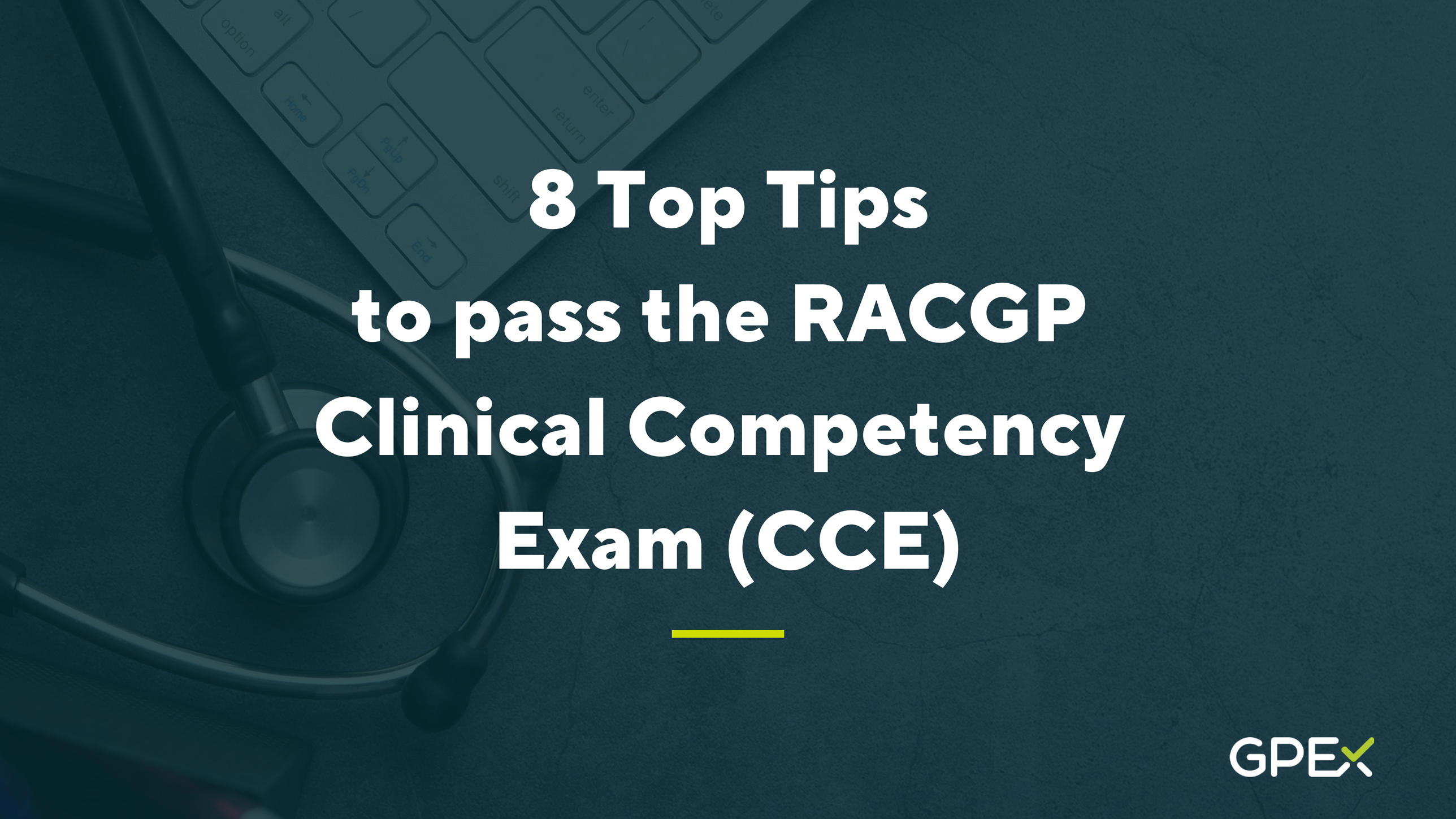
