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Exam report 2018.2 KFP

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Exam report 2018.2 KFP

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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.

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Exam report 2018.2 KFP

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1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort who sat the exam. These values can vary between exams and semesters. The reliability is a measurement of the internal consistency of the exam, with values between 0 and 1.

A candidate must achieve a score equal to or higher than the pass mark in order to pass the exam. The pass mark for the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exam is determined by the Modified Angoff standard-setting method. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

The Objective Structured Clinical Examination (OSCE) pass mark is determined by the borderline group method (refer to the RACGP Education *Examinations guide* for further detail).

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; there is not a set number or percentage of people who pass the exam.

Table 1. 2018.2 KFP psychometrics	
Mean score (%)	53.66
Standard deviation (%)	7.03
Reliability	0.75
Pass mark (%)	52.95
Pass rate (%)	56.08
Number sat	1562

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2. Candidate score distribution histogram

The below histogram (Figure 1) shows the range and frequency of final scores for the KFP exam. The vertical blue line represents the pass mark.

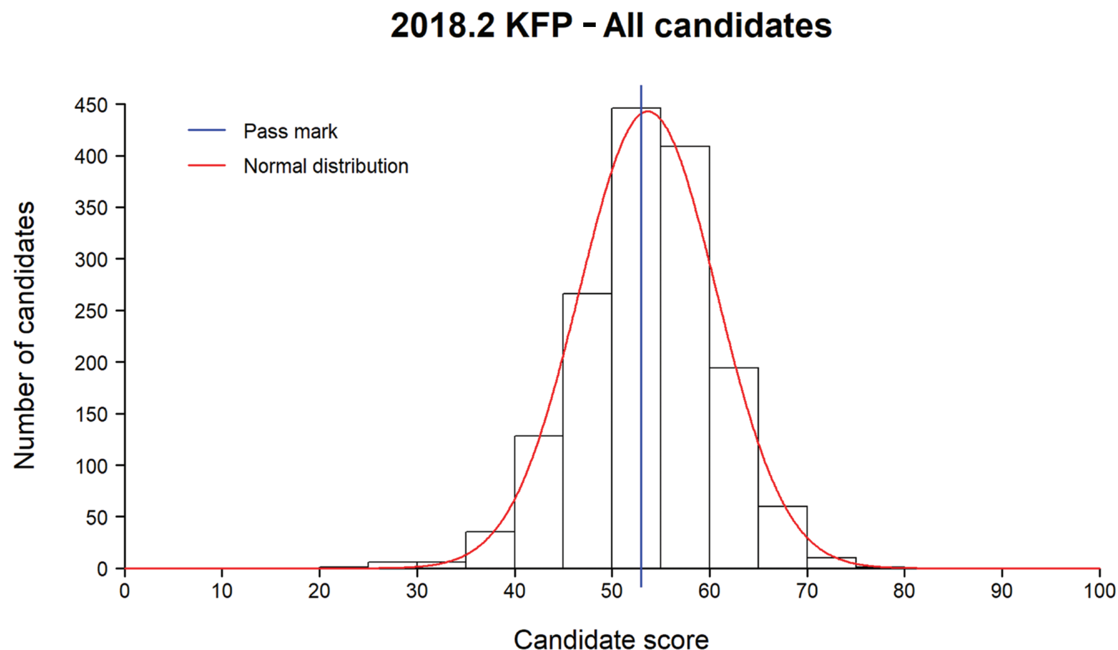

Figure 1. Final 2018.2 KFP score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As displayed below, there is a general trend that suggests candidate success diminishes for each subsequent attempt. Preparation and readiness to sit are therefore paramount for candidate success.

Table 2. 2018.2 KFP pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	66.5
Second attempt	49.1
Third attempt	40.8
Fourth or greater attempt	30.1

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4. Preparation – Practice exams

An online practice exam is made available to enrolled candidates prior to each AKT and KFP exam. The purpose of this exam is to provide a simulated experience in preparation for the real exam. Candidates are provided with automated feedback to complete their experience.

