RACGP Education

Exam report 2023.2 KFP

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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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. 2023.2 KFP psychometrics

Mean score (%)	57.59
Standard deviation (%)	7.23
Reliability	0.82
Pass mark (cut score %)	53.90
Pass rate (%)	69.80
Number sat	1,106

2. Candidate score distribution

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

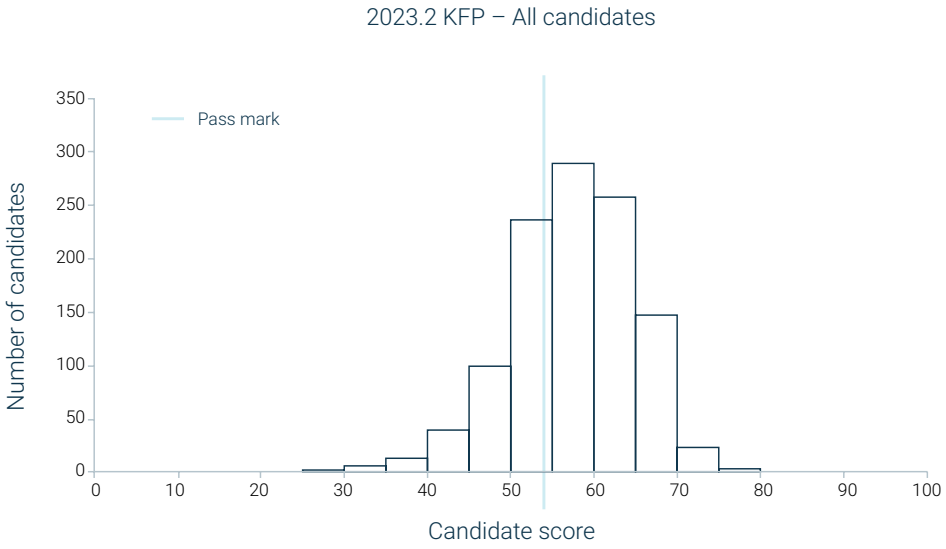

Figure 1. Final 2023.2 KFP score distribution.

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As shown 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	78.70%
Second attempt	64.50%
Third attempt	62.10%
Fourth and subsequent attempts	27.20%

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 866 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2023.2 exam cycle.

Table 3. 2023.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	591	68.2%
Pass	Fail	138	15.9%
Fail	Pass	19	2.2%
Fail	Fail	118	13.6%
Total		**866**	**100%**

5. Feedback report on 2023.2 KFP exam cases

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

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This feedback report is published following each KFP exam in conjunction with candidate results. All 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 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, aged 64 years, with facial shingles complicated by herpes zoster ophthalmicus. Candidates were provided with a clinical photograph and patient information. They were asked to first describe immediate management and then appropriate pharmacological management of post-herpetic neuralgia. The case evolved, and candidates needed to manage a situation in which the patient's daughter was seeking information on her mother's medical records and capacity to consent.

In this case, candidates who scored well were able to identify that immediate management included urgent referral to ophthalmology and could accurately describe medication classes and medication examples to manage post-herpetic neuralgia. Incorrect answers for the final question indicated that some candidates had poor understanding of the difference between capacity assessment, enduring power of attorney and advanced health directive. Candidates needed to demonstrate their understanding of the limits of confidentiality to perform well.

Case 2

This case focused on an Aboriginal man, aged 29 years, presenting two months after a finger injury. Candidates were required to describe examination findings that would determine the diagnosis of the injury. They were then asked to describe ways to encourage Aboriginal and Torres Strait Islander men to access primary healthcare.

Candidates performed poorly on the first question, demonstrating poor knowledge of finger examination and difficulty describing findings. Some candidates gave inappropriate answers that assumed a history of chronic health conditions. In the KFP exam, candidates should avoid making presumptions about history not given in the stem.

Candidates who did well in the second question gave a broad range of specific strategies to encourage Aboriginal and Torres Strait Islander men to access healthcare. Non-specific answers such as 'regular health checks', 'follow-up' and 'provide prescriptions under Closing the Gap PBS program' did not score.

