

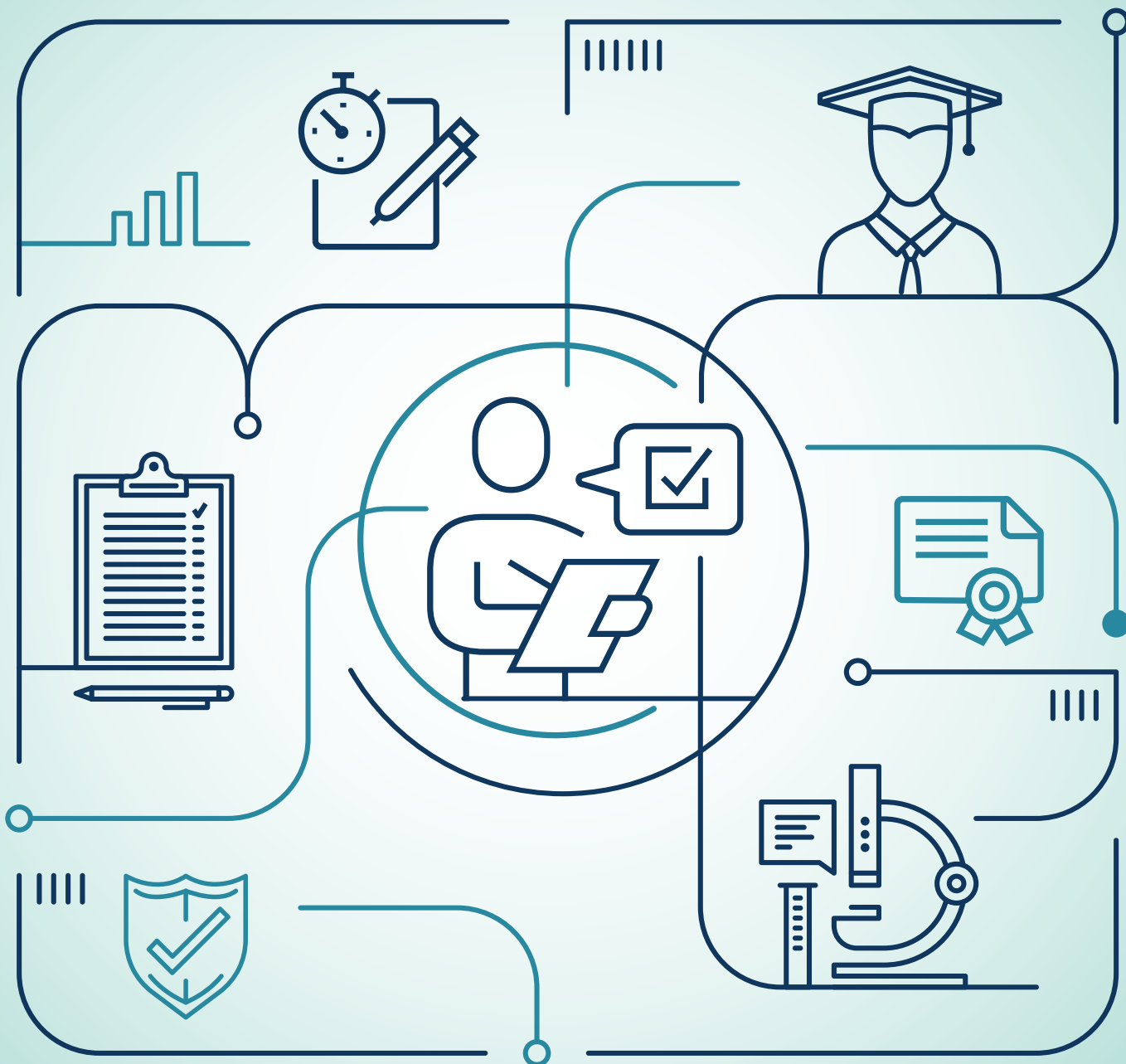


RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2019.1 OSCE



RACGP Education: Exam report 2019.1 OSCE

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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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. 2019.1 psychometrics

Mean score (%)	70.49
Standard deviation (%)	5.72
Reliability	0.74
Pass mark (%)	64.36
Pass rate (%)	85.66
Number sat	997

2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2019.1 OSCE. The vertical blue line represents the pass mark.

