process, please contact prep_BT@racp.edu.au as soon as possible. You must also pay the examination fee to finalise your application.

You must contact examinations@racp.edu.au as soon as possible if you experience or anticipate any difficulties with applying. It will not be possible to assist you if you experience technical issues and do not contact the College until after the application deadline. Extensions to the application deadline will not be granted.

3. Application confirmation

You will receive an onscreen confirmation of the successful submission of your application at the end of the process. After your payment has been processed, a receipt will be available to you by logging on to MyRACP within an hour of submitting the application. You also will receive a confirmation email. If you do not receive a confirmation email, then your application may not have been submitted successfully and you must contact examinations@racp.edu.au immediately. You also should make sure that you have checked your junk/spam email folders in case your confirmation email is there.

Note: The confirmation email indicates only that your application and payment has been successfully received; it does not confirm that your registration for the examination has been finalised.

4. Candidate allocation – special consideration

If you would like to make specific requests regarding the timing or location of the examination, you must submit an application under the RACP’s Special Consideration for Assessments Policy as early as possible. This includes requests such as scheduling considerations for religious reasons or difficulties with long-distance travel due to medical issues, advanced pregnancy or care of a newborn. Requests to be allocated to a specific venue will not be considered. Requests involving travel difficulties may include potential travel distances, modes of travel and airline policies. Requests related to the probability that patients may be known to you may also be considered.

Registered candidates will be advised of the date and location of their allocated examination place by email by mid-April 2019 (Paediatrics & Child Health) or late June 2019 (Adult Medicine). If you are allocated an examination place at a hospital where you work, have worked in the past or have undertaken examination preparation, you must contact examinations@racp.edu.au as soon as possible.

5. Withdrawal of application

If you wish to withdraw from the Divisional Clinical Examination, you must notify the Assessment & Selection unit by email at examinations@racp.edu.au. Withdrawals are not counted as examination attempts. You may withdraw up until the commencement of the examination.
Refunds of application fees will be provided according to the rules tabled below:

<table>
<thead>
<tr>
<th>Date of Withdrawal</th>
<th>Paediatrics &amp; Child Health</th>
<th>Adult Medicine</th>
<th>Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Tuesday, 26 March 2019 (close of applications)</td>
<td>By Tuesday, 2 April 2019 (close of applications)</td>
<td>100% of fee</td>
<td></td>
</tr>
<tr>
<td>Wednesday, 27 March – Wednesday, 24 April 2019</td>
<td>Wednesday, 3 April – Wednesday, 19 June 2019</td>
<td>50% of fee</td>
<td></td>
</tr>
<tr>
<td>Thursday, 25 April 2019 onwards</td>
<td>Thursday, 20 June 2019 onwards</td>
<td>No refund available</td>
<td></td>
</tr>
</tbody>
</table>

To request a refund outside of these rules on medical or compassionate grounds, you must submit an application under the *Special Consideration for Assessments Policy*. If you withdraw from the Divisional Clinical Examination, you may re-apply to sit the examination in the following year provided you meet the eligibility criteria. Please note that application fees cannot be ‘rolled over’ from one year to another.

6. Special consideration

6.1. Grounds for special consideration

The RACP will take the following circumstances into consideration for the Divisional Clinical Examination.

- Circumstances occurring prior to the examination:
  - permanent and longstanding impairment
  - temporary impairment – medical grounds
  - non-medical compassionate grounds or serious disruption
  - essential commitments (religious, cultural, societal or legal obligations).

- Circumstances occurring after you have commenced the examination:
  - technical/procedural problems occurring during the assessment.

The College will not adjust your examination result, due to any of the circumstances above.

6.2. How to apply for special consideration

1. Read the [Special Consideration for Assessments Policy](#).
2. Confirm the grounds for your request and the outcome you are seeking.
3. Collect the [Special Consideration for Assessment Application Form](#) and attach the relevant supporting documents.
4. Submit your request in writing to examinations@racp.edu.au by the relevant due date.

We are not able to accept late applications for special consideration requests. Closing dates for applications are listed earlier under [important examination information](#).

Examination format

7. Structure of the Divisional Clinical Examination

The Divisional Clinical Examination for both Adult Medicine and Paediatrics & Child Health consists of examination on two Long Cases and four Short Cases, undertaken in a single day.

