



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2019.1 KFP



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Recommended citation

The Royal Australian College of General Practitioners. Exam report 2019.1 KFP. East Melbourne, Vic: RACGP, 2019.

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Published March 2019

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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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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. 2019.1 KFP psychometrics

Mean score (%)	55.33
Standard deviation (%)	8.09
Reliability	0.84
Pass mark (%)	53.65
Pass rate (%)	59.97
Number sat	1489

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.

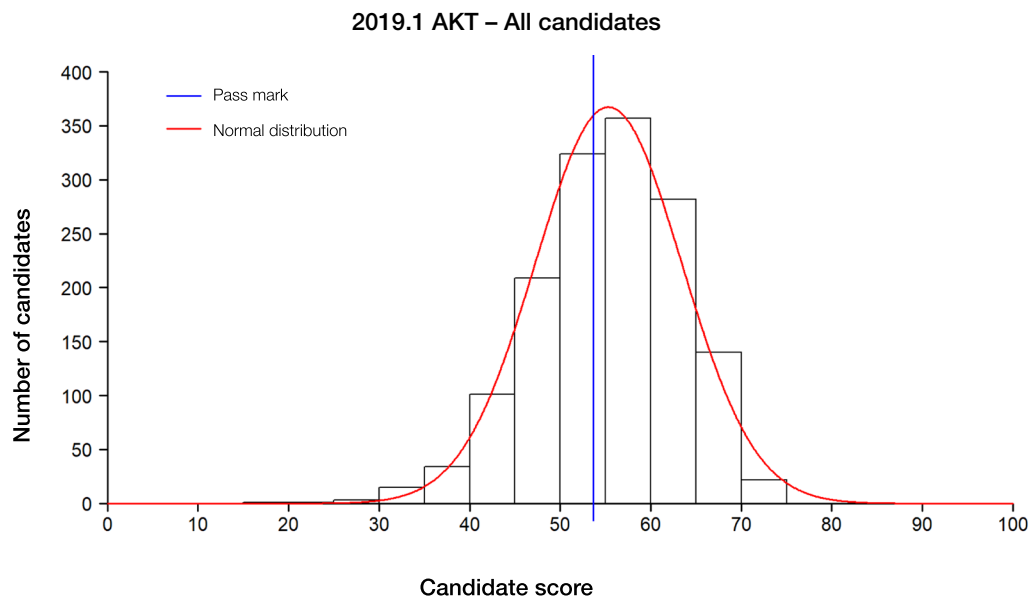


Figure 1. Final 2019.1 KFP score distribution

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. 2019.1 KFP pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	72.9
Second attempt	54.4
Third attempt	38.6
Fourth or greater attempt	27.6

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 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. 2019.1 KFP online practice exam				
Attempted practice exam	Total number of candidates	Proportion of candidates	Number passing the real exam	Pass rate
Yes	1,275	85.6	818	64.2
No	214	14.4	75	35.1
Total	1,489	100.0	893	

5. Candidate performance – AKT and KFP exam

Table 4 shows the performance of the 1095 candidates who sat both the AKT and the KFP exam in the 2019.1 exam cycle.

Table 4. 2019.1 AKT and KFP exam pass/fail correlation			
AKT	KFP	Number	Percentage
Pass	Pass	617	56.4
Pass	Fail	120	11.0
Fail	Pass	69	6.3
Fail	Fail	289	26.4
Total		1,095	100.0

6. Feedback report on 2019.1 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 is not simply a short-answer paper, but requires the analysis of the clinical scenario, and 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 female patient presenting with significant weight gain.

Candidates were given more information about the past medical history and her medications. They were required to use this information to select appropriate investigations and further manage her presenting issues.

The common errors in this case were to focus on her past medical history rather than presenting symptoms, and misinterpret results provided and offer incorrect diagnoses.

Case 2

Candidates were presented with a female patient presenting with her six-week-old baby. The patient had concerns regarding her baby's weight gain and ability to continue to breastfeed. The case evolved to then focus on the mother's rapidly deteriorating mental health.

Candidates were required to manage the initial presentation of poor weight gain in the baby and then identify and manage the mother's acute mental health problem.

