

RACGP Education

Exam report 2021.2 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.

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 Modified Angoff standard-setting method is utilised in determining the pass mark. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

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. 2021.2 KFP psychometrics

Mean score (%)	51.03
Standard deviation (%)	6.70
Reliability	0.77
Pass mark (%)	49.46
Pass rate (%)	59.34
Number sat	1264

2. Candidate score distribution histogram

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

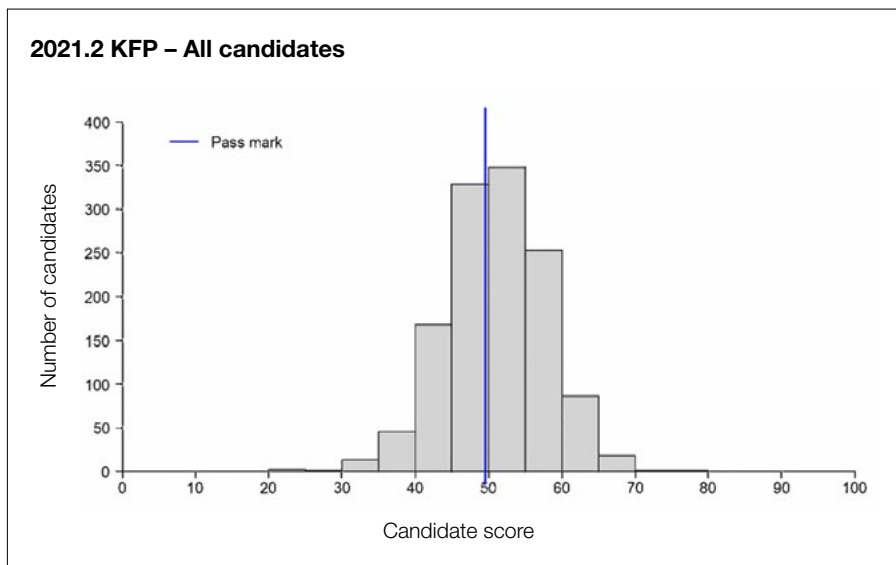


Figure 1. Final 2021.2 KFP score distribution.

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. 2021.2 KFP pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	75.3%
Second attempt	48.5%
Third attempt	42.9%
Fourth and subsequent attempts	19.6%

4. Candidate performance – AKT and KFP exam

Table 3 shows the performance of the 920 candidates who sat both the AKT and the KFP exam in the 2021.2 exam cycle.

Table 3. 2021.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	551	59.9%
Pass	Fail	158	17.2%
Fail	Pass	28	3.0%
Fail	Fail	183	19.9%
Total		920	100.0%

5. Feedback report on 2021.2 KFP exam cases

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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 adult male presenting for the results of his investigation after sustaining a shoulder injury at work. Candidates were required to identify aspects of his clinical presentation that increased the likelihood of a poor prognosis, and to advise regarding appropriate non-pharmacological management strategies.

Common errors included providing responses that lacked specificity and which 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 an adult male presenting with nasal congestion and intermittent nasal discharge. Candidates were required to outline specific education pertaining to the use of his currently prescribed therapy, and to provide additional pharmacological management actions. The patient also presents with a new skin lesion for which candidates were required to identify the most likely diagnosis.

It is important for candidates to consider all the information provided in a case stem. Common errors included providing aspects of education not tailored or relevant to the clinical case presentation, and which did not consider the key features of the case.

Case 3

This case focused on an adult male presenting with new-onset rectal discharge. Candidates were required to consider the most likely differential diagnoses and to articulate necessary immediate management actions.

Common errors included a lack of knowledge relating to the assessment and management of common sexually transmitted infections in this population cohort, and as such, worse performing candidates provided answers that lacked relevance to the case presentation.

Case 4

Candidates were presented with an elderly female with increasing shortness of breath, tiredness and a cough. Candidates were required to identify the most likely diagnosis, to outline appropriate investigations and to provide non-pharmacological management actions considering the clinical presentation.

