

Amendment to the Prospectus of Doctor of Medicine in General Medicine and Board Certification in General Medicine (effective from the year 2016)

Current content

4.2 The practical component

The practical component consists of an Objective Structured Clinical Examination (OSCE)- type practical examination. It has 12 stations, each lasting 5 minutes. Each station will have two examiners assessing the candidate. Assessment at these stations will be domain-based.

The domains assessed in the examination are:

- A. History-taking skills
- B. Physical examination skills
- C. Eliciting symptoms and physical signs correctly
- D. Interpretation of investigation material (such as electrocardiographs, radiographs, charts) or identification of clinically useful material (such as plants, snakes)
- E. Interpretation of data to provide a logical conclusion, such as a differential diagnosis, diagnosis, identification of problems, or an appropriate management step
- F. Effective communication skills
- G. Treating patients/surrogates kindly, humanely and professionally

Any given station may assess any number of domains, and for each assessed domain the candidate will be graded as Unsatisfactory (0 mark), Borderline (1 mark) or Satisfactory (2 marks). The number of marks available for each station will vary according to the number of domains assessed. The total number of marks in any one domain as well as for the whole practical component will also vary. The total mark will be brought to a final mark of 100. In addition, the total mark for each domain will also be calculated separately. The competencies tested in the practical component are given in Annex 2.

To be successful in the practical component, a candidate must:

1. Obtain a minimum mark of 40% of available marks in each domain (A-G)
2. Obtain a minimum overall mark of 50%.

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The above section is amended as;

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(Note that the sentence "Each station will have two examiners assessing the candidate" has been deleted in the amended version)

*BOM approved – 08.12.2018
Senate approved – 28.12.2018
Council approved – 14.02.2019*