

FAQ

FREQUENTLY ASKED QUESTIONS



WEBINAR

Preparing your registrar for StAMPS

The Australian College of Rural and Remote Medicine's (ACRRM) StAMPS exam requires candidates to demonstrate they are a practitioner capable of working independently and without supervision in a rural and/or remote location.

To pass the exam candidates need to answer in terms of context, content and process of care of a fellow of ACRRM (FACRRM).

This resource aims to help supervisors mentor registrars, or other doctors in your practice who are preparing for the StAMPS exam.

What is StAMPS?

The Structured Assessment Using Multiple Patient Scenarios (StAMPS) is a unique assessment for doctors seeking ACRRM fellowship which blends the formats of an Objective Structured Clinical Examination (OSCE) and a traditional viva voce examination.

StAMPS scenarios are designed to reflect real life situations where clinical management must often proceed prior to a definitive diagnosis being made.

Core Generalist Training (CGT) StAMPS is designed to test a FACRRM candidate's performance across the primary curriculum with consideration of the seven domains of practice. It assesses if they are able to practise safely as an independent practitioner in a rural or remote context.

What is the definition of FACRRM?

A fellow of the Australian College of Rural and Remote Medicine (FACRRM) is a safe practitioner capable of working independently and without supervision in a rural and/or remote location.

Rural and remote medicine is a broad but distinctive form of general practice; compared to urban practice, it is more advanced and extended; it differs in terms of context, content and process of care.

How broad is the genre of general practice for a FACRRM?

A FACRRM does the following:

- Manages undifferentiated health problems across the lifespan in an un-referred patient population, for emergencies and routine care.
- Holds core responsibility for providing the bulk of acute, chronic and preventive medical care to individuals, families and the broader community.
- Accesses and judiciously applies best evidence to ensure the patient obtains benefit while minimising risk, intrusion and expense.
- Can provide extended primary care and hospital-based medical care without direct supervision by a specialist.
- Has extended competencies. For example, obstetrics, anaesthetics, emergency care, surgery, Aboriginal and Torres Strait Islander health care, population health, mental health.

What does StAMPs examine?

StAMPS examines the candidate's ability to apply medical knowledge and how they would put their skills into practice in a rural and/or remote location. The candidate is assessed on the following:

- History taking – what to ask, how to ask, and what that information means.
- Application of medical knowledge – rather than recall.
- Physical examination skills and formulation of management plan.
- Ability to manage complex problems.
- Understanding of practice in rural or remote context including limitations of the health service described.

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How is StAMPS delivered?

StAMPS is delivered as follows:

- Via video conferencing from your own community.
- Using a fictional rural community to set the context for answering questions, often referred to as 'StAMPSville'.
- Eight scenarios delivered by eight examiners, with each examiner delivering one scenario.
- Pre-reading material on all scenarios provided 10 minutes pre-exam.
- Ten minutes between scenarios to consider the material for the next scenario and make notes.

What content does the StAMPS exam cover?

The StAMPS exam covers the eight domains of the curriculum. Generally, the exam is formatted around eight scenarios (each delivered by a different examiner) with three parts; parts of the scenarios will address one of the less common areas of the domains of general practice of rural and remote practice. The scenarios are based in a fictional rural community, often referred to as StAMPSville.

There are now 8 domains

Domains	Percentage of assessment content**
1. Provide expert medical care in all rural contexts	100%
2. Provide primary care	60-70%
3. Provide secondary medical care	20-30%
4. Respond to medical emergencies	12-16%
5. Apply a population health approach	8-12%
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing	13-17%
7. Practise medicine within an ethical, intellectual, and professional framework	10-15%
8. Provide safe medical care while working in geographic and professional isolation	100%

What rural and remote complexities will the candidate need to demonstrate they understand in the examination?

The StAMPS exam presents complex problems that reflect the nature of the practice the candidate is going to undertake as a fellow of ACCRM. Examiners will be trying to find out a complex matrix of information about the candidate during the exam. For example, the candidate will need to show a good understanding of things that aren't necessarily available to them in that rural and remote area, such as the limitations of transport, services, communication, etc.

