



Division of Graduate Medical Studies
Yong Loo Lin School of Medicine

GRADUATE DIPLOMA IN FAMILY MEDICINE (GDFM) PART 2

HANDBOOK

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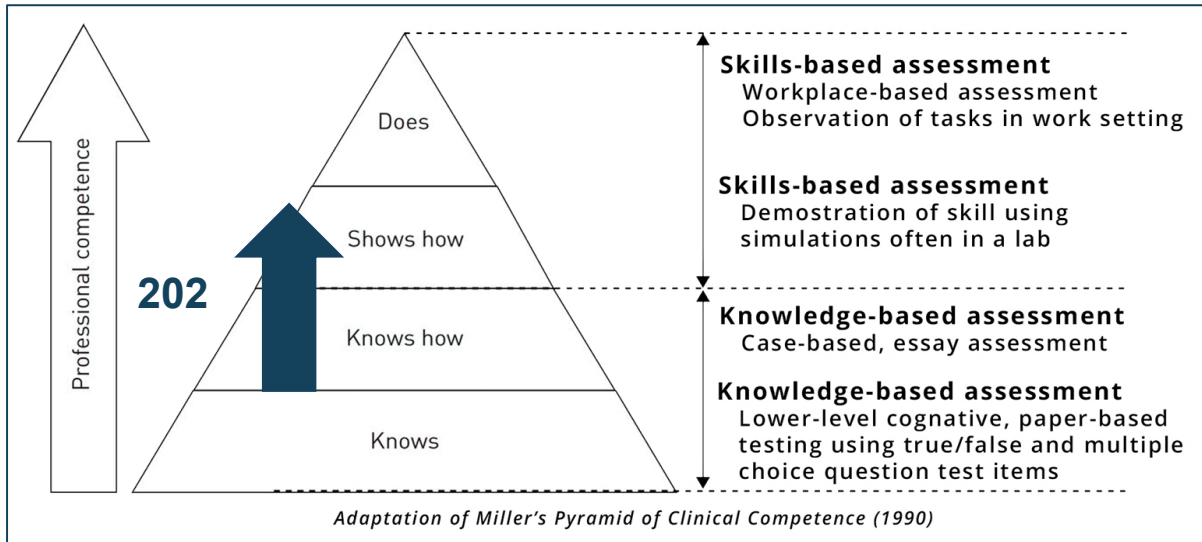
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GDFM OSCE format change in Year 2022

The enhancements to the GDFM OSCE format in Year 2022 support the following:

1. Assessment of *shows how* in addition to *knows how*.

Fig. 1 Miller’s pyramid of clinical competence



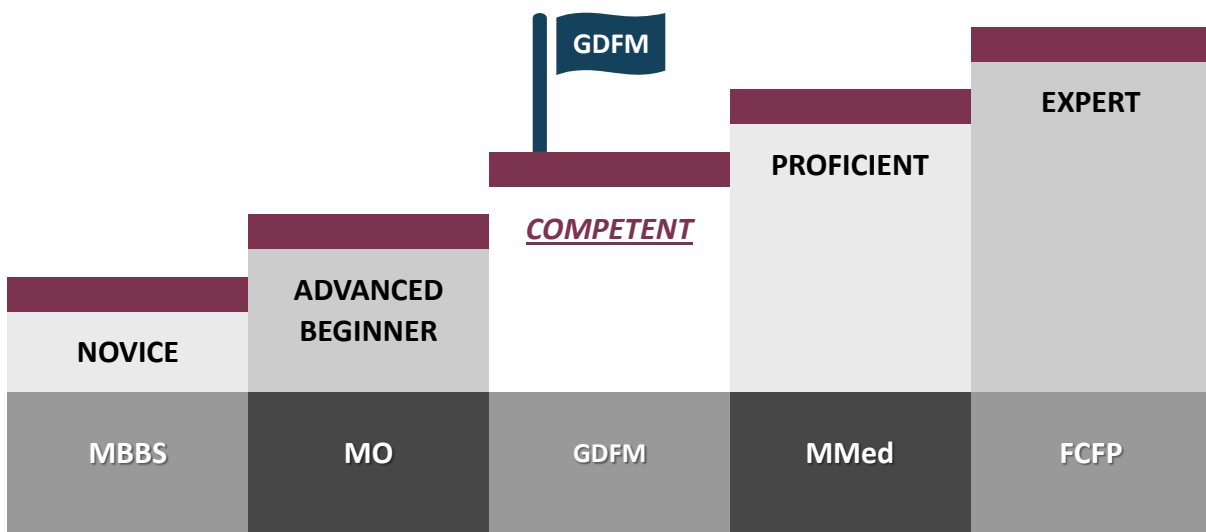
2. Strengthening of exam validity and reliability

Examination processes were enhanced to meet international standards for conduct of high stakes exams, including the use of blue-printing and standard setting.

