Exam report 2017.2 KFP

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We recognise the traditional custodians of the land and sea on which we work and live.

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1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort who sat the exam. These values can vary between exams and semesters. The reliability is a measurement of the internal consistency of the exam, with values between 0 and 1.

A candidate must achieve a score equal to or higher than the pass mark in order to pass the exam. The pass mark for the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exam is determined by the Modified Angoff standard-setting method. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

The Objective Structured Clinical Examination (OSCE) pass mark is determined by the borderline group method (refer to the RACGP Education *Examinations guide* for further detail).

The 'pass rate' is the percentage of candidates who achieved the pass mark.

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

Table 1. 2017.2 psychometrics	
Mean score (%)	61.16
Standard deviation (%)	6.92
Reliability	0.79
Pass mark (cut score %)	61.11
Pass rate (%)	52.13
Number sat	1406

2. Candidate score distribution histogram

The below histogram shows the range and frequency of final scores for this exam. The vertical blue line represents the cut score (pass mark).

2017.2 KFP – All candidates
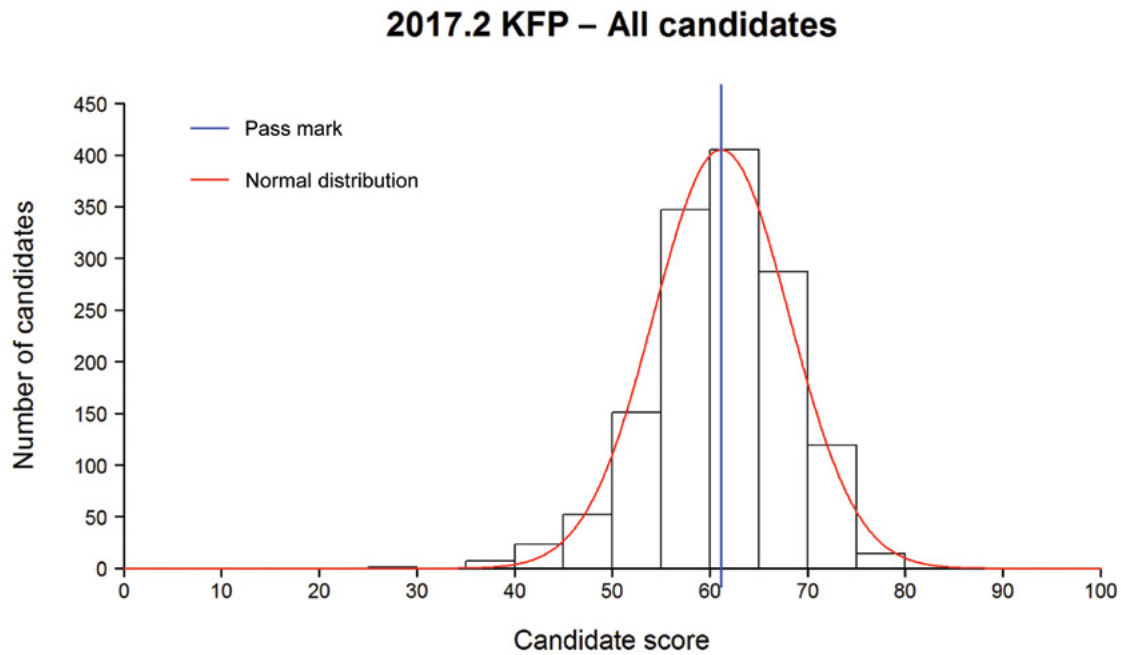
Figure 1. Final 2017.2 KFP score distribution

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. 2017.2 pass rates by number of attempts	
Attempt	**Pass rate (%)**
First attempt	63.7
Second attempt	34.6
Third attempt	36.1
Fourth or greater attempt	25

4. Preparation – practice exams

An online practice exam is made available to enrolled candidates prior to each AKT and KFP exam. The purpose of this exam is to provide a simulated experience in preparation for the real exam. Candidates are provided with automated feedback to complete their experience.

The practice exam is not designed to provide a mark/grade as an indication of whether or not a candidate will pass.