Case 3

Candidates were presented with a man, aged 73 years, with memory difficulties and behavioural changes. Appropriate differential diagnoses needed to be identified, including dementia, mood disorders and common organic causes, with rational initial investigations directed towards these. The case progressed to the patient being in a residential aged care facility and requiring non-pharmacological management of behavioural and psychological symptoms of dementia.

Candidates performed well on the first and second questions. Common errors in the third question included providing pharmacological management, such as deprescribing or changes to medication. In the KFP exam, it is important to read the questions carefully to ensure candidates are answering what is being asked.

Case 4

This case focused on the investigation and immediate management of a woman, aged 25 years, presenting with pyelonephritis in her second trimester of pregnancy. Candidates needed to identify that this case was in a rural setting and appropriate management included fluid resuscitation, commencement of appropriate pharmacological management and transfer to a tertiary medical centre. Subsequently, candidates were required to identify the most appropriate pharmacological prophylaxis of recurrent urinary tract infections in pregnancy.

Common errors in the case related to misinterpreting the severity of the patient's illness. Some candidates subsequently gave incorrect treatment and did not recognise the need for transfer to a tertiary hospital. There were also some examples of overcoding, such as 'insert intravenous cannula then give intravenous fluids'.

The KFP exam is designed to assess whether candidates can apply their knowledge and skills to an individual patient scenario, tailoring their investigations and management, and ensuring all information is considered. Failing to do this when providing answers will significantly reduce the number of marks awarded.

Case 5

This case presented a man, aged 66 years, with poorly controlled insulin-dependent type 2 diabetes and a complex medical history including receiving palliative care for metastatic cancer.

Candidates were required to articulate non-pharmacological strategies to improve his diabetic control, including optimisation of insulin administration. The case then changed focus to non-pharmacological and pharmacological management of anxiety in the context of end-of-life care.

The most common issues in this case related to not identifying that the patient was undergoing palliative treatment for a malignancy. Some answers featured generic advice or management that would diminish quality of life. Although some referrals were appropriate, candidates should remember to be specific about the reasons for referring and avoid non-specific answers such as 'GP management plan', which do not demonstrate understanding of appropriate clinical care.

Case 6

Candidates were presented with a girl, aged 15 years, with moderate to severe facial acne exacerbated by occupational factors and current medication. A clinical photograph was included with relevant patient information. Appropriate pharmacological management was requested, and candidates needed to consider the patient's medical history which contraindicated use of the combined oral contraceptive pill.

Candidates should ensure they read the clinical information provided carefully and answer in the context of the patient presentation.

The case evolved to the patient disclosing online bullying, with candidates required to provide management advice. Candidates who provided specific actionable advice and avoided generalisations or platitudes performed well in this question.

Case 7

This case focused on a woman, aged 49 years, presenting to a rural emergency department with symptoms and signs indicative of infective endocarditis. Candidates were required to identify this rare but important diagnosis, arrange appropriate initial investigations and give immediate pharmacological management.

Candidates performed well on the first and second questions, but struggled with the third question on immediate pharmacological management. Common errors included non-pharmacological management, such as intravenous cannulation or monitoring of vital signs. Some candidates did not treat acute infective endocarditis as a priority but focused on the treatment of potential long-term complications.

From 2023.2 onwards there will be no drug doses required within the KFP, although candidates may still be required to provide route of administration or frequency of administration.

Case 8

Candidates were presented with a man, aged 18 years, with a sore throat and associated symptoms that had not responded to oral antibiotics. Further examination and clinical photograph findings were indicative of Epstein–Barr virus infection. After making the diagnosis, candidates were required to investigate and commence appropriate pharmacological management, including cessation of antibiotics.

Although the case was generally answered well, candidates should remember that cessation of medication can be just as important for patient management as prescribing new treatment and is considered pharmacological management.

Case 9

Candidates were presented with a man, aged 79 years, with progressively worsening hearing loss and associated bilateral pulsatile tinnitus. Candidates were required to identify that appropriate investigation included angiography and imaging of the brain and temporal bones. Further information revealed all investigations to be normal and a specific diagnosis was required. Candidates were then required to provide advice to the patient's family on how to improve communication with him in the context of his hearing loss.