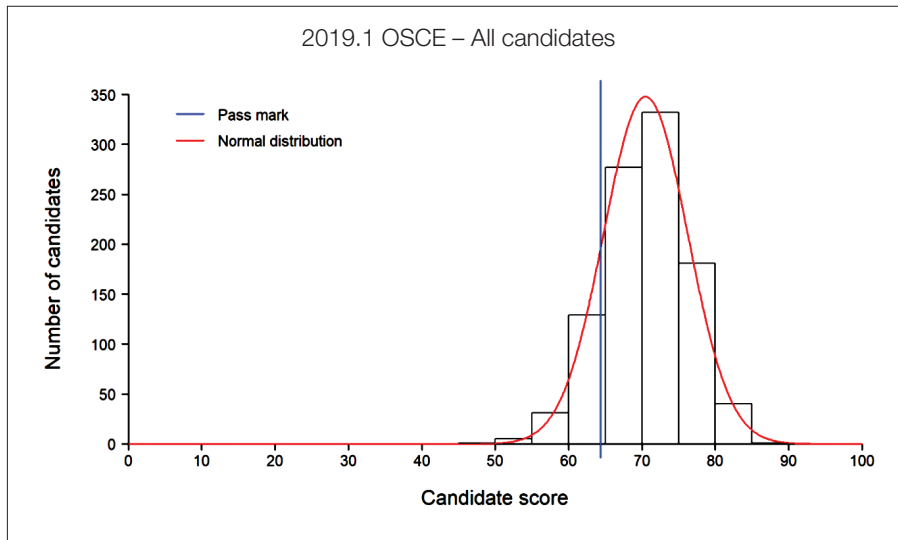


Figure 1. Final 2019.1 OSCE score distribution

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. 2019.1 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	88.8
Second attempt	69.7
Third attempt	75.9
Fourth and subsequent attempts	63.2

4. Preparation for the OSCE

Preparation for the OSCE should be focused on practice, with candidate performance being observed and feedback provided. Performing well in 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 2019.1 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 2019.1 OSCE in which candidates have underperformed. These examples help to illustrate how a candidate should approach the tasks.

Example 1

This patient, an Aboriginal woman aged 42 years, had symptoms for which an organic cause had been excluded. In history, candidates needed to enquire as to her social, work, family, and financial stressors, and how she was coping with them. In circumstances like this, a diagnostic/monitoring tool was most useful to tease out the elements of anxiety, stress and depression.

Management must include psychological therapy, appropriate support services, opportunistic health assessment/interventions, a structured follow-up plan, and coordination with the other providers of her medical care.

Example 2

It is always concerning when a young child suddenly does not want to walk, as occurred in this case. A systematic history-taking and physical examination would have helped to narrow down to a small number of differential diagnoses.

In this particular context, the two conditions that must be considered are septic arthritis and acute leukemia. Basic initial investigations revealed the diagnostic answer, after which the management pathway was straightforward – referral to an appropriate consultant and arrangement of ongoing GP support – but some candidates underperformed in management in this case.

Example 3

Cognitive impairment in an elderly patient commonly sets up a situation of competing interests of family members and other persons close to the patient. In the case of this patient, aged 78 years, there were competing interests of the son, daughter and, of course, the patient.

The ethical and medico-legal considerations included a plain-language explanation of the meaning of capacity, the GP declining to certify capacity upon the first visit but arranging for a more extensive assessment, and raising the need to discuss a number of related medico-legal issues.

It was helpful to clarify confidentiality (especially in view of earlier contact by a family member) and to seek perspectives of relevant people without conflict, or with less conflict.

Example 4

Candidates often do not perform well in physical examination in the OSCE. For this patient, a man aged 55 years, most of the physical examination findings, including surgery tests, were provided on a handout page. This was done to ensure the candidate had time to request the findings of the cardiovascular and abdominal systems in an organised manner. However, a number of candidates had difficulty describing the structured and systematic examination of these two systems.

Candidates also underperformed in management, where they were required to provide a plain-language explanation of the condition (revealed from the investigation results), and advise on genetics and screening tests, management of iron overload, and the necessary monitoring for complications.

Example 5

This patient, aged 36 years, presented for a sexually transmissible infection (STI) check-up following an exposure to this risk. Candidates were expected to cover the ethical, medico-legal and public health aspects of the case. Some candidates overlooked providing a clear explanation of confidentiality and its limits. The case also required that advice be given to the patient regarding public health notification if the test results were positive, and an outline of the meaning of contact tracing.

Example 6

This viva concerned a driver whose car was rear-ended by another vehicle when he stopped at the traffic lights. A number of candidates did not demonstrate their knowledge of the indications for cervical spine X-rays in this circumstance.

The following references help address this knowledge gap:

- Ackland H, Cameron P. Cervical spine: Assessment following trauma. *Aust Fam Physician* 2012;41(4):196–201. Available at www.racgp.org.au/afp/2012/april/cervical-spine
- Diagnostic Imaging Pathways. Cervical spine injury. Perth: WA Health, 2019. Available at www.imagingpathways.health.wa.gov.au/index.php/imaging-pathways/musculoskeletal-trauma/bone-and-joint-trauma/overview-of-bone-and-joint-trauma?id=120&tab=Pathway

Example 7

This patient, a man aged 56 years, had 'trouble breathing' that turned out to be a panic attack.

In management, the candidate was required to explain the condition, advise further cardiac assessment (in view of age and despite a normal electrocardiogram [ECG]), outline psychological treatments (+/- appropriate referral) and arrange ongoing monitoring of the patient's raised blood pressure. The candidate should also advise on the patient's significant alcohol intake, appropriate preventive health interventions, and structure an appropriate follow-up.

6. Further information

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



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