There are two examination cycles: morning and afternoon. In each cycle, you will be examined on one Long Case patient and two Short Case patients.

In one cycle, the Long Case will be seen **before** the Short Cases, while in the other cycle, the Long Case will **follow** the Short Cases. You will be examined during both cycles by at least four pairs of examiners.
Each case will be scored independently before a consensus score is determined. The consensus score is the final result in each case.

7.1. Long Case assessment

The purpose of the Long Case is to test clinical examination skills with an emphasis on: accuracy of history; accuracy of the clinical examinations; synthesis and prioritisation of clinical problems; understanding the impact of the illness on the patient and the family; and the development and discussion of an appropriate management plan.

Examiners will assess whether candidates display the skills listed above to the relevant standard in the time allowed, based on the criteria set out in Appendices A and C at the end of these instructions.

Excessively lengthy case presentations are not advisable and may be interrupted by an examiner, to prompt the candidate regarding case timing.

You will be allotted 60 minutes to take a patient’s history, examine the patient, and develop a management plan for the patient. You will then have 10 minutes to prepare their discussion points and move to the examiners’ room. After that, candidates move to the examiners’ room where they then will spend 25 minutes discussing the patient with their allocated examiner team.

You are allowed to take some items into the patient’s room to assist in the physical examination of the patient (see ‘Items to bring’ below). However, no printed material (including textbooks, notes, MIMS or other drug compendia), pro-forma sheets or electronic devices are permitted. The aim of these restrictions is to make the examination as fair as possible for everyone.

Note: Where relevant, you will be given access to medication lists and results of urinalysis/rectal examination.

7.2. Short Case assessment

The purpose of the Short Case is to test clinical examination skills with an emphasis on: the interaction with the patient and/or family; technique and accuracy of physical examination; interpretation and synthesis of physical findings; and investigations/management. As part of the assessment of your findings, you may be asked to comment on relevant diagnostic tests (e.g. x-rays, ECGs) and/or nominate appropriate investigations.

Examiners will assess whether you display the skills listed above to the relevant standard in the time allowed, based on the criteria set out in Appendices B and D at the end of these instructions.

Each Short Case examination will last 15 minutes.

Before entering the Short Case room, you will be given two minutes to read a written introduction to the Short Case (the ‘stem’), which will be attached to the outside of the Short Case room door. This introduction is written by the examiners and will contain the patient’s name, the relevant body system and, sometimes, the dominant clinical problem. It will be standardised prior to your entry into the examination room and is designed to be accurate, short and directive.

There will be a 10-minute break between the two Short Cases in each examination cycle.

You are reminded that all patient records, including your own notes about patients, are confidential patient information and confidential examination material. You are not permitted to reproduce or distribute this information at any time or in any way. Following the examination, you must ensure that patient notes are left with the organisers at the examination for destruction. Please refer to the RACP’s Academic Integrity in Training Policy.
8. Examiners

8.1. Examiner review of patients

Prior to each cycle of the examination, examiners will take a history of each Long Case patient, examine each of those patients, and identify the relevant issues for discussion for each patient. This review is done without the aid of patient notes or prepared histories to enable a more accurate appraisal of each Long Case patient’s ability to give an appropriate history and of the accuracy of signs.

Each Short Case patient is assessed ‘blind’ by the examiners.

8.2. Number of examiners

You will be examined by a team of examiners on each Long Case and Short Case. Each team is made up of at least two examiners, and each of you will see at least four different teams of examiners. You may expect one examiner to lead the discussion, usually followed by the second examiner; however, variations to this sequence may occur.

On occasion, a third examiner may be present but will act only as an observer. Only two examiners will actively examine you and determine your score.

9. Conduct of the Divisional Clinical Examination

9.1. Quality and safety standards

To maintain appropriate health and safety standards during the examination, you must wash your hands before and after carrying out any physical examination. Alcohol gel/hand sanitiser may be provided either outside or inside the patients’ rooms. Many of you choose to bring your own supply. Using the gel before entering each patient’s room can save time during the examination segment. You should advise the examiners if you have washed your hands prior to entering the room.

