

RACGP Education

Exam report 2021.1 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.

1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort of candidates 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 Remote Clinical Exam (RCE) pass mark is determined by the borderline group method (refer to the RACGP [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. 2021.1 KFP psychometrics

Mean score (%)	56.03
Standard deviation (%)	7.03
Reliability	0.84
Pass mark (%)	53.92
Pass rate (%)	65.96
Number sat	755

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.

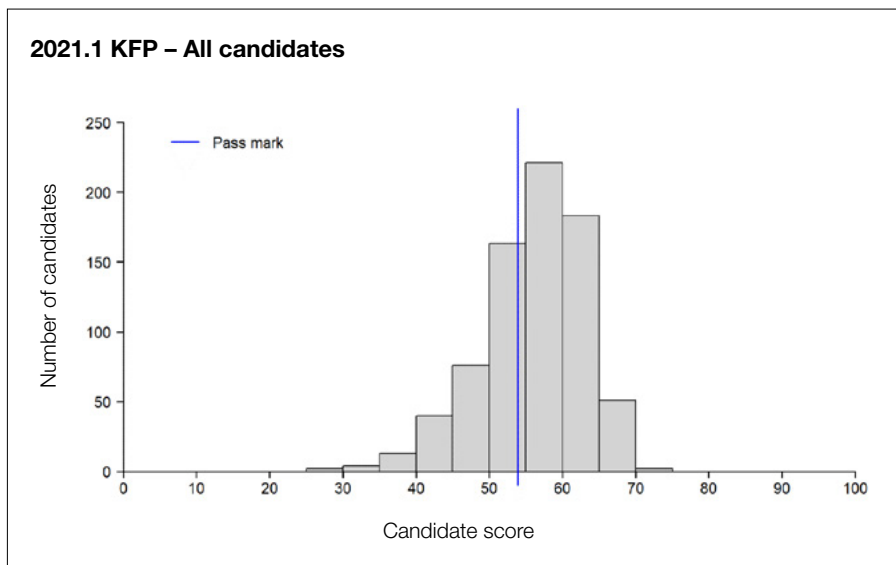


Figure 1. Final 2021.1 KFP score distribution

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. 2021.1 KFP pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	72.0%
Second attempt	27.6%
Third attempt	22.2%
Fourth and subsequent attempts	14.7%

4. Candidate performance – AKT and KFP exam

Table 3 shows the performance of the 995 candidates who sat both the AKT and the KFP exam in the 2021.1 exam cycle.

**Table 3. 2021.1 AKT and KFP exam
pass/fail correlation**

AKT	KFP	Number	Percentage
Pass	Pass	481	67.7%
Pass	Fail	143	20.1%
Fail	Pass	5	0.7%
Fail	Fail	82	11.5%
Total		711	100%

5. Feedback report on 2021.1 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 an infant presenting with acute respiratory features who was admitted for hospital intervention. Candidates were required to identify specific physical examination features that would warrant admission, and then to outline onward management after being discharged from hospital. As the case evolves, he is brought in by his grandmother with unexplained bruising, which candidates were required to manage.

Common errors included articulating elements of physical examination that lacked specificity to the case presentation and that did not add diagnostic value. As the KFP exam is a test of clinical reasoning, it is important that candidates provide answers that are specific, concise and relevant to the information provided.

Case 2

This case focused on a man presenting with acute shoulder pain sustained after a sporting injury. Candidates were required to outline specific physical examination signs that would help confirm the most likely diagnosis. The patient re-presents some time later enquiring about a subacromial injection. Candidates were required to outline specific risks. The patient indicates that he would like to make a complaint relating to the care provided, which candidates were required to manage.

It is important for candidates to consider all of the information provided in a case stem. Common errors included providing aspects of complaint management not tailored to the clinical case presentation and that did not take into account the key features of the case. The KFP exam assesses all aspects of the RACGP curriculum, including broader domains relating to clinical governance, ethical dilemmas and medico-legal aspects of general practice.