However, it is evident to the RACGP that those who attempt the online practice exams perform better in the real exam than those who do not. Attempting the practice exam is therefore highly recommended.

The RACGP has recently released new exam support online modules through *gplearning*. These modules are available to all members and are not linked to exam enrolment. They provide information for all Fellowship assessments, along with sample questions taken from recent exam papers. The modules are suitable for prospective candidates and those supporting them, as they prepare for the assessments.

Table 3. 2017.2 KFP online practice exam				
Attempted practice exam	Total number of candidates	Proportion of candidates (%)	Number passing the real exam	Pass rate (%)
Yes	1237	88	691	55.9
No	169	12	42	24.9
Grand total	1406	100	733	

5. Candidate performance – AKT and KFP exam

The following table shows the performance of the 1061 candidates who sat both the AKT and the KFP exam in the 2017.2 exam cycle.

Table 4. 2017.2 AKT and KFP exam pass/fail correlation			
AKT	KFP	Number	Percentage
Pass	Pass	543	51.2
Pass	Fail	221	20.8
Fail	Pass	43	4.1
Fail	Fail	254	23.9
Total		1061	100

6. *Feedback report on 2017.2 KFP exam cases*

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 GPs who currently work in clinical practice, and are based on clinical presentations typically seen in an Australian general practice setting. The questions should 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 paper is not simply a short-answer paper, but requires the analysis of the clinical scenario, consideration of the initial information and any evolving information as the cases progress. The candidate is then required to answer focused questions relating to the context of the given clinical scenario.

The paper reflects the breadth of clinical encounters seen in Australian general practice and, as such, the answers should relate to that context. This feedback report is a summary of the information derived from the actual examiners marking the questions. Each examiner marks one question for all candidates, which allows them to offer pertinent information on the common errors, as well as what constituted good answers.

The feedback is provided so all candidates can reflect upon their own performance in each case. It is also being provided so prospective candidates, as well as those assisting them in their preparation, can see the breadth of content in the exam. This feedback report should be read in conjunction with the advice given in the RACGP Education *Examinations guide*.

Case 1

This case focused on a middle-aged male patient who presented with a history of prolonged fever, with initial investigations showing abnormal liver function tests. Candidates needed to consider the possible diagnoses, given the abnormal findings and the details in the history.

The most common error within this case was not taking all of the information into account and missing the details of the patient's excessive use of paracetamol. When looking at the possible differential diagnoses, candidates failed to answer within the context of the case and listed all causes demonstrated by the liver function results, or described the results rather than providing a diagnosis.

Case 2

This case focused on a young adult male patient presenting with lesions on his shins, a history of joint pains and altered bowel habit. Candidates were asked to identify the lesions, provide differential diagnoses and those investigations required to confirm the possible cause of the clinical presentation.

In the investigation question, as with many of the investigation questions within the paper, candidates chose tests that would not assist in honing their diagnosis, but instead, selected those investigations that commonly form part of batch or baseline testing, such as full blood count, C-reactive protein, erythrocyte sedimentation rate, urea and electrolytes, liver function tests, and urine microscopy and culture. It is important that investigations are chosen rationally and are appropriate to the question.

Case 3

This case featured a middle-aged Torres Strait Islander male patient presenting with signs of acute gout. Candidates were required to provide the specific pharmacological management of the initial acute presentation, as well as the longer-term non-pharmacological strategies to minimise further episodes.

The most common error in this case was not listing the range of management options, but focusing on three different nonsteroidal anti-inflammatory drugs (NSAIDs). The question requested specific management, namely the appropriate dosing regimen for acute management, not merely providing the drug name. While naming the drug would have gained marks, providing the appropriate regimen for each management option resulted in a higher score.

In the non-pharmacological management component of this case, candidates recommended that the patient quit smoking, when there was no history of smoking, or provided vague, non-specific answers, such as provide education or refer to various allied health professionals, without specifying the content of the education or the purpose of the referral. When referring to another health professional, candidates should consider outlining the nature and urgency of the referral.