The practice exam is not designed to provide a mark or grade as an indication of whether or not a candidate will pass.

However, it is evident to the RACGP that those who attempt the online practice exams perform better in the real exam than those who do not (Table 3). Attempting the practice exam is therefore highly recommended.

The RACGP has recently released new Exam Support Online (ESO) modules through *gplearning*. These modules are available to all members and are not linked to exam enrolment. They provide information for all Fellowship assessments, along with sample questions taken from recent exam papers. The modules are suitable for prospective candidates, and those supporting them, as they prepare for the assessments.

Table 3. 2018.2 KFP online practice exam

Attempted practice exam	Total number of candidates	Proportion of candidates (%)	Number passing the real exam	Pass rate (%)
Yes	1,314	84.1	788	60.0
No	248	15.9	88	35.5
Total	1,562	100.0	876	

5. Candidate performance – AKT and KFP exam

Table 4 shows the performance of the 1093 candidates who sat both the AKT and the KFP exam in the 2018.2 exam cycle.

Table 4. 2018.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	581	53.1
Pass	Fail	180	16.5
Fail	Pass	60	5.5
Fail	Fail	272	24.9
Total		1,093	100.0

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6. Feedback report on 2018.2 KFP exam cases

All candidates are under strict confidentiality obligations and must not disclose, distribute or reproduce any part of the exam without the RACGP's prior written consent.

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This feedback report is published following each KFP exam in conjunction with candidate results. All of the questions within the KFP exam are written and quality assured by experienced general practitioners (GPs) who currently work in clinical practice, and are based on clinical presentations typically seen in an Australian general practice setting. The questions must therefore be answered in the context of Australian general practice.

The KFP exam is designed to assess the clinical reasoning and clinical decision-making of the candidate; a core competency for all clinicians. It is important to remember that the KFP exam paper is not simply a short-answer paper, but requires the analysis of the clinical scenario, consideration of the initial information and any evolving information as the cases progress. The candidate is then required to answer focused questions relating to the context of the given clinical scenario.

The paper reflects the breadth of clinical encounters seen in Australian general practice and, as such, the answers should relate to that context. This feedback report is a summary of the information derived from the actual examiners marking the questions. Each examiner marks one question for all candidates, which allows them to offer pertinent information on the common errors, as well as what constituted good answers.

The feedback is provided so all candidates can reflect upon their own performance in each case. It is also being provided so prospective candidates, as well as those assisting them in their preparation, can see the breadth of content in the exam. This feedback report should be read in conjunction with the advice given in the RACGP Education *Examinations guide*.

Case 1

This case focused on a middle-aged male patient presenting with chronic pain and requesting an opiate script. Candidates were provided with further history regarding the origin and nature of his pain. This case required candidates to demonstrate a systematic approach to the assessment and management of chronic pain and the appropriate management of a request for Schedule 8 drugs in a patient presenting for the first time.

The common errors in this case centred on not addressing the questions actually asked; for example, providing physical triggers when asked for psychological triggers, and giving pharmacological answers when non-pharmacological management was requested.

This is a common issue across both this paper and previous KFP papers. It is critical that candidates read the question carefully before answering and then read the question afterwards to ensure they have actually answered the question asked.

Case 2

Candidates were presented with an older female patient who has experienced a vaginal bleed. From the information provided, candidates were required to identify that this was a post-menopausal bleed, offer appropriate differential diagnoses and then investigate and provide subsequent management.

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The common errors were not identifying that this was a post-menopausal bleed, which was clear from the timelines provided in the scenario, and failing to provide appropriate investigations and management in line with published guidelines.

Investigation questions are usually selection lists from which candidates choose the most appropriate investigations. When considering the investigations, it is important that candidates assess those that will give the highest yield in terms of what is requested in the question, which in this case was to determine the underlying diagnosis. A common error was to select tests that are often rationalised as 'baseline tests' rather than those tests that established the underlying cause of this patient's bleeding.