Clean disposable pins should be used for neurological examinations (for both the Long Cases and Short Cases). Please ensure that pins are disposed of appropriately.

9.2. Case selection

While a broad range of cases are selected for the examination, it is possible that you may be asked to examine similar systems on more than one patient during their examination.

9.3. Adolescent patients

On examination day, you should not request that a patient’s parents or guardians leave the room in order to interview adolescent patients privately. This request is inappropriate during preparation for the examination and is not expected during the Divisional Clinical Examination.

10. Examination preparation

Regular clinical activities in your own hospital should be the best preparation for the Divisional Clinical Examination. In most hospitals, the Director of Physician/Paediatric Education (DPE) and other Fellows will often assist you by discussing the Divisional Clinical Examination and arranging Long Case and Short Case practice sessions.

The RACP does not endorse any commercial preparation courses for the Divisional Clinical Examination.

10.1. Pre-examination contact at examination sites

In the past, some of you have approached your allocated examination hospital after receipt of the allocation letter, attempting to obtain information regarding the patients selected for the examination, or on the types of cases in which the hospital specialises.

Certain actions may be perceived as attempting to gain an advantage in the examination and may lead to disqualification from the examination and/or may affect your progress through training. These actions include:
• any attempt to gain information pertaining to possible cases from staff organising the examination at the allocated hospital.
• attendance at practice cases or practice exams at the allocated hospital after notification of examination allocation.
• any attempt to inspect, or to organise to inspect, specific rooms or departments that may be involved in the examination at the allocated hospital.
• any attempt to find out who will be the examiners at the allocated hospital.
• any attempt to contact potential examiners to seek guidance on how to improve performance in the examination.
• any attempt after the Divisional Clinical Examination to contact the examiners encountered during the examination day, apart from through the standard feedback procedures for failed candidates.

All enquiries after the examination must be made through Assessment & Selection at the College. Please refer to the Academic Integrity in Training Policy.

Examination day

11. Examination day timetable

You are expected to allocate the entire day to the examination. Expected arrival times at the allocated hospital sites are listed as follows (times will be confirmed in the candidate allocation letter):

<table>
<thead>
<tr>
<th></th>
<th>Expected arrival time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics &amp; Child Health</td>
<td>8.45am</td>
</tr>
<tr>
<td>Adult Medicine</td>
<td>8.15am</td>
</tr>
</tbody>
</table>

Reporting to the examination site

Please bring:
1. your candidate allocation letter (hardcopy or email)
2. current photographic identification that shows your full name and signature – for example, your passport or photo driver licence.

After signing in, you will be provided with an individualised sheet of stickers. Each sticker will have your name, candidate number, allocated hospital name and a barcode. The examination assistant (see ‘Examination assistants’ below) should carry the sheet of stickers throughout the day and provide two stickers to each team of examiners that examined the candidate, at the beginning of that case. Examination organisers will have additional stickers available if needed.

The following table represents the typical examination day schedule. While all hospitals try to adhere to the schedule, individual variations may occur.

<table>
<thead>
<tr>
<th>Paediatrics &amp; Child Health</th>
<th>Candidates – First Cycle</th>
<th>Candidates – Second Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>1 Long Case followed by 2 Short Cases</td>
<td>2 Short Cases followed by 1 Long Case</td>
</tr>
<tr>
<td>Afternoon</td>
<td>2 Short Cases followed by 1 Long Case</td>
<td>2.05pm to 4.30pm</td>
</tr>
</tbody>
</table>
**Adult Medicine**

<table>
<thead>
<tr>
<th></th>
<th>Candidates – First Cycle</th>
<th>Candidates – Second Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>1 Long Case followed by 2 Short Cases</td>
<td>2 Short Cases followed by 1 Long Case</td>
</tr>
<tr>
<td></td>
<td>8.55am to 11.20am</td>
<td>9.10am to 11.50am</td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>2 Short Cases followed by 1 Long Case</td>
<td>1 Long Case followed by 2 Short Cases</td>
</tr>
<tr>
<td></td>
<td>1.50pm to 4.30pm</td>
<td>1.35pm to 4.00pm</td>
</tr>
</tbody>
</table>

You will be provided with a 10-minute break between your two Short Cases in both the morning and afternoon sessions.