STANDARDS

Candidates are expected to perform at the level of a **competent** Family Physician.

Fig. 2 Standards required across various post-graduate Family Medicine examinations



CHAPTER 1 – ELIGIBILITY AND VALIDITY CRITERIA FOR GRADUATE DIPLOMA IN FAMILY MEDICINE (GDFM) EXAMINATION PART 2

Applicants are to fulfil the following in order to be eligible to sit the Graduate Diploma in Family Medicine (GDFM) Examination Part 2. In addition to submitting a satisfactory attendance record, the following requirements are to be met:

1. Obtained a Pass in the GDFM Part 1 (FM AKT)*
2. Completed and fulfilled training requirements of the GDFM programme offered by the College of Family Physicians, Singapore (CFPS)

Click [here](#) for more GDip (Fam Med) programme information

3. Hold a practising certificate from SMC which is valid throughout the examination**
4. Hold a BCLS certificate which is valid throughout the examination**

Note:

* *Training validity applies*

** *Applicants who are pending a valid practising certificate or BCLS certificate should submit their application before the deadline, and follow up with the valid document(s) via email before the stipulated deadline to the NUS DGMS Secretariat.*

CHAPTER 2 – COMPONENTS OF THE GRADUATE DIPLOMA IN FAMILY MEDICINE (GDFM) EXAMINATION

An overview of the GDFM examination format is provided in Table 1.

I. Part 1 (Written)

Family Medicine Applied Knowledge Test (FM AKT) consisting of 180 multiple choice questions (MCQs).

For information on the FM AKT, please refer to the handbook [here](#).

II. Part 2 (OSCE)

Objectively Structured Clinical Examination (OSCE), consisting of **10** stations.

Table 1. Graduate Diploma in Family Medicine (GDFM) Examination Format

Component	Format	Testing Time	
Part 1 (Written)			
FM AKT	MCQ	180 questions	240 minutes
Part 2 (OSCE)			
10 OSCE Stations	10 Stations	9 OSCE Stations	14 minutes* for each station
		1 OSCE Procedure Station	*Includes 3 minutes reading time + 1 minute clarification

CHAPTER 3 – GDFM OSCE FORMAT

3.1 Overview of the GDFM OSCE Examination Format

The GDFM OSCE consists of 10 OSCE stations, with 9 Clinical OSCE stations and 1 Procedure station, and is conducted over several days.

3.2 OSCE Blueprint

The candidate will be assessed across the disciplines relevant to family medicine practice. In addition, the OSCE scenarios will include patients across pediatric, adult, and geriatric age groups, and across a variety of management scenarios, ranging from acute or emergency management, to chronic or palliative management.

In some OSCE stations, the candidate may be asked to obtain the history from a caregiver or parent, instead of the patient. The patient may be represented in the form of photos or videos.

Stations with a Physical Examination skills domain will include assessment of physical examination skills that are relevant to a medical, surgical, orthopedic, gynecological, or obstetric condition that is relevant to family medicine practice.

One of the stations will focus on a procedural skill, to assess the candidate’s skills in performing common procedures that are carried out in primary care. The assessment will include pre-procedure and post-procedure management and/or care.

Please refer to Table 2 for the GDFM OSCE examination blueprint matrix.

Table 2. GDFM OSCE Examination Blueprint Matrix

	OS*	OS*	OS*	OS*	OS*	OS*	OS*	OS*	OS*	OS*	OS* (Procedure)
Cardiovascular											
Respiratory											
Gastro, Renal & Urology											
Neurology, Psychiatry & Sensory Organs											
Musculoskeletal, Rheumatology & Dermatology											
Endocrine & Hematology & ID											
Male & Female Reproductive System											
Ethics, Practice-based											
Pediatrics (<18yrs)											
Adults											
Geriatrics (≥65yrs)											
Acute / Emergency											
Chronic / Preventive / Palliative											

* OS denotes – OSCE Station

3.3 Overview of OSCE Stations

The 10 OSCE stations are designed to assess competency of clinical knowledge and skills of the candidate in the practice of family medicine.

The OSCE station assesses the candidate's clinical skills across different clinical domains. These may include taking a focused history, performing a relevant physical examination, performing a specified procedure, formulating an appropriate problem list, recommending an evidence-based, patient-centered management plan, and communicating effectively with patients and colleagues. Being able to integrate relevant skills effectively is a key element of this assessment.