The common errors regarding the differential diagnoses were candidates providing answers that relied on history or details not provided in the scenario. It is important to consider the key features in the clinical scenario provided and not to provide answers based on collateral history not included in the scenario.

Case 3

This case focused on an older Aboriginal male patient travelling to the Northern Territory to visit family. Candidates were required to identify the key elements of a routine health review for this patient and the immunisations required for this patient given his age and travel plans.

Common errors centred on selecting baseline tests rather than the key investigations outlined in appropriate guidelines for health screening in this patient. In the immunisation question, candidates failed to take into account his age and listed diseases that he should be vaccinated against rather than the actual immunisations. One way of considering questions on immunisation is that 'one needle equals one answer'.

Case 4

Candidates were presented with a clinical scenario of an otherwise well older male who had developed acute chest pain. The case initially centred on the interpretation of the clinical information and an electrocardiogram (ECG). The final question presented the same patient attending a follow-up appointment several months later with the patient complaining of erectile dysfunction; candidates were required to select the initial investigations required for this presentation.

The common error in the diagnosis component was to provide differential diagnoses unrelated to the information provided or incorrectly identify arrhythmias or changes not evident on the ECG, which in this case was a normal trace. As the case unfolded and the patient's condition deteriorated, candidates were required to describe their acute management of chest pain given further clinical information, including vital signs. Within the KFP paper, certain answers will zero a candidate's score for that question (not the whole case) if they are considered to be dangerous or potentially fatal to the patient. In a case of acute chest pain, there will be drugs that should not be administered depending on the vital signs, such as severe hypotension or normal oxygen saturation. It is important that candidates consider all the information in the initial scenario as well as any further information within each subsequent question.

Case 5

This case focused on a female patient presenting with fatigue seven months post-partum with a history of gestational diabetes. Candidates were required to identify the most likely differential diagnoses and appropriate investigations to establish the underlying diagnosis, and interpret and offer specific management in light of results provided.

In this case, the common errors were in offering differential diagnoses that were not the most likely diagnoses and choosing investigations that would not have a high yield in defining those diagnoses given all the information provided in the scenarios. When being asked for specific management actions, answers such as 'monitor thyroid to titrate dose', 'repeat levels in six weeks', 'repeat tests' or 'monitor thyroid function regularly' are not specific enough to demonstrate a candidate's ability to appropriately manage this case.

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Case 6

Candidates were presented with an elderly female patient complaining of increasing symptoms of urge incontinence. Candidates were required to select appropriate investigations and then provide both pharmacological and non-pharmacological management plans. For the pharmacological management plans, candidates were required to provide the different drug classes and an example of each class. In the KFP, writing both the category (eg drug class) and an example should only be done when specifically requested, such as in this case. Most questions only require the specific answer to be written (eg name and dose of a drug), not the category. Candidates need to ensure they answer the question as written.

The most common errors centred on non-specific management plans or on providing incorrect pairings of drug class and an example. It is important that candidates are aware of the appropriate drug classes and the drugs within those classes.

There were some candidates who recommended a drug for benign prostatic hyperplasia for this female patient.

Case 7

This case focused on the identification and management of a child presenting with an acute exacerbation of asthma in a rural location. A final question presented a picture of the child with severe peri-oral impetigo and required candidates to identify the appropriate pharmacological management.

A common error was not identifying the severity of the asthma exacerbation and therefore not delivering the optimum treatment, and for the impetigo prescribing medication contraindicated by information within the scenario. The question specifically stated ‘other than monitoring vital signs’, yet candidates listed different vital signs to monitor, which gained no marks. Questions are commonly written to exclude vital signs from management answers.

Case 8

Candidates were required to analyse the clinical information and results for a middle-aged male patient, identify that he was having an acute flare in his underlying gout and discuss how they would assess and manage the patient.