Candidates performed well in the first two questions. Candidates who did well in the third question provided practical advice about how to support patients with hearing loss.

A common error in the final question was candidates providing more answers than were requested, referred to as 'overcoding'. In the KFP exam it is important to only provide the number of answers requested, demonstrating rationalisation of responses. Using 'and', 'or' and '/' within an answer can be signs of overcoding. To be fair to all candidates in the KFP, each additional answer attracts a 0.25% penalty from the candidate's overall score.

Case 10

Candidates were presented with an Aboriginal girl, aged 12 months, living in a remote Northern Territory region. The child's immunisation record was shown, and candidates needed to identify which routine immunisations were required, including those that had been missed in the past. Appropriate immunisations included meningococcal B immunisation, and candidates needed to describe specific advice on giving prophylactic paracetamol for the immunisation. This question was done poorly, with many candidates not recognising that regular paracetamol is advised with meningococcal B immunisation even in the absence of a fever.

The case then focused on the reasons for a higher burden of vaccine-preventable diseases in Aboriginal and Torres Strait Islander people. Common errors in this question were giving non-specific answers or generic answers on the social determinants of health that did not apply to the specific question being asked.

Case 11

Candidates were presented with a man, aged 61 years, with an enlarging pigmented skin lesion consistent with lentigo maligna. Candidates were required to identify the diagnosis and arrange appropriate urgent excisional biopsy. The most common errors were giving a less specific diagnosis and not specifying the urgency required for management.

The case then changed focus to a breakdown in the therapeutic relationship with the patient. Candidates who gave a broad range of specific management actions did well in this question.

The KFP exam is designed to assess across all curriculum domains, including medico-legal situations. Candidates should ensure they incorporate topics from all core and contextual curriculum units in their exam preparation.

Case 12

This case focused on a man, aged 71 years, presenting with ascites secondary to alcoholic liver disease with cirrhosis. Candidates were provided with a clinical photograph demonstrating the ascites. The questions in this case required candidates to provide appropriate pharmacological and non-pharmacological management and identify investigations appropriate to monitor cirrhosis.

A common error was candidates giving non-specific advice rather than management specific to the patient scenario. Although some of these answers related to candidates making an incorrect diagnosis, others stemmed from misreading the patient history. For example, some candidates recommended ceasing smoking when the case information stated the patient was an ex-smoker.

Candidates should ensure that they read all information in the KFP exam carefully. Failing to do this when providing answers will significantly reduce the number of marks awarded.

Case 13

Candidates were presented with a woman, aged 59 years, with chronic paronychia of the finger and onychomycosis of the toenails. Candidates were provided with her past medical history, including relevant occupational history, and a clinical photograph of the nails. The questions required candidates to identify appropriate pharmacological management for the finger, describe specific non-pharmacological advice for this condition, and then give appropriate pharmacological management of toenail onychomycosis.

A common error in the first question was misdiagnosing the finger symptoms as onychomycosis and prescribing antifungal treatment. The most common issue with candidates' answers to the non-pharmacological management question was giving generic lifestyle advice instead of specific advice to improve chronic paronychia. In the KFP exam, generic management and non-specific answers are not awarded marks and candidates should remember to tailor their management to the specific patient scenario.

Case 14

Candidates were presented with a man, aged 37 years, with incidentally diagnosed hypertension. Candidates were required to select appropriate initial investigations and initial management options, taking into account the patient's young age. Candidates who considered secondary causes of hypertension and understood first-line antihypertensive therapy did well.

The case then evolved, with the man returning with sudden painless unilateral visual loss. A clinical photograph of fundoscopy appearances was provided. Candidates were required to recognise that the underlying risk factors, presenting symptoms and examination findings were consistent with a diagnosis of retinal artery occlusion.

Case 15

Candidates were presented with a man, aged 68 years, who had been in a recent motor vehicle accident and had risk factors and symptoms of obstructive sleep apnoea. The man had a commercial driver's licence. Candidates were required to describe further history features that would confirm the diagnosis, refer for a polysomnogram and provide appropriate non-pharmacological management advice while awaiting investigation results.

Candidates who described a broad range of relevant history did well in the first question. A common error was listing the different components of sleep apnoea assessment questionnaires without considering other aspects of history.