Candidates will be given Candidate's Instructions for reading before entering the examination room. These instructions can take the form of medical notes related to the patient's current visit and relevant investigations (if any). Facilities and equipment available for that station will be specified in the instruction sheet.

All OSCE stations, including the Procedure station, are designed to resemble an actual consultation in primary care. Standardized patients and mannequins may be used.

Candidates will be assessed by a single examiner at each station.

The equipment and models required for the Procedure station will be provided. Procedural tasks will be given in the Candidate's Instruction sheet and candidates are to demonstrate their procedural skills using the props provided.

3.4 Station Timings

Table 3. GDFM OSCE Station Timings

OSCE Station	Timings
Examination Timing	Overall time = 14 min <ul style="list-style-type: none">• Candidate's Instructions reading time = 3 minutes• Consultation/contact with patient = 10 minutes• Examiner clarification = 1 minute
Bell Sequence	<u>First 3 minutes (outside the station)</u> <ul style="list-style-type: none">• Start of reading time• End of reading time (3 minutes later) – candidate to enter station <u>Next 11 minutes (inside the station)</u> <ul style="list-style-type: none">• At 7 minutes – signal that there are 3 minutes remaining with patient• At 10 minutes – signal to commence 1-minute clarification (consultation process to stop immediately)• At 11 minutes – signal to end of encounter (with a long bell/announcement). Candidate to exit station immediately.

3.5 Skill domains tested

A total of 11 domains included in Figure 3 will be assessed across all the GDFM OSCE stations. Only selected domains will be assessed in each station. The domains assessed in the station will be indicated in the Candidate's Instruction sheet for the station.

Fig. 3 GDFM OSCE domains

History Taking Skills

Relevance of History

Physical Exam Skills

Identifying Physical Signs

Problem Definition

Investigations

Procedure 1 (Preparation and post procedural care)

Procedure 2 (Technique)

Management

Communication & Managing Patient Concerns

Professionalism & Ethics

3.6 OSCE domain assessment scale

Candidates will be assessed on their overall performance for each station in addition to assessment of domain performance. The performance in each OSCE domain will be assessed independently of the overall assessment.

Overall performance and each domain will be assessed on a 5-point scale, viz. Serious Deficiencies, Fail, Borderline, Pass and Good Pass. A general description of marking domains and key expectations is included in Table 4. This information will also be provided in the Examiner marksheets.

Table 4. GDFM OSCE Marking Domains

	Serious Deficiencies	Fail	Borderline	Pass	Good Pass
Overall performance	Clinical information not sought. Key critical problems not identified. Erroneous investigations or management	Clinical information not integrated. Key problems not identified. Inappropriate investigations or management. Did not reach key points in consultation	Key issues identified, some prioritization. Mechanical consultation with little contextualization	Key issues identified with appreciation of context. Able to cope with multiple tasks	Clinical information is integrated. Key issues identified and prioritized. Appropriate, contextualized investigation and management. Efficient and effective consultation
History taking skills	Disorganized, ineffective	Time management & flow haphazard	Poor time management. Checklist-driven	Logical flow. Efficient & effective time management	Focused, systematic, fluent. Excellent time management
Relevance of history	Critical details omitted	Important details omitted	Irrelevant details sought. Little consideration for context	Context considered. Patient cues followed	Subtle but relevant details elicited
Physical exam skills	Key examination omitted	Disorganized & unpracticed. Important required steps not completed	Somewhat practiced. Some required steps not completed	Logical flow. Practiced	Systematic, fluent, confident, polished

	Serious Deficiencies	Fail	Borderline	Pass	Good Pass
Identifying physical signs	Critical signs missed	Important signs missed. Absent signs found	Obvious signs elicited. Misses some signs	Relevant signs elicited. No invented signs. Relevant negatives sought	All expected signs elicited, including subtle signs
Problem definition	Misses key important issues. Critical findings not sought or appreciated	Incorrect differentials. Significance of findings not appreciated	Key issues identified but not prioritized. Some differentials. Limited appreciation of context	Key issues identified and prioritized. Appropriate differentials	Findings integrated. Key issues confidently identified and well prioritized
Investigations	Misses key tests. Incorrect interpretation of critical result	Inadequate testing and incorrect interpretation	Indiscriminate testing and generic interpretation	Cost-effective testing. Contextualized interpretation	Testing & interpretation well-considered and customized
Procedure 1 (Preparation and Post care)	Unsafe preparation and post care steps	Important steps not completed. Incorrect information or explanation	Some required steps not completed. Generic, ignores patient context	Appropriate steps taken that considers patient factors	Smooth, confident, patient-centered
Procedure 2 (Technique)	Unsafe procedural steps	Incorrect or missing procedural steps	Hesitant demonstration of procedure	Correct demonstration of procedure	Smooth and confident demonstration of procedure
Management	Erroneous management that can potentially cause harm	Inappropriate management. Inaccurate information or explanation	Formulaic, ignoring context. Checklist-driven, generic patient education	Appropriate management. Appropriate patient education that considers patient factors	Cost-effective, appropriate, and patient-centered
Communication & managing patient concerns	Inappropriate body language or behavior	Cues not recognized. Concerns not sought, or dismissed	Cues poorly recognized. Frequent jargon. Concerns identified but cursorily addressed	Some cues responded to. Concerns acknowledge and mostly addressed	Cues responded to. Appropriate words, body language, and pacing. Concerns well addressed
Professionalism & Ethics	Deficient in ethical and/or professional considerations	Lapses in ethical and/or professional considerations. Inappropriate attire or mannerism	Formulaic adherence to principles.	Appropriate ethical and/or professional sense demonstrated	Ethical and/or professional sense clearly demonstrated