One question asked candidates to identify the signs they would be looking for on clinical examination to assess for complications of gout. A common error was identifying what the candidates would examine rather than the specific signs they were looking for. It is expected that candidates know how to examine a patient, so questions most commonly focus on findings of an examination rather than what or how a candidate would examine. The key features were the specific findings that a candidate would assess for complications of gout; that is, the abnormalities for which would you assess, not what physical examinations you would perform. It is essential that candidates read the question and ensure they address the specifics within that question.

Case 9

This case focused on a male medical student presenting with symptoms suggestive of an acute psychosis. Candidates were required to identify the key features in the history that would assist in determining the most likely diagnosis and address the concerns of his partner about whether the patient would be able to continue his studies.

In this latter part of the case, common errors included providing management and referral options rather than addressing the specific concerns. When treating colleagues, it is important that clinicians are aware of their professional requirements in addition to providing honest advice. This question addresses *Good medical practice: A code of conduct for doctors in Australia* from the Medical Board of Australia, as well as Domain 4 of the RACGP curriculum.

This question was not done well. Candidates need to be prepared for questions that address the whole curriculum and not just Domain 2 on applied professional knowledge and skills.

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Case 10

Candidates were presented with a boy aged eight years with hip pain that has been ongoing for over a week. Candidates were required to identify the most likely differential diagnoses and the appropriate initial investigations and management options.

The common errors focused on not providing specific diagnoses, but providing either generic diagnoses or rare causes of hip pain that were not the most likely differential diagnoses given the information in the scenario. Some candidates gave different names for the same diagnosis on separate lines. When the same (or very similar) answers are given on separate lines in the KFP, the opportunity to gain marks for other answers is reduced..

Case 11

This case required candidates to interpret the histopathology findings of a biopsy to identify that the patient has a melanoma on his calf. The candidates then needed to provide appropriate initial management, followed by subsequent management when the patient returns with a swollen lymph node in his groin.

The common errors were in not understanding the urgency of the situation and the need for a wider excision with defined margins. In the investigations of the subsequent enlarged lymph node, a common response was to select the prostatic specific antigen, which was unrelated to the presenting condition.

Case 12

Candidates were presented with a female patient experiencing vaginal bleeding and discharge as well as pelvic pain. Candidates were required to identify the differential diagnoses and the immediate investigations required to establish the underlying diagnosis.

Despite the significant gynaecological history and examination findings provided, candidates delivered differential diagnoses that were unrelated to this information or that would have been excluded had all the information provided been taken into consideration. It was also important that candidates recognised that the patient may have been pregnant.

In the KFP paper, all the information provided is relevant and needs to be considered when answering the questions, otherwise appropriate diagnoses will be missed.

Case 13

This case centred on an elderly female patient in a residential facility who had developed delirium. Candidates were required to select appropriate investigations for this acutely confused patient and identify precipitating causes, given the results and other information in the scenario. The second component of the case required candidates to identify a severe scabies infection and then outline how they would treat the patient and the public health measures required given she is in residential care.

While candidates managed the initial components of the case well, they struggled when it came to treating the patient and preventing an outbreak at the facility. Candidates outlined non-pharmacological management despite the question asking for pharmacological management, and some were limited in the knowledge of managing an infectious disease within a vulnerable population.

Case 14

Candidates were required to interpret the detailed history provided, determine the most likely diagnosis in a toddler returning from an overseas trip with diarrhoea and provide appropriate management. The subsequent history described classic transient post-infectious lactose intolerance, and candidates were required to identify the cause of the changed pattern of diarrhoea and outline a specific management plan.

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Despite the management question stating no dosage regimen was required, several candidates added medication dosages or provided generic answers that showed a potential lack of insight into the management of an acute infective diarrhoea as described in the scenario.

In managing the transient lactose intolerance, some candidates failed to identify the need for lactose exclusion for a defined period of time. Despite information stating there was no evidence of dehydration, some candidates chose to provide rehydration as an answer or refer to emergency for intravenous therapy (IV) hydration, which was not appropriate. As previously discussed, candidates need to ensure all the information in the scenario is considered and that the answer is provided in the context of that scenario.