You are responsible for providing your own food and beverages on the examination day.

It is inappropriate for you to request that patients' parents or guardians leave the room to interview adolescent patients privately. You should not do this.

12. **Items to bring to your examination site**

You must bring your own stationery for use during the Divisional Clinical Examination – for example, blank manila folders, blank cards or paper, and pens/pencils. **Pre-printed/written templates or reminders are not permitted.**

You are also required to bring your own equipment to the examination. The rationale for the standardisation of acceptable equipment includes fairness to everyone and ensuring that, as far as possible, the clinical signs that you elicit will match those obtained by the examiners, who will likewise use standard equipment.

**You may bring the following approved equipment (relevant to your discipline):**

<table>
<thead>
<tr>
<th>Paediatrics &amp; Child Health</th>
<th>Adult Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank paper/cards and pencils/pens</td>
<td>Blank paper/cards and pencils/pens</td>
</tr>
<tr>
<td>Stethoscope (which must not be electronically augmented unless you have obtained specific permission for medical reasons)</td>
<td>Stethoscope (which must not be electronically augmented unless you have obtained specific permission for medical reasons)</td>
</tr>
<tr>
<td>Standard handheld ophthalmoscope (not a Panoptic ophthalmoscope)</td>
<td>Standard handheld ophthalmoscope (not a Panoptic ophthalmoscope)</td>
</tr>
<tr>
<td>Red-topped hat pin or equivalent, for visual field testing</td>
<td>Red-topped hat pin or equivalent, for visual field testing</td>
</tr>
<tr>
<td>Standard auroscope</td>
<td>Standard auroscope</td>
</tr>
<tr>
<td>Pocket torch</td>
<td>Pocket torch</td>
</tr>
<tr>
<td>Tape-measure and/or ruler</td>
<td>Tape-measure and/or ruler</td>
</tr>
<tr>
<td>Tendon hammer</td>
<td>Tendon hammer</td>
</tr>
<tr>
<td>Single-use spatulas</td>
<td>Single-use spatulas</td>
</tr>
<tr>
<td>Tuning forks (128 and 256 Hz)</td>
<td>Tuning forks (128 and 256 Hz)</td>
</tr>
<tr>
<td>Handheld visual acuity chart(s)</td>
<td>Handheld visual acuity chart(s)</td>
</tr>
<tr>
<td>Cotton wool</td>
<td>Cotton wool</td>
</tr>
<tr>
<td>Single-use neurological examination pins for testing sensation</td>
<td>Single-use neurological examination pins for testing sensation</td>
</tr>
<tr>
<td>Printed picture for higher centres testing</td>
<td>Printed picture for higher centres testing</td>
</tr>
<tr>
<td>Props – such as a jar, key and shirtsleeve with button – for hand function testing</td>
<td>Props – such as a jar, key and shirtsleeve with button – for hand function testing</td>
</tr>
<tr>
<td>Standard growth chart</td>
<td>Standard growth chart</td>
</tr>
<tr>
<td>Toys for distraction and testing of development</td>
<td>Toys for distraction and testing of development</td>
</tr>
</tbody>
</table>

You are not allowed to bring in references, iPads/tablets, smartwatches, mobile phones, or other data-storing/sharing/recording devices, whether written or electronic.
If you inadvertently bring any of these items, or any other equipment that is not considered acceptable to the examination, you must declare this to the examination organisers, who will take the item(s) for safekeeping until the examination is finished.

Anyone who takes unauthorised material into any of the examining rooms may be disqualified from the examination.

Anyone found with a recording device, including a mobile phone, will be automatically disqualified from the examination.

Your examination cases may be checked on examination day.

13. Examination assistants

Examination assistants will be present on the day. An examination assistant escorts you between rooms during the examination and supplies the candidate identification stickers to each team of examiners. They sit in during the presentation of both the Long Case and Short Case segments. Examination assistants should not be asked to be involved in the examination in any way. If you feel that you require assistance, you should inform the examiners.

Examination assistants should not communicate with you during the period that you are with the examiners. They are also not able to assist you with timekeeping during segments (e.g. giving a five-minute warning). You must not ask them to do so.