The examiners will be assessing the ability of a candidate to communicate not just with them, but in the StAMPS scenarios with relevant people such as medical evacuation specialists, tertiary centre specialists, nurses, Aboriginal health workers, etc.

Curriculum Statements	Likelihood of the topic appearing in StAMPS
Aboriginal and Torres Strait Islander Health	*****
Adult Internal Medicine	*****
Aged Care	****
Anaesthetics	**
Business and Professional Management	*
Child and Adolescent Health	*****
Dermatology	**
Information Management & Information Technology	*
Mental Health	*****
Musculoskeletal Medicine	***
Obstetrics and Women's Health	*****
Ophthalmology	**
Oral Health	*
Palliative Care	***
Radiology	**
Rehabilitation	*
Research and Teaching	*
Surgery	**



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What does a StAMPS candidate need to understand about the community profile in the exam?

StAMPS candidates must consider the context of the community profile, rather than answer scenarios based on their experience. The Community profile updated in 2023, is incorporated into the questions, and the candidate is expected to understand the limitations of the community and other implications. For example, they need to know what other services are available and how they access them; equally, they need to know what services aren't available and what to do if these services are needed.

What main learning point should I emphasise to a STAMPS candidate about the exam's community profile?

The community profile is a vital part of the exam, but a lot of StAMPS candidates mistakenly overlook the profile. Emphasise to your STAMPS candidate the importance of reading and understanding the community profile – and answering within that context. When the examiner asks them a question, the StAMPS candidate **MUST** answer from the context of working within the community profile of StAMPSville.

Where can I find the community profile relevant to the StAMPS assessment?

The ACRRM StAMPS Community Profile is available at <https://www.acrrm.org.au/resources/assessment/stamps-community-profiles>

How can I help the StAMPS candidate understand how they would answer a StAMPS question within the rural or remote context, rather than within an urban context?

Context is king in the StAMPS exam, so it is important the exam candidate can answer within the rural and remote context, as per the exam's community profile. For example, what local resources are available, and the role in which the practitioner plays in utilising those resources to get the best outcome for the patient.

As preparation for the StAMPS exam, discuss the following case examples with the candidate to illustrate the difference in context for urban, rural and remote profiles.



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Exploring contexts for different community profiles

EXAMPLE 1:

Sarah, 19, presents with vaginal bleeding after eight weeks of amenorrhoea. She uses no contraception and has experienced nausea and nipple soreness during the past week.

On examination she is very tender in the left iliac fossa and a small amount of bright red blood is visible from her cervical os. A urine pregnancy test is weakly positive.

You recognise the possibility of an ectopic pregnancy. What next?

URBAN CONTEXT

- You are an urban GP.
- You make the initial assessment, recognise the possibility of an ectopic pregnancy and then refer Sarah to an obstetrician or a women's hospital for treatment and follow up.

RURAL CONTEXT

- You are a rural GP, one of three local doctors in a town of 8000 people.
- All have admitting rights to a small rural hospital, with skilled midwives and theatre nurses.
- One doctor has procedural skills in obstetrics and gynaecology (including ultrasound).
- Another doctor has anaesthesia skills.
- The nearest specialist hospital is a two-hour drive away.
- You admit Sarah to hospital, organise inpatient ultrasound and monitor her condition.
- If necessary, the local team could remove the ectopic pregnancy, manage Sarah's postoperative inpatient care and follow-up with Sarah once discharged.

REMOTE CONTEXT

- You are the RFDS doctor on emergency call, who receives a telephone call from the remote nurse/midwife at the health centre 800km away about Sarah.
- RFDS provide a weekly clinic and you are due there tomorrow afternoon.
- The aircraft is at another emergency and will be more than four hours before they can attend.
- The sun will set in two hours, which will mean that weather conditions are important, and the strip will need to be lit for the aircraft to land.
- You will need to consider the risk management issues of these options:
 - An emergency evacuation in rain at night (community members to light the airstrip).
 - Asking the nurse to monitor progress overnight and an early morning evacuation.
 - Waiting to see Sarah the next afternoon and deciding then on an evacuation.