Common errors in the initial part of the case were not reading the question correctly and offering incorrect management or advice on feeding of the baby. The main error in the second part of the case was not identifying the urgency of the situation and therefore not providing the correct management.

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Case 3

This case focused on an older male patient who was travelling interstate and is admitted following a myocardial infarction. Candidates were provided with information about his medication and past medical history. The patient presented for follow up after his discharge.

Candidates were required to assess and adjust the patient's medications in order to optimise his management, and provide appropriate post-infarct advice relating to specific concerns raised by the patient.

Common errors were to focus on changing long-term medications that were not relevant to his post-infarct management, such as asthma medication, when there were key medications that needed to be adjusted or included in his management. Further common errors centred on not addressing the patient's concerns, giving non-specific advice or simply repeating information already given in the case.

Case 4

This case focused on a male patient presenting with symptoms suggestive of chronic rhinosinusitis.

Candidates were required to identify the most likely differential diagnoses given the information presented and then manage the patient's presenting problem.

Common errors were on not reading the question and providing symptoms rather than diagnoses, or providing rare esoteric differential diagnoses rather than the most likely differentials.

It is imperative in the KFP exam paper – and all assessments – to ensure that you answer the question provided.

Case 5

This case centred on a female patient requesting a medical termination of her pregnancy. The initial question focused on the contraindications of a medical termination in the context of the information provided in the case stem. The case evolved, with candidates required to identify that the patient was presenting with symptoms suggestive of retained products of conception and provide appropriate management.

Comments have been made that this is not an appropriate topic given it may be considered specialised general practice; however, candidates would be expected to respond to a patient's request for information and discuss the suitability for medical termination.

The latter part of this case focused on managing complications related to retained products of conception, which is applicable to any patient presenting with the symptoms described and not unique to medical termination.

Case 6

This case focused on a male patient presenting with symptoms suggestive of photodermatitis secondary to sunscreen.

The case required candidates to interpret clinical material in order to develop differential diagnoses and then provide appropriate measures to manage this acute presentation, as well as identify and manage long-term consequences of sun damage.

Common errors were not reading the question and assuming this was simple sunburn, or embellishing a collateral history of other causes for the patient's rash. In providing the management of this presentation, the errors centred on non-specific answers that did not directly address the presenting problem, or offering sunscreen when the question specifically asked for management other than sunscreen.

Case 7

In this case, candidates were presented with an elderly male patient presenting for follow-up of blood and X-ray results, which were provided in the stem along with further information on the patient.

Candidates were required to describe the lesions on the X-ray, and provide the most likely differential diagnoses and any further investigations required.

The common errors were not reading the question correctly, therefore providing diagnoses rather than findings on the X-ray, and also providing differential diagnoses that did not consider all of the information provided.

Case 8

This case focused on a female patient requesting that the candidate take on the care of her complex medical issues, including the prescribing of multiple scheduled drugs.

Candidates were required to explore further history around the scheduled drug use, identify sources to corroborate the patient's request and describe how they would rationalise her management.

Common errors in this case were to provide management answers when further history was required, or seeking assistance for managing the patient's opiate use as opposed to managing her scheduled drug request.

Case 9

In this case, candidates were required to use the information provided to identify that the patient was presenting with a history suggestive of endometriosis and identify what further history and investigations they would undertake to confirm the most likely diagnoses.

The common errors were in repeating information within the stem, which will never score marks within the KFP, providing non-specific answers, or choosing investigations that would not be key in establishing the diagnosis.

Case 10

This case focused on a female patient with a previous history of musculoskeletal problems but presents with symptoms suggestive of an evolving neurological condition.

Given the extensive information provided, candidates were required to establish a list of appropriate differential diagnoses and the investigations they would choose to refine their diagnosis.

Common errors centred on not identifying the new neurological symptoms within the history, and only managing the musculoskeletal diagnoses provided as part of the patient's past medical history. It is important that all information in the stem is considered and the answer provided is within the context of the case.

