

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

Supporting Your Registrar's Preparation for the Clinical Competency Examination (CCE)

The CCE, or [Clinical Competency Exam](#), is the final exam for doctors seeking fellowship with the Royal Australian College of General Practitioners (RACGP), replacing the OSCE (Objective Structured Clinical Exam) and interim RCE (Remote Clinical Exam).

How is the CCE structured?

The CCE will comprise two types of cases, delivered on different weekends.

Each case will be 15 minutes in duration plus reading time.

Different cases will be presented across each exam day, testing the same skills and competencies at Fellowship standard.

Candidates will be allocated one exam session for the case discussion component of the exam in the first weekend, and one session for the clinical encounters component in the second weekend. Each exam session will be up to three hours.

Weekend 1 Case Discussions	Weekend 2 Clinical Encounters
<ul style="list-style-type: none"> 4 cases Conversations with examiner based on clinical scenario <i>NB: a large amount of information will need to be covered in these discussions as they take the form of conversations between colleagues.</i> Suggested timing for questions given <i>Within the scenario information, the number of questions and the suggested timing for each of the questions will be given to the candidate.</i> Probes and prompts <i>Probes</i> are questions the examiner may use based on information the candidate has already given to gain more understanding of their thinking or additional information. <i>Prompts</i> are standardised sub-questions that the examiner may use to gain further information within a case discussion question. Examiner responsible for timing <i>While trying not to interrupt the candidate's flow, the examiner is responsible for them having the opportunity to answer each question and may thus move them along to do this.</i> Via Zoom 	<ul style="list-style-type: none"> 5 cases Role player – simulated patient, parent, child, carer, colleague <i>Most often taking the form of a consultation, role players will have a script and will be instructed to use the information given: if the candidate asks a question they have no answer for, they will answer in a neutral way... "I don't remember", "I'm not sure", "it's normal". Role play will extend to how they act too – this might be angry or upset, and they may only reveal sensitive information if asked in a sensitive manner, or only reveal some information if asked a specific question (e.g. domestic violence might only be revealed following specific safety questioning.)</i> No interaction with the examiner <i>Just the candidate as GP and the role player as the patient – no examiner interaction.</i> Task list <i>Tasks will be clearly given to the candidate in the scenario, and it will be their responsibility to address these. If asked to take a history and provide a differential diagnosis, initial investigations and management, they need to move through all the aspects. NB: the examiners cannot mark what they do not hear, so the candidates must use appropriate and clinically clear language.</i> Candidate responsible for timing Via face to face but can be delivered via Zoom in response to local, regional or national events

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What can the candidate expect to be examined on?

Anything that turns up in general practice!

- Based on real cases
- Urban or rural context
- All domains of general practice
- Consider the clinical competencies drawn from the curriculum

Cases will be typical of what candidates may experience as GPs, covering situations where they will need to demonstrate competency in:

- Clinical reasoning and decision making
- Organisational and practice processes
- Medico-legal and ethical issues
- Professionalism
- Population health
- Cultural competency
- Challenging communication scenarios
- Undifferentiated clinical situations
- Acute care and prioritisation of care needs
- Multi-morbidity

Will the candidate's skills in giving a physical examination be assessed as part of the CCE?

No, a physical examination will not be included in the CCE. The examiners at this stage are more interested in the candidate's interpretation of the findings laid out in the scenario and their subsequent management of these.

Workplace-based assessments are considered the domain of the GP supervisors, whose ability to observe their registrar's day to day encounters is less likely to be impacted by the limitations of Zoom. These limitations are why physical examinations were removed from the Zoom-based RCE. Since the CCE has been developed during the pandemic, and to prevent future interruptions to assessments by lockdowns or natural disasters, even when there is a return to face-to-face examination of the clinical encounters, the assessment focus will remain on interpretation and management of findings.

What are the clinical competencies being examined?

