

# Mock OSCE Exam

INVITATION FOR REGISTERED MEDICAL PRACTITIONERS & GP REGISTRARS



## DATE

Sunday 13<sup>th</sup> May 2018  
12:30 pm - 5:00 pm

## VENUE

Northern Health Network  
2 Peachey Road  
Edinburgh North, SA 5113



## REGISTRATIONS

**\$250.00** (inc. GST)  
per person for non-members

**FREE FOR MEMBERS OF  
SAIMA, PMASA, BAMSSA,  
ACMA & SASDA**

This Mock Clinical Examination is designed for Registered Medical Practitioners and General Practice Registrars who are planning to take up their RACGP Clinical Exam (OSCE). This workshop will provide an opportunity for candidates to test their clinical and time management skills and to address key challenges in preparation for the Fellowship Exam. This Mock Clinical Examination will be facilitated by RACGP-trained examiners who have knowledge and experience in FRACGP examination procedures and structure.

**MEMBERS OF SAIMA, PMASA, BAMSSA, SASDA & ACMA TO SEND THEIR NAMES TO THEIR PARENT ORGANISATIONS**

## EXAMINATION OVERVIEW

- Rotate through 8 clinical stations (4 as candidate and 4 as role-player);
- Improve your time management skills with each clinical station whilst assessing cases in an actual OSCE setting;
- Receive tailored feedback at the end of each station from each examiner; and
- Obtain feedback and general exam tips as a group from the experienced trainers.

Please note that only limited places are available and preference will be given in order of the applications received. NHN reserves the right to cancel the event if adequate number of registrations is not received.

## REGISTRATION

Please email this form to [mhembram@northernhealth.net](mailto:mhembram@northernhealth.net) or fax to 8252 9433 by **1<sup>st</sup> May 2018**

Name \_\_\_\_\_ QICPD No. \_\_\_\_\_

Organisation \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Dietary needs      Vegetarian       Gluten Free       Other

Are you a member of any of the following organisations?

SAIMA       PMASA       BAMSSA       ACMA       SASDA

## PAYMENT FOR NON-MEMBERS

EFT **Bank:** NAB    **BSB:** 085-458    **Account no.:** 244878833    **Account Name:** ANDGP    **Reference:** Your surname

Credit Card      Mastercard       Visa       (MasterCard and Visa Cards only)

Card Number                   Expiry: \_\_\_/\_\_\_ CW: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Please contact Monika Hembram on 8209 0700 or 0405 548 191 for cancellations at least 2 days prior to the event. A \$350 fee will be imposed to cover costs incurred for non-attendance without notification. Views expressed by presenters during this session do not necessarily represent that of the NHN. By returning the complete registration form to the NHN, participants agree for the NHN to collect photographic and audio-visual materials from the session for communications and marketing purposes.