

# AFRM Entry Phase Examination (EPE)

**Information Session – April 2025**

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# Acknowledgement of Country

We acknowledge the traditional owners and custodians of the lands on which we live and work.

We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people and value the importance of their ongoing connection to land, sea, sky and community.

We pay our deepest respect to Elders past, present and emerging.

And together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander and Māori health and education as core business of the RACP.



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# Overview

Reason for change

What is the EPE

Location and allocation

Examination day

Preparation and resources

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Question & Answer Session



# Reason for Change

A key change in the Rehabilitation Medicine (adult) new curriculum is the modification of the Module 2 Clinical Assessment, which has been renamed the AFRM Entry Phase Exam (EPE).



**The Entry Phase Examination has replaced the Module 2 Clinical Assessment from 2025 for all trainees.**

The following trainees are required to complete the EPE:

- New trainees who commenced in 2025 (new Curriculum).
- Trainees who commenced in 2024 who did not successfully complete Module 2 last year (new Curriculum).
- Trainees who commenced before 2024 who have not successfully completed Module 2 previously (PREP Curriculum).



# What is the Entry Phase Exam?



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# What is the Entry Phase Exam?

## Purpose:

The EPE assesses trainee readiness for their progression through training.

Trainees must demonstrate competence in **foundational rehabilitation concepts, clinical skills, and knowledge** while embodying **professional behaviours**.



## Exam attempt limit and progression

You can't continue advanced training if you exceed the exam attempt limit, which is based on when you commenced training.

Commenced training	Before 2024	In 2024	2025 onwards
Attempt limits	Trainees are allowed 3 attempts to successfully complete either the Entry Phase Examination and/or the Module 2 Clinical Assessment.	Trainees are allowed 3 attempts to successfully complete either the Entry Phase Examination and/or the Module 2 Clinical Assessment.	Trainees are allowed 3 attempts to successfully complete the Entry Phase Examination.
Progression	PREP Trainees need to successfully complete the Module 2 (in or before 2024) or EPE (from 2025 onwards) to progress into the third year of training.	New curriculum trainees need to successfully complete the Module 2 or EPE before the end of their second year of training to progress to the Specialty Consolidation Phase (third year).	New curriculum trainees need to successfully complete the EPE within their first year of training to progress to the Specialty Foundation Phase (second year).
Program requirements	Refer to the <a href="#">PREP Advanced Training Program Handbook</a>	Refer to the <a href="#">2025 LTA Program</a> ↗	Refer to the <a href="#">2025 LTA Program</a> ↗