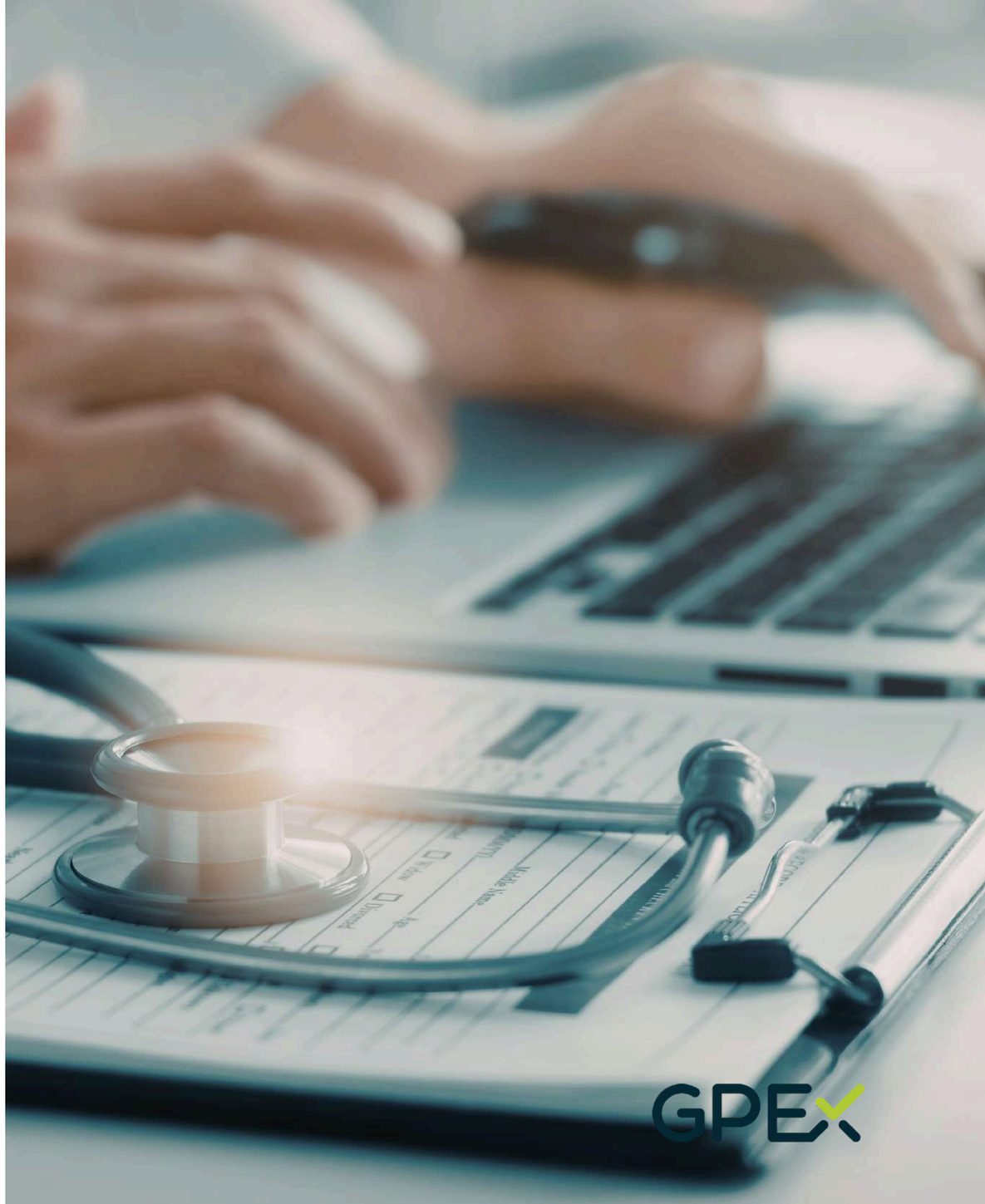