You must not ask examination assistants for feedback on your examination performance, nor ask them for any details about the patients before or after the examination.

After the examination

14. Special note on examination results

You are unable to request:

- an appeal
- a review
- reconsideration

in relation to your examination result.

Each of the circumstances above has specific possible outcomes, which are set out in the Special Consideration for Assessments Policy. The policy includes details of the supporting documentation required, and the timing of applications for special consideration.

15. Standard required

To pass the Divisional Clinical Examination, you will need to demonstrate the required standard based on defined criteria. The criteria used for assessment of the performance in both the Short Cases and Long Cases can be found in Appendices A–D at the end of these instructions.

The RACP recognises that you may have your own way of taking a history, performing an examination, and preparing for the Divisional Clinical Examination. Appendices A–D are provided to assist you with understanding the criteria used by the examiners in judging your performance and should not be interpreted as support for a particular method of history-taking and examination. It should also be noted that not all the assessment domains will be applicable in every case and that domains may be weighted differently in different cases.

16. Marking

Each case for the Divisional Clinical Examination is marked out of 6 points as per the scoring guides provided in Appendices A–D at the end of these instructions. All cases are different, and some assessment domains will be more important than others for a given case. Examiners will take this into account along with your overall performance for the case.
Both examiners will provide an independent mark, then will discuss their scores and candidates' performance to come to a final consensus score for each case.

17. Pass mark

Short Case and Long Case scores will be combined to determine a candidate’s overall outcome using the Score Combination Grid. This approach uses a two-step process to determine candidates' outcomes.

In the first step, Long Case performance is used to determine the 'band level'. Once the band level is determined, the band rules determine the level of performance on the Short Cases that is required to meet the standard. Lower band levels indicate poor Long Case performance and will require stronger Short Case performance.

Details and examples of determination of the pass standard are found on the Divisional Clinical Examination webpage.

18. Results release

Paediatrics & Child Health: 3pm AEST on Thursday, 6 June 2019
Adult Medicine: 3pm AEST on Thursday, 15 August 2019

You will be notified of your examination outcome by email. Please log on to MyRACP or contact memberservices@rACP.edu.au to check that both your email and postal address with the College are current. You can update your details yourself simply by logging on to MyRACP and going to ‘Edit details’.

If you have not received your results by 8am the day after the results release date, please:
- check your junk/spam email folder
- identify whether you are using a computer with a firewall.

If you still have issues, please contact Assessment & Selection at examinations@rACP.edu.au and request that your results notification be resent.* You may also contact the College by phone at 1300 MY RACP (1300 69 7227) or (+61) 2 9256 5444.

* Please note that the College is unable to discuss examination results with candidates over the phone or by email.

19. Candidate feedback

Immediately after each case in the Divisional Clinical Examination, the examiners complete feedback sheets, on which they record each candidate’s performance. These are used to provide feedback to you.

Formal results letters will be sent out to you, by email, within four weeks of the results release. If you are successful in the examination, you will receive copies of your feedback sheets with your results letter email.

If you are unsuccessful in the examination, you will be invited to meet with a member of the National Examining Panel (NEP) to receive and review your feedback sheets, and to discuss your performance.

The NEP member will use the information on the feedback sheets and his or her experience with the examination to assist you in recognising areas of relative strength or weakness, and to advise you on how to improve your performance in a subsequent examination. You will also be provided with details of NEP members who may be contacted to provide feedback. It is your responsibility to arrange this feedback meeting.
You should contact your confirmed NEP member shortly after receipt of your results letter, as candidate feedback is not retained indefinitely. You are strongly encouraged to invite your DPE and/or supervisor to join you and your NEP member at the feedback meeting.

