



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2017.1 OSCE



RACGP Education: Exam report 2017.1 OSCE

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We recognise the traditional custodians of the land and sea on which we work and live.

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.

Mean score (%)	71.31
Standard deviation (%)	7.07
Reliability	0.8
Pass mark (%)	64.01
Pass rate (%)	85.17
Number sat	715

2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2017.1 OSCE. The vertical blue line represents the pass mark.

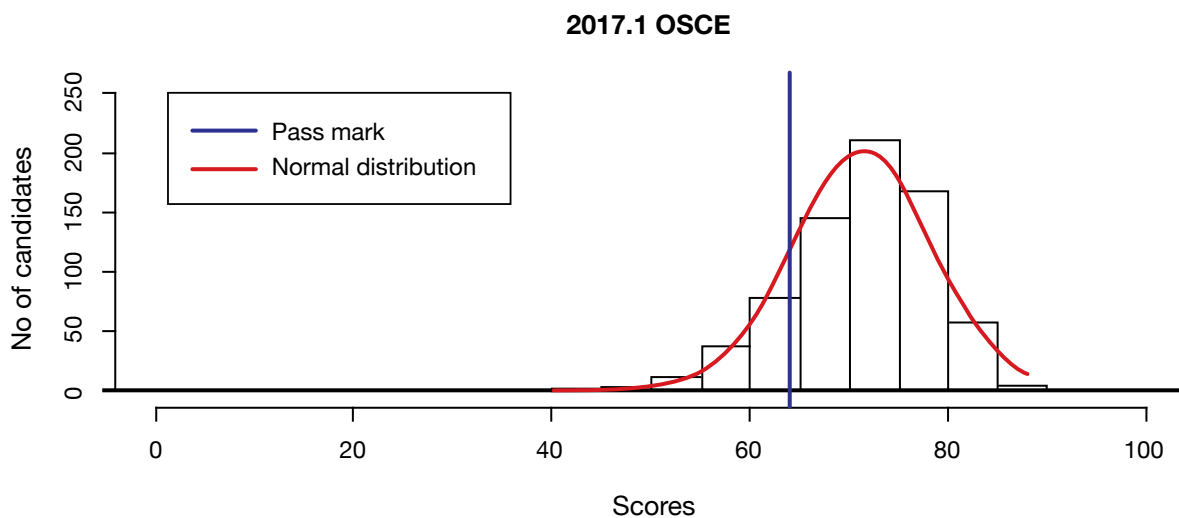


Figure 1. Final 2017.1 OSCE score distribution

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. 2017.1 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	89.72
Second attempt	73.24
Third attempt	40.91
Fourth and subsequent attempts	36.84

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 2017.1 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 2017.1 OSCE underperformed in the 'Investigations' and 'Management' rating areas.

Investigations help the candidate to:

- sort out the list of differential diagnoses by helping to confirm or exclude conditions
- exclude 'red flag' conditions (history also helps in this regard)
- monitor a treatment or condition.

In choosing a particular diagnostic investigation, the candidate should be aware of specificity versus sensitivity, cost and risk to the patient, and have a prioritisation order or an investigation flowchart.

In Management, the structure of a good exam response consists of the candidate:

- explaining the problem(s)
- checking the patient's understanding of the problem(s) and of the GP's explanation
- prioritising the information to be shared with the patient (ie what is important, what needs to be done initially, and what needs to be done subsequently)

- checking for any obstacles to the management plan
- safety netting, summarising and structuring follow-up.

Management is a rating area in which study can improve a candidate's performance.

As in other OSCE exams, 'Hand to candidate' pages are used where the observing examiner has a moderate amount of information (eg physical examination findings, investigation results) to provide to the candidate. A handout makes it less likely that a candidate will forget or misinterpret what they heard. It also saves time, as it is faster to read than to orally present a finding. Candidates must read any handout carefully, just as they do the candidate instructions.

The following is a selection of OSCE cases from the 2017.1 exam, highlighting areas of candidate underperformance.

Example 1

In this short case, a healthy 26-year-old woman who self-tested and confirmed she is pregnant now seeks advice on how to maximise her chances of having a healthy pregnancy. The tasks specified are to take a history, exploring risk factors and concerns, and advise accordingly.

Most candidates performed satisfactorily in Investigations – the 'what' and 'why' of antenatal testing. However, close to 40% of candidates underperformed in Management.

The patient should be advised regarding the factors that were identified in history (eg smoking, alcohol) and the patient's concerns (eg effect of her work, risk of Down syndrome, antenatal care arrangements), as well as the routine advice for early pregnancy (eg folate and iodine supplementation, pertussis and influenza immunisation, and dietary advice, including avoidance of soft cheeses).

Example 2

This patient presents for prescriptions for medicines that were recently commenced while on an overseas holiday, where the patient had suffered a heart attack and had a stent inserted into the 'right artery'. History reveals anxiety that developed as a result of the myocardial infarction.

About a third of candidates underperformed in Management. Management is more than just knowing the 'what'; it includes doing the 'how'.

Management includes how you:

- explain things to the patient
- prioritise the information you give
- check that the patient understands
- come to an agreement on a management plan
- look for obstacles to the plan.

In this case, the 'what' needs to cover education regarding anxiety and panic attacks, dispel misconceptions of life after a heart attack, advise on what is safe to do, and consider the need for psychological treatments.

Better-performing candidates would also advise on simple relaxation techniques, recommend cardiac rehabilitation that would help to reinforce the advice given, carry out opportunistic preventative healthcare relevant to the patient's age, and specifically structure follow-up.

Example 3

A young woman presents with acute lower-abdominal pain. The tasks are to take a history, ask for physical examination findings, and explain to the patient which initial investigations are required. Management is not required in this case.

About a third of candidates underperformed in Investigations. Investigations should be selected on their ability to confirm probable conditions, discriminate between the differential diagnosis and rule out serious conditions.

Keep in mind cost and patient safety. The minimum required in this case is an urgent ultrasound (pelvic/transvaginal), pregnancy test, full blood counts (FBC) and C-reactive protein (CRP) test.

Better-performing candidates would also check urine microscopy/culture/sensitivities (MCS) and serum biochemistry, and conduct a polymerase chain reaction (PCR) test for chlamydia and gonorrhoea.

6. *Further information*

Refer to the [RACGP Education: Examinations guide](#) for further exam-related information.



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