Case 3

This case focused on an infant presenting with multiple acute features, including a fever and a rash, upon returning from overseas. Candidates were required to consider the most likely differential diagnoses, outline specific examination features that would help determine the most likely diagnoses and articulate necessary immediate management actions.

Common errors included a lack of knowledge relating to the assessment and management of common infectious illnesses in children returning from overseas, and as such, worse performing candidates provided answers that lacked specificity.

Case 4

The case focused on a woman with a complex past medical history seeking a repeat prescription of clonidine and oxycodone. As part of her presentation, an electrocardiogram was undertaken. Candidates were required to identify the most likely diagnosis, outline immediate management actions and manage the prescription requests.

The most common errors included a lack of medical knowledge pertaining to interpretation of the electrocardiogram findings, as well as a lack of knowledge relating to the safe management of repeat prescription requests for high-risk medications.

Case 5

This case focused on an infant presenting for routine immunisations and with parental concerns regarding the appearance of his external genitalia. Candidates were required to manage parental concerns regarding the immunisation schedule, as well as outline appropriate management actions related to the abnormal scrotal examination findings.

Common errors related to a failure to sufficiently address the specific concerns raised regarding the immunisation schedule and a lack of knowledge of the management of the scrotal examination findings. The KFP exam assesses all aspects of immunisation in the primary care context.

Case 6

This case focused on a 28-year-old woman presenting with a positive home pregnancy test. Candidates were required to arrange appropriate initial investigations. The patient later re-presents with vaginal bleeding, for which candidates were expected to outline likely differential diagnoses and subsequently arrange onward management.

The most common error included the provision of answers that did not consider the key features of the case, and as such, were not applicable for the stage of gestation. Candidates are expected to use the key features of the case to provide answers that were congruent to the clinical case presentation.

Case 7

This case focused on a young adult woman presenting with acute abdominal and pelvic pain. Candidates were provided with detailed clinical features and tasked with outlining the most likely differential diagnoses and initial investigations. After being appropriately managed, she later re-presents with symptoms of dyspareunia, for which candidates were required to outline potential non-pharmacological options.

As with case 6, common errors included providing differential diagnoses that were not contingent with the detailed clinical features provided within the case. As such, candidates provided a range of answers that were not applicable to the clinical presentation.

Case 8

This case focused on an elderly woman presenting to a rural clinic with a wrist injury. Candidates were required to outline initial management options. The patient later re-presents with ongoing unresolved clinical features, which candidates were required to manage, as well as outline appropriate management options to reduce her risk of a future fracture.

The most common error related to providing management options that were not evidence based and did not feature in the relevant clinical guidelines. In answering KFP exam questions, it is important to provide answers that are evidence based and in line with contemporary clinical guidelines.

Case 9

This case focused on an adult man presenting for a general check-up. A detailed past medical history and blood investigation results were provided. Candidates were expected to interpret the results provided, outline differential diagnoses and identify specific physical examination findings that would help to confirm the most likely differential diagnoses.

As in previous cases, common errors related to the provision of differential diagnoses lacking specificity and examination findings that were not relevant to the question.

Case 10

This case focused on a woman seeking assistance to lose weight. A detailed past medical history was provided, and candidates were required to identify potential management options that would aid her to lose weight. Following a gastric bypass procedure, the patient re-presents for follow up. Candidates were required to arrange initial investigations.

Many candidates failed to demonstrate a breadth of knowledge in congruence with current guidelines and did not address the key features within her past medical history. A smaller cohort of candidates duplicated answers with respect to management actions, reducing their ability to demonstrate the range of knowledge required to score the full range of marks available.

Case 11

This case focused on a woman with a complex past medical history presenting for routine prescriptions. Candidates were presented with a detailed past medical history and the results of blood investigations, and were asked to interpret the results and provide appropriate non-pharmacological management actions. The woman later presents with auditory hallucinations, which candidates were required to manage.

Common errors included the provision of pharmacological management actions when the question was assessing non-pharmacological management actions. It is important that all answers directly answer the questions asked within the case.