In the interests of patient confidentiality:

- **All specific personal patient information will be removed from feedback sheets.**
- **Case summaries will not be provided to you.**

Note that feedback sheets are confidential examination material and/or confidential patient information. You should not reproduce or distribute this material at any time, in any format, neither should you discuss this information outside of your feedback meeting. All enquiries after the examination must be directed to the Assessment & Selection team. Please refer to the [Academic Integrity in Training Policy](#).
### Appendix A: AM Long Case – Criteria for Assessment of Performance

|----------------------|---------------------|--------------------------------------|-----------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| **Excellent Performance** | • Sophisticated interpretation of the history  
| | • Focuses on key issues  
| | • Shows perceptiveness in extrapolating difficult information | • Actively seeks subtle signs that might enhance diagnosis  
| | • Suggests organisation of difficult examination | • Identifies all major and minor problems  
| | | • Very careful prioritisation which includes a long term view | • Recognises social impact of disease  
| | | • Shows mature understanding of subtle, difficult, or uncertain aspects of patient's functioning | • Demonstrates balance when discussing issues and sophisticated use of external social support |
| **Better than Expected Standard** | • Emphasis on appropriate details  
| | • Appreciates subtleties  
| | • Interprets significant aspects of the history | • Includes important relative negative signs  
| | | • Appreciates significance of more subtle signs | • Confidently identifies essential problems  
| | | • Shows maturity in recognising lesser issues | • Shows persistence in exploring subtle psychological issues, or issues that impact on the patient or family |
| **Expected Standard** | • Complete and accurate history  
| | • Minimal need to clarify details  
| | • Timely and well structured  
| | • Some interpretation | • Identifies all key problems  
| | | • Arranges problems in order of priority | • Understands patient's physical and psychological functioning in relation to disease  
| | | • Appreciates impact of treatment and prognosis on patient and family | • Proposes an appropriate management plan for the major issues  
| | | | • Provides a sensible balanced approach to investigations  
| | | | • Interprets investigations appropriately  
| | | | • Recognises important side effects of proposed treatment |
| **Below Expected Standard** | • Poorly organised  
| | • Omission of some key issues  
| | • Important details not clarified | • Omission and/or incorrect reporting of important physical signs  
| | | • Problems poorly prioritised  
| | | • Significant problems misunderstood | • Fails to recognise some important aspects of the disease on patient or family  
| | | | • Misses some aspects affecting functioning or reaction to illness |
| **Well Below Expected Standard** | • Omission of many key points  
| | • Inaccuracies or lack of detail  
| | • Repeatedly, poorly structured  
| | • Historic details not clarified | • Many significant signs not recognised  
| | | • Poor understanding of significant problems  
| | | • Requires substantial prompting | • Poor understanding of the impact of disease on patient and family  
| | | | • Shows little concern about psychological aspects |
| **Very Poor Performance** | • No clear structure  
| | • Focused only on single problem  
| | • Minimal detail | • Minimal attention to detail with the examination  
| | | • Most key management issues unidentified  
| | | • No attempt to establish priority | • Impact of disease not explored at all or unable to be discussed  
| | | | • Poorly directed management plan without consideration of major issues  
| | | | • Very poor ordering of investigations without consideration of expense or potential complications  
| | | | • No attempt to interpret investigations  
| | | | • No understanding of side effects of treatment |

**BT Curriculum Link**  
1.1.1  
1.1.2  
1.1.3  
1.1.1, 1.1.3, 1.2.1 (psychosocial care)  
1.1.4, 1.2, 2.2.1, 2.3  

**Professional Qualities Curriculum**  
1.1  
4.1  
6.1

**Note:** In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases.
# Appendix B: AM Short Case – Criteria for Assessment of Performance