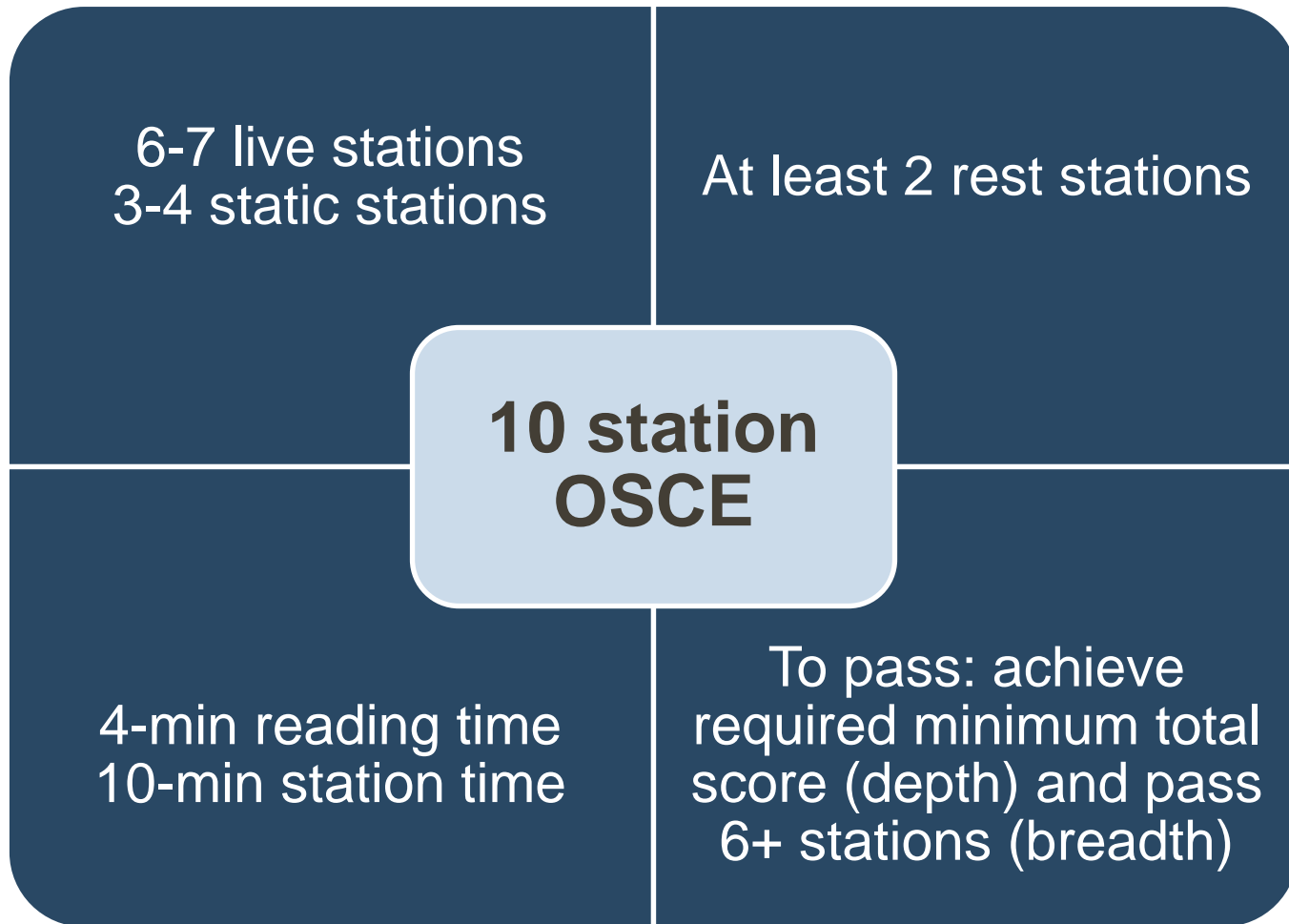


See the [Progression Through Training Policy](#) for more information about examination attempts.

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[EPE webpage](#)

# Entry Phase Exam: Format





# What is the Entry Phase Exam?

**Focus:** You are expected to be able to apply the clinical tasks and foundational concepts to the context of Rehabilitation Medicine knowledge areas.



**Clinical tasks** conducted **professionally** (EPAs & Competencies)



**Foundational rehabilitation concepts**



**Knowledge Guides** All Learning Goals in the new curriculum standards are potentially assessable. Priority knowledge areas are detailed on the EPE webpage.



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# Professional Competencies



- Your score for live stations is based on two components: marking guide scores specific to that station (60%) and professional competencies ratings (**40%**).
- Professional competencies scores are determined using a pre-set rating scale for:
  - quality and safety of physical examination\*
  - quality and safety of history taking\*
  - communication
  - judgement and decision making
  - medical expertise

Quality and safety of **history taking** and **physical examination** domains are only relevant to stations where you are required to complete these clinical tasks. All other domains are relevant in every live station.