Case 12

This case focused on an older adult presenting with a new skin lesion. Candidates were required to outline expected dermatoscopy examination findings, suitable management options and measures to reduce her risk of future skin cancer.

The most common errors related to the provision of examination findings that were general in nature and not congruent with the information provided. Candidates are encouraged to ensure that answers provided addressed the question posed.

Case 13

This case focused on a man, who identifies as Torres Strait Islander, presenting with acute foot swelling. Candidates were required to identify the most likely diagnosis and initiate appropriate management actions. The patient later presents for review. Candidates were required to arrange non-pharmacological management actions to further manage his initial presenting features.

As per case 12, the most common errors included the provision of answers that were general in nature and did not address the key features of the provided clinical case presentation.

Case 14

This case focused on an elderly woman with multiple comorbidities presenting with a chronic cough. Candidates were presented with a detailed past medical history and spirometry findings. Candidates were required to consider appropriate management actions and outline specific examination findings that would support an admission to hospital. The patient later presents with symptoms of acute visual deterioration, which candidates were required to appropriately manage.

The KFP exam assesses candidates' abilities to interpret the results of common investigations. Common errors included a lack of knowledge pertaining to the interpretation of the provided spirometry investigation results, with the provision of management actions that did not address the full clinical presentation.

Case 15

This case focused on a woman presenting with fatigue after having recently delivered a healthy, full-term baby. Candidates were required to identify the most likely diagnosis and to arrange initial investigations. As the case evolves, the patient seeks advice regarding ensuring sufficient breast milk volume after returning to work, for which candidates were expected to provide appropriate advice.

As per previous cases, common errors included the provision of pharmacological management actions when the question was assessing non-pharmacological management actions. It is important that all answers directly answer the questions asked within the case.

Case 16

This case focused on a man with an intellectual impairment presenting with an acute painful rash. The patient was accompanied by his sister. Candidates were required to identify the most likely diagnosis and initiate appropriate management. The patient later re-presents six months later with a new skin lesion. Candidates were expected to outline appropriate actions required to obtain informed consent.

The most common errors related to the provision of answers that did not consider the patient holistically and did not consider his past medical history in relation to the process of obtaining informed consent. The KFP exam assesses broader aspects of the RACGP curriculum, including within the domains of clinical governance and medicolegal dilemmas.

Case 17

This case focused on a four-year-old boy of Aboriginal descent presenting with symptoms of acute ear pain and fever. Candidates were required to identify the most likely differential diagnosis and initiate appropriate pharmacological management. As the case develops, he re-presents six weeks later with symptoms of persistent purulent ear discharge, for which candidates were required to manage accordingly.

The most common errors related to the provision of pharmacological management actions that lacked the correct dosing. Where a specific dosage is required, the question will indicate this clearly, and answers without this information will attract lower marks.

Case 18

This case focused on an elderly woman presenting with chronic urinary frequency. A detailed clinical presentation and past medical history were provided, and candidates were required to identify the most likely differential diagnoses, initiate pharmacological management actions and provide lifestyle advice that would reduce the severity of her symptoms.

As per previous questions, common errors related to answers that lacked specificity, as well as answers that were nebulous and not relevant to the clinical scenario presented. Examples of such answers include 'acute pelvic inflammatory disease', which is a less common acute presentation in the elderly population.

Case 19

This case focused on a woman of Aboriginal descent presenting to a rural clinic with symptoms of cough with purulent discharge and intermittent haemoptysis. Candidates were presented with detailed examination findings and the results of a chest X-ray, and were required to outline the most likely differential diagnoses and arrange appropriate initial investigations.

Several candidates provided answers that did not address the case presentation. Presentations suggestive of a serious underlying diagnosis are commonly assessed within the KFP exam, and candidates are expected to be able to manage common presentations in line with current clinical guidelines.