8 Top Tips to pass the RACGP Clinical Competency Exam (CCE)

GPEX

Contents



Chapter 1

Why are we here?

The RACGP Clinical Competency Exam (CCE) is high stakes and we know some candidates experience anxiety going into it.
We're here to help you practice your exam technique and set the foundations for your CCE success.

The Clinical Competency Exam, like all RACGP Fellowship exams, will assess your competency for unsupervised general practice in Australia. There are more complex factors at play in a clinical exam compared to the written exams.

The focus of this eBook is to assist you to become familiar with the exam format and structure and arm you with top tips to improve your time management and technique.

We hope to help build the foundations of your exam preparation journey.

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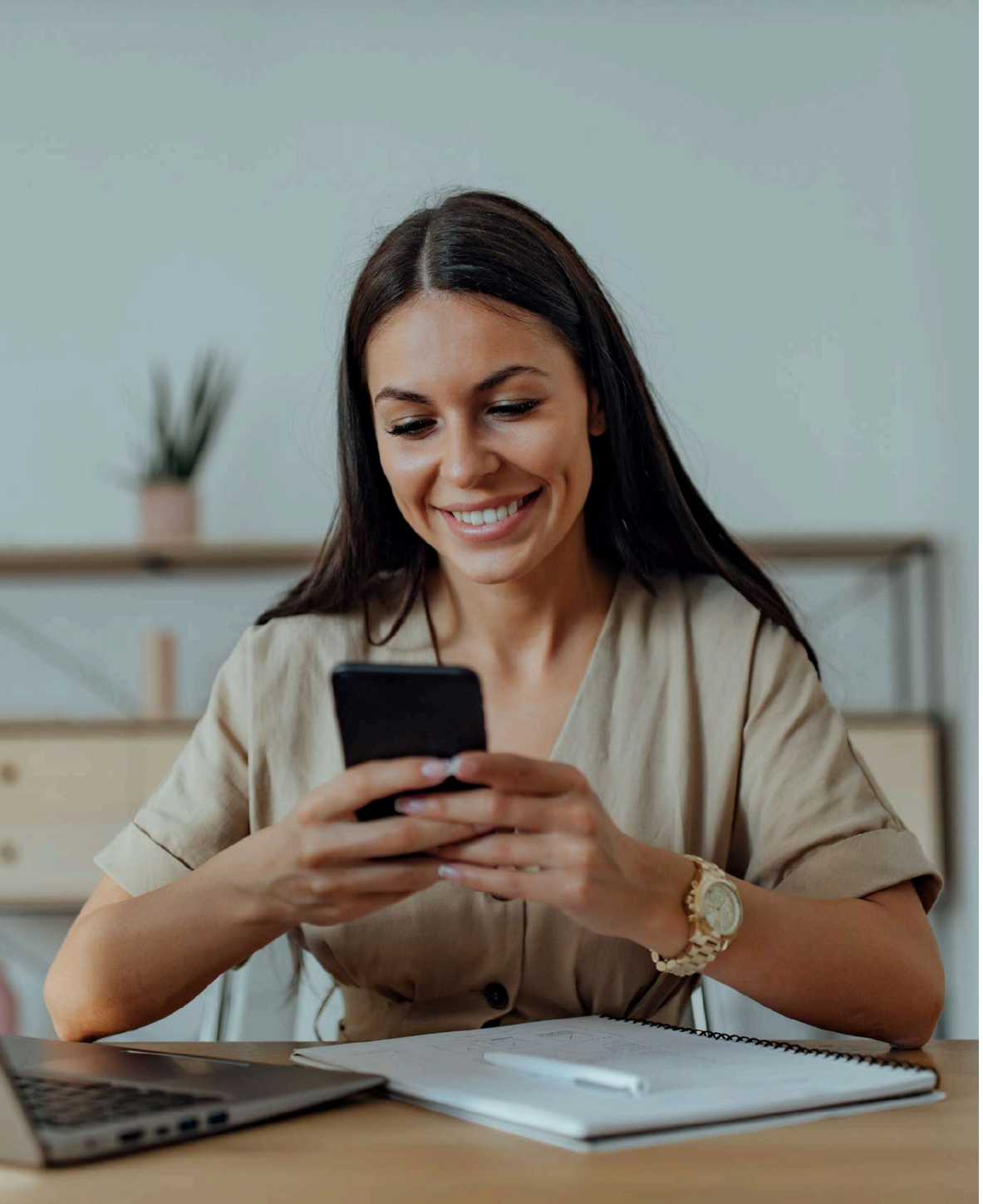

Chapter 2

Clinical Competency Exam blueprint

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The **Clinical Competency Exam** allows candidates to demonstrate their clinical competencies, including communication skills and professional attitudes.

The examination time for each case is 15 minutes, plus 5 minutes reading time prior to each case.