## Professional Competencies Rating Scale – Communication Station Sample

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
<b>COMMUNICATION (EPA 4 &amp; 7)</b>  Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable to patients, families, carers, and professionals.	<ul style="list-style-type: none"> <li>• Explanations not organised or inappropriate</li> <li>• Dismissive of communication partner</li> <li>• Very poor non-verbal communication</li> </ul>	<ul style="list-style-type: none"> <li>• Explanations difficult to follow and understand, very poorly organised</li> <li>• Frequent inaccuracies in information provided</li> <li>• Frequent use of jargon without explanation</li> <li>• Poor non-verbal communication with limited eye contact or poor body language</li> </ul>	<ul style="list-style-type: none"> <li>• Some structure to explanation but overall difficult to follow or understand</li> <li>• Some inaccuracies in key components of explanations</li> <li>• Used jargon/ inappropriate terminology without explanation too often</li> <li>• Instances of poor non-verbal communication, lack of empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Information provided is mostly correct and presented clearly</li> <li>• Minimal inaccuracies</li> <li>• Used appropriate terminology most of the time</li> <li>• Checked for understanding</li> <li>• Appropriate non-verbal communication</li> <li>• Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Provided organised, clear explanation to questions</li> <li>• Used appropriate terminology</li> <li>• Evidence of active listening skills</li> <li>• Clearly demonstrated empathy and respect for communication partner</li> </ul>	<ul style="list-style-type: none"> <li>• Provided well organised, clear and detailed explanations and answers</li> <li>• Confident and skilful at giving information</li> <li>• Uses a broad range of verbal and non-verbal skills including active listening</li> <li>• Attentive to communication partner, consistently checked for understanding</li> </ul>
<b>JUDGEMENT AND DECISION MAKING</b>  Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.	<ul style="list-style-type: none"> <li>• Demonstrates very poor diagnostic reasoning</li> <li>• Makes poor or unsafe decisions</li> <li>• Fixed, false and harmful beliefs on the subject of the questions asked</li> </ul>	<ul style="list-style-type: none"> <li>• Unclear, illogical diagnostic reasoning</li> <li>• Evidence of inaccurate or potentially unsafe decisions</li> <li>• Unable to provide coherent, consistent advice, that may be contradictory</li> <li>• Does not recognise own limitations, demonstrates poor judgement</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates some diagnostic reasoning, but lacks logic at times</li> <li>• Some safety concerns identified</li> <li>• Provides advice that is consistent but incomplete</li> <li>• Lacks confidence in decision making or concerns about judgement identified</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates sound diagnostic decision making</li> <li>• No significant safety concerns identified</li> <li>• Provides advice that is accurate, consistent and complete</li> <li>• Applies good judgement and has confidence in opinions</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates clear and logical diagnostic decision making the majority of the time</li> <li>• No safety concerns identified</li> <li>• Advice is tailored to the context of the clinical scenario</li> <li>• Applies good judgement that takes into consideration the patient or role player's individual needs</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates excellent diagnostic decision with high degree of logic and understanding</li> <li>• No safety concerns identified</li> <li>• Provides advice using language that is readily understandable to the patient or role player</li> <li>• High level of judgement demonstrated with consideration of all important factors</li> </ul>
<b>MEDICAL EXPERTISE</b>  Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.	<ul style="list-style-type: none"> <li>• Very poor level of requisite knowledge, unaware of most key details</li> <li>• Management plan is unsafe, or harmful</li> </ul>	<ul style="list-style-type: none"> <li>• Large gaps in requisite knowledge, aware of very basic details only</li> <li>• Unable to generate a reasonable list of differential diagnoses</li> <li>• Management plan is poorly developed, lacks most important details</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates important gaps/errors in requisite knowledge</li> <li>• Has difficulty with differential diagnosis, misses important conditions</li> <li>• Management plan outlined has errors, omissions or is poorly constructed</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates a sound level of requisite knowledge</li> <li>• Able to generate a reasonable list of differential diagnoses, most important conditions covered</li> <li>• Able to outline an adequate management plan, with only minor errors</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates detailed understanding of requisite knowledge</li> <li>• Detailed list of differential diagnoses with some evidence of ability to prioritise</li> <li>• Able to outline an organised, logical management plan</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates a very high level of requisite knowledge</li> <li>• Detailed list of differential diagnoses with comprehensive applicability to context</li> <li>• Able to outline a highly developed, well-structured management plan</li> </ul>

# What is the Entry Phase Exam?

## Standard required:

Trainees in the PREP and new curriculum programs must meet the standard outlined in the [Rehabilitation Medicine \(adult\) Learning, Teaching & Assessment Program](#). This will take into account:

- the knowledge and skills expected of a medical graduate with at least 2 years of postgraduate experience in the workplace,
- that trainees are expected to complete this program requirement during their Specialty Entry Phase (first year of training).