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Exploring contexts for different community profiles

EXAMPLE 2:

Sylvia, 64, is found to have bowel cancer. She is referred to a surgeon, has a bowel resection plus induction chemotherapy. She initially responds well and continues to take a course of maintenance chemotherapy.

Six months later Sylvia is found to have metastases in her lungs and is assessed as having little chance of success with any surgical, oncology or radiotherapy approach. However, she chooses to have lung surgery and to try another course of chemotherapy.

What happens next?

URBAN CONTEXT

- You are an urban GP perhaps seeing Sylvia for analgesia, psychosocial support and care plans.
- Sylvia would continue to see her oncologist and the palliative support team regularly.
- When her condition deteriorates, she would likely be managed by a palliative care service.

RURAL CONTEXT

- You are a rural GP working in general practice and you have hospital admitting rights.
- After Sylvia's treatment in the city hospital under the care of a surgeon and oncologist, she is discharged to the local rural hospital, where you manage her hospital care until discharge.
- Months later, when you assess Sylvia as having metastases in her lungs and liver, you contact her specialists and determine that future approaches have little chance of success.
- You have discussions with Sylvia and her family – she decides not to return to the regional centre but to stay home with her family and deal with end of life.
- You perform several home visits, at her request.
- The local domiciliary nursing service and regional palliative care service visit her regularly.
- When Sylvia's condition deteriorates, you provide inpatient hospital care until the end.

REMOTE CONTEXT

- You are a remote GP providing outreach services to a health clinic staffed by a remote nurse.
- Sylvia returns home from the regional hospital 500km away. After two weeks in hospital for lung surgery and six weeks of daily chemotherapy treatment at the hospital while staying at the Country Women's Association (CWA) Hostel.
- The remote nurse and you agree to manage Sylvia at home according to her wishes, providing palliative care, so that she can be with her family.
- The remote nurse counsels the family, educates them about analgesia, provides daily visits for basic nursing care and consults with you and Sylvia's specialist as required.
- Should Sylvia become too ill to manage at home, she would have to choose between the limited available local care and returning to the regional hospital until the end, with the family staying at the CWA Hostel.

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How are candidates graded in each case scenario of the StAMPS exam?

Marking Categories

1. The Examiner will rate each question separately within the scenario to the agreed Behavioural Anchored Rating Scales (BARS) assessing Management in the Rural-Remote context for each of the 3 questions separately and independently.
2. Further scores on the following categories:
 - i. Approaches the problem systematically and defines the problem
 - ii. Displays good communication skills and professionalism
 - iii. Is flexible in response to new information
3. There is a Global assessment of whether the candidate is at Fellowship standard.

The Examiner is also prompted to indicate if not at standard, the actions needed to achieve standard.

You can look at this example marking sheet with your StAMPS candidate, to help them understand how answers are marked in each STAMPSville exam scenario.

CGT StAMPS BARS Scoring Sheet

Australian College of Rural & Remote Medicine
 MEMBER OF AUSTRALIAN COLLEGE OF GENERAL PRACTICE