Case 4

This case presented candidates with a clinical photograph and scenario of a middle-aged female patient presenting with new skin lesions that had not responded to over-the-counter topical preparations. Candidates were required to identify the lesions as basal cell carcinomas, identify risk factors in a patient's history for developing these lesions and provide the appropriate management of the lesions in the photograph.

Candidates needed to be specific in their diagnosis, therefore answers such as 'skin cancers' or 'sun damage' did not score.

A common error in responding to the question of risk factors was to provide details of the lesions, such as size or progression rather than in the history as requested, or providing a list of different types of sun exposure rather than thinking broader and considering the range of risk factors. Likewise, when considering the treatment of the lesions, candidates cited management options that were inappropriate when managing basal cell carcinomas. They also discussed long-term prevention of skin cancer rather than the management of the specific lesions shown in the clinical photograph.

It is important when completing the KFP exam that candidates read the question and carefully review their answers in order to ensure the actual question has been addressed.

Case 5

This case focused on a young couple presenting with failure to conceive. Candidates were required to consider what history, additional to that provided in the scenario, would be relevant in exploring the possible causes of sub-fertility for the female partner, as well as the initial appropriate investigations for her. Finally, candidates were given the semen analysis for the male partner and were required to describe the result.

The most common errors in this case centred on not reading the question and providing answers relating to a generic pre-conception consultation rather than a sub-fertility consultation. Another common error was to focus solely on the patient's symptomatology of polycystic ovarian syndrome, rather than considering additional diagnoses underlying a failure to conceive.

The investigation question specified initial investigations, with the most common error being to select secondary investigations, or investigations that were not relevant given the history provided, such as selecting serum prolactin when the history was not suggestive of a prolactinoma, in preference to other more common causes of sub-fertility.

It is important for candidates to consider all of the information provided in the clinical scenario, as it is pertinent to the subsequent questions.

Case 6

This case focused on a female patient presenting for follow-up of investigations from a workplace medical examination. The patient is asymptomatic, other than recently having had antibiotic treatment for cellulitis. The only abnormal results are liver function tests demonstrating a cholestatic picture.

Candidates were required to provide a focused history relevant for the presentation, as well as the differential diagnosis and secondary investigations.

This case demonstrated the need to ensure that candidates read through the case and questions carefully. The case states the patient had no pain, weight loss or stool changes, and defines her medical history and despite this information, candidates explored aspects of each of these. The history component of this case focused on aspects of the history that would help establish the diagnosis. When considering a response to this question, enquiring about pruritus, jaundice or rash are not going to assist greatly in establishing a diagnosis, as they are common to many causes of abnormal liver function.

When providing answers for possible differential diagnoses, it is important to ensure they are within the context of the information in the scenario. For example, acute cholecystitis or ascending cholangitis would not present asymptomatically as described in the scenario.

Case 7

This case has been removed from the paper due to poor statistical performance. Therefore, candidates' scores in this case do not contribute to their final score.

Case 8

This case required candidates to interpret the presentation of a female patient's four-week history of cough and shortness of breath, in conjunction with a chest X-ray, and provide differential diagnoses, as well as those features on examination that would assist in the diagnosis.

The question asked for specific signs on clinical examination, though many candidates offered answers focusing on history or investigations, or provided non-specific answers. Another common error was to provide explanations of answers which formed lists of responses on each line, which led to candidates being penalised for providing extra responses.

The new exam support modules provided by *gplearning* address the issues of 'over-coding' (ie too many answers provided). These modules provide candidates support and advice on how to approach all the RACGP Fellowship assessments by using recent exam cases. The two KFP modules explore the different style of KFP cases and take the candidate through each of the questions with correct responses, common errors and methods for avoiding them.

Case 9

This case focused on the presentation of an elderly male patient who is a retired miner. There is a history of progressive shortness of breath, cough and reduction in exercise tolerance. Candidates were provided with history features, examination findings and spirometry results. Candidates were required to identify the restrictive pattern demonstrated in the spirometry and provide possible differential diagnoses and investigations to determine the cause of the presentation.

Candidates frequently failed to identify the restrictive pattern demonstrated in the spirometry.

