



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

NZREX CLINICAL

SAMPLE QUESTIONS

NZREX Clinical is an examination that focuses on your professionalism, communication, cultural safety; your ability to undertake history-taking and examination of patients, and the application of your clinical knowledge, reasoning, decision making, and management. The stations are structured to examine your ability in these areas.

In preparing for NZREX Clinical, you are encouraged to focus on the management of common clinical conditions encountered at the level of a recent New Zealand graduate (intern level). Please see the NZREX Clinical handbook for further explanation of the stations, the exam blueprint and matrix of questions.

The following sample questions are typical examples of stations that you may encounter in NZREX Clinical. These questions are provided to give you an understanding of what is expected of you during the exam. The sample questions provided include:

Primary competencies

History-taking & Management

Clinical Examination &
Investigations

History-taking & Clinical Reasoning

Examination & Management

Primary Topic

Mental Health

Musculoskeletal

Child Health

Cardiovascular

The questions are intended as a guide only. You are advised not to focus excessively on the clinical detail contained in the following questions as you prepare for NZREX Clinical.

NZREX Clinical is assessing your ability at the level of a recent New Zealand graduate.



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NZREX CLINICAL MARK SHEET EXAMPLE FOR CANDIDATES

Points of focus for this case:

- Demonstrates cultural competence and safety, establishes rapport with the patient, avoids judgement and obtains consent to perform examination.
- Candidate should ask about ...
- Candidate performs an appropriate, focussed examination including ...
- Presents a logical, coherent differential diagnosis of ...
- Presents information logically and has sound rationale for investigations ordered, including ...
- Demonstrates sound clinical reasoning behind proposed next steps/management plan including ...

The standard expected is that of recent New Zealand graduate (new intern)

Please see the competency skills sheet to guide your grading.

Domain	Excellent	Good	Satisfactory	Poor	Very Poor
Communication	Excellent	Good	Satisfactory	Poor	Very Poor
Professionalism	Excellent	Good	Satisfactory	Poor	Very Poor
Cultural safety and Cultural competence	Excellent	Good	Satisfactory	Poor	Very Poor
History Taking	Excellent	Good	Satisfactory	Poor	Very Poor
Physical Examination	Excellent	Good	Satisfactory	Poor	Very Poor
Investigations and Clinical Reasoning	Excellent	Good	Satisfactory	Poor	Very Poor
Management	Excellent	Good	Satisfactory	Poor	Very Poor

Overall rating of the candidate's performance	Pass	Borderline	Fail
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Were there any critical incidents in the exam process?

YES NO



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NZREX CLINICAL COMPETENCY SKILLS

In considering which grade to award a candidate in this global marking sheet the following should be used as a guide.

The candidate will:

Communication	<ul style="list-style-type: none">• Build and maintain rapport• Listen• Show empathy• Be patient centred – exploring the patient’s ideas, concerns and expectations• Communicate in English that is understandable to the patient and examiner• Communicate clearly and use minimal medical jargon• Manage complex communication interactions eg breaking bad news, managing conflict, and consulting with youth.
Professionalism	<ul style="list-style-type: none">• Be respectful• Attend to infection control• Maintain professional boundaries and standards.
Cultural Safety and Cultural Competence	<ul style="list-style-type: none">• Attend to visual or verbal cues from the patient around the initial greeting• Be intentional when engaging with the patient and their whānau (family), taking care to pronounce their names correctly and to understand their inter-relationships• Be prepared to share some information about themselves to generate a shared whakawhanaungatanga (with Māori patients) or an enhanced rapport for all patients• If appropriate, acknowledge to the patient that they may be from a different culture• Be open to understanding that issues may need a different approach than your standard one• Check in with the patient during the consult to see if the patient is comfortable with how the consult is going• Invite the patient to give their view on what the presenting issue is• Invite the patient to share their views on what management options might work for them before creating a shared management plan• Be aware of and mitigate appropriately their own biases• Display knowledge of, and/or enquire about cultural beliefs, protocols, or language, and work to accommodate the cultural preferences of the patient and whānau