Day		Reviewer		Date		Candidate Name	
Scenario #		QA		Group		Rotation	

	0	1	2	3	4	5	6	7
Management in the Rural & Remote Context								
	Inadequate Inadequate Missed key features				Safe Appropriate Adequate Satisfactory coverage		Mastered Nuanced Excellent Comprehensive	
Part 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional & Consultation Skills								
Systematic Approach & Problem Definition	Lacks system Unstructured Unjustified	<input type="checkbox"/>	Disorganised Basic structure Some explanation	<input type="checkbox"/>	Prioritised Structured Reasoned	<input type="checkbox"/>	Weights up complexities Logical framework Clear rationale	<input type="checkbox"/>
Communication & Professionalism	Inappropriate Unempathetic Professional breaches	<input type="checkbox"/>	Clumsy or careless Limited awareness of professional obligations	<input type="checkbox"/>	Respectful Professional Empathetic	<input type="checkbox"/>	Excellent manner Holds patient's perspectives throughout	<input type="checkbox"/>
Flexibility to Changing Context	Rigid and dogmatic "Tunnel vision" Impractical or unrealistic	<input type="checkbox"/>	Limited consideration of changing needs Sometimes impractical	<input type="checkbox"/>	Adaptable Considers changing needs and limitations of context	<input type="checkbox"/>	Highly adaptable Broad consideration Complex problem solving	<input type="checkbox"/>

Commonly Seen Pitfalls (optional)		
<input type="checkbox"/>	Poor consideration of rural-remote context and its resource limitations	
<input type="checkbox"/>	Narrow differential diagnosis and/or problem list	
<input type="checkbox"/>	Inadequate recognition of priorities, red flags and/or urgency	
<input type="checkbox"/>	Limited management options described	
<input type="checkbox"/>	Poor familiarity with or deviation from established guidelines	
<input type="checkbox"/>	Inadequate risk assessment/management approach	
<input type="checkbox"/>	Poor consideration of psychosocial issues	
<input type="checkbox"/>	Poor consideration of medicolegal issues	
<input type="checkbox"/>	Inadequate safety plan and/or follow-up	
<input type="checkbox"/>	Disorganised or lacking structure/framework (e.g., ABCDE, HEADSS)	
<input type="checkbox"/>	Limited or poor justification/rationale given to support decisions	
<input type="checkbox"/>	Poor leadership and/or team management	
<input type="checkbox"/>	Lacked empathy and/or cultural sensitivity	
<input type="checkbox"/>	Medicolegal or professionalism breach (e.g., confidentiality)	
<input type="checkbox"/>	Poor explanation/communication with patient (e.g., use of jargon)	
<input type="checkbox"/>	Rigid, dogmatic or tunnel-vision	
<input type="checkbox"/>	Answers vague or generic, lacking sufficient detail or decisiveness	
<input type="checkbox"/>	Recycling stock scripts which don't address question or patient context	
Did this performance achieve the standard expected for a FACRRM?	If NO, what must the candidate do differently to meet the standard?	Additional Comments
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		

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Do you have to pass all stations to pass overall?

The grade for StAMPS is determined by the combination of the component scores in each question plus a consideration of the global assessment. The sum of all the component scores in each scenario is added up and a score obtained. Where the candidate has clearly passed 7 or 8 scenarios and the summed score is above the mean for that examination sitting, the candidate is given a pass. Where the candidate has passed 4 scenarios or less and summed score is below the mean a clear fail is recorded. For candidates with passes in 5 or 6 scenarios a review may be undertaken, especially if there is incongruence between the summed score and the number of scenarios passed.

The purpose of reviews is to “upgrade” or leave unchanged the original score.

GRADING MATRIX	
Result of scenarios	Exam grade/result
8-7 passes and summed score above mean	Pass
5-6 passes and summed score <i>above</i> mean score	Review
5-6 passes and summed score <i>below</i> mean score	Review
4 or less passes and summed score less than mean	Fail

If the overall grade/result for the eight scenarios is determined to be Borderline, then scores awarded in the other four categories are considered to make a final pass/fail decision. The grading for the category ‘Develop appropriate management plan that incorporates relevant medical and rural contextual factors’ is considered first. If the exam grade/result is still Borderline, scores awarded in the other three categories are considered.

Where a candidate’s results fall into the Borderline category, a post-assessment quality assurance review is performed to confirm the grading.

How should a StAMPS candidate frame their exam answers?

To help your StAMPS candidate understand what the examiners are looking for in exam answers, it is also worth discussing what they are not looking for (see table below).