1. Communication and consultation skills
2. Clinical information gathering and interpretation
3. Making a diagnosis, decision making and reasoning
4. Clinical management and therapeutic reasoning
5. Preventative and population health
6. Professionalism
7. General practice systems and regulatory requirements
8. Procedural skills
9. Managing uncertainty
10. Identifying and managing the significantly ill patient

Will there be any mock exams for the CCE?

No. With 1,000 or more candidates its not feasible to run mock exams, these were metropolitan based with the number of places Manning only 25% of candidates could access them.

In order to ensure equity of access to all candidates and those supporting them the RACGP has provided a substantial suite of resources including case studies, practice materials and videos. These are provided at no cost but membership of the RACGP is required to access them.

How can I help my registrar prepare for the CCE?

This exam has been developed as the best way to assess whether a doctor is ready for clinical independence, enabling them to demonstrate what they have learned through the GP apprenticeship model in terms of agility of thinking and clinical reasoning.

The best preparation is **working across the full scope of general practice.**

You should continually review and provide feedback to ensure they:

- Consider a structured approach to every patient they see
- Can clearly articulate their management steps

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Core skills – the star of general practice

Domain 1

Communication and the patient–doctor relationship

CS1.1 General practitioners communicate effectively and appropriately to provide quality care.

CS1.2 Through effective health education, general practitioners promote health and wellbeing to empower patients.

Domain 5

Organisational and legal dimension

CS5.1 General practitioners use quality and effective practice management processes and systems to optimise safety.

CS5.2 General practitioners work within statutory and regulatory requirements and guidelines.

Domain 2

Applied professional knowledge and skills

CS2.1 General practitioners provide the primary contact for holistic and patient centred care.

CS2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients, across the lifespan through a therapeutic relationship.

CS2.3 General practitioners are informed and innovative.

CS2.4 General practitioners collaborate and coordinate care.

Domain 4

Professional and ethical role

CS4.1 General practitioners are ethical and professional.

CS4.2 General practitioners are self-aware.

CS4.3 General practitioners mentor and teach to improve quality care.

Domain 3

Population health and the context of general practice

CS3.1 General practitioners make rational decisions based on the current and future health needs of the community and the Australian healthcare system.

CS3.2 General practitioners effectively lead to address the unique health needs of the community.

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The RACGP Curriculum Ten Clinical Competencies

1. Communication and consultation skills

- Rapport building – role play
- Active listening– role play
- Communication in challenging scenarios e.g. breaking bad news – role play
- [Health Education, Brief Intervention and Motivational Interviewing Teaching Plan](#)
- [GPSA Communication Skills Toolkit](#)
- Consultation structure and timing – direct observation, video review, role play
- Patient agenda – role play
- Use ICE – ideas, concerns, expectations
- [Practice-Based Teaching Guide](#)

2. Clinical information gathering and interpretation

- [History Taking Teaching Plan](#)
- [Physical Examination Teaching Plan](#)
- [Rational Test Ordering Teaching Plan](#)
- [GPSA Educational Resources Catalogue](#)

3. Making a diagnosis, decision making and reasoning

- Differential diagnosis – case discussion
 - [Teaching Clinical Reasoning in General Practice Guide](#)
 - [Problem list - case discussion](#)

4. Clinical management and therapeutic reasoning

- [Rational Prescribing Teaching Plan](#)
- Medications – eTG, AMH
- Non-pharmacological therapies – HANDI
- [Rational Prescribing in General Practice Guide](#)

5. Preventive and population health

- Screening and prevention
- [Health Promotion Teaching Plan](#)
- [Health Education, Brief Intervention and Motivational Interviewing Teaching Plan](#)
- [RACGP Red Book](#)

6. Professionalism

- [Professional and Ethical Practice Guide](#)
- Critical incident management
- Medical Board Good Practice Guide
- MDO resources (visit both MDA and Avant)
- [Professional and Ethical Practice Teaching Plan](#)