A comprehensive knowledge and understanding of subspeciality rehabilitation medicine concepts isn't expected for this exam.



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# Key differences between Module 2 and the EPE

	Entry Phase Exam	Module 2
Number of OSCE stations	10 (at least 3 static)	7
Number of stations required to pass	6+	5+
Standard required	Expected completion in Specialty Entry Phase (first year).	Expected completion in first two years of training.
Time management	Candidate's responsibility to manage time. 7-min alert and recommendations provided.	Examiners kept time and asked trainees to move on when required.
Professional competencies/behaviour weighting	40% of total score in live stations (Professional Competencies Rating Scale)	30% of total score in live stations (Professional Behaviour Rating Scale)



# Key similarities between Module 2 and the EPE

- **Purpose**
- **Focus**
- **Exam dates:** application and exam
- **Professional behaviours/competencies:** assessed in live stations



# Location and Allocation



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# Location

Location

Adelaide

[Royal Adelaide Hospital](#) ↗

Outpatient Clinics (Level 3 - main entrance level)

Port Rd,  
Adelaide, SA 5000

Plan your journey: [public transport](#) ↗ | [directions and parking](#) ↗

**2025 EPE date:**  
**Sunday, 24 August**



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14/04/2025  
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# Allocation

- Allocation email:
  - Confirms candidate's eligibility
  - Session and arrival time (morning and afternoon)
  - Location and address
  - What to bring to the exam
- ~6 weeks prior to exam
- Timetabling considerations:
  - Approved Special Considerations
  - Individual circumstances such as candidate's location
  - Conflicts of Interest