Case 20

This case focused on a woman presenting with acute symptoms of dizziness, nausea and vomiting. Candidates were required to identify the most likely differential diagnosis and outline specific examination findings that would be suggestive of a central cause of her clinical presentations. The patient also presents with a skin lesion, for which candidates were required to outline the most likely diagnosis.

The most common errors included providing examination findings that were not specific to the question asked and were repetitive in nature. Such answers do not allow candidates to demonstrate the range of knowledge required to score the full range of marks available.

Case 21

This case focused on an elderly man, who was recently admitted to a local nursing home, requesting an advanced care plan. Candidates were required to articulate specific information required within the advanced care plan. As the case evolves, the patient's cognitive state deteriorates and he further develops symptoms of acute agitation and shortness of breath. His family later ask for advice to hasten his death. Candidates were required to manage the request and provide suitable management options to manage his symptoms.

Common errors included a lack of knowledge regarding the preparation of advanced care plans, as well as answers that were vague or non-pharmacological in nature when the question had asked for pharmacological management actions. These answers did not attract marks, irrespective of whether they were clinically appropriate or not.

Case 22

This case focused on a man of Aboriginal descent presenting with symptoms of shortness of breath, ankle swelling and fatigue. Candidates were provided with a detailed past medical history, drug history and a series of investigation results, and were required to instigate appropriate pharmacological management actions. Candidates were also required to identify specific aspects of the clinic environment important in providing culturally safe healthcare, as well as articulating key features to establishing a successful chronic disease recall system.

In line with previous examination cycles, many candidates failed to demonstrate sufficient knowledge of the necessary aspects required to deliver healthcare that is culturally safe. Such scenarios are commonly tested in the KFP exam.

Case 23

This case focused on an acutely unwell woman presenting to a rural clinic with acute abdominal pain. Candidates were provided with detailed examination findings, and were required to arrange initial investigations and instigate immediate management actions. The patient is eventually managed with a surgical procedure and later re-presents after discharge with further abdominal pain and fever, for which candidates were subsequently required to identify the most likely differential diagnoses.

As with previous questions, common errors included a lack of specificity in answers, as well as providing answers inappropriate to the rurality of the clinic. The KFP exam assesses clinical presentations within both metropolitan and rural contexts, and candidates were required to tailor their responses relative to the geographical location of the practice setting.

Case 24

This case focused on a man presenting with acute eye redness and pain. Candidates were required to outline specific examination features that would support the most likely diagnosis, arrange appropriate investigations to establish underlying causes and instigate immediate management actions.

Common errors related to the provision of incorrect differential diagnoses and providing investigations that did not address the likely underlying causes.

Case 25

This case focused on a young adult man presenting with malodorous feet. Candidates were provided with a detailed past medical history and examination findings, and were required to identify the most likely diagnosis, commence initial appropriate pharmacological actions and provide appropriate lifestyle advice to manage the presenting complaint.

Common errors included providing answers that exceeded the number requested, leading to overcoding. The KFP exam assesses clinical reasoning in context of the key features of a case presentation, and it is crucial that candidates only provide the number of answers requested within the question.

Case 26

This case focused on a woman presenting with chronic tinnitus. Candidates were required to outline specific examination features suggestive of a serious underlying cause, arrange initial investigations and advise on suitable non-pharmacological management actions.

Common errors included the provision of management actions that were not congruent with the case presentation provided and lacked specificity to the case presentation provided.

6. *In conclusion*

As per previous examination cycles, there are several common themes to consider when approaching the KFP exam:

- Candidates must answer the question in the context of the clinical scenario, using all the information provided.
- It is important to ensure that answers provided are relevant to the key features of the case presentation.
- Provide only the number of answers requested; providing additional answers greatly increases the risk of overcoding.
- Be specific in answers. Non-specific answers may not score, or will attract fewer marks.
- Ensure that answers provided are appropriate to, and address the acuity of, illness within the case presentation.
- Be aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.
- Access the practice exams after enrolment closes and use the RACGP assessment resources, such as the exam support online (ESO) modules accessed via [gplearning](#).

7. *Further information*

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



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