7. General practice systems and regulatory requirements

- Computer software
- Recall systems
- Medicolegal documentation
- Confidentiality and consent
- Infection control
- Review [MDA resources](#) and [Avant](#)

8. Procedural skills

- Demonstrates procedural skills
- Refers appropriately
- Murtagh's Practice Tips

9. Managing uncertainty

- Manages uncertainty
- Uses time as a diagnostic tool
- Manages undifferentiated presentations
- [Managing Uncertainty in General Practice Guide](#)

10. Identifying and managing the significantly ill patient

- Can identify and manage the significantly ill patient
- Aware of own limitations
- [Australian Resuscitation Council - ARC Guidelines](#)

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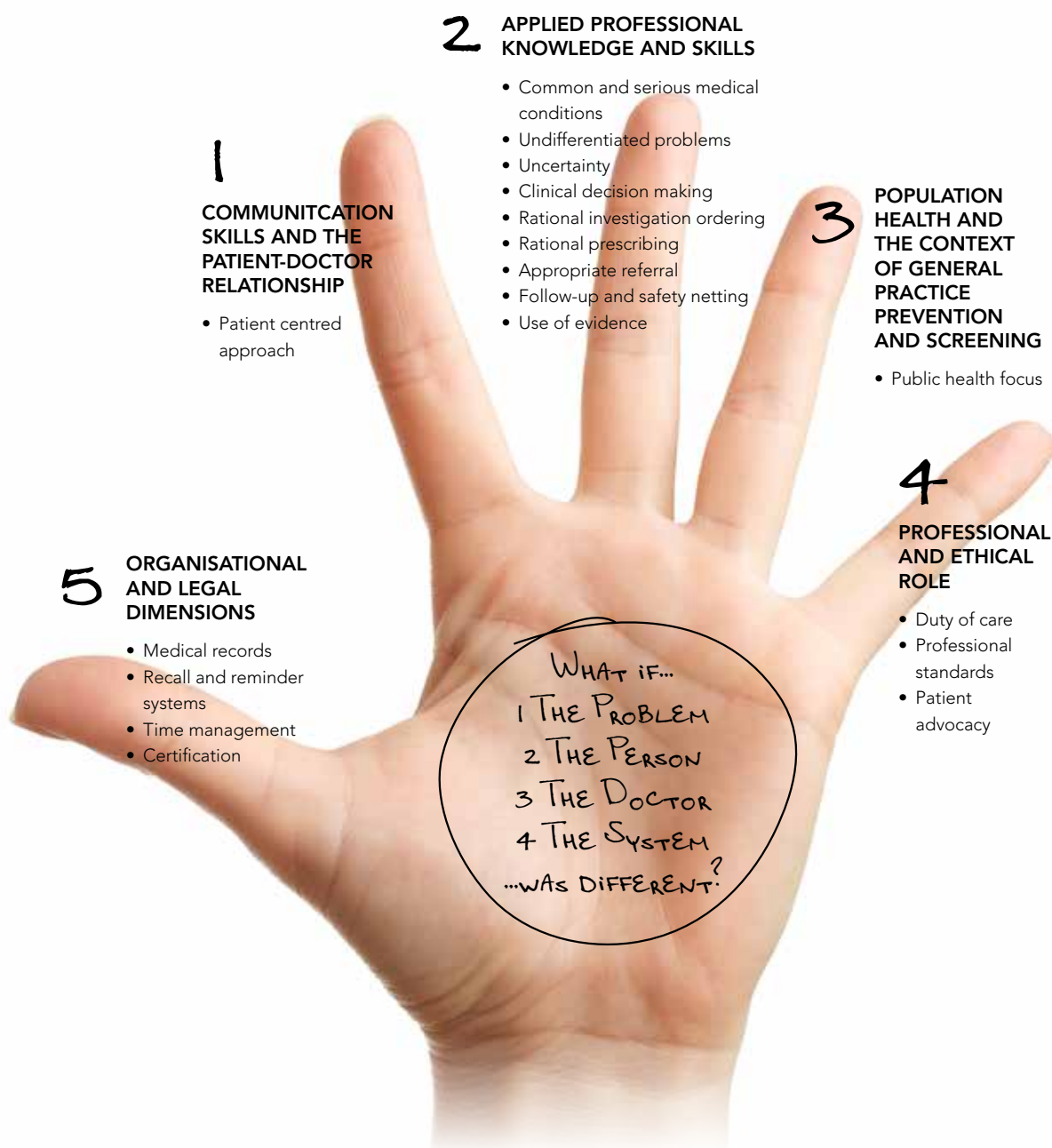
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How does Random Case Analysis (RCA) help with exam preparation?