HERE ARE SOME SUGGESTIONS FOR STRUCTURING YOUR ANSWERS:

- Explanations should be clear and concise, and well organised.
- Explain clearly what you would do, including details about priorities and your approach in a rural setting.
- Focus on general principles and pay attention to the specifics of each case.
 - Discuss the management of Mary, a 32 yr old diabetic with bilateral lower limb amputation. (don’t refer to a podiatrist but mention contraception)
- Demonstrate mature clinical reasoning
- Be decisive, and be prepared to give reasoning behind your decisions.
- Practise how you might explain what you would say to the patient/parent/relative. Don’t use jargon or vague descriptions.
- If you don’t know something say so, and outline how you will find out!



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What aspects do the examiners consider when marking the five grading categories of the StAMPS exam?

Grading category 1: Overall Impression

Form an Overall Impression of the candidate.	<ul style="list-style-type: none"> • Overall competence – do they understand how to manage this scenario? • Medical care provided – including diagnosis, management, follow-up, respect for patient, colleagues and community. • Do I believe the candidate can actually do this in practice?
Give comments for those scored Borderline or Unsatisfactory.	<ul style="list-style-type: none"> • An Overall Borderline/Unsatisfactory generally should be matched in at least one subsequent category.

Grading category 2: Appropriate Management in rural and remote context

Develop appropriate management plan that incorporates relevant medical and rural contextual factors.	<ul style="list-style-type: none"> • Not simply repeating guidelines or a textbook approach. • Demonstrates appropriate use of investigations – applies the logistical limitations relevant to the community profile. • Discusses the management plan that demonstrates comprehension of individual patient needs (particularly relevant for Indigenous patients). • Demonstrates appropriate awareness of referral/disposition.
Give comments (or mark on previous page) those scored Borderline or Unsatisfactory.	<p>For example:</p> <ul style="list-style-type: none"> • Knowledge gaps regarding red flags and differential diagnoses. • Unnecessary investigations and inappropriate referral. • Unfamiliar with resources available at StAMPS location. • Vague answers with inadequate detail.

Grading category 3: Defining Problem

Define problem systematically.	<ul style="list-style-type: none"> • Considers the differential diagnoses where relevant. • Demonstrates logical approach to the issues raised.
Give comments (or mark on previous page) those scored Borderline or Unsatisfactory.	<p>For example:</p> <ul style="list-style-type: none"> • Doesn't identify priorities. • No reasoning for management. • Disorganised with no logical order. • Poor time management.

Grading category 4: Communication

<ul style="list-style-type: none"> • Explains which issues should be discussed with specific party (for example, patient, RFDS, regional hospital, child health nurse, relative). • Express ideas in a logical and clear manner to the examiner. • Communicates effectively with patient/family. 	
Give comments (or mark on previous page) those scored Borderline or Unsatisfactory.	<p>For example:</p> <ul style="list-style-type: none"> • Unclear explanations for the patient. • Did not recognise detail in the questions. • No strategy for communication with family.

Grading category 5: Flexibility

<ul style="list-style-type: none"> • Be able to alter their approach in the light of information revealed by the examiner as each stage of the question is revealed. 	
Give comments (or mark on previous page) those scored Borderline or Unsatisfactory.	<p>For example:</p> <ul style="list-style-type: none"> • Limited consideration of co-morbidities, cultural context, patient concerns. • Didn't adapt management to the specific scenario.

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What does a StAMPS candidate need to understand about the community profile in the exam?

StAMPS assesses the multi layers of communication that are required to manage patients in situations which occur in StAMPSville. The examiners will assess how the candidate communicates and utilises resources to best manage the patient. For example, in an emergency what layers of communication are needed for:

- Staff on site at the time.
- Setting up their team.
- Ensuring there are adequate resources to manage each of the key points of an emergency.
- Calling in other doctors with special skills (anaesthetics or surgically trained, etc) for a complex trauma or other situation.
- Giving advice to remote area nurses.
- Retrieval services.