When providing non-pharmacological management advice, candidates did well if they gave specific advice about driving restrictions while considering lifestyle changes and sleep hygiene advice. These answers demonstrated a duty of care towards both the patient and other road users.

Case 16

This case focused on a woman, aged 81 years, in a residential aged care facility who presented with symptoms and signs of digoxin toxicity. Candidates were required to make the diagnosis based on presenting information, including significant medication changes. Candidates were then required to arrange investigations to confirm the diagnosis.

Some candidates gave diagnoses not based on key features in the case. For example, there were no features of malignancy in the stem, but some candidates gave answers such as pancreatic or colorectal cancer and metastatic cancer. As for other cases, candidates should ensure all clinical information is considered and avoid assuming information.

When answering the investigations question, a common error was giving a scattergun approach and selecting investigations that would not confirm the most likely diagnosis. In the KFP exam it is important to read investigation questions carefully because answers may be quite different for 'initial investigations' versus 'diagnostic investigations'.

Case 17

In this case, candidates were required diagnose and commence oral pharmacological management for a woman, aged 43 years, presenting with heavy menstrual bleeding. A common error in the diagnosis question was candidates answering with the symptom of 'menorrhagia' instead of the diagnostic term of 'dysfunctional uterine bleeding'. In the management question, common errors related to candidates not considering contraindications to medications.

The case evolved with the patient presenting following a sexual assault by a health practitioner. Common errors related to not reading the question properly; the question specifically requested immediate management 'other than performing physical examination and investigations', yet some candidates provided lists of investigations or examinations they would perform. Some candidates also gave long-term management and follow-up of the patient.

Only a small proportion of candidates recognised that this scenario required mandatory notification of the health practitioner to Ahpra. It is important that candidates are familiar with requirements of mandatory reporting, both for success in the KFP exam and for working unsupervised as a Fellowed GP.

Case 18

This case focused on a woman, aged 51 years, presenting with an ST-elevation myocardial infarction. Candidates were presented with clinical information, including an electrocardiogram, and were required to identify the specific diagnosis, provide immediate management and later give non-pharmacological management for secondary cardiovascular prevention.

The main errors for candidates not scoring well in this case were not being specific for the diagnosis, giving non-specific management and not demonstrating knowledge of current clinical guidelines.

Case 19

This case focused on the assessment of a woman, aged 45 years, presenting with symptoms of gastro-oesophageal reflux. Candidates were required to take further history, identify appropriate initial investigations, provide appropriate preparation advice for a urea breath test and identify the specific components of combination pharmacological therapy for Helicobacter pylori infection.

Most candidates performed well in this case. Common errors in the first question related to giving either vague answers or answers not relevant to the presentation. In providing preparation advice for a urea breath test, some candidates gave incorrect or non-specific advice, which resulted in fewer marks.

Case 20

This case focused on a pregnant woman, aged 27 years, presenting after a holiday to north-western Australia with symptoms and signs of Ross River virus infection. The clinical information included serological test results that excluded several other viral illnesses.

Candidates were required to identify the diagnosis, commence appropriate medication and advise the patient on long-term expectations following the illness.

Common errors related to candidates misdiagnosing the initial presentation, which influenced their subsequent answers. It is important that candidates are aware of common zoonotic infections endemic to Australia and incorporate travel medicine into their exam preparations.

Case 21

Candidates were presented with a man, aged 25 years, attending a rural emergency department with symptoms and signs of a spontaneous pneumothorax. A chest X-ray image was included. Candidates were required to provide the diagnosis, describe initial management and give advice on flying.

Although the diagnosis was correctly identified by most candidates, the most common errors in management related to non-specific answers, for example answering 'analgesia' instead of 'paracetamol'. Some candidates also misinterpreted the severity and gave management answers not indicated, such as 'needle thoracocentesis'.

In the final question, candidates who performed well identified it was unsafe to fly with a current pneumothorax, advised travel should be deferred until after pneumothorax resolution and declined to certify the patient as fit to fly.

Case 22

Candidates were presented with a boy, aged 13 years, with symptoms and signs highly suggestive of a slipped upper femoral epiphysis. Candidates were required to provide the diagnosis, provide immediate management and identify potential complications.