# Examination Day

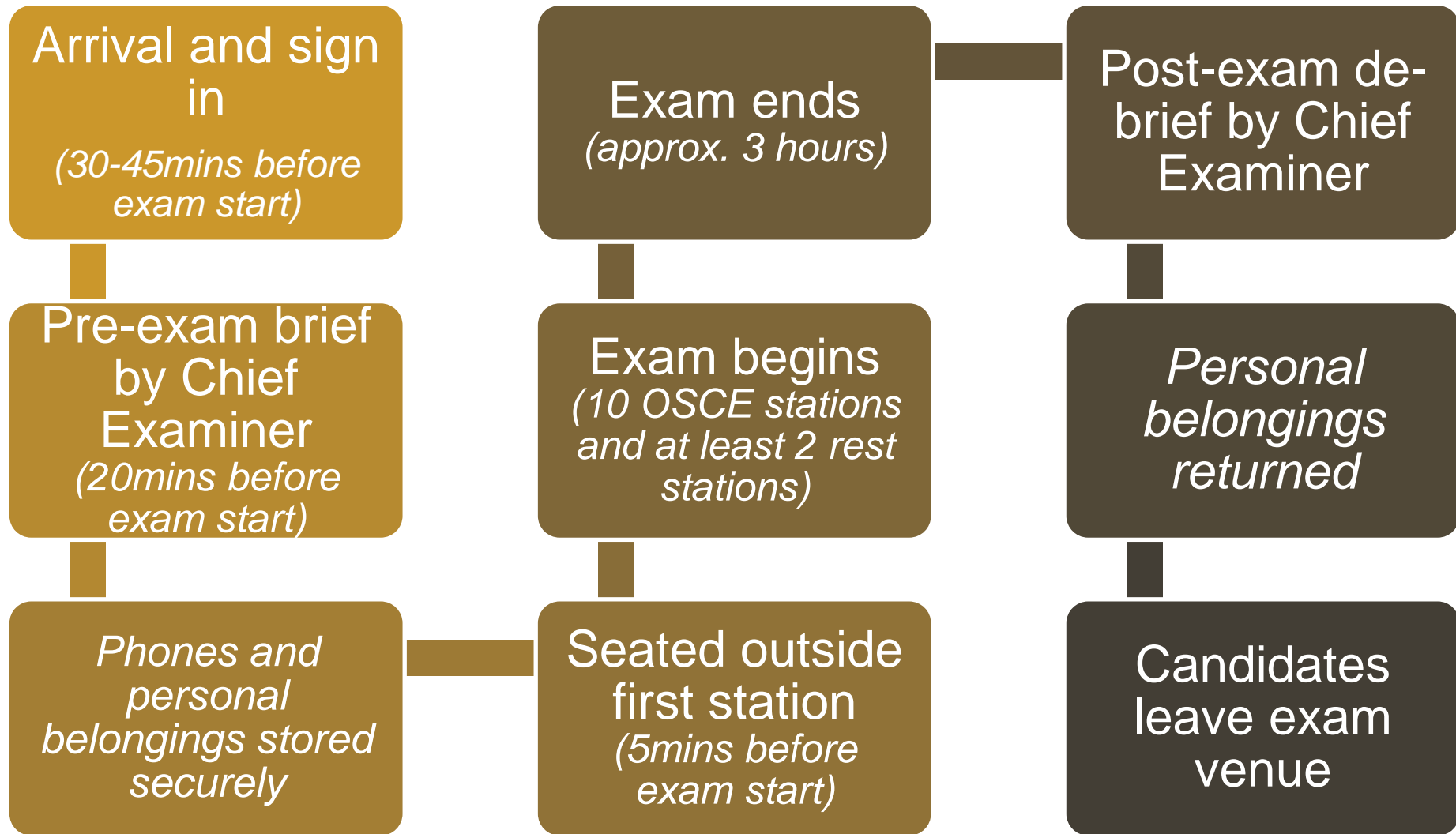


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# Exam Day Overview



# Completing the exam

Exam starts with an announcement: *"You may now begin reading"*



**4-minute reading time:** Candidate Information Sheet is attached to your seat by a lanyard



**End of reading time:** bell rings



**10-minute station time:** Enter the station (bring your candidate ID stickers, hand to examiners).



**7-minute alert:** warning for candidates that there are 3 minutes remaining.



**End of station time:** bell rings. Exit the station and move directly to your next reading time.



# Incidents

- If you feel unsafe, stop immediately and seek help from the examiners, nurses or staff. Stopping for safety reasons will not affect examination assessment.
- Report any incidents to the Examiners or RACP Staff. They will complete an Incident Report and submit to the RACP. The Chief Examiner will also be informed.
- You can ask to complete an incident report on the day.
- You may also wish to submit an application for Special Consideration if you believe the incident impacted your performance due to technical or procedural issues.
- Applications are due to the RACP via email within five (5) days from your exam date.

# Preparation and Resources



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# Preparation suggestions

- **Practice** clinical skills and professional competencies in your training setting.
- Review the **Professional Competencies Rating Scales** and **regularly seek and act on feedback** on your **clinical skills and professional behaviour** in your clinical workplace (e.g. work-based assessments such as Observation and Learning captures, ITLCAs).
- **Self-directed study** of the AFRM Knowledge Guides and foundational rehabilitation concepts, especially those identified as a focus for the EPE.
- **Practice your exam technique** with your peers and supervisor using the EPE Sample Stations.
- Watch videos and presentations on the AFRM resources webpage and RACP Online Learning.



You are encouraged you to familiarise yourself with the new Curriculum Standards and use them as a resource for your preparation for the EPE.

# Examination technique tips

## General

- Your responses should relate to the scenario
- Adhere to time management recommendations provided in the Candidate Information Sheet (examples available in Sample Stations and EPE webpage).

## Live stations:

- Always practice hand hygiene
- Communication should be respectful, clear, empathetic, structured (standard is in the PCRS)
- Apply a systematic approach to physical examination and history taking
- Use terminology that is appropriate for the scenario

## Static stations:

- Stem is provided inside the room on your Candidate Question and Answer Sheet – you can make notes on this if you wish

# Preparation Resource



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## AFRM Entry Phase Examination (EPE) *Assessable Content Examples*

The below table is intended as a guide to help you understand examples of potentially assessable station components. Each station in the EPE will be made up of a combination of components which formulate the scenario. **Live and static stations** will often include one (1) focused clinical task (DO) in the context of a primary condition (KNOW). Only live stations are awarded marks for [Professional Competencies](#). Stations may also include secondary conditions. An understanding of the 'foundational rehabilitation concepts' (see the '[Prepare](#)' tab on the [EPE webpage](#)) is essential to a trainee's success in the EPE and general rehabilitation training.