9 cases over 2 days

The cases are a combination of Case Based Discussions and Clinical Encounters delivered remotely via Zoom

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Exam Structure

Types of cases that will feature in the Clinical Competency Exam

1. Case Discussions

You will be provided with written case material such as a patient summary, background history and, where relevant, results or images.

Examiners will ask a series of structured questions related to the scenario, exploring your clinical reasoning, and approach to decision making and management.

2. Clinical Encounters

You will interact directly with a professional role-player while an examiner observes and assesses your performance.

You will be provided with a patient information summary and instructions outlining your consultation task(s).

The role-player may play the part of a patient, family member or colleague.

Communicate directly with the role-player, responding to the cues provided during the interaction to demonstrate appropriate, patient-centred communication and responsiveness.

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Stations may vary significantly

Examples of what you might be asked to do in a station

- Take a focused history, interpret findings of a focused examination and explain the management plan to the patient, or discuss your management plan with the examiner
- Interpret and explain results, this may involve delivering bad news
- Counsel a patient about a particular issue
- Manage a patient who is upset about a health issue, or discuss with the examiner how you would manage a scenario of an upset patient or family member
- Manage an emergency scenario
- Deal with a patient who is non-compliant with a management plan

Scope of the exam

The Clinical Competency Exam assesses your clinical competencies in the context of realistic general practice scenarios.

It does not test only clinical knowledge. It evaluates how you approach problems, structure a consultation, communicate with patients and colleagues, and apply clinical reasoning under time pressure.

As in everyday general practice, a holistic approach is essential. You should consider biological, psychological, social and cultural factors where relevant to the case.

There is usually at least one:

- Aboriginal health station

How is the exam marked

Each station is designed to assess specific competencies, usually focusing on 2–3 key areas. Candidates are expected to demonstrate an integrated, whole-patient approach throughout the encounter.
Examiners assess performance against defined competency criteria expected at the level of early Fellowship. Performance is rated using a four-point Likert scale, ranging from ‘competency not demonstrated’ to ‘competency fully demonstrated’.

The core competencies that may be included in marking guides are:

1. Communication and consultation skills
2. Clinical information gathering and interpretation
3. Diagnosis, decision making and clinical reasoning
4. Clinical management and therapeutic reasoning
5. Preventive and population health
6. Professionalism
7. General practice systems and regulatory requirements
8. Procedural skills
9. Managing uncertainty
10. Identifying and managing the seriously ill patient
11. Aboriginal and Torres Strait Islander health
12. Rural health

Chapter 3

8 Top Tip to pass the RACGP CCE

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When you are preparing for the CCE, it is important you practice cases as well as study content.

It is only through practice that you can get an idea about how long or short 15 minutes feels and how to answer questions under pressure.

Some common areas to work on are listed below.

TIP #1 Strategise your reading time 

Timing is critical in this exam setting. So, what should you do in the allocated five-minute reading time?

There is no single right answer but here are some practical tips to guide you.

Read and plan

Read the question carefully and plan your time in the station. Use the reading time to identify exactly what is being asked of you.

Marking is weighted towards the specific tasks outlined in the instructions, so stay tightly aligned to them.

For example:

- If asked to take a history and provide management, do not spend time detailing an examination you were not asked to perform.
- If the instructions state that no further history will be provided, move directly to the next required component.

Focus on what attracts marks.

Write bullet points

Use the reading time to jot down brief bullet points or keywords you need to address during the station. Writing down any relevant acronyms can also be helpful to structure your thinking.

These might include:

- Key differentials
- Red flags not to miss
- History and examination priorities
- Management steps

Your notes can act as a simple framework for your history or explanation.
A structured reading and planning template is available within the Dr CCE course.

Imagine the Patient

Use the reading time to build a clear mental picture of the patient and how the consultation might unfold.
Consider:

- What concerns they may raise?
- What emotions could be present?
- What complexities might emerge?

This helps you enter the station prepared and structured rather than reactive.

Remember, the role-player may not physically match the written scenario (e.g. age or clinical context). Avoid making assumptions based on appearance: be guided by the case information provided.

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TIP #2 Communication

Communication looks at how you go about obtaining the patient history and explaining the management. You are expected to demonstrate that you are patient-centred, empathic and show understanding for a patient's concerns, ideas and expectations. Here are some ways to improve your communication.