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

Case 5

This case focused on an adult female presenting with a tender area of skin and worsening skin changes. Candidates were required to identify the most likely diagnosis and to commence pharmacological management strategies.

Common errors related to a lack of knowledge relating to the diagnosis and onward management of the skin lesion. As with previous examination cycles, the KFP frequently assesses dermatological presentations in the primary care context.

Case 6

This case focused on a 45-year-old female presenting with new-onset leg pain occurring after walking. Candidates were required to identify the most likely diagnoses and to provide advice regarding non-pharmacological management actions. The patient later re-presents with worsening calf pain, for which candidates were expected to arrange onward management.

The most common errors included providing answers that did not take into consideration the key features of the case, and as such were not applicable for the evolving clinical presentation. Candidates are expected to use the key features of the case to provide answers that are congruent to the clinical case presentation.

Case 7

This case focused on an adult male truck driver presenting for routine review health assessment and wanting to reduce his alcohol consumption. Candidates were required to identify additional aspects of history, and to provide education relating to his pharmacological management strategy. The patient is later observed contravening his driver licence conditions, for which candidates were required to outline appropriate immediate actions.

This question was answered sub-optimally by the entire cohort, and the examiners were surprised at the lack of knowledge pertaining to a common presentation within the primary care context. The KFP exam assesses all aspects of the RACGP Curriculum, including broader domains relating to clinical governance, ethical dilemmas and medicolegal aspects of general practice.

Case 8

This case focused on an adult male with a past medical history of schizophrenia presenting to a rural clinic with signs and symptoms of agitation and muscular rigidity. Candidates were required to relay the most likely diagnosis, to commence immediate management actions and to arrange initial investigations.

The most common error related to providing management options that were not evidence based and that 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 Australian clinical guidelines.

Case 9

Candidates were presented with a child with new-onset vaginal itch and rash. Candidates were expected to outline differential diagnoses, and to commence appropriate pharmacological and non-pharmacological management actions.

As in previous cases, common errors related to providing differential diagnoses lacking specificity, as well as outlining management actions that were not relevant nor appropriate in the paediatric context.

Case 10

This case focused on an adult female presenting for a general health assessment. A detailed past medical history was provided, and candidates were required to identify specific cancer screening recommendations relevant to her, and to discuss strategies that may help her to make necessary lifestyle changes.

Many candidates failed to demonstrate a breadth of knowledge in congruence with current guidelines, and therefore did not provide recommendations that addressed the key features within the patient's past medical history.

Case 11

Candidates were presented with a child with intermittent recurrent abdominal pain. Candidates were provided a detailed past medical history and were required to identify the most likely differential diagnoses, to arrange initial investigations and to provide advice relating to appropriate non-pharmacological advice.

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

Case 12

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

The most common errors related to providing measures that were general in nature and not in congruence with the information provided, nor holistic in their considerations. Candidates are encouraged to ensure that answers provided address the question posed and the clinical case in its entirety.

Case 13

This case focused on an adult male who identifies as Aboriginal presenting with acute respiratory signs and symptoms. Candidates were required to identify the most likely diagnosis. As the case evolves, the patient is reluctant to be transferred to a hospital environment. Candidates were required to formulate an appropriate management plan.

The most common errors included providing answers that were general in nature and failed to appreciate the clinical acuity and urgency of facilitating transfer to a hospital environment.

Case 14

This case focused on an adult female presenting to a rural emergency department with acute foot pain, vomiting, headache and hypotension. Candidates were required to identify the most likely differential diagnosis, to arrange appropriate initial investigations and to instigate initial management actions.

The KFP exam frequently assesses candidates' abilities to manage patients who are acutely unwell. Common errors included providing management actions that did not address the full clinical presentation or demonstrate sufficient knowledge to manage the clinical acuity of the presentation.

Case 15

Candidates were presented with an adult female attending for her annual diabetes health assessment. A detailed past medical history was provided, and candidates were required to identify specific examination findings and to arrange initial investigations. As the case evolves, the patient seeks advice regarding her desire to start a family, for which candidates were expected to provide appropriate advice.