Case 15

This case centred on a middle-aged female patient presenting with mid-to-distal foot pain and symptoms suggestive of an interdigital neuroma. Candidates were required to identify the most likely diagnosis, discuss examination findings that would be used to confirm the diagnosis and offer appropriate management.

Common errors included not reading the question thoroughly, providing investigations rather than examination findings and not identifying the most appropriate management plan.

Case 16

Candidates were presented with two skin lesions and were required to identify both from the clinical history, description and photograph and provide the appropriate management.

The initial lesion was a classic dermatofibroma, and the second was an amelanotic melanoma.

The common errors centred on not correctly identifying the lesions despite the information provided and not providing specific management, such as appropriate excision margins for the melanoma or stating they would reassure without any detail. Generic terms such as ‘reassure’ or ‘excise’ with no details are not specific enough to demonstrate a candidate’s ability to appropriately manage this case.

Case 17

This case focused on a new patient presenting with polypharmacy; their management plan included medications that may cause interactions or were inappropriately prescribed. Candidates were asked to identify the possible prescribing issues, interpret thyroid investigations and offer an appropriate management plan. Candidates were also required to describe how they would handle the situation when the patient refused to accept their management and insisted on all prescriptions as previously prescribed.

Common issues seen in the responses were identifying medications and then not providing clear medication regimen of dose and duration, not identifying unopposed oestrogen being prescribed in a patient with an intact uterus, and not giving appropriate rationales for recommended changes or for declining request to continue with existing faulty medication regimen.

Case 18

Candidates were presented with a scenario in which an older Aboriginal male patient is brought in by his children, who are concerned by his progressive cognitive decline. The patient had a history of smoking and previous alcohol use. Candidates were required to identify the most likely diagnoses, appropriate investigations and key elements of a management plan.

In this case, candidates failed to identify that the most common causes would be vascular and Alzheimer’s disease. They instead prioritised alcohol-related dementias, potentially stereotyping the patient within the scenario. In relation to management, candidates were looking to admit the patient to hospital despite no evidence of acute decline, not taking responsibility for the patient and referring to the ‘usual GP’.

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In general, providing more responses to questions than asked for (ie extra responses) has significantly reduced across all candidates in the KFP exam. However, candidates responded to this case by providing lists of answers on each line or giving lists of further investigations, despite the previous question focusing on the appropriate investigations.

Case 19

Candidates were presented with a clinical picture of a patient's hand that, along with the clinical history, indicated Dupuytren's contracture. Candidates were required to provide an initial diagnosis, outline the tests they would do to establish possible underlying causes and provide the underlying risk factors for developing the condition. The final component of the case requested an appropriate management plan.

The common errors were in choosing investigations not related to the possible causes of Dupuytren's and providing risks posed by the diagnosis where the question asked for conditions predisposing to Dupytren's contracture. As stated previously, it is important to read and re-read the question. In the final management question, candidates wanted to refer for surgical correction despite this being very early stage of Dupytren's with no obvious contractures.

Case 20

Candidates were presented with a patient with deteriorating type 2 diabetes. Candidates were required to identify the key components of a diabetic assessment, then describe the potential medication options for optimising his diabetic control both at his initial appointment and then when he returns several months later having not adhered to an agreed management plan.

The common errors were in answers to the management questions, as candidates offered drug names without any indication of the intended regimen changes, including listing medication the patient was already on without defining whether they were increasing, decreasing or ceasing. The question was not about listing diabetes medications but whether candidates could apply their knowledge to a specific scenario and develop a coherent plan.

The question asked for diabetes management, but several candidates chose to manage the patient's lipids of hypertension where there was no evidence that these were outside of recommended ranges.

In the KFP exam, it is important to not create scenarios or a history outside of that given, and ensure you address the case specifics.