Although not part of the CCE, interrogating your registrar's learning through RCA is arguably the best way to help them with their exam preparation.

Random case analysis will help them to prepare for the case discussions with peers/ mentors/ supervisors. To develop a process of random case analysis, you as the supervisor can refer to:

- [Random Case Analysis in General Practice Guide](#)
- Morgan and Ingham article ["Random Case Analysis: A new framework for Australian general practice training"](#)



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Top Tips to Help Your Registrar Prepare

- Focus on skill development, not knowledge
- **Teach to your strengths**
- Consider non-clinical domains
- Don't get bogged down with the new format – **teach generic skills**
- Ask registrar to document their reasoning in the notes
- Ask the registrar to review the competency rubric and self-rate to prioritise learning needs
- Use the GPSA guides and teaching plans
- **Monitor your registrar's anxiety and stress**
- Understand what is being assessed
 - RACGP curriculum and domains
 - Competency rubric
- Undertake focussed practice-based teaching
- Direct your registrar to appropriate clinical resources
- Provide pastoral care
- Encourage your registrar to use RACGP exam preparation resources and activities and learn from their clinical exposure

How can I help my registrar approach the questions?

Look at the tasks, instructions, and timing of the questions.

- Have they fully read the question?
- Have they fully considered all the material?
- Have they thought through all the stages of the consultation?
- Have they given due consideration to appropriate language when the role player is a peer versus a patient?

How does the CCE differ from the RCE?

The CCE has been designed to be flexibly delivered, with equity for all candidates, with the first component via Zoom and the second either remote or face-to-face (when and where possible). It also differs in terms of timing - the CCE allowing for more in-depth exploration of the candidate's knowledge – and the format of assessment. No articles are sent out with the CCE as all information is embedded in the assessment cases.

Further, the CCE is marked differently, such that scores are attributed for each case, with a pass allocated to the exam and not the individual cases.

Resources

CCE resources (RACGP members need to log in) <https://www.racgp.org.au/login?returnurl=%2feducation%2fregistrars%2ffracgp-exams%2fclinical-competency-exam%2fresources>

- 4 cases, extra videos
- Technical resources
- Clinical competencies
- Tips to avoid common errors

CCE exam preparation course (RACGP members need to log into [gplearning](#) then select 'Exam Support' from the quick links)

- Introduction to the RACGP Clinical Competency Exam for Candidates
- Preparing for the CCE Case Discussions and Clinical Encounters
- Morgan S and Ingham G, [Random Case Analysis: A new framework for Australian general practice training](#). AFP Vol 42, No. 1 Jan/Feb 2013 pp 69-73.
- [RACGP Competency profile of the Australian general practitioner at the point of Fellowship](#)
- [RACGP Curriculum](#)
- [GPSA Communication Skills Toolkit](#)
- [GPSA Educational Resources – Clinical Topics](#)
- [Society to Improve Diagnosis in Medicine's Clinical Reasoning Toolkit](#)
- GPSA GP Supervisor Guides:
 - [Teaching Clinical Reasoning in General Practice](#)
 - [Rational Prescribing in General Practice](#)
 - [Teaching Professionalism in General Practice](#)
 - [Managing Uncertainty in General Practice](#)
 - [Random Case Analysis in General Practice](#)