	<ul style="list-style-type: none"> – For example (to Māori patient) I am aware that some people are not comfortable with having their head touched unnecessarily. It would be very helpful if I could examine your eardrum and I would need to handle your head a little to do that. Are you OK for me to do that?
History Taking	<ul style="list-style-type: none"> • Obtain an accurate, succinct, and focussed history from the patient • Consider other relevant information provided by others.
Physical Examination	<ul style="list-style-type: none"> • Undertake an appropriately focussed clinical examination and/or mental state examination • Communicate with the patient while examining, attending to their comfort and dignity.
Investigations and Clinical Reasoning	<ul style="list-style-type: none"> • Order appropriate investigations • Interpret common investigations – blood tests, X-rays, scan reports, ECG, and lung function tests • Display logical clinical reasoning • Apply current knowledge and use of evidence-based practice.
Management	<ul style="list-style-type: none"> • Address patient concerns and questions • Provide appropriate information and advice • Engage in shared decision making (power sharing) • Prescribe appropriately, and/or refers to guidelines • Refer appropriately • Attend to safety planning.



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NZREX CLINICAL

SAMPLE 1 – HISTORY-TAKING & MANAGEMENT

CANDIDATE INSTRUCTIONS

You are a house officer working in a community-based attachment at a rural general practice. Mark Manahire, a 44-year-old male who identifies as Māori and has whakapapa (ancestry) with Ngati Porou, presents with mental distress following the loss of his job.

You have been asked to take a comprehensive history of presenting complaint and manage according to your diagnosis. Mr Manahire's past medical history as recorded on the Patient Management System is listed below:

Past Medical History	Depression 2014-15, treated with sertraline Chronic back pain since 2018
No known drug allergies	
Medications	Nil regular
Social History	Forestry worker Non-smoker Lives with wife and three tamariki (children)

You are **NOT required to perform a physical examination**. You will not be marked for examination. Examination findings will be provided to you once you have completed your history-taking.

With **2-3 minutes** to go, you will be asked to provide the patient with a **differential diagnosis** and a **management plan**.



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NZREX CLINICAL

SAMPLE 1 – HISTORY-TAKING & MANAGEMENT

ACTOR INSTRUCTIONS

You are Mark Manahire, a 44-year-old Māori male who with whakapapa to Ngati Porou. You present to the doctor because you've been feeling low and not yourself for several weeks. You used to work as a forestry worker, but the local forestry plant shut down recently and you lost your job. Your job was a big part of your identity, and now you're struggling to support your wife and three tamariki. You feel guilty, useless, and as though you've let your whānau down.

You've lost interest in things you used to enjoy, such as going fishing or spending time at the marae. Most days you stay home, sitting around doing very little. Your wife says you're quieter and more withdrawn. You're not eating much, have lost weight, and are having trouble sleeping. You feel tired all the time and find it hard to concentrate. You haven't really recognised this as depression — you just know you can't keep going like this. You've come today because your wife insisted.

If the doctor asks directly about your symptoms, you may admit to some more serious issues.

If Asked (Only Reveal When Prompted):

- You sometimes think your whānau would be better off without you.
- You occasionally wish you could just go away or not wake up, though you have no plan to harm yourself.
- Your concentration and memory are poor.
- You feel hopeless, ashamed, and worthless.
- You've lost interest in intimacy.
- You've stopped caring much about your hygiene.
- You've been avoiding social contact, even with close whānau or community groups.

Your Medical History is as follows:

Past Medical History

Depression 2014-15, treated with sertraline
Chronic back pain since 2018

No known drug allergies

Medications

Nil regular



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NZREX CLINICAL

SAMPLE 2 – CLINICAL EXAMINATION & INVESTIGATIONS

CANDIDATE INSTRUCTIONS

You are a house officer working in an emergency department of your local hospital. Jack Roberts, a 29-year-old male who identifies as NZ European, presents with shoulder pain following an injury sustained while playing cricket last weekend.

You have been asked to take a concise history and perform a focussed examination of this patient's right shoulder.

When you have completed your examination, or with **3 minutes remaining**, you will be provided with examination findings. With **2-3 minutes** to go, you will be asked to provide the patient with a **differential diagnosis**, outline your **proposed investigations** and **explain your clinical reasoning**.



