RACGP Education

Exam report 2017.2 OSCE

www.racgp.org.au

Healthy Profession.
Healthy Australia.

RACGP Education: Exam report 2017.2 OSCE

Disclaimer

The information set out in this report is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement, or seek appropriate professional advice relevant to their own particular circumstances when so doing.

Accordingly, The Royal Australian College of General Practitioners (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. RACGP Education: Exam report 2017.2 OSCE.
East Melbourne, Vic: RACGP, 2017.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

Published December 2017

© The Royal Australian College of General Practitioners 2017

This work is subject to copyright. Unless permitted under the *Copyright Act 1968*, no part may be reproduced in any way without The Royal Australian College of General Practitioners' prior written permission. Requests and enquiries should be sent to permissions@racgp.org.au

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.

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 and cycles. 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; that is, there is no set number or percentage of people who pass the exam.

Table 1. 2017.2 psychometrics	
Mean score (%)	71.01
Standard deviation (%)	6.96
Reliability	0.79
Pass mark (%)	63.90
Pass rate (%)	83.95
Number sat	779

2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2017.2 OSCE. The vertical blue line represents the pass mark.

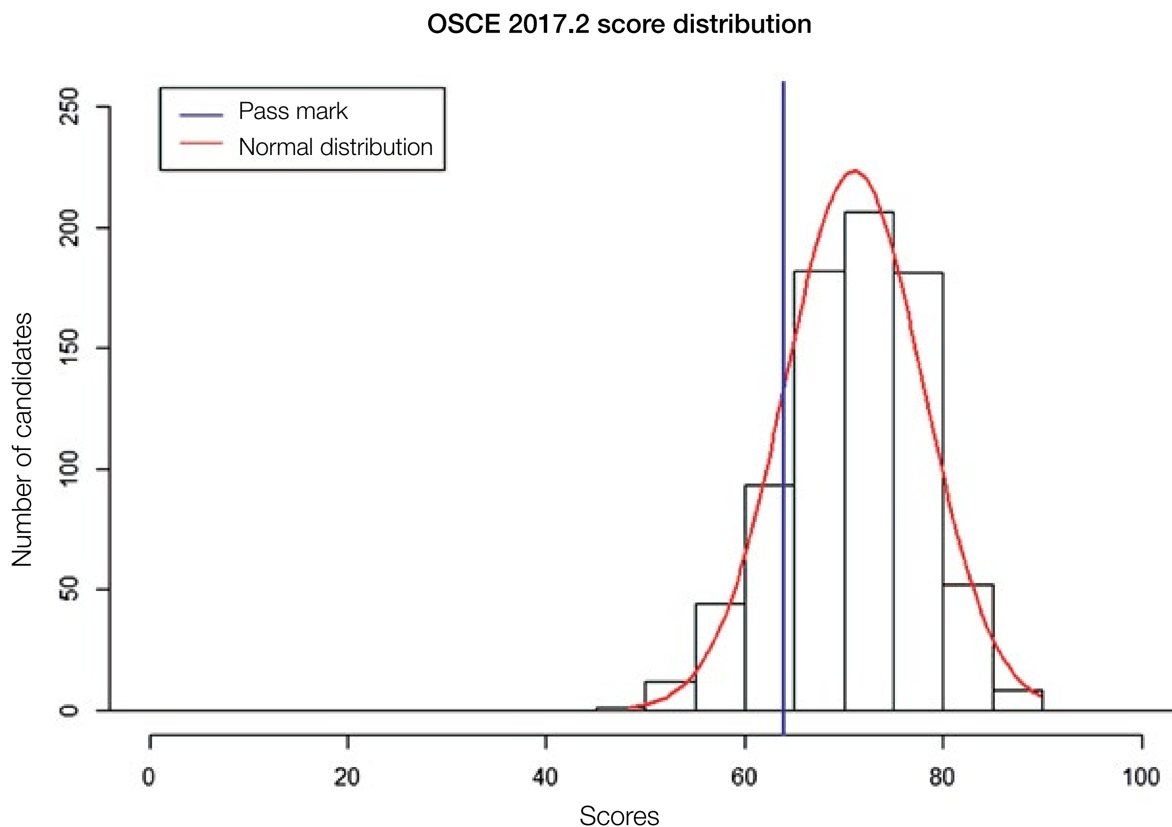

Figure 1. Final 2017.2 OSCE score distribution

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. 2017.1 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	88.44
Second attempt	64.86
Third attempt	63.16
Fourth and subsequent attempts	30.00

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. Based on candidate feedback, the RACGP highly recommends attendance at one of its exam preparation workshops and completion of a practice exam.