Engage with the patient, not the examiner

In Clinical Encounter stations, direct your attention to the role-player, not the examiner.

Communicate as you would in real general practice. Demonstrate active listening through appropriate eye contact, nodding, paraphrasing and acknowledging concerns. This helps to build rapport and convey empathy.

Adapt your communication style

Adjust your communication depending on the station format.

When speaking to a patient (or family member), explain information in clear, plain language. Adapt your tone and complexity according to age, background and level of understanding.

In Case Discussion stations, communicate with the examiner as you would with a professional colleague. Use appropriate clinical terminology and be clear and structured in your reasoning.

Body language

Non-verbal communication sends a powerful message.

Be aware of what you may convey through:

- Eye contact
- Facial expression
- Posture
- Orientation (face the person you are addressing)

Avoid closed or distracted body language, such as turning away, looking at notes excessively, or appearing disengaged.

It is easy to become less aware of non-verbal communication when conducting the exam via Zoom. But it is equally important.

TIP #3 History: Nail the nitty-gritty!

Make sure it is tailored, relevant, organised and to the point

The station is timed. You must move through history and obtain the key information quickly and logically. Note whether the question is asking for a brief, focused history or a more detailed history, as this will determine the length of time to spend on this section.

Start with open questions, then more focused questions based on the responses

For example, you know from the scenario that the patient has presented with a headache, so you will start with: “It seems you have a headache, can you tell me more about that please?”

Followed by: “You mentioned that certain foods seem to make it worse. What foods would that be?”

And then closed questions that require a yes/no answer: “Do you have any vision changes with the headache?”

Examples of good open questions include:

- How can I help you today?
- Please tell me more... ·
- Is there anything else you want to tell me?

Ask, listen and follow the cues

In the Clinical Encounter stations, when there is an actor present, they will have learnt the case and have a list of prepared information to tell you. Do not interrupt them and miss out on easily gained information. Listen for cues. If they are repeatedly saying no, move to a different track. If they say they do not know, then that issue is not important in this scenario, and you should move on.

Always listen to the patient and respond to questions they ask. The patient/actor has a list of cue questions they can ask you, if they think you may be missing something.

Questions raised by the patient are clues for you to cover in your response and may prompt you to explore other information.

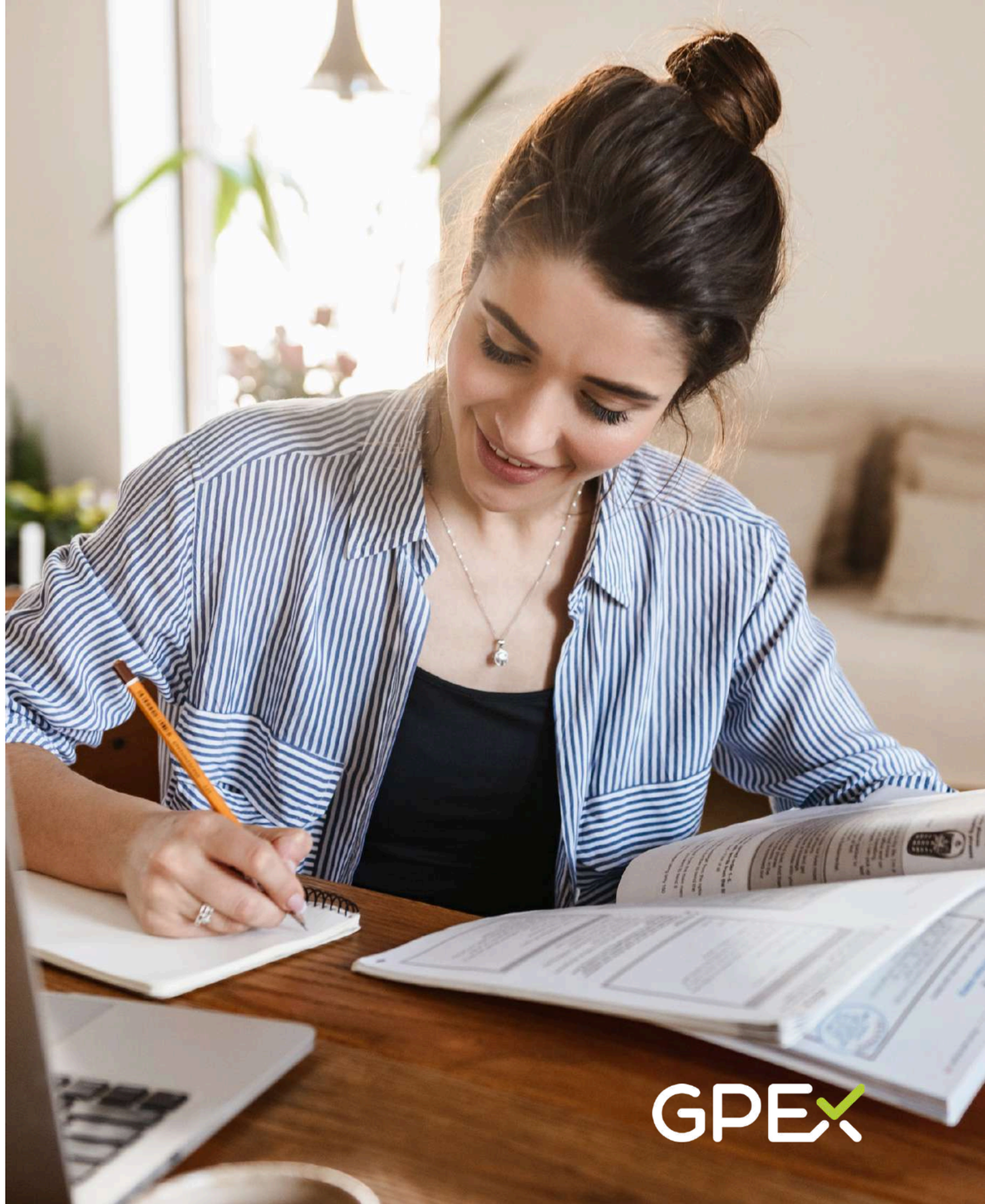
TIP #4 Examination tips

Assessment focuses on your clinical reasoning - including selecting appropriate examinations and investigations, interpreting findings, and integrating them into your diagnostic and management decisions.

When considering examination findings:

- Be clear about what you are looking for and why.
- Interpret positive and negative findings in context.
- Explain how the findings influence your reasoning.

Focus on what the findings mean, rather than describing an examination technique.



TIP #5 Investigations

Link your investigations clearly to your differential diagnosis and have a sound clinical reason for suggesting further tests. You may be asked why you are ordering a particular investigation. Ensure you can justify each test. **Do not order investigations unless they will influence your diagnosis or management.**

Prioritise appropriately. Consider what is most relevant at this stage of the presentation. Start with targeted, cost-effective investigations, and only move to secondary tests if clinically indicated.

In Case Discussions results may be provided at the outset; other times they may be introduced by the examiner later in the case.

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TIP #6 Differential diagnosis

Use a structured approach to generate and prioritise your differential diagnoses.

Murtagh's safe diagnostic strategy remains a useful framework:

- What is the most likely diagnosis?
- What is the most serious diagnosis not to miss?
- Are there common pitfalls or masquerades?
- Is there a hidden agenda or broader context to consider?

Prioritise your list. Lead with the most probable diagnosis but demonstrate awareness of serious alternatives where relevant.

What If You Are Unsure?

Uncertainty is a normal part of general practice and CCE cases may reflect undifferentiated presentations. You may not be expected to arrive at a single, definitive diagnosis.

Instead, you may be assessed on how you:

- Structure your reasoning
- Justify your differentials
- Identify red flags
- Manage risk and safety
- Plan appropriate follow-up

If you feel stuck, return to first principles. Revisit your structure for history, examination and investigations. Clarify what information is missing and what would help narrow your differentials.

It is appropriate to acknowledge when further investigation, time, safety-netting or colleague input would be required. This demonstrates safe clinical reasoning. Avoid stating a diagnosis simply to provide an answer. A reasoned, safe plan in the context of uncertainty is stronger than an unsupported conclusion.

Finally, remember that each station is independent. If one case does not go as planned, reset and approach the next with a clear focus.

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TIP #7 Outline your management plan

Clearly explain the diagnosis or problem to the patient

The first step in management is to give a succinct, plain language explanation of the problem. If it is a Clinical Encounter, make sure you check the patient's ideas and understanding of the problem. Plan and prioritise your management:

Consider:

- Emergency management
- Short-term management (i.e. treatment and safety netting)
- Long-term management (i.e. preventive health)
- You must prioritise, not all things need to be addressed immediately

Be specific in your management:
What specific information do you need to give them?

- What non-pharmacological treatment or lifestyle changes would provide benefit?
- What dose of medication would they need to take, how often and for how long?
- What side effects might they expect and are there serious side effects they should be aware of?
- When should they come back – if they get worse, if they don't improve. Have you put a safety-net in place?
- Is there long-term management to discuss further at a later consult?
- You can mention that you will give the patient some printed information or where they can go to learn more.

You must also consider the 'whole patient' in your management, which might mean involving family or supportpersons, and relevant community resources.

Don't forget medicolegal or ethical issues

You must address any medicolegal or ethical issues within your management. Not all cases will have legal or ethical issues but many do. Failure to address these is very common and it will reduce the marks you are scored for management.

Referrals

If you decide that you would like to refer the patient to an allied health professional or to another specialist, you must outline what you think they will do.

For example:
I would refer the patient to a physiotherapist in order to learn some exercises to strengthen their quadriceps or I would refer this child to an ENT surgeon for consideration of a tympanoplasty.

It is insufficient to say: I would refer the patient to a physiotherapist, or to an ENT surgeon".

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TIP #8 Keep calm

The examiners are not there to trick you

They just want to know what's in your head. If you start feeling stressed because you cannot answer a question, remember to stop fand check your self-talk and posture - stand up straight, count to five, slow your breathing and remind yourself of what you've practiced. It’s the old adage ‘First take your own pulse’.

Keep a positive frame of mind

Tell yourself out loud or just in your head several times a day how good you are at your job, congratulate yourself on all the work you've put into preparing for the upcoming exam. Remind yourself that soon it will be over and you just have to put in 110% for now. It will be worth it. And don't forget to smile - it does really help your frame of mind.

Stretch

Researchers have found that stretching can help reduce stress and feelings of anxiety and nervousness. So, if you’re having an attack of nerves before your Clinical Competency Exam, warm up a bit and then stretch your muscles to settle your nerves. For example, as you’re waiting you can stretch your arms above your head and across your body and turn your head from side to side.

Breathe

Unsurprisingly, breathing is important! Yet all too often, stress creates anxiety and nervousness, which may affect your breathing patterns. Exam nerves can affect you in this way, with many people unconsciously holding their breath in times of stress. Studies show that deep, slow breathing can help manage nerves and feelings of panic. For example, one breathing technique... ·

- Hold your breath and count to 10.
- Exhale and think “RELAX” to yourself.
- Then inhale slowly through your nose for 3 seconds. The hand on your abdomen should rise whilst the hand on your chest should stay relatively still.
- Then exhale through your mouth for three seconds, making a whooshing noise as you breathe out. Think “RELAX” as you exhale. The hand on your abdomen should fall as you exhale.
- After a minute of breathing in and out in a six-second cycle, hold your breath again for 10 seconds
- Repeat this process for 5 minutes.

If you finish the case early, go back and read the question again to ensure you have covered all the important points. Check the notes you made during reading time to see if you missed anything.

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Chapter 4

Take your next step

The best way to prepare for the CCE is to keep practising scenarios with your colleagues.

Set up Zoom sessions with a study partner and practice doing timed case scenarios via videoconference, so you get used to the limitations of this format. Ensure you have the most up-to-date version of Zoom on your computer as the exam uses this platform.

A feature of the CCE that you may feel unfamiliar with, is the case discussion. Most of the practice cases that are in circulation or publications are simulated patient scenarios. However, you can adapt ANY practice clinical case into a case discussion by asking: “What if the - problem, person, doctor, system - were different?”

Practice doing this in your study groups with your practice cases. You will be surprised how the smallest changes can make big differences to your clinical reasoning processes.

All the very best with your exam preparation and success!

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Get the professional practice you need for your clinical exam success with Dr CCE. Focus on exam familiarisation, structure and time management to maximise your scoring potential.

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