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SAMPLE 2 – CLINICAL EXAMINATION & INVESTIGATIONS

ACTOR INSTRUCTIONS

You are Jack Roberts, a 29-year-old New Zealand European man who presents to the doctor because you've had pain in your right shoulder for about two weeks. You first noticed it after playing a weekend cricket match. You can't remember a specific incident when it happened, but you did a lot of bowling that day and noticed soreness that evening. The pain has persisted since then.

The pain is mainly around the top and outer part of your shoulder. It's worse when you lift your arm above your head, reach up to grab something, or lie on that side in bed. You sometimes feel a bit of weakness when throwing a ball or lifting objects overhead. You haven't noticed swelling, redness, or pins and needles in the arm or fingers.

You haven't taken much medication apart from occasional ibuprofen, which helps a bit. You haven't seen anyone about it until now because you thought it would go away, but it's not improving and is frustrating you because it stops you from training and doing some parts of your job as a mechanic.

If asked, you don't have any neck pain, numbness, or tingling in your arm or hand. You are right-hand dominant and otherwise healthy. You don't smoke or drink, and have no other medical history or regular medications. You're currently single.



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**SAMPLE 1 – HISTORY-TAKING &
MANAGEMENT**

EXAMINATION FINDINGS

Provide the following to the candidate when they have completed their examinations or when there are **3 minutes remaining**.

Patient is afebrile, with blood pressure 120/80 mmHg and pulse 60, regular. No distress.

On examination of the right shoulder there is:

- Localized tenderness over the greater tuberosity or subacromial area.
- Pain and slight weakness during resisted abduction.
- Reduced active range of motion, particularly beyond 90 degrees of abduction.
- Pain with resisted external rotation.
- Positive painful arc.
- Normal passive range of motion.
- No visible deformity, swelling, or bruising.
- Neurovascular examination normal.



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SAMPLE 3 – HISTORY-TAKING & CLINICAL REASONING

CANDIDATE INSTRUCTIONS

You are a house officer working in the paediatric outpatient clinic of a large urban hospital. Sera Satele, a 30-year-old female who identifies as Samoan presents with her 4-year-old daughter Talia. Talia has been referred to the paediatric clinic by the GP over a concern that she is failing to thrive.

You have been asked to take a thorough history and decide on next steps in investigation and management. A GP letter is provided below:

You are **NOT required to perform a physical examination**. You will not be marked for examination. Examination findings are listed in the GP referral letter.

With **2-3 minutes** to go, you will be asked to provide the patient's mother with a **differential diagnosis, proposed investigations** and **explain your clinical reasoning**.



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**SAMPLE 3 – HISTORY-TAKING &
CLINICAL REASONING**

Dr T. Malik
Oceanside Medical Centre
Apia Road, South Auckland

10 November 2025

Paediatric Outpatient Clinic, Auckland City Hospital

Dear Paediatric Team,

Re: Talia S. (4 years old) – Concern: Poor growth / Possible failure to thrive

I would be grateful for your assessment of Talia, a 4-year-old Samoan girl I have been reviewing regularly for growth concerns. Over the past year, her weight has remained static despite dietary advice and supplementation. Her height has continued to track along the 10th percentile, but her weight has now fallen below the 3rd percentile on the growth chart. Her parents report that she eats small amounts, is often tired, and has become more irritable lately. There has been no vomiting, chronic diarrhoea, or recurrent respiratory infections. She has no known food allergies. Developmentally, she appears to be slightly behind her age group, particularly with speech. Immunisations are up to date.

There is no family history of cystic fibrosis or endocrine disorders, though the parents report that Talia's older sibling was also a "small eater" in early childhood. The family's social circumstances are stable, though the mother recently returned to part-time work and mealtimes can be inconsistent.

On examination, Talia is small for age, alert but shy. No organomegaly, cardiac murmur, or dysmorphic features noted. No signs of neglect. I would appreciate your assessment to rule out an underlying organic cause of poor growth and advise on nutritional and developmental management.

Yours sincerely, Dr T. Malik



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SAMPLE 3 – HISTORY-TAKING & CLINICAL REASONING

ACTOR INSTRUCTIONS

You are Sera Satele, the mother of Talia, a 4-year-old Samoan girl, who has been referred by your GP to the hospital paediatric clinic because she is smaller and lighter than other children her age. You are worried because she doesn't seem to be growing properly, but you're also a bit unsure what else could be causing it. You've noticed that over the past year Talia has not put on much weight and that some of her clothes from last year still fit her. She eats small portions and is fussy at times, especially with vegetables and meat. She prefers rice, noodles, or fruit. You try to encourage her to eat, but she often says she's full after only a few bites. You sometimes give her Milo or sweet drinks to help her gain weight.

Talia seems active some days but tired on others. She hasn't had any long illnesses. She's rarely sick apart from the occasional cold. Her bowel movements are normal (once or twice a day, no diarrhoea or constipation). She doesn't vomit or complain of pain.

You have an older son who was also small as a child but is now growing well. You and your partner (Talia's father) both work — you part-time in a local store and your husband full-time as a delivery driver. You sometimes struggle to keep mealtimes consistent because of your shifting schedules. You are trying your best, and the family is otherwise doing fine.

When asked, you can mention that Talia is a bit shy with other kids and doesn't talk as much as other children her age, but she can say words and short sentences in English and Samoan. Developmentally, she walks, runs, and plays normally. Immunisations are up to date.

If asked about your concerns, say that you are worried she might have "something wrong inside" or that "maybe she's just small like her brother was." You are a caring and cooperative parent but feel a bit anxious and guilty that you may not be feeding her well enough.

Your parents both have Type II diabetes, but you and your husband are fit and well with no medical conditions. There is no smoking in the house, which is warm and dry.



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SAMPLE 4 – CLINICAL EXAMINATION & MANAGEMENT

CANDIDATE INSTRUCTIONS

You are an intern working in a general practice in an urban area. Barry Wong, a 70-year-old retired male who identifies as naturalised Kiwi but was born in China, presents with foot pain for several months getting worse.

You have been asked to take a concise history and perform a focussed examination of the left foot.

Once you have completed your examination or, when there are **3 minutes remaining**, you will be provided with **examination findings**.

With **2-3 minutes** to go, you will be asked to provide the patient with a **differential diagnosis** and a **management plan**.



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SAMPLE 4 – CLINICAL EXAMINATION & MANAGEMENT

ACTOR INSTRUCTIONS

You are Barry Wong, a 70-year-old retired man originally from China, now living in Auckland. You have come to see the doctor because you've had pain in your left foot for the past few months. The pain is mainly in your calf and foot when you walk for a while — for example, when doing your grocery shopping or walking to the bus stop. It usually eases after resting for a few minutes. Lately, the pain comes on more quickly, and it sometimes aches even when you're sitting down in the evening.

You have noticed your left foot often feels colder than the right. You haven't had any injuries, swelling, or redness, and you just thought it might be "old age" or "poor circulation." You haven't seen anyone about it before now.

You don't have diabetes that you know of. You take tablets for high blood pressure but can't recall their names. Your appetite and weight are normal, and there's been no fever.

If the doctor asks about your lifestyle, you say you used to smoke a lot — you started in your youth and smoked about a pack a day for many years, though you cut down after retiring. **If the candidate specifically asks,** you reveal that you smoked for about 50 years in total. You rarely drink alcohol.

If asked about your legs, you might mention mild cramping in the right leg sometimes, but the left is worse. You have noticed that the skin on your lower legs has become dry and your toenails grow poorly.

You don't experience chest pain or shortness of breath, but you do get tired walking uphill. You have no known allergies.



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SAMPLE 4 – CLINICAL EXAMINATION & MANAGEMENT

EXAMINATION FINDINGS

Blood pressure 160/96 mmHg

Heart rate 80 regular

Afebrile

Alert and not acutely distressed

Examination of the left foot:

- Left foot and lower leg cooler to touch compared with the right.
- Pale or dusky coloration of the left foot, especially when elevated.
- Reduced hair growth on the lower leg and foot.
- Thin, shiny skin with brittle toenails.
- Prolonged capillary refill time on the left toes.
- Absent or diminished dorsalis pedis and posterior tibial pulses on the left side.
- Weak femoral pulse on the left.
- Dependent rubor (red coloration when the foot is placed down after elevation).
- No swelling, redness, or warmth.
- No ulceration.
- Sensation generally intact.
- No evidence of deep venous thrombosis or varicosities.