**NB:** Use for educational purposes only. This list is not exhaustive nor in any intentional/priority order. Full details are on the [EPE webpage](#) and [Rehabilitation Curricula](#).

KNOW	DO			
Knowledge	Communication, counselling & history-taking	Physical Examination	Clinical reasoning / Use and interpretation of diagnostic tests	Management / use of pharmacological and non-pharmacological therapies
<p>Anatomy, neuroanatomy, pathology, and physiology of common conditions such as:</p> <ul style="list-style-type: none"> <li>Stroke</li> <li>Other neurological conditions such as: <ul style="list-style-type: none"> <li>Multiple sclerosis</li> <li>Parkinson's disease</li> <li>Myopathy</li> <li>Polyneuropathy</li> <li>Guillain-Barré syndrome</li> </ul> </li> <li>Common orthopaedic conditions and procedures</li> <li>Musculoskeletal medicine and rheumatology</li> <li>Common geriatric syndromes including: <ul style="list-style-type: none"> <li>Falls</li> <li>Delirium</li> <li>Cognitive decline</li> </ul> </li> <li>Components of deconditioning</li> <li>How medical and surgical illness affects function</li> <li>Cardiopulmonary medicine</li> <li>Pain</li> </ul>	<ul style="list-style-type: none"> <li>Take a relevant medical history</li> <li>Take a functional history</li> <li>Take a focussed mental health history</li> <li>Professional patient/relative/carer communication, interaction, education and consultation about: <ul style="list-style-type: none"> <li>Diagnosis of a disease</li> <li>Explain findings</li> <li>Investigations</li> <li>Procedures</li> <li>Management plan</li> <li>Health promotion</li> <li>Disease prevention strategies</li> <li>Discharge plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Perform common examinations such as: <ul style="list-style-type: none"> <li>Neurological</li> <li>Musculoskeletal</li> <li>Cardio-respiratory</li> <li>Speech and cognitive</li> </ul> </li> <li>Perform a wound +/- vascular assessment</li> </ul>	<ul style="list-style-type: none"> <li>Develop differential diagnosis according to clinical presentations</li> <li>Arrange appropriate investigations to assess for related differential diagnosis</li> <li>Integrate information to develop a case-specific differential diagnoses list</li> <li>Interpret scans such as: <ul style="list-style-type: none"> <li>MRI</li> <li>CT</li> <li>X-rays</li> <li>Bone mineral density.</li> </ul> </li> <li>Interpret information from pathology tests such as: <ul style="list-style-type: none"> <li>General pathology tests</li> <li>Blood gasses</li> </ul> </li> <li>Interpret common clinical assessment and investigations such as: <ul style="list-style-type: none"> <li>ECG</li> <li>Lung function tests</li> </ul> </li> <li>Understand the impact of illness and injury on patients and family</li> </ul>	<ul style="list-style-type: none"> <li>Understand pharmacology of medications encountered in rehabilitation medicine</li> <li>Describe interdisciplinary management approach to medical and surgical conditions</li> <li>Describe various roles within the rehabilitation team</li> <li>Understand and manage important medical deteriorations experienced on rehabilitation wards</li> </ul>



# Sample Stations

- ✓ Serve as educational resources and examples of how curriculum areas, including skills, knowledge and professional behaviors, can be represented in the EPE.
- ✓ Preparation tool for practice of exam technique.
- ✓ Developed from past Module 2 stations to align with the EPE focus and standard.
- ✗ They do not represent the exact content or question combination of future exam stations.
- ✗ The marking guides do not represent a precise/recommended structure for how candidates should organise their response/physical examination.