## Adult Medicine Short Case

<table>
<thead>
<tr>
<th>Assessment Domains</th>
<th>Interaction with Patient/Family</th>
<th>Examination Technique</th>
<th>Examination Accuracy</th>
<th>Interpretation and Synthesis of Physical Findings</th>
<th>Investigations/Management</th>
</tr>
</thead>
</table>
| Excellent Performance | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Exceeds expected standard* | Fluently and accurately and within time. Makes adjustment to routine where appropriate. | Correctly identifies all essential and most desirable signs. | Establishes most likely diagnosis on basis of examination. Considers all likely alternatives. | Correctly interprets investigations and integrates with examination findings without prompting. Recognises and discusses areas of doubt. Uses results to support differential diagnosis and discussion. |
| Better than Expected Standard | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Meets expected standard* | Fluently and accurately and within time. Makes adjustment to routine where appropriate. | Correctly identifies all essential and most desirable signs. | Identifies most likely diagnosis and provides reasonable differential diagnoses based on physical findings. | Correctly interprets all major findings. |
| Expected Standard | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Introduces themselves to the patient*  
- *Shows respect for patient as indicated by preservation of patient’s modesty, seeking permission for sensitive aspects of examination*  
- *Recognises and modifies examination when painful* | Undertakes systematic examination of required area or system without unnecessary duplication. Demonstrate confidence in the examination. Completes assigned tasks in appropriate time. | Detects all essential signs. Reports significant negative findings. Does not find major signs that are not present. | Provides appropriate interpretation of signs. Recognises inconsistencies in interpretation and findings. Provides sensible priorities in diagnosis. Discusses appropriate alternative diagnoses. | Accurately interprets in context of investigation. Suggests appropriate line of investigation and integrates them with examination findings. |
| Below Expected Standard | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Inappropriate and insensitive approach to patient*  
- *Improperly observed and lacking fluency or systematic approach* | Examination incomplete or substandard prompting and guidance. | Misses essential signs. Fails to look for or mention important negative findings. | Not confident with a diagnosis. List of differential diagnosis poorly developed. Unable to consider alternative explanations for findings. Requires more than minor prompting to reconsider options. | Does not offer appropriate investigations. May have failed to integrate investigations with examination findings. |
| Well Below Expected Standard | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Untidy, rough, clumsy or causes pain without adjustment or apology* | Very clear and requires substantial prompting and guidance. | Misses essential signs. Finds abnormalities that are not present. Fails to look for important negative findings. | Unable to suggest a reasonable diagnosis. May advance diagnosis inconsistent with signs. Requires substantial prompting. Unable to reconsider additional information when may alter diagnosis. | Unable to use investigations to assist in diagnosis.  
Inappropriate dependence on investigations. |
| Very Poor Performance | Candidates **SHOULD** achieve the expected standard in terms of their interaction with the patient/family.  
- *Requiring examiners to intervene* | Slow examination not completed in appropriate time. Cannot perform appropriate examination of system. | Misses all essential signs. Finds abnormalities that are not present. Fails to look for important negative findings. | Unable to suggest a reasonable diagnosis. Unable to interpret the physical signs elicited. | Unable to suggest reasonable investigations. Misinterprets information provided. |

<table>
<thead>
<tr>
<th>BT Curriculum Link</th>
<th>1.1.2</th>
<th>1.2</th>
<th>1.1.2</th>
<th>1.1.3</th>
<th>1.1.4</th>
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<tbody>
<tr>
<td>Professional Qualities Curriculum</td>
<td>1.1.1, 4.1.2</td>
<td>1.2</td>
<td>1.1.2</td>
<td>1.3</td>
<td>2.1.1, 6.1</td>
</tr>
</tbody>
</table>

**Note:** In rating to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases.
## Appendix C: PCH Long Case – Criteria for Assessment of Performance

### Assessment Domains

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Excellent Performance</td>
<td>Good interpretation of the history</td>
<td>Actively seeks subtle signs that might enhance diagnosis</td>
<td>Identifies all major and minor problems</td>
<td>Shows mature understanding of subtle, difficult, or intimate aspects of patient's functioning</td>
<td>Superior construction of management plan, including long term impact</td>
</tr>
<tr>
<td>Great than Expected Standard</td>
<td>Emphasis on appropriate details</td>
<td>Identifies all important physical signs</td>
<td>Confidently identifies essential problems</td>
<td>Demonstrates balance when discussing issues and sophisticated use of external social support</td>
<td>High level discussion and integration of investigations</td>
</tr>
<tr>
<td>Expected Standard</td>
<td>Complete and accurate history</td>
<td>Correctly identifies all important physical signs</td>
<td>Identifies all key problems</td>
<td>Shows persistence in exploring subtle psychological issues, or issues that impact on the patient or family</td>
<td>Proposes appropriate management plan with good understanding of social impact lifestyle and psychological aspects of disease</td>
</tr>
<tr>
<td>Below Expected Standard</td>
<td>Omission of some key issues</td>
<td>Omits and/or incorrectly reporting of some important signs</td>
<td>Problems poorly prioritised</td>
<td>Proposes an appropriate management plan for the major issues</td>
<td>Good use of discriminating investigations</td>
</tr>
<tr>
<td>Well Below Expected Standard</td>
<td>Omission of many key points</td>
<td>Many significant signs not recognised</td>
<td>Poor understanding of the impact of disease on patient and family</td>
<td>Recognises important side effects of proposed treatment</td>
<td>Accurate interpretation of investigations</td>
</tr>
<tr>
<td>Very Poor Performance</td>
<td>No clear structure</td>
<td>Minimal attention to detail with the examination</td>
<td>Most key management issues unidentifed</td>
<td>Impact of disease not explored at all, or unable to be discussed</td>
<td>Some errors in arranging a management plan</td>
</tr>
</tbody>
</table>