In providing diagnoses, the most common errors were in not considering all of the information within the scenario, including the spirometry, providing general diagnoses rather than specific disease processes, and listing diagnoses on each line that then led to penalties for over-coding. If candidates provide lists, use words like 'and'/'or', or use forward slashes or commas, then they are providing lists and therefore extra responses, which are penalised.

Case 10

This case provided candidates with a young adult male presenting with acute onset of anterior chest pain and a prodromal viral illness. An electrocardiogram (ECG) was provided with changes typical of pericarditis. Candidates were required to describe the specific changes demonstrated on the ECG and provide a single diagnosis from the information in the scenario and the ECG.

The question asked for specific abnormal findings on the ECG, not diagnoses. In order to identify the changes, candidates needed to provide the specific abnormalities shown in the ECG, including the leads in which the changes can be seen. Answers such as 'ST elevation' or 'PR depression' could provide very different diagnoses depending on their location. Candidates who provided less specific answers such as these were still awarded marks, but to a lesser degree than those who were specific in their responses.

The final question in this case focused on pharmacological strategies for smoking cessation. It is important when responding to questions to consider how to group answers, in this case, providing two nicotine replacement strategies would not provide maximum marks. The patient has a history of epilepsy, so providing medication that may increase seizures did not score.

Case 11

This case focused on a female patient presenting with progressive reduction in her mood and mental wellbeing. Candidates were required to consider additional medication to improve the patient's mental state, taking into account her current medication and other information provided. The scenario unfolds and the patient develops suicidal ideation, and candidates were required to assess her suicide risk by providing key elements of their suicide risk assessment.

In providing appropriate medication, candidates needed to take all of the information in the question into consideration, such as the fact the patient was taking tramadol. Candidates should therefore not prescribe medication that would interact and cause possible harm. The question also required specific dosing in addition to naming the drug chosen, and providing both name and dose regimen gained more marks than the name alone.

The suicide risk assessment was done well by the majority of candidates. The main sources of error were providing answers that would help explore her low mood, but that were not specific to assessing suicidal risk, and repeating information already provided in the case.

Case 12

This case focused on an older male patient with a previous history of prostate cancer, which was treated with prostatectomy and ongoing goserelin injections. The patient presents with a short history of low thoracic back pain and examination reveals localised spinal tenderness. Candidates were required to identify the possible differential diagnoses and options for pain management.

This case identified the need to consider how answers are grouped when considering pain management. Candidates who provided a list of different opiates or different NSAIDs did not score optimum marks. It is important to consider the range of management options and provide options from different drug classes. The final component of this case focused on planning for future care in the event the patient is not able to make his own decisions. Candidates successfully identified the need for advanced care planning and appointing a medical power of attorney. There are variations to the naming of these processes across the country; when this occurs in questions, marking takes account of differences across the states and territories.

Case 13

This case featured an older male adult with a previous history of chest pain who now has acute shortness of breath that developed over the preceding two days. The patient's full medical history, including medications, is provided.

Candidates needed to identify the differential diagnoses and investigation and, as the case unfolds, the immediate management of acute chest pain in the general practice environment.

The most common errors seen in this question were providing a list of all causes of shortness of breath and not focusing on the information provided, as well as providing non-specific answers. When considering which investigations to include, it is important to read the question; in this case, initial investigations were required to address the causes for the acute shortness of breath, not ongoing outpatient investigations such as stress echocardiography. Candidates need to consider which investigations will give the best return on information to assist in diagnosis, rather than selecting what are often seen as 'baseline' investigations.

In managing acute chest pain in the practice setting, candidates need to be aware of current guidelines, including those regarding the use of oxygen. The case required specific management steps, with candidates expected to provide appropriate drug regimens rather than just listing drug names.

Case 14

This case focused on a female patient with previously well-treated hypertension who is noted to have raised systolic and diastolic blood pressure during a consultation for repeat prescriptions. Candidates were required to provide possible causes for this raised systolic and diastolic blood pressure given the patient's history, as well as ways to confirm whether this is an isolated reading or there are issues with blood-pressure control. The case continues and confirms that the patient's blood pressure is not fully controlled and candidates were required to provide pharmacological strategies to address this situation.