# Support and further information



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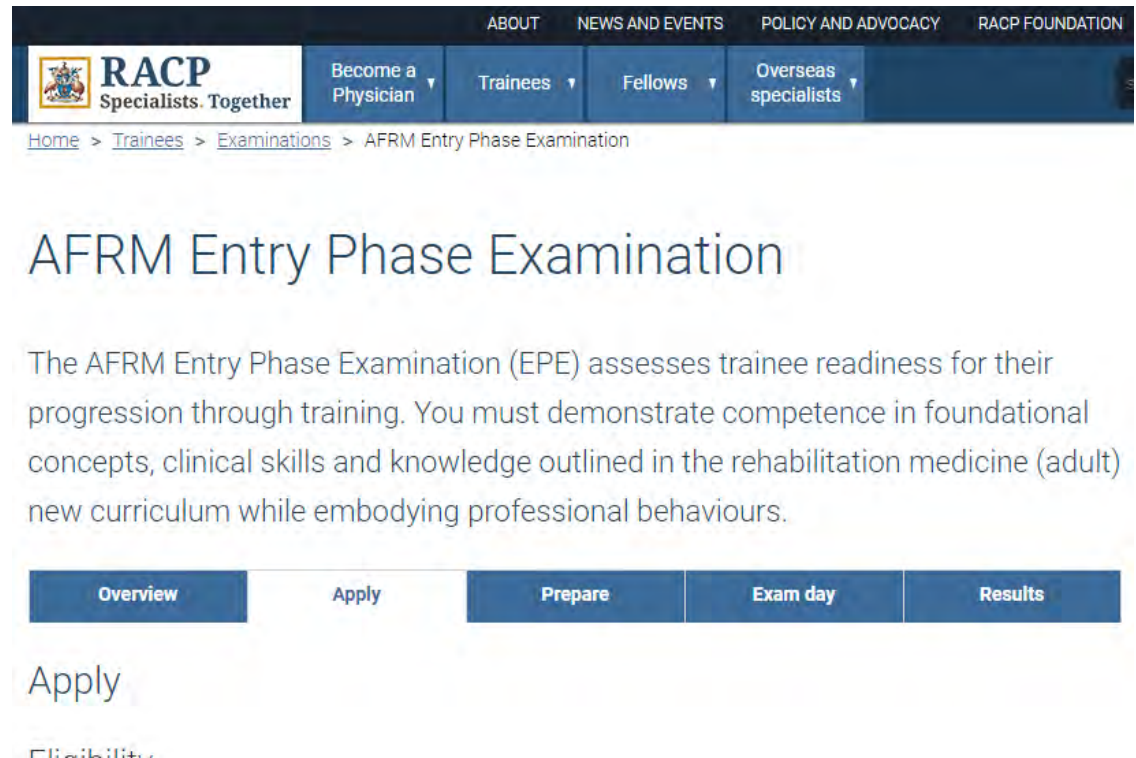


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# Where to find EPE information

## EPE webpage:

- Location
- Key dates
- Exam eligibility
- Attempt limit and progression
- Application process
- Format – live and static
- Curriculum focus
- Exam day – example timetables, exam proceedings and protocol, roles of examiners and observers
- What to bring to the exam
- Time management
- Preparation tips and resources
- Professional Competencies
- Marking, results process and feedback



The screenshot shows the RACP (Royal Australian College of Physicians) website. The header includes the RACP logo with the tagline "Specialists. Together." and navigation links: ABOUT, NEWS AND EVENTS, POLICY AND ADVOCACY, and RACP FOUNDATION. Below the header, there are dropdown menus for "Become a Physician", "Trainees", "Fellows", and "Overseas specialists". The breadcrumb trail reads: Home > Trainees > Examinations > AFRM Entry Phase Examination. The main heading is "AFRM Entry Phase Examination". The text below states: "The AFRM Entry Phase Examination (EPE) assesses trainee readiness for their progression through training. You must demonstrate competence in foundational concepts, clinical skills and knowledge outlined in the rehabilitation medicine (adult) new curriculum while embodying professional behaviours." Below this text is a horizontal navigation bar with five tabs: Overview, Apply, Prepare, Exam day, and Results. The "Apply" tab is currently selected. Below the tabs, the word "Apply" is displayed in a large font, followed by the word "FRAGMENT" in a smaller font.