### BT Curriculum Links

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent Performance</td>
<td>1.1.1</td>
<td>1.1.2</td>
<td>1.1.3, 1.2.1</td>
<td>1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.2.5, 2.1.1, 2.1.2, 2.2.3, 2.2.4</td>
<td>1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.2.5, 2.1.1, 2.1.2, 2.2.3, 2.2.4</td>
</tr>
<tr>
<td>Great than Expected Standard</td>
<td>2.1</td>
<td>2.2</td>
<td>2.3, 2.4</td>
<td>6.1</td>
<td>6.1</td>
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</table>

**Note:** In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases.
### Appendix D: PCH Short Case – Criteria for Assessment of Performance

<table>
<thead>
<tr>
<th>ASSESSMENT DOMAINS &gt;</th>
<th>INTERACTION WITH PATIENT/FAMILY</th>
<th>EXAMINATION TECHNIQUE</th>
<th>EXAMINATION ACCURACY</th>
<th>INTERPRETATION AND SYNTHESIS OF PHYSICAL FINDINGS</th>
<th>INVESTIGATIONS/ MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellent Performance</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Fluently and accurately and within time.</td>
<td>- Correctly identifies all essential and desirable signs.</td>
<td>- Establishes most likely diagnosis on basis of examination. Considers all likely alternatives.</td>
<td>- Correctly interprets investigations and integrates with examination findings without prompting.</td>
</tr>
<tr>
<td><strong>Better than Expected Standard</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Fluently and accurately and within time.</td>
<td>- Correctly identifies all essential and most desirable signs.</td>
<td>- Identifies most likely diagnosis and provides reasonable alternative diagnoses based on physical findings.</td>
<td>- Correctly interprets all major findings.</td>
</tr>
<tr>
<td><strong>Expected Standard</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Undertakes systematic examination of required area or system without unnecessary duplication.</td>
<td>- Detects all essential signs.</td>
<td>- Provides appropriate interpretation of signs.</td>
<td>- Accurately interprets in context of investigations.</td>
</tr>
<tr>
<td><strong>Below Expected Standard</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Examines incompletely or lacking fluency or systematic approach.</td>
<td>- Misses essential signs.</td>
<td>- Not confident with a diagnosis.</td>
<td>- Does not offer appropriate investigations.</td>
</tr>
<tr>
<td><strong>Well Below Expected Standard</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Very slow and requires substantial prompting and guidance.</td>
<td>- Finds abnormalities that are not present.</td>
<td>- Unable to suggest a reasonable diagnosis.</td>
<td>- Unable to use investigations to assist in diagnosis.</td>
</tr>
<tr>
<td><strong>Very Poor Performance</strong></td>
<td>Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family.</td>
<td>- Slow examination not completed in appropriate time.</td>
<td>- Unable to interpret the physical signs.</td>
<td>- Misses all essential signs.</td>
<td>- Unable to suggest a reasonable diagnosis.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LEVEL OF PERFORMANCE</th>
<th>BT Curriculum Link</th>
<th>Professional Qualities Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1.1, 1.2, 1.3</td>
<td>1.1, 1.2, 1.3, 1.4, 1.5</td>
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<tr>
<td>Good</td>
<td>1.1, 1.2</td>
<td>1.1, 1.2, 1.3, 1.4</td>
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<tr>
<td>Satisfactory</td>
<td>1.1, 1.2</td>
<td>1.1, 1.2</td>
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<tr>
<td>Below Standard</td>
<td>1.1</td>
<td>1.1</td>
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</table>

**NOTE:** In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases.