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RACGP Education

Exam report 2018.2 OSCE

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RACGP Education: Exam report 2018.2 OSCE

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1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort that sat the exam. These values can vary between exams. The reliability is a measurement of the consistency of the exam, with values between 0 and 1.

A candidate must achieve a score equal to or higher than the pass mark (or 'cut score') in order to pass the exam. The Objective Structured Clinical Examination (OSCE) pass mark is determined by the accepted borderline group method (refer to the RACGP Education *Examinations guide* for further details).

The 'pass rate' is the percentage of candidates who achieved the pass mark.

The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates (ie there is no set number or percentage of people who pass the exam).

Table 1. 2018.2 psychometrics	
Mean score (%)	70.12
Standard deviation (%)	6.33
Reliability	0.75
Pass mark (%)	64.50
Pass rate (%)	82.60
Number sat	977

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2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2018.2 OSCE. The vertical blue line represents the pass mark.

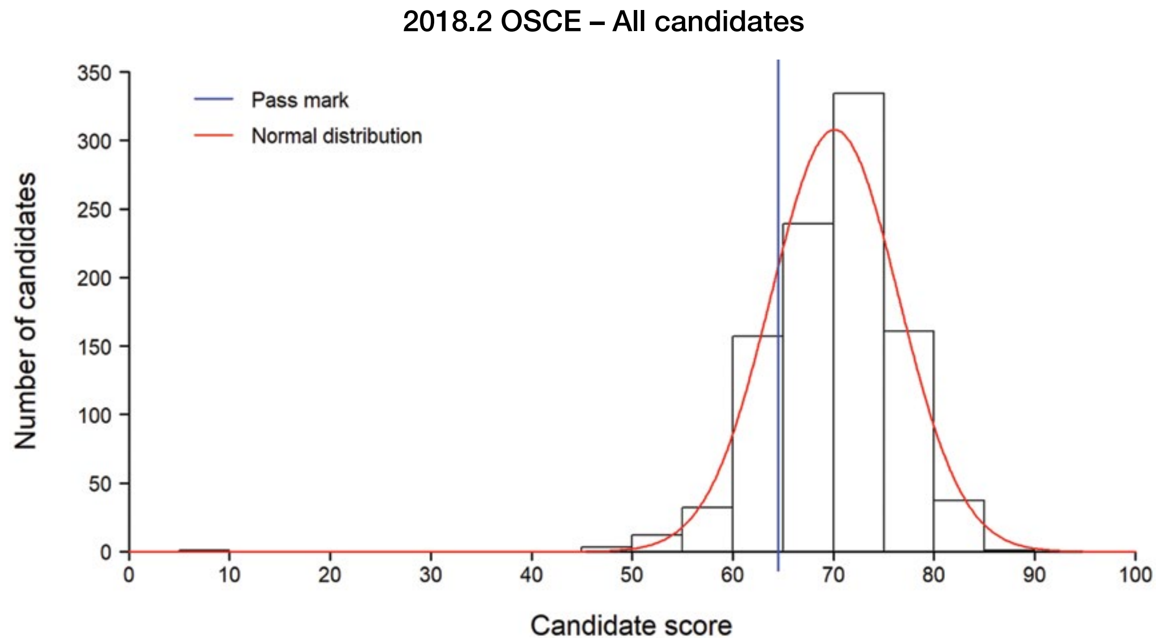

Figure 1. Final 2018.2 OSCE score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates displayed by number of attempts. A general trend suggests candidate success diminishes with each subsequent attempt. Preparation and readiness to sit the exam are paramount for candidate success.

Table 2. 2018.2 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	84.89
Second attempt	75.40
Third attempt	55.56
Fourth and subsequent attempts	57.89

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4. Preparation for the OSCE

Preparation for the OSCE should be focused on practice, with candidate performance being observed and feedback being provided. Performing well in actual practice makes it easier to translate this performance into the exam situation. Strategies for preparation are covered in the RACGP Education *Examinations guide* and in the open letters to candidates.

Specific activities available through RACGP state faculties include candidate preparation workshops and practice exams ('mock OSCEs'). In the practice exams, candidates are provided with feedback on their performance.

Although practice exams are not designed to provide a mark, they can give an indication of whether a candidate is likely to pass. On the basis of candidate feedback, the RACGP highly recommends attendance at one of its exam preparation workshops and completion of a practice exam.

5. Feedback report on 2018.2 OSCE

This feedback document has been published in conjunction with candidate results.

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OSCE examiners are experienced general practitioners (GPs) who are trained in assessment. One of the strengths of the OSCE is that candidates are assessed by 25 or more examiners, whose ratings (marks) make up each candidate's total score.

Candidates were rated on how they assessed and managed different clinical situations; that is, the components (rating areas) of different consultations.

Every OSCE station had an individualised rating schedule that corresponded to the tasks identified in the candidate instructions, and examiners rated candidates on these rating schedules. Feedback from the examiners noted that it was very important for candidates to read the candidate instructions carefully and understand the tasks in each case.

Although the tasks within each case were specific, candidates were expected to exhibit a 'whole-of-patient' approach by demonstrating the core general practice skills found in the RACGP's *Curriculum for Australian general practice.*

The following is a selection of cases from the 2018.2 OSCE in which candidates have underperformed. These examples help to illustrate how a candidate should approach the tasks.

Example 1

This elderly patient with diabetes (that was lifestyle-controlled) and hypertension (for which the patient was taking combination medicines) presented with tiredness of a few weeks' duration. The patient also sought a prescription for a medicine that was recently self-administered. The tasks in this case required the candidate to take a history, ask for physical examination findings and surgery tests, provide the provisional diagnosis and list of differential diagnoses, and list the investigations required. No management is required in the case.

Most candidates performed well in communication and rapport, and history taking. A number of candidates failed to link the information they had gathered during history and examination to arrive at the provisional diagnosis and list of differential diagnosis. Consequently, they underperformed in the rating areas of diagnosis and investigations.

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The key clues were the patient's age, existing medical conditions and medicines (ACE inhibitor and diuretic), in combination with a recent self-administered medicine, and the chronology of events. The result was an acute and adverse impact on renal function.*

** Updated case*

Example 2

This man attended for the third time in a few weeks. History and examination revealed evidence of systemic and constitutional illness. Together with his clinical course, the candidate should have concluded the man had more than a simple urinary tract infection. Management was an area of underperformance. Assuming the candidate had arrived at a correct diagnosis, the key points in management were: explain in plain language the problem and be clear about its seriousness, immediately commence appropriate antibiotics (treatment guidelines provide a number of choices), clearly structure follow-up and safety-net, and prescribe analgesia.

Example 3

This teenager presented with a long history of a swollen knee. Most candidates performed satisfactorily in the knee examination. With a careful history that defined onset and impact of the problem, and given physical examination findings, most candidates arrived at an appropriate conclusion of a traction apophysitis. However, investigation and management were areas that were poorly performed. Over-investigation was common. Key management points were: explain in plain language the problem and prognosis, check on the teenager's understanding, and advise on sports, activities and appropriate exercises.

Example 4

This young woman requested a referral for cosmetic breast surgery. She had researched the options and cost. Most candidates performed satisfactorily in communication, history and physical examination to arrive at a conclusion that the problem was an eating disorder and a misperception of her body. Many candidates underperformed in management. This consultation required: inform in a systematic manner about the health impacts of an eating disorder, manage the inappropriate request for surgery, structure a follow-up and make appropriate referrals with view to a team management approach.

6. Further information

Refer to the RACGP Education *Examinations guide* for further exam-related information.

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