



RACGP

# RACGP Education

Exam report 2022.2 KFP



## **RACGP Education: Exam report 2022.2 KFP**

### **Disclaimer**

The information set out in this report is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

### **Recommended citation**

The Royal Australian College of General Practitioners. RACGP Education: Exam report 2022.2 KFP. East Melbourne, Vic: RACGP, 2022

The Royal Australian College of General Practitioners Ltd  
100 Wellington Parade  
East Melbourne, Victoria 3002  
Wurundjeri Country

Tel 03 8699 0414  
Fax 03 8699 0400  
[www.racgp.org.au](http://www.racgp.org.au)  
ABN: 34 000 223 807

Published October 2022

© The Royal Australian College of General Practitioners 2022

This resource is provided under licence by the RACGP. Full terms are available at [www.racgp.org.au/usage/licence](http://www.racgp.org.au/usage/licence). In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

*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 Key Feature Problem (KFP) exam. The modified Angoff standard-setting method is used 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.

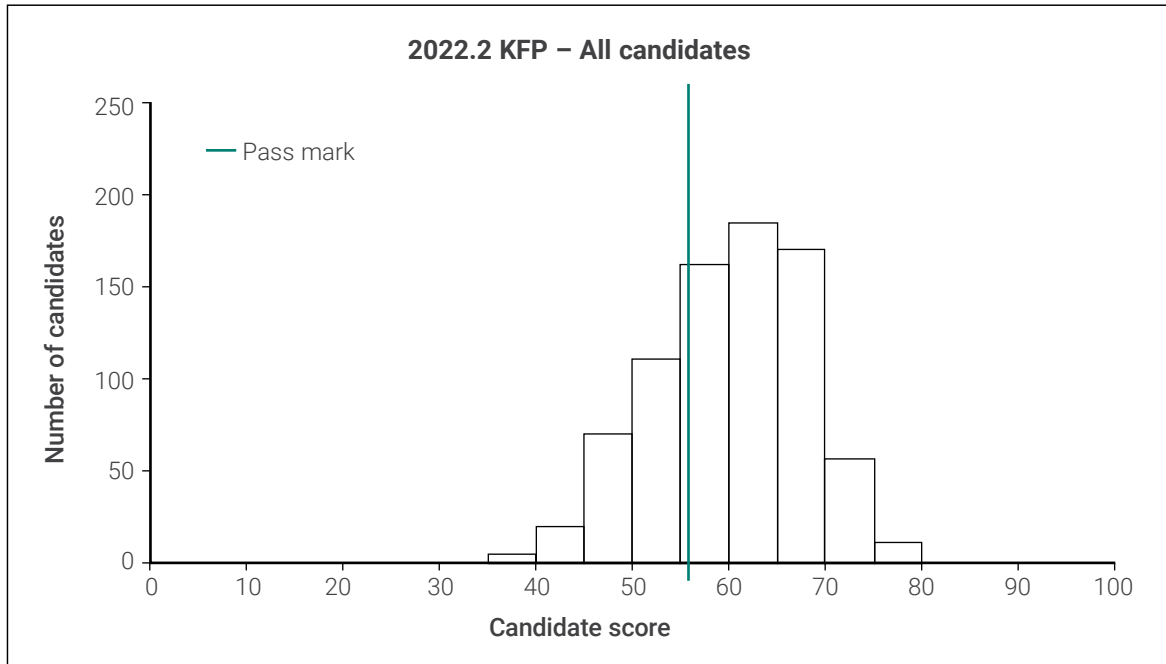
The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates; there is not a set number or percentage of people who pass the exam.

**Table 1. 2022.2 KFP psychometrics**

Mean score (%)	60.06
Standard deviation (%)	7.71
Reliability	0.81
Pass mark (cut score %)	55.78
Pass rate (%)	71.48
Number sat	789

## 2. Candidate score distribution

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



**Figure 1.** Final 2022.2 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. Pass rates by number of attempts**

Attempts	Pass rate (%)
First attempt	80.8%
Second attempt	33.3%
Third attempt	26.3%
Fourth and subsequent attempts	30.6%

## 4. Candidate performance – AKT and KFP exam

Table 3 shows the performance of the 718 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2022.2 exam cycle.

**Table 3. 2022.2 AKT and KFP exam pass/fail correlation**

AKT	KFP	Number	Percentage
Pass	Pass	518	72.0%
Pass	Fail	80	11.1%
Fail	Pass	18	2.6%
Fail	Fail	102	14.2%
<b>Total</b>		<b>718</b>	<b>100%</b>

## 5. Feedback report on 2022.2 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.

This public exam report is provided under licence by the RACGP. Full terms are available on the [RACGP website](#). In summary, you must not edit or adapt the exam, and must only use it for educational and non-commercial purposes.

You must also acknowledge the RACGP as the owner.

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 on their own performance in each case. It is also being provided so that 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 [Examination guide](#)

### Case 1

This case focused on a woman presenting with new-onset localised breast redness. Candidates were required to outline appropriate pharmacological and non-pharmacological management advice, as well as to provide specific advice pertaining to breastfeeding.

Common errors included articulating management advice that lacked specificity, as well as a lack of knowledge relating to breastfeeding. 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 elderly man presenting with new-onset pain and swelling. Candidates were provided with examination findings and the results of an X-ray. They were required to outline the most likely diagnoses, identify specific findings on the X-ray and provide non-pharmacological management strategies.

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

## Case 3

This case focused on a woman presenting with heavy and painful periods. Candidates were required to arrange appropriate initial investigations, consider the most likely differential diagnosis and articulate appropriate pharmacological management actions.

Common errors included a lack of knowledge relating to the assessment and management of common diagnoses 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 man who reports increasing urinary frequency. Candidates were required to identify aspects of his history that would help to establish the severity of the symptoms, and to outline specific potential examination findings and appropriate initial pharmacological options.

Common errors included providing answers not consistent with the case presentation, particularly with reference to gender-specific differential diagnoses. It is important that all answers directly address the questions asked within the case.

## Case 5

This case focused on a woman presenting with new-onset fatigue and weight loss in the postpartum period. Candidates were required to identify the most likely differential diagnoses and to outline initial investigations. The woman also presented with a wrist lump, for which candidates were required to outline the appropriate management strategy.

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

## Case 6

This case focused on a man presenting for the results of investigations taken as part of a routine workplace medical assessment. Candidates were presented with a detailed past medical history and the results of the investigations. They were required to identify the most likely diagnosis, arrange additional investigations and outline appropriate pharmacological management options.



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

## Case 7

This case focused on a child of Aboriginal descent presenting with his mother to a remote practice with symptoms of fever and a sore elbow. Candidates were presented with a detailed clinical presentation and were required to outline the most likely differential diagnoses, arrange initial investigations, and provide advice relating to likely further management actions.

Common errors related to answers that lacked the sufficient breadth of expertise in context of the case presentation. It is important to provide answers that are specific to the context of each individual case, including consideration of the rurality of the context.

## Case 8

This case focused on an elderly man presenting with a skin lesion. Candidates were required to give the most likely diagnosis and to outline definitive management options available. Candidates were also required to outline risks associated with the definitive management options available.

The most common errors related to a lack of knowledge of potential risks of the likely management action. 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 9

Candidates were presented with an elderly man with behavioural change. A detailed past medical history and current drug history were provided. Candidates were expected to identify the most likely differential diagnoses, arrange initial investigations and undertake appropriate initial 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 to the context.

## Case 10

This case focused on a woman presenting with recurrent miscarriage. Candidates were required to identify the most likely underlying diagnoses, arrange initial investigations and provide non-pharmacological management advice.

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

## Case 11

This case focused on a woman presenting with difficulty sleeping. Candidates were required to state the most likely differential diagnoses. As the case evolves, the woman later returns asking for advice relating to general and preventative health measures appropriate for her age and the information already provided in the case.

As with previous examination cycles, common errors included a lack of knowledge relating to general and preventative health measures. It is important that all answers directly address the questions asked within the case.

## Case 12

This case focused on a woman presenting with a rash on her face and neck. Candidates were required to identify the most likely diagnosis and outline appropriate non-pharmacological management options. The woman also presents with a vaginal discharge, for which candidates were required to outline appropriate pharmacological management options.

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

## Case 13

This case focused on an elderly man presenting with a bald patch. Candidates were required to identify additional aspects of history that would support the most likely diagnosis, state the most likely diagnosis and instigate initial topical management.

The most common errors included providing answers that were general in nature, as well as a lack of specificity in identifying appropriate topical management options.

## Case 14

This case focused on a man presenting with shoulder pain. Candidates were required to identify the most likely differential diagnoses, as well as identify examination findings that would support the most likely diagnosis. He also discloses his concern that he might lose his job because of his condition, for which candidates were required to appropriately manage.

The KFP exam frequently assesses candidates' abilities to manage musculoskeletal presentations, as well as issues focused on fitness to work. Common errors included providing examination findings that did not address the full clinical presentation.

## Case 15

This case involved a man presenting with fluctuating abdominal pain. A detailed past medical history was provided, and candidates were required to identify the most likely diagnosis, instigate appropriate pharmacological management actions and provide specific dietary advice.

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

## Case 16

This case focused on a woman presenting with intermittent chest pain. Candidates were provided with a detailed past medical history, and were required to identify additional aspects of history suggestive of a sinister cause of the pain and provide non-pharmacological management advice. As the case evolves, the woman makes a full recovery and later attends asking for advice to reduce her risk of bowel cancer, for which candidates were expected to provide non-pharmacological advice.

The most common errors related to providing answers that did not interpret the scenario holistically and did not consider the implications of her specific case presentation. The KFP exam frequently assesses broader aspects of the RACGP Curriculum, including the domains of preventative medicine and population health.

## Case 17

This case focused on a woman presenting for the results of her investigations. Candidates were provided with a detailed past medical history, and were required to identify additional symptoms potentially associated with the abnormal results, arrange further investigations and state the most likely underlying causes of the abnormal investigation results.

As with previous cases, the most common errors related to providing symptoms that lacked specificity for the likely underlying diagnoses, as well as the provision of examination findings rather than symptoms.

## Case 18

This case focused on a woman presenting for the results of investigations ordered because of a persistent cough and shortness of breath on exertion. A detailed past medical history and investigation results, including a CT scan of the chest, were provided. Candidates were required to identify likely diagnoses accounting for the abnormal investigation results and to arrange further investigations. The woman's son later calls asking for the results of the scan, and candidates were required to manage this request appropriately.

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 19

This case focused on a man presenting to a rural emergency department with symptoms of chest pain. Candidates were given a detailed clinical presentation, and were required to outline the most likely diagnosis, arrange initial investigations and instigate initial appropriate pharmacological management actions.

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 and initiate management in high-risk clinical presentations, in line with current Australian clinical guidelines.

## Case 20

This case focused on a woman requesting assistance with quitting smoking. A detailed past medical history and drug history were provided. Candidates were required to identify appropriate pharmacological management options and provide advice regarding the use of e-cigarettes. The woman later presents with drooping of her left eyelid, for which candidates were expected to provide the most likely underlying diagnosis.

The most common errors included providing pharmacological management actions 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 marks available.

## Case 21

Candidates were presented with a child refusing to walk and complaining of hip pain. A detailed past medical history and examination findings were provided. Candidates were required to identify the most likely diagnosis, arrange further investigations and outline appropriate pharmacological management options.

Common errors included a lack of knowledge relating to causes of hip pain in children, with diagnoses more consistent with an adult presentation being provided.

## Case 22

Candidates were presented with an elderly woman with fever and a cough. Candidates were expected to identify the most likely diagnoses and arrange initial pharmacological management actions. As the case evolves, the woman returns for review, having fully recovered, and candidates were expected to provide advice relating to appropriate immunisations to administer.

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

## Case 23

Candidates were presented with an elderly woman complaining of tiredness. Candidates were provided with a detailed past medical history, and were required to identify the most likely diagnosis and specify risk factors within her history that would support the most likely diagnosis. The woman is managed appropriately and later re-attends with a new skin lesion, which candidates were expected to manage.

Common errors related to providing incorrect differential diagnoses and management actions that were not appropriate in context of the case presentation, and that lacked the required specificity.

## Case 24

This case focused on an elderly woman presenting to a remote emergency department complaining of feeling hot. Candidates were provided with a detailed past medical history and examination findings, and were required to outline the most likely diagnosis, arrange appropriate investigations and provide lifestyle advice to prevent recurrence.

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 25

This case focused on a child presenting to a remote emergency department with fever and a dry cough. Candidates were required to identify the most likely diagnosis, provide advice on suitable immediate non-pharmacological management actions and commence immediate pharmacological management actions.

Common errors included providing answers that did not demonstrate the expected range of knowledge pertaining to the assessment and management of a child who was acutely unwell.

## Case 26

This case focused on a woman of Aboriginal descent presenting for an initial health assessment after entering a local correction facility. Candidates were presented with a detailed clinical and psychosocial presentation, and were required to outline specific predisposing factors and social determinants within her history for incarceration. They were also required to outline specific and culturally appropriate principles of trauma-informed care to use within the consultation, and to provide non-pharmacological management actions to manage her reported flashbacks.

Examiners were surprised at the lack of knowledge relating to the holistic health and wellbeing of Aboriginal and Torres Strait Islander persons. 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. The KFP exam regularly assesses candidates' abilities to provide culturally appropriate care.

## 6. In conclusion

As with 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 might 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 modules accessed via [gplearning](#).

## 7. Further information

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



**RACGP**

Healthy Profession.  
Healthy Australia.

[racgp.org.au](http://racgp.org.au)