Case 21

This case presented an infant with symptoms of stridor classic for croup/laryngotracheitis. Candidates had to provide their initial differential diagnoses and then, given the symptoms and findings, provide the best management. This patient returns after a rapid deterioration and candidates need to use the vital signs and examination findings to identify that this is severe croup and provide emergency management.

The common issues seen were in identifying the markers of severe croup and that nebulised treatment was required, and the patient needed urgent transfer to the emergency department. It was common for candidates to offer reassurance and educate the parents without adequate details of the case. This did not score points, as these answers again give no insight into whether the candidate can manage a situation.

Case 22

Candidates were presented with a young adult male patient who has ingested significant amounts of alcohol and methamphetamine on a background of medication for bipolar disorder and has developed symptoms suggestive of serotonin syndrome. Candidates were required to identify key findings in examination to confirm the most likely diagnosis of serotonin syndrome and then manage him given he refuses admission to hospital.

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The common errors were assessing the patient for signs of other substances of abuse and other causes of his confusion, and undertaking history questions to explore his confusion and agitation. In the management component, candidates failed to consider the patient's capacity to make decisions and the requirement for an involuntary admission.

Case 23

Candidates were presented with investigations and an X-ray that had classic changes for Paget's disease and signs suggestive of a background of significant osteoarthritis. Candidates were required to describe the features, not the diagnosis, seen on the X-ray. A common error was to provide a diagnosis rather than describe the findings.

Candidates were also required to consider further investigations to assist in clarifying the diagnosis. The most common error was to choose a bone densitometry when there was no evidence of osteoporosis.

Case 24

This case focused on an older male patient who presented with progressive bilateral loss of his peripheral visual fields. Candidates were required to identify examination findings in the eyes to assist in defining the diagnosis and offer the most likely differential diagnoses.

In this question, the most common error was in not reading the question correctly and providing general examination findings that may be related to pituitary disease rather than answer the actual question, which specified only eye examination findings.

Case 25

Candidates were required to assess and manage a patient in whom abnormal findings found on a Pap smear were not followed up in the required 12-month period and who is presenting two years after that original test. Candidates required knowledge of the current cervical screening guidelines to discuss how they would manage this result and to consider the practice processes that need to be in place to manage abnormal results to ensure that this does not happen again. Candidates struggled with the practice management component of this case. It is essential that candidates be aware of practice processes, such as the handling of abnormal results.

Case 26

The final case of the 2018.2 KFP exam presented an older female patient who is taking lithium for bipolar disorder along with other medication and has developed deteriorating renal function and raised lithium levels since her last tests in the preceding months. She also has hypertension that had not previously been noted.

Candidates were required to identify the possible causes and further investigations and develop an appropriate management plan.

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7. In conclusion

As outlined above, there are some common themes and key issues to consider when approaching the KFP exam:

- The KFP exam is not a simple short-answer paper. Candidates must answer the question in the context of the clinical scenario, utilising all of the information provided.
- It is important to read the scenario at least twice.
- Always read the question at least twice and, after answering, candidates should check that they have answered the actual question asked.
- Keep answers succinct.
- Only provide the number of answers requested. Candidates should review their answer and determine whether they have created a list rather than one answer per line. If so, they will be penalised for extra answers.
- Be specific in answers, whether in the investigations ordered or the treatment being prescribing. Non-specific answers will not score.
- Generic terms answers such as 'educate', 'refer', 'reassure' or 'review' do not score without specific detail. They provide the examiner no information about whether a candidate actually knows how to manage the clinical scenario.
- Be aware of clinical guidelines and any important changes or additions to treatments. If guidelines change very close to the exam, the marking keys are adapted to consider the original and the new guidelines to ensure candidates are not penalised if they have not seen a recently published guideline. However, where major guideline changes have been well publicised prior to implementation, such as with cervical screening, only the new guidelines will be accepted.
- Access the practice exams after enrolment closes and use the RACGP assessment resources, such as the Exam Support Online (ESO), modules accessed via *gplearning*.

8. Further information

Refer to RACGP Education's *Examinations guide* and work through the ESO modules via *gplearning*.

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