When a question asks for lifestyle factors contributing to uncontrolled hypertension, providing pharmacological causes will not score. It is important to read the question and provide answers that address the question, as well as ensuring answers are not grouped. Writing 'smoking' and 'alcohol', or 'high-fat diet' and 'high-salt diet' on one line is providing more than one answer and will thus lead to over-coding penalties.

When responding to a question that asks for specific pharmacological management, simply listing medications or providing non-specific answers such as 'titrate medication', 'maximise dose' or 'add diuretic' will not gain marks. This was the most common error in this question and the primary reason candidates did not score well.

Case 15

This case featured a child who initially had minor upper-respiratory symptoms then deteriorated rapidly with clinical features suggestive of evolving epiglottitis. Candidates were required to identify possible differential diagnoses, examination features that would identify a seriously unwell child, and the immediate management of that child. In assessing and managing the child, the most serious diagnosis of epiglottis must always be considered. Therefore, anything that may distress the child and put the airway at risk during examination, such as examining the throat, caused the candidate to score zero for that question, but not the whole case. It is reassuring that the vast majority of candidates identified epiglottitis as a possible differential diagnosis and did not attempt to assess the airway.

The KFP exam may contain questions where answers are possibly considered dangerous, and such answers will result in a candidate score of zero for that question.

When providing differential diagnoses, it is important to provide specific diagnoses rather than a list of causative organisms given that they may cause a range of symptoms or diagnoses.

The KFP exam is assessing management in the context of a general practice environment. As such, when providing immediate management it is important to ensure that answers are contextualised for general practice.

In this case, many of the answers provided appeared to be emergency-department-focused, such as attempting to obtain intravenous access. The other common errors were not providing immediate management and failure to recognise the urgency of the situation; answers relating to reassuring the mother or educating about epiglottitis, or arranging follow-up. While these are important aspects, they did not address key elements of immediate management in general practice and thus did not properly address the question.

Case 16

This case focused on a female patient returning from overseas travel to south-east Asia who developed cough, back pain and fever in the few days following her return. The case scenario contained information on her pre-travel preparations, as well as malaria prophylaxis. This information is relevant while responding to the questions.

Candidates were required to identify possible differential diagnoses and history other than that contained in the scenario in order to assess the patient's symptoms.

The most common errors were the failure to hypothesise appropriate differential diagnoses given the pattern of presentation, and to ask about aspects of history that were irrelevant, such as PR bleeding, given that the stem clearly indicated that there were no bowel or urinary symptoms.

In the case scenarios within the KFP exam, it is common to state that there is no past medical history of note. Consequently, any answers exploring a history of previous illnesses or, for example, enquiring about a history of asthma will not score marks. This was a common issue across the whole KFP exam paper.

The final question in the case presented a clinical description, as well as a photograph of scabies, with candidates required to give specific management.

Case 17

This case focused on a patient presenting for routine screening and who was noted to have an asymptomatic neck swelling, thought to be from a thyroid nodule.

Candidates were required to identify elements of the history that would suggest possible malignancy and provide the most useful initial investigations. Candidates often did not show an understanding of time sequence of investigations and provided investigations that formed at later stages of the investigation process.

Case 18

This case featured a female patient presenting with symptoms of secondary amenorrhea. Questions focused on providing the most likely differential diagnoses, and candidates were also asked to select the initial investigations according to the information in the scenario.

Common errors in this question included providing similar answers over two lines, such as 'premature ovarian failure' and 'early menopause', or 'pituitary adenoma' and 'prolactinoma'. Candidates only gained one mark in such an instance. It is important candidates are specific in their answers, and responses such as 'pituitary axis failure' are too broad and are not a diagnosis, but cover a range of specific diagnoses.

Case 19

This case focused on a vulnerable adult with intellectual disability and who is a resident in a community group home presenting with recent behavioural changes. The questions assessed candidates' ability to identify sources to corroborate the history, possible differential diagnoses for the presentation and selection of initial investigations.

A common error was to assume that, given the patient had intellectual disability, she would have mental health issues and would therefore require a mental health care team to assist in history. Many candidates did not seek to ask the patient herself. While she may have minimal verbal communication, this is not a reason not to approach the patient.