FREQUENTLY ASKED QUESTIONS

1. What is the passing criteria for the GDFM OSCE?

Candidates need to pass 6 out of 10 OSCE stations **and** obtain the minimum total pass mark to pass the GDFM Part 2 (OSCE).

2. What equipment should I bring for OSCE?

Common equipment that is required for conduct of a physical examination should be brought by individual candidates. This includes a stethoscope, tendon tapper and other equipment required for a neurological examination, and a torchlight. Should other equipment be required, it will be provided in the station.

3. Are we allowed to bring timers to the exam?

Each candidate is allowed to bring one timer that does not emit any sound for the examination.

4. What is the validity of the GDFM program?

GDFM trainees are given up to 5 calendar years to complete the GDFM training program and to pass the examination (consisting of both the Part 1 (FM AKT) and Part 2 (OSCE)). Failing this, they will be required to re-take the entire 2-year training program before becoming eligible to sit the examination again.

5. How does NUS ensure that all examiners have the same standard?

The FMEC has established a rigorous examination quality assurance (QA) process. As part of this process, NUS conducts examiners' training each year. All examiners will also be required to attend the calibration process on the examination day for standard setting.

6. What is the difference between GDFM standard and MMed standard?

GDFM OSCE stations are assessed at the level of a **competent** family physician (FP), while MMed clinical consultation stations are assessed at the level of a **proficient** FP.

The **competent** FP is expected to demonstrate the ability to handle multiple tasks in a consultation, to focus on key problem(s), contextualize the management to relevant medical and psychosocial issues, and demonstrate familiarity with relevant practice guidelines.

The **proficient** FP, in addition to the preceding attributes, is also expected to demonstrate the ability to take a holistic view of the patient in his biopsychosocial milieu and to prioritize and address the key issues faced by the patient. In addition, the **proficient** FP is expected to be able to recognize deviations from the usual pattern.

These represent the ability of the **competent** FP to practice Family Medicine independently, while **proficient** FPs are able to provide guidance and supervision to junior doctors.

7. Are there any sample Candidate Instructions (CI) and Examiner Instructions (EI) for me to refer to?

You may approach your GDip (Fam Med) Coordinator to receive the latest samples of CI and EI.

8. May I know what is my program eligibility and validity?

For any inquiries regarding the GDip (Fam Med) program and your training validity, please contact:

GDip (Fam Med) Coordinator

Tel: (65) 6223 0606

Email: gdfm@cfps.org.sg

FREQUENTLY ASKED QUESTIONS (ADMINISTRATIVE)

1. Can I use my Post-Secondary Education Account (PSEA) for this examination?

Yes, you may utilize your PSEA for the GDFM OSCE. You are strongly encouraged to check your funds balance beforehand.

For more information about the PSEA, please refer to MOE's website: <https://www.moe.gov.sg/financial-matters/psea>

2. Do I need to submit my BCLS certificate and practicing certificate to sit for this examination?

The following documents must be submitted:

- Valid practicing certificate from SMC[#] which is valid throughout the OSCE
- BCLS certificate[#] which is valid throughout the OSCE

[#]Candidates who have submitted the abovementioned 2 documents during the 2023 FM AKT exam will not need to submit the documents again when registering for the Part 2 (OSCE). Kindly confirm the validity of the practicing certificate and BCLS certificate for the duration of the OSCE.

3. Special Requests

Candidates are to submit their special requests (e.g., request for nursing rooms) to the Division of Graduate Medical Studies (DGMS) staff via email at least 1 month before the examination. Please contact either Seri or Alisa via the following emails: sesyra17@nus.edu.sg or alisalim@nus.edu.sg