Case 11

In this case, candidates were required to use the case description to identify the possible causes of male factor infertility. As the case evolved, semen analysis and test results were provided to refine the diagnosis and then offer appropriate responses to the patient's concerns regarding his future fertility.

Common errors were not correctly identifying appropriate elements of a history to refine a diagnosis, and providing either non-specific or false reassurances in response to the patient's concerns about his future fertility.

Case 12

This case centred on an adolescent female patient presenting with significant acne that has failed to respond to specific oral and topical medications.

Candidates were required to identify possible precipitants for the failure to respond to treatment, as well as other management options available. In the latter part of the case, candidates needed to identify that at a follow-up appointment several months later the patient has symptoms and clinical findings of a facial palsy and offer specific immediate management.

Common errors regarding the acne presentation were in not reading the question, and providing diagnoses rather than causative factors or providing treatment that was contraindicated due to past medical history. In respect of the Bell's palsy, the errors focused on providing diagnoses rather than immediate management, or generic answers such as 'reassure' or 'review' despite the question asking for specific management options including dosage. These answers will not gain marks in the KFP exam paper, as they are non-specific and give no insight into a candidate's actual knowledge and ability to specifically manage a given presentation.

Case 13

In this case, candidates were required to consider the information provided on a young adult female patient presenting with increasing gastrointestinal symptoms. Past medical and family history was included.

The case required candidates to formulate an appropriate list of working differential diagnoses, the key features in the history about which they would enquire, and the essential investigations required to refine and establish their diagnosis.

Common errors centred on repeating information or diagnoses in the stem, providing examination findings rather than further history questions, and exploring issues in the past medical history unrelated to the presenting problem.

Case 14

In this case, candidates were presented with a female patient presenting at two weeks postpartum with symptoms and signs of thrombophlebitis. It also included a history of similar episodes and prior medical history that was key in resolving the case.

Candidates were required to give the single most likely diagnosis, the key investigations required to assist in the diagnosis and then how to manage the patient, which could potentially be impacted by the prior history that was provided.

Common errors centred on not identifying the thrombophlebitis as superficial (a clinical photograph was provided) or not using all of the information in the case to address the best management approach.

Case 15

This case focused on an adult male patient presenting to a remote hospital with a history of chest pain and other associated symptoms. The case included relevant family history, as well as social history and examination findings.

Given all this information, candidates were required to initially provide the key differential diagnoses and further history they would enquire in order to clarify the diagnosis. Candidates were then given investigation results, including an electrocardiogram (ECG) to interpret, and required to outline the management taking this further information into consideration.

Common errors centred on enquiring about history already provided, focusing only on cardiac diagnoses despite the case offering information relevant to other diagnoses. In the management component of the case, candidates focused on managing the patient's smoking when it clearly stated he did not smoke, managed issues that were not part of the case, or providing non-specific generic answers, such as 'educate' or 'reassure', which has already been stated will not gain marks.

Case 16

In this case, candidates were presented with a female patient returning from travel in the Northern Territory. The patient presents with high fevers, myalgia and arthritis affecting several joints.

Candidates were required to consider the possible infectious causes, taking into account all of the information provided, and what they would look for in the physical examination to assess for infection.

Common errors were not providing infectious causes for the symptoms, despite the specific request in the question, then providing examination process answers such as 'examine abdomen' or 'check for temperature', rather than specific clinical finding as requested, such as 'enlarged liver' or 'fever'.

Case 17

This case presented candidates with a clinical photograph and description of a male patient presenting with dry and irritated eyes. Key past medical history and clinical findings were provided.

Candidates were required to consider what further eye examination findings they would look for to confirm the diagnosis and how they would appropriately manage the presentation.

Common errors were not identifying the correct diagnosis, and providing diagnoses unrelated to the photograph or case description.

Case 18

This case focused on an older patient presenting with resistant hypertension. The patient's past medical history and medications were provided.

Candidates were required to provide the possible causes for, and investigation of, the patient's hypertension, taking into account all of the information provided in the case. The final component of this case required candidates to optimise his medications to improve his hypertension.