Although the diagnosis was correctly identified by most candidates, common errors relating to the management question included providing general first aid advice rather than specific management, referring to allied health providers not required in acute management or answering with long-term management actions. Some candidates provided dangerous management, such as manipulation of the hip or advice to weight bear.

In KFP questions that focus on the management of musculoskeletal presentations, candidates will often respond with 'rest, ice, compression and elevation'. These answers are either impractical or incorrect given the context and are not awarded marks. They do not demonstrate to the examiner any understanding of the presentation and, when written on one line, will result in overcoding.

Case 23

This case focused on a man, aged 44 years, presenting with specific delusions and paranoia. Candidates were required to identify the differential diagnoses, take further history, provide non-pharmacological management including appropriate psychiatric referral and arrange monitoring investigations after the man is commenced on appropriate medication.

Common errors in this case were repeating information already given, giving non-specific answers (eg 'family history' instead of 'family history of schizophrenia') or arranging inappropriate management, such as scheduling the patient under the Mental Health Act.

Case 24

This case focused on an Aboriginal man, aged 66 years, presenting with symptoms and signs of a diabetic Charcot foot. Candidates were provided with both a clinical photograph and X-ray image to assist in making the diagnosis. Candidates were required to identify the diagnosis, provide immediate management, provide ongoing diabetic foot care advice and identify barriers that may have prevented the man accessing medical treatment in the past.

Many candidates appeared to have poor knowledge of diabetic Charcot foot diagnosis and management. A common error in the third question included giving overall diabetes management advice rather than specific foot care. The fourth question was generally done well, although non-specific answers such as 'cultural barriers' without further information did not score.

Case 25

Candidates were presented with a woman, aged 42 years, with vertigo symptoms. Candidates needed to provide red flag examination findings they would seek and determine the most likely diagnosis. A common error in the first question was failing to read the question and providing history questions rather than examination findings. A good answer considered information already given, described specific cerebellar signs and signs of a cerebrovascular accident.

In the second question, many candidates appeared to misunderstand the presenting history and absence of red flags, and therefore made the wrong diagnosis.

The final question in this case required candidates to manage a situation in which the patient's employer disputes the validity of a medical certificate, providing two immediate management actions. Although most candidates recognised the need to maintain patient confidentiality in this situation, some candidates effectively repeated this in their second answer. In the KFP exam, candidates should consider a broad range of appropriate management actions to ensure they gain the most marks.

Case 26

Candidates were presented with a woman, aged 35 years, who has cystic fibrosis and requires annual investigations. Candidates were required to identify appropriate monitoring investigations and give specific non-pharmacological advice on reducing the risk of acquiring an infection from the workplace. Candidates did poorly on the second question. Common errors were providing non-specific advice, providing pharmacological management, or providing advice that would not specifically reduce the risk of acquiring an infection at work.

The case evolved, with the patient's sister presenting for preconception review and genetic carrier screening. Candidates were required to provide pre-test counselling. Common errors included non-specific answers or referring onto another health practitioner to provide the pre-test counselling.

Several candidates did not complete this final case. Candidates should remember that all cases in the KFP are equally weighted and careful time management is important to ensure the most marks are gained.

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. The information will be relevant to consider in response to each question and will impact answers, because it may provide information that could significantly impact investigations or management.
- It is important to ensure that the answers provided are relevant to the key features of the case presentation, including the age, gender, comorbidities and other information provided.
- Provide only the number of answers requested; providing additional answers increases the risk of overcoding. Do not provide examples unless requested.
- Be specific in answers. Non-specific answers may not score or could attract fewer marks.
- Ensure that the answers provided are appropriate to, and address the severity and acuity of, illness within the case presentation, as well as the location of the patient encounter.
- Because the cases are all developed in line with current guidelines, it is important that candidates are aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.
- Candidates should access the practice exams provided and use the RACGP assessment resources, such as the exam support online modules accessed via *gplearning*.

From 2023.2 onwards there will be no drug doses required within the KFP, although candidates may still be required to provide route of administration or frequency of administration.

7. Further information

Refer to the RACGP Education Examination guide for exam-related information.

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