Common errors included providing advice that was general in nature and did not address the patient's specific concerns. It is important that all answers directly address the questions asked within the case.

Case 16

This case focused on an elderly male presenting with tiredness and back pain. Candidates were provided with a detailed past medical history and were required to identify the most likely diagnosis and to initiate appropriate investigations. As the case evolves, the patient's son attends enquiring about the diagnosis and seeks advice relating to his own health, and candidates were expected manage the situation appropriately.

The most common errors related to providing answers that did not interpret the scenario holistically and did not consider the implications of maintaining patient confidentiality. The KFP exam frequently assesses broader aspects of the RACGP Curriculum, including within the domains of clinical governance and medicolegal dilemmas.

Case 17

Candidates were presented with an adult male with new-onset neck pain and finger tingling. They were required to identify the most likely differential diagnosis and to identify specific examination findings that would confirm the most likely diagnoses.

As per previous cases, the most common errors related to providing examination findings that lacked specificity relating to the likely underlying diagnoses.

Case 18

This case focused on an elderly male presenting for the results of his annual health assessment. A detailed past medical history and investigation results were provided. Candidates were required to arrange further investigations, to initiate pharmacological management actions and to provide appropriate dietary advice.

Examiners were surprised at the volume of answers that failed to appreciate the implications of pharmacological interactions and contraindications when commencing further medications. When considering pharmacological management actions, it is important to consider the appropriateness of adding further medications when cessation of a currently prescribed medication may be a more appropriate strategy.

Case 19

This case focused on an elderly male presenting with symptoms of itchiness and jaundice. Candidates were presented with a detailed clinical presentation and were required to outline the most likely differential diagnoses, to identify relevant aspects of history and to 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 recognise high-risk clinical presentations in line with current Australian clinical guidelines.

Case 20

This case focused on an adult Aboriginal male presenting with a non-healing leg ulcer. Candidates were required to identify specific patient factors that may have contributed to the delay in healing, to outline specific examination findings that would support the most likely diagnosis and to arrange initial investigations.

The most common errors included providing examination findings that were not specific to the question asked, and that 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

Candidates were presented with an infant with fever and jerking observed by her mother. Candidates were required to identify the most likely underlying cause, to provide advice in the instance that the observed symptoms recur, and to provide advice relating to childhood immunisation administration.

Common errors included a lack of knowledge relating to Australia's National Immunisation Program. Immunisations are frequently assessed in the KFP exam as a core component of the RACGP Curriculum.

Case 22

Candidates were presented with an adult female with tiredness and a sensation of leg-crawling. Candidates were provided with a detailed past medical history, and were required to identify the most likely diagnosis, to identify specific patient risk factors and to identify onward appropriate pharmacological management actions.

Common errors included providing 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.

Case 23

Candidates were presented with a Torres Strait Islander female with clinical features of psychosis in the postpartum period. Candidates were required to identify the most likely differential diagnosis, to identify suitable initial investigations and to present a holistic management plan.

Common errors included providing answers inappropriate to the rurality of the clinic. The KFP exam assesses clinical presentations within metropolitan and rural contexts, and candidates are required to tailor their responses relative to the geographical location of the practice setting.

Case 24

This case focused on an adult male presenting with acute foot pain and coolness. Candidates were required to outline the most likely diagnosis, to arrange appropriate investigations and to instigate immediate management actions.

Common errors related to providing incorrect differential diagnoses and management actions that were less appropriate in the immediate context.

Case 25

This case focused on an adult female presenting with hair loss. Candidates were required to identify the most likely diagnosis, to outline specific examination features and to advise on suitable pharmacological management actions.

The common errors in this case included providing answers that did not demonstrate the expected range of knowledge pertaining to the assessment and management of hair loss.

Case 26

This case focused on an adult female presenting with lower abdominal pain, having reported that she was sexually assaulted by her partner. Candidates were required to identify specific aspects of history that would aid in determining the likely diagnosis, and to commence appropriate immediate management actions considering the patient's clinical presentation.

Common errors included providing items of history that were already provided within the case presentation, and management actions that did not consider the patient holistically.

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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