5. Feedback report on 2017.2 OSCE

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

OSCE examiners are experienced general practitioners (GPs) who are trained in assessment principles. 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 assess and manage 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 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 within the RACGP's *Curriculum for Australian general practice*.

A number of candidates in the 2017.2 OSCE underperformed in the 'Management' and 'Ethical and medico-legal issues' rating areas

The structure of a good exam response on 'Management' was discussed in the 2017.1 public report. It includes:

- clearly identifying the problem(s) and giving a succinct, plain-language explanation of them
- checking the patient's ideas of their problem(s) and their understanding of the GP's explanation
- prioritising and organising the information to be shared with the patient (ie what is important, what needs to be done initially, what needs to be done subsequently)
- checking for any obstacles to the management plan
- safety netting, summarising and structuring follow-up.

To which we can now add a short reminder:

- Have I covered off any ethical and medico-legal issues?

In ‘Ethical and medico-legal issues’, the candidate is rated on their ability to deal with the ethical, medico-legal and professional issues raised by the case.

Ethical considerations underpin our professional behaviour throughout a consultation, eg honesty, non-disparaging, respectful, awareness of professional boundaries, etc. Medico-legal issues may often be identified and managed during history-taking, eg consent, confidentiality, competence (in relation to cognition and age), etc.

It is easy in an exam to be consumed by issues of clinical applied knowledge, as they usually take up most of the time. Consequently, one may end up paying less attention (and even forgetting) the areas that take up less time, eg ethical and medico-legal issues.

There were relevant ethical and medico-legal issues in five of the 14 cases of the 2017.2 OSCE. Failure to recognise and address these issues therefore adds up over the course of the entire exam.

The following examples from the 2017.2 OSCE highlight areas of candidate underperformance.

Example 1

In this case, a 55-year-old woman presents with tiredness that developed some 20 months after her periods had ceased. She sought treatment for troublesome hot flushes around the time of menopause, and remains on treatment. History revealed multiple situational stressors (including significant family stressors), she also felt flat, had disturbed sleep, and there was a history of anaemia.

In ‘Management’, it is important to have a plan for dealing with the patient’s multiple situational issues, as well advise her on managing her work and home, activities and rest. Given everything cannot be resolved at this consultation, structuring in specific follow-up is necessary – developing a plan can be as important as the elements of the plan itself. While the patient’s treatment for hot flushes can be associated with depression, it would be a mistake to attribute her tiredness to menopause entirely.

Example 2

In this viva scenario, a patient seeks your advice on a complementary therapy. A short abstract is provided for the discussion, with the first two key questions related to drawing conclusions from studies. Nearly 30% of candidates underperformed in ‘Critical evaluation’ rating area, as they were unable to discuss in general terms the:

- levels of evidence
- randomised controlled trials, double blind, sample size, selection bias (eg comparison group vs intervention group), effect of high placebo responses on test effects, and the generalisability of results.

The next two key questions discussed the prescribing of complementary therapies by a GP. Again, nearly 30% of candidates underperformed in this discussion. Candidates appeared under-aware of the need of the GP prescriber to:

- ensure that an appropriate assessment of the patient has been made, with a diagnostic conclusion
- objectively discuss benefits and potential risks of potential complementary therapy, and any alternatives. Harm includes direct and indirect, as well as financial
- advise objectively on conventional medical treatments available, including their risks and benefits
- be informed about the research on the complementary therapy they are considering, and not prescribe if they have insufficient knowledge of the treatment
- implement a monitoring plan (eg liver function test)
- always act in the best interests of the patient.

Example 3

In this short case, a high school student consulted the candidate by herself to seek a specific treatment. This raised a number of issues aside from the medical implications of the treatment, including:

- confidentiality and its limits
- competency to decide (for people under the age of full legal capacity, the law in Australia recognises that children become increasingly competent as they move towards adulthood).

Therefore, there was a need to explore the student's understanding of the treatment requested, the factors that led to her decision, and the circumstances that led to this presentation.

Inquiry revealed a complex home situation in which the patient was living with her father, step-mother, siblings and step-siblings. In view of her Aboriginal and Torres Strait Islander status, it was important to be aware of the need for a female next-of-kin who could decide on 'women's business' for the student.

6. Further information

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

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.