



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2018.1 OSCE



RACGP Education: Exam report 2018.1 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 Ltd (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 2018.1 OSCE. East Melbourne, Vic: RACGP, 2018.

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

ABN: 34 000 223 807
Published July 2018

© The Royal Australian College of General Practitioners 2018

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

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.



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2018.1 OSCE

Contents

<i>1. Exam psychometrics</i>	<i>1</i>
<i>2. Candidate score distribution</i>	<i>2</i>
<i>3. Candidate outcomes by exam attempt</i>	<i>2</i>
<i>4. Preparation for the OSCE</i>	<i>3</i>
<i>5. Feedback report on 2018.1 OSCE</i>	<i>3</i>
<i>6. Further information</i>	<i>4</i>

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 (ie there is no set number or percentage of people who pass the exam).

Table 1. 2018.1 psychometrics

Mean score (%)	68.80
Standard deviation (%)	6.52
Reliability	0.72
Pass mark (%)	62.39
Pass rate (%)	83.57
Number sat	986

2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2018.1 OSCE. The vertical blue line represents the pass mark.

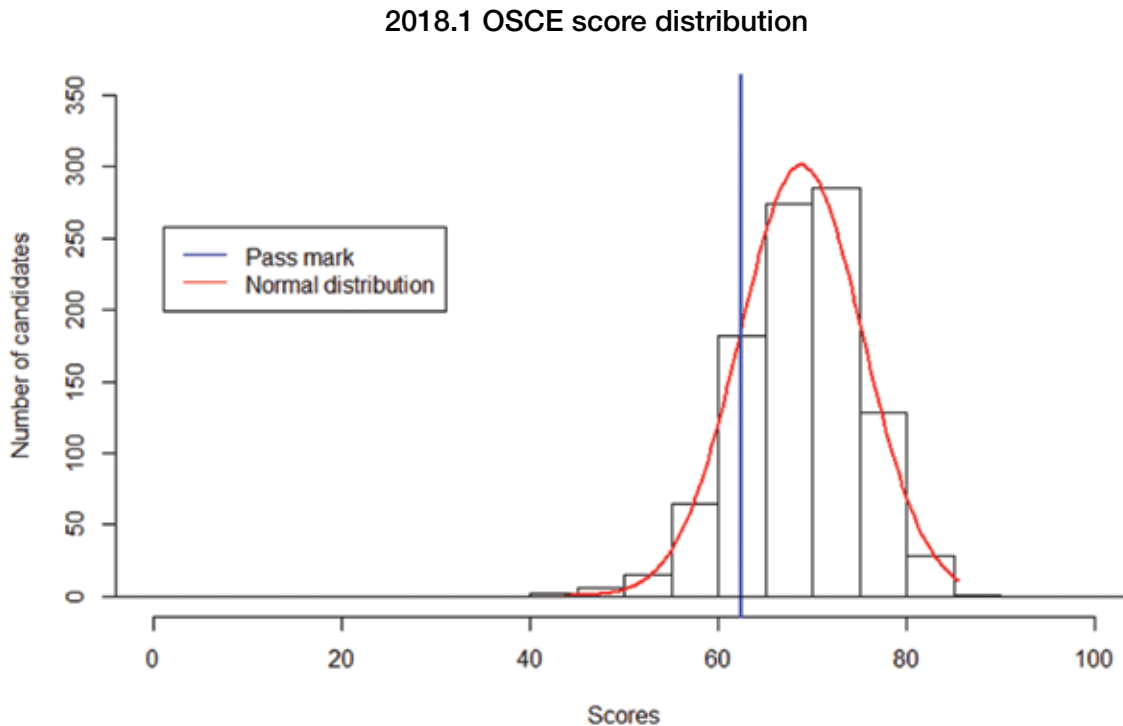


Figure 1. Final 2018.1 OSCE score distribution

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. 2018.1 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	85.76
Second attempt	76.19
Third attempt	58.33
Fourth and subsequent attempts	52.38

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 2018.1 OSCE

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

This public exam report is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

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 2018.1 OSCE 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 OSCE cases from the 2018.1 exam in which candidates have underperformed. These examples help to illustrate how a candidate should approach the tasks.

Example 1

A young man presents with an uncommon sensory symptom. While it is possible that this 'could be something serious', what stands out is that the symptom has been investigated exhaustively elsewhere, to the extent of probable over-investigation. Careful questioning reveals an accompanying host of other unusual symptoms that do not easily link up to an organic cause. This should lead to questions regarding anxiety, mood, psychotic symptoms and quantified alcohol intake. This case illustrates a somatisation disorder. When a candidate identifies a probable mental health issue, consider if a diagnostic tool can help tease out the elements of stress/anxiety/depression.

Example 2

A young pregnant woman is recalled as her antenatal screening result is positive for a sexually transmissible infection. While some candidates may find it difficult to identify the specific stage of the disease, the presence of long-term antibodies provides a strong clue. Candidates are expected to be able to explain in plain language the condition and its implications, discuss possible contact sources (the patient also wants to know) and emphasise the importance of follow-up. Candidates need to ensure proper handover to the GP in the patient's home town. Candidates should know which antibiotics are indicated, even if not the dose for this particular condition. Needless to say, empathy and patient-centredness are essential ingredients in this patient encounter.

Example 3

A man aged 24 years presents for results of investigations that were ordered three days ago for an acute fever, abdominal pain and generalised myalgia. The results showed a raised white blood cell count with neutrophilia. Abdominal ultrasonography and chest X-ray were normal. Since the initial visit, the abdominal pain has persisted, and a dry cough has developed. Candidates need to consider whether the normal imaging results rule out specific conditions and whether this is a different problem. The next step is to explore the relationship of the various symptoms, and questioning is required to exclude other causes. Examples of information to obtain include contact history, history of recent travel and symptoms of urinary tract infection and pulmonary embolus. Candidates should consider whether the previous normal investigation result may be part of an evolving condition.

Example 4

This man presents with fatigue/tiredness – a common presentation in general practice that has a long list of possible causes. It is not necessary to memorise this long list; it is more useful to develop a safe diagnostic framework for handling this presentation in a realistic time frame. A good history is essential to narrow down the diagnostic probabilities in a timely manner. Start with an adequate clarification of what tiredness actually means for the patient. Know the probable (common) causes for tiredness. Consider the patient's demographics and key situational facts, including the patient's age (67 years old) and migrant status.

History-taking must include lifestyle questions (eg smoking, alcohol), a quick but systematic systems review and a check for the red flags of serious organic disease.

This long case provides adequate time for a candidate to ask for the findings of an orderly and systematic physical examination, which is essential in this clinical presentation, and for the results of investigations that should be targeted to discriminate between the probable differential diagnoses.

6. *Further information*

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



Healthy Profession.
Healthy Australia.