What is the quality assurance process around the development, implementation and execution of the exam questions?

There is rigorous quality assurance of the exam content and consistency of delivery between individual examiners at each exam site. These measures include:

- Scenarios are mapped against the curriculum blueprint.
- Assessment content is mapped to specifications.
- Scenarios are based on real-life cases.
- Scenarios are written by a team of FACRRMs.
- Scenarios are reviewed and edited by a principal examiner (PE) and second FACRRM (lead).
- Scenarios are road tested with a past successful FACRRM registrar.
- Scenarios are moderated by examiners delivering the same scenario to ensure consistency (led by principal and lead editor).
- Fine-tuning editing is completed by examiners who deliver the scenario.
- Each examiner delivers their own scenario consistently.

- Pre-exam examiner briefing every exam day.
- PE/lead oversees exam in each location and manages conflict of interest.
- PE and lead co-mark during exam and review video recordings.
- All incidents are logged and reviewed.
- PE provides feedback to examiners.
- Results are reviewed and ratified by Board of Examiners (BOE).
- Significant post-exam analysis conducted and reviewed by Assessment Committee and BOE.
- Reconsideration, review and appeals process is available to all candidates.

What factors will contribute to a candidate formulating a successful approach to the StAMPS exam?

Factors which will contribute to a StAMPS candidate being successful in the exam include:

- Experience, preferably recent, in a rural/remote context.
- Successful complete (pass grade) of Multi Choice Question (MCQ) assessment.
- Successful completion (pass grade) of Case Based Discussion (CBD) assessment.
- Multi-Source Feedback (MSF) completion with overall positive responses that are rated in the top 50 per cent performance band.
- Completion of organised StAMPS preparation activities, study group, StAMPS mock exams.
- Understanding of Aboriginal and Torres Strait Islander cultural context.
- Good understanding of the StAMPS community profile.

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What learning opportunities (compulsory and recommended) will help a StAMPS candidate successfully prepare for the exam?

Encourage your StAMPS candidate to utilise the following learning opportunities to successfully prepare for their StAMPS exam:

- ACCRM recommends that MSF is completed early in Primary Rural and Remote Training. MSF should be the first assessment undertaken. A candidate must complete 12 months of training to be eligible for the MSF.
- Supervisor reports and feedback to ACCRM.
- Mentoring and peer engagement.
- Mini Clinical Evaluation (miniCEX) exercises.
- Medical educator sessions and feedback.
- Courses and other exam results – Rural Emergency Skills Training (REST), Rural Emergency Obstetric Training (REOT), MCQ, CBD.
- Study groups – formal and informal.
- StAMPS mock exam.

How long before the StAMPS exam does the mock exam open?

The mock exam opens about two months before the StAMPS exam, which gives the candidate time to review and discuss with their medical educator how to pass the exam.



In summary, what exam tips should I give my StAMPS candidate?

It's easy for us to say, keep calm, especially as exams can be quite daunting. By keeping calm, you allow yourself the best opportunity to display your thorough knowledge and skills.

- Consider ALL domains
- Broad differentials with increasingly focussed diagnostic reasoning in the rural and remote context of Stampsville
- Consider “red flags” or urgent problems in the structured way
- Time management
 - Use reading time effectively
 - Time allocated to each part guides the amount of information needed
 - Don't waste time repeating information given in the stem
- Remember the context of StAMPS community profile – rural and remote; no MRI/CT; access considerations. The location demographics and the facilities available as stated in the Community Profile will need to be considered in responses for all scenarios.
- It is vital that registrars consider the constraints of the health service demographics and not answer questions from the perspective of their current working facilities. Get to know your context! (i.e know StAMPSville)
- Be structured and systematic
 - Practice strategies for answering different types of questions to ensure broad coverage of important considerations
- Listen carefully and answer the question asked