# Special Consideration for Assessment

## Eligible for Special Consideration

- Permanent or temporary disabilities (medical or other relevant conditions).
- Pregnancy and breastfeeding needs.
- Non-medical compassionate grounds or serious disruptions.
- Essential commitments (religious, cultural, societal, legal obligations).
- Technical issues encountered during an examination.

## Not Eligible for Special Consideration

- Failure to meet RACP assessment standards.
- Late examination applications.
- Exhausted examination attempts.
- Exceeded time limits for training completion.
- Late training applications.



# Special Consideration for Assessment: Pre-examination

- **Definition:** Refers to incidents or issues that arise prior to the start of an examination.
- **Submission:** Requests must be submitted via email as soon as possible.
- **Outcomes:** May result in provisions, revised allocations, or refunds. The outcome will be communicated when allocations are confirmed or as soon as possible if submitted after allocation release.
- **Notification:** Applicants will be notified at least two business days before the exam, or within 20 business days of receiving a complete application.
- **Types of Assistance:** Support is limited to what is reasonably available in an RACP trainee's workplace—e.g., special equipment or assessment adjustments.
- **Limitations:** Due to the complexity of some exams, not all requests can be accommodated.

# Special Consideration for Assessment: Post-examination

- **Definition:** Applies to incidents or issues that occur after an examination has commenced and cannot be resolved or compensated for during the assessment.
- **Eligibility:** Limited to technical or procedural issues, or temporary disability occurring during the exam.
- **Submission:** Requests must be submitted within five business days of completing the examination.
- **Possible Outcomes:** May include redesignation of the exam outcome (e.g. attempt or no-attempt), or a refund where appropriate.
- **Supplementary Exam Attempt:** Available only for Divisional Clinical Examinations in cases of significant technical or procedural issues, subject to Committee review.
- **Review Process:** Applications are reviewed during the Results Meeting, and outcomes are communicated with the official results release.
- **Limitations:** Will not result in additional marks or a change in grade. Exams will not be re-scored, re-assessed, or granted a pass based solely on special consideration.

# Withdrawing

- Consider your personal circumstances and impacts on your progression through training.
- If you are no longer able to or not ready to sit the exam, you can elect to withdraw.
  - Withdrawals before the start of the exam (including on exam day) will not be counted as an attempt.
  - Withdrawing partway through the exam will be counted as an attempt unless exceptional circumstances can be demonstrated.
  - See [College Fees Terms and Conditions](#).



Please don't hesitate to contact us at any time, we're here to help you.



# Reconsideration, Review, and Appeals

- **Review Process:** If a Special Consideration application is unsuccessful, trainees may request reconsideration or review through the College's Reconsideration, Review, and Appeals process.
- **Eligibility:** A Reconsideration, Review, or Appeal can only be initiated after submitting a Special Consideration for Assessment.
- **Limitations:** The Reconsideration, Review, and Appeals By-law applies only to decisions made by College Bodies and does not include examination results, as they are based on established assessment criteria.
- [Reconsideration, Review and Appeals Process By-law](#)

# Support

The [RACP Support Program](#) offers 24/7 confidential assistance through Converge International. This free service is available to all Fellows and trainees for support before or after the exam.

Please review the exam format, permissible items, timetables, and expectations on the [EPE website](#) to prepare for the exam.

Access webinars, presentations, and the [RACP Online Learning resources](#), including the AFRM Resources page.

The Faculty and Chapter Examinations team is here to help you. Please contact us to discuss any questions or concerns.

# Contacts

**Contact the Faculty & Chapter Examinations team**

[Faculty.Examinations@racp.edu.au](mailto:Faculty.Examinations@racp.edu.au)

**Australia**

1300 697 227 (+61 2 9256  
5444)

**Aotearoa New Zealand**

0508 697 227 (+64 4 472  
6713)

# Resources Summary

- Entry Phase Examination webpage:
  - Preparation resource
  - Sample Stations
- AFRM Training Resources
- RACP Online Learning
- Education Policies
- Wellbeing and RACP Support Program

# Questions



# Best wishes