Common errors centred on not considering all of the information in the stem, and providing answers that either directly contradicted the information or answers not relevant to a patient of this age. In the management question, candidates wanted to optimise treatment of his stable medical conditions rather than manage the obviously raised blood pressure, or assign the medications to and treat conditions the patient did not have.

Case 19

In this case, candidates were required to use the history and chest X-ray provided in order to identify the possible diagnoses in an older male patient presenting with haemoptysis. The clinical picture was that of possible tuberculosis.

In addition to identifying why spirometry was not appropriate on such a patient, candidates were required to consider what further investigations were required and provide the immediate management of the patient, including public health and infection control measures.

The most common error was to provide non-specific answers, or answers already in or excluded by the stem.

Case 20

In this case, candidates were presented with a palliative patient who was developing increasing shortness of breath and pedal oedema. They were provided with his medical history, current medication and investigation results.

From all the information provided, candidates were required to identify the cause of the patient's symptoms, precipitating factors and ongoing pharmacological management for symptom relief.

Common errors were to misinterpret the blood results, provide causes or factors unrelated to the stem information, and provide pharmacological management strategies when the question specifically asked for non-pharmacological.

Case 21

Candidates were presented with a young female patient presenting with fatigue. The case included key aspects of the patient's history and examination that would direct candidates to specific differential diagnoses they needed to identify and the further history they would elicit to confirm the diagnosis.

As the case evolved, the patient's symptoms persisted despite lifestyle measures being implemented, and candidates were required to select the most appropriate investigations. This question, as with all KFP exam questions, is derived from common, readily available guidelines with which candidates should be familiar.

Common errors were to repeat information, and provide diagnoses or undertake investigations that were already reported in the case.

Case 22

In this case, candidates were presented with an unwell young child and needed to identify what examination findings they would look for to assess the severity of the illness, the most likely diagnosis and how they would manage the patient given all the information provided.

This question was answered well by the majority of candidates.

The main errors were providing the same non-specific and generic answers, such as 'reassure' or 'review' with no clarification or further information.

Case 23

This case focused on a female patient presenting with amenorrhoea and included her prior medical history and examination findings.

All of the information was key information for candidates to identify the most likely differential diagnoses given, interpret a list of investigations, and offer the possible complication of the underlying diagnosis and a tailored pharmacological management plan.

The most common errors were not providing answers for which the question asked, such as treating conditions in the patient's past medical history rather than the presenting problem identified on the investigations or providing non-pharmacological management options.

Case 24

This case presented candidates with a clinical colleague who had been involved in a surgical near-miss event during an operation. The colleague had not managed well since the episode and developed a symptom complex suggestive of post-traumatic stress disorder.

Candidates were required to identify further key elements of history that would confirm the diagnosis and provide an appropriate immediate management strategy, and then address the colleague's concerns about his career and fitness to practise.

Common errors involved misidentifying the symptom complex, managing just one individual symptom and taking this out of context in the subsequent questions involving or referring to agencies that were inappropriate given his presentation and concerns.

Case 25

This case presented candidates with the partner of a female patient contacting the practice with concerns about the rapid deterioration of the patient's mental health.

The patient's past medical and mental health history, and medications were provided.

Candidates were required to initially identify the potential diagnoses, as well as the immediate management of the acute deterioration in the patient's mental health. A final question centred on the patient returning several months later having been appropriately managed and seeking preconceptual advice in the context of the medication and health issues with which she presented.

Common errors were not identifying the significance of the presenting symptoms and behaviours, and thus not involving the appropriate agencies, or providing unclarified non-specific answers as discussed in previous cases.

Case 26

In this case, candidates were presented with an Aboriginal child with recurrent prolonged fevers. They were accompanied by a non-parental family member.

From all of the information provided, candidates were required to develop an appropriate list of differential diagnoses and key investigations, and determine how to address consent for treatment, given that the parents are not available.

Common errors included providing a list of diagnoses unrelated to the scenario information and then not correctly identifying processes to acquire consent for investigation and treatment.

7. In conclusion

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

- It is not a simple short-answer paper. Candidates must answer the question in the context of the clinical scenario, using 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, in which case 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 ESO modules accessed via [gplearning](#).

8. Further information

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



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