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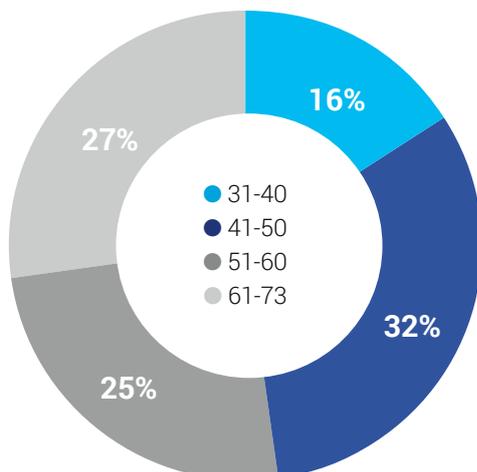
FREQUENTLY ASKED QUESTIONS

How diverse is the cross-section of examiners?

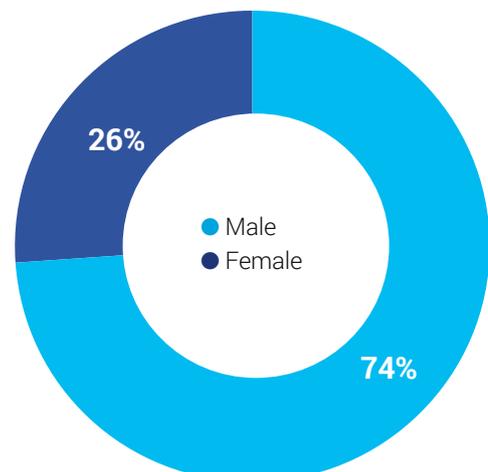
There is an enormous geographical diversity of examiners coming from a wide range of ethnic, religious and cultural backgrounds. There is a reasonable age diversity, however ACCRM is working to increase the number of younger examiners who have recently undertaken their FACRRM, and the gender diversity of examiners and case writers.



AGE DIVERSITY OF EXAMINERS AND WRITERS



GENDER DIVERSITY OF EXAMINERS AND WRITERS



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What StAMPS exam resources are available?

Key StAMPS resources are provided on the ACRRM website. These ACRRM resources include:

- [Curriculum overview](https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4)
https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4
- Handbook for Fellowship Assessment
https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-assessment.pdf?sfvrsn=42ba86eb_6
- Community Profile
<https://www.acrrm.org.au/resources/assessment/stamps-community-profiles>
- StAMPS preparation and practice scenarios
<https://www.facebook.com/groups/1553252028224483/>
- StAMPS exam information
<https://www.acrrm.org.au/fellowship/discover-fellowship/assessment/assessment-dates-enrolments>
- StAMPS Core Generalist Training (CGT) Public Report 2022b
[https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-\(cgt\)-public-report-2022b.pdf?](https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-(cgt)-public-report-2022b.pdf?)
- StAMPS Core Generalist Training (CGT) Public Report 2022a
[https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-\(cgt\)-public-report-2022a.pdf?sfvrsn=cd714a7c_7](https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-(cgt)-public-report-2022a.pdf?sfvrsn=cd714a7c_7)
- StAMPS Core Generalist Training (CGT) Public Report 2021b
[https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-\(cgt\)-public-report-2021b.pdf?sfvrsn=38ed62e0_2](https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-generalist-training-(cgt)-public-report-2021b.pdf?sfvrsn=38ed62e0_2)
- StAMPS Core Generalist Training (CGT) Public Report 2021a
[https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-\(primary\)-public-report-2021a.pdf?sfvrsn=55eda692_6](https://www.acrrm.org.au/docs/default-source/all-files/stamps-core-(primary)-public-report-2021a.pdf?sfvrsn=55eda692_6)

Other resources include:

- Registrar's handbook
- Facebook groups
- <https://www.medicinetoday.com.au>
- <https://www.howtotreat.com.au>
- <https://www.mdbriefcase.com.au>
- <https://thinkgp.com.au>
- EMST, APLS, emergency courses
- Guidelines:
 - ACRRM Rural Clinical Guidelines
 - Therapeutic Guidelines
 - Australian Medicines Handbook