In providing differential diagnoses, it was a common error to enquire about information already provided in the scenario. For example, asking about medication side effects or interactions when the scenario stated that patient is on no medications, or enquiring about hearing aid problems when there is no mention of hearing difficulties in the scenario. Candidates should utilise the information in the scenario and not create and then solve problems that are not listed.

Case 20

This case focused on an older female patient presenting with acute onset of upper-back pain. Candidates were required to interpret the lateral spinal X-ray that was provided and identify the diagnosis of osteoporosis and provide appropriate initial investigations. These elements of the case were covered well by the majority of candidates; however, the final question requested non-pharmacological strategies to assist in ongoing management. This was not answered as well, with candidates providing either pharmacological advice or non-specific advice, such as the commencement of vitamin D supplementation.

Case 21

This case focused on a middle-aged female patient with a short history of cough, shortness of breath and acute change in her exercise tolerance. Candidates were required to identify the specific consolidation on the chest X-ray and its location. In the KFP exam, the more specific an answer the more marks that are awarded. In addition to identifying the abnormality, candidates were required to identify risk factors in the history that may predispose to the diagnosis, and then those factors signifying the severity of the presentation.

In this case, the common errors were to repeat information in the scenario, make assumptions about the patient's exposure to illnesses due to her name, and to provide symptoms when asked for examination findings.

Case 22

This case focused on the end-of-life care for a female Aboriginal patient with a high-grade glioblastoma. The patient's family had chosen to remove her from the hospital due to concerns about her care. The questions focused on the key issues that need to be addressed both initially and as the patient's condition deteriorates, taking into context her cultural, social and medical needs.

The common error in this question was to not read the scenario and identify the support that was already in place in the form of family, community and Aboriginal health workers, and provide these all as a 'rote list' without considering the information. No mark was given for repeating information given in the case scenario.

Other common errors included candidates listing reasons as to why the patient's care may not have been appropriate in hospital and the issues of that environment, rather than those faced in the home environment. This reinforces the need to carefully read the case and its questions.

Case 23

This case focused on a male patient presenting with gastrointestinal symptoms of nausea, bloating and a sense of fullness in his upper abdomen after eating. From the additional information in the scenario, candidates were required to consider possible diagnoses for the presentation. The case evolves with evidence of *Helicobacter pylori*

infection, and candidates were required to consider how to manage this infection, as well as the gastrointestinal symptoms.

While the differential diagnosis was covered well by most candidates, common errors in this case centred on non-specific answers for the management component. Writing 'eradication' or 'antacids' as an answer would not score, given the question asked for specific management strategies. A good answer constituted specific pharmacological strategies and addressed lifestyle issues raised in the clinical scenario.

Case 24

This case featured an older male who is experiencing light-headedness, near-syncope attacks and reduced exercise tolerance. He has 'red flag' symptoms suggestive of a possible underlying malignancy. Candidates needed to be aware of the combination of symptoms and provide possible differential diagnoses and initial investigations that would assist in determining the most likely causes of the patient's symptoms.

The common errors in this case centred on not identifying red flag symptoms and providing only cardiovascular causes of the patient's presentation or, again, giving non-specific answers such as reduced fitness or weight gain, despite the scenario stating he had lost weight. The information in the scenario is both relevant and consistent with the expected answers.

Case 25

This case focused on a male patient with a three-month history of generalised pruritus. There is no preceding medical history of note and examination reveals that the patient's skin is not dry and there is no inflammation. Candidates were required to provide differential diagnoses and appropriate investigations.

Despite the information given, candidates generated differential diagnoses that would have provided dermatological signs on examination.

The case continues and the patient returns a month later having developed night sweats and multiple lymphadenopathy. Candidates were required to identify the key investigations to further the diagnosis.

The most common errors in this section of the case were to offer further diagnoses rather than investigations, or providing non-specific investigations such as ultrasound, biopsy or computed tomography (CT) scan without specifying further details.

Case 26

The final case featured an adolescent male patient who collapses while having lunch at school. There was observed loss of consciousness and some associated muscle/limb jerking. Candidates were required to use the information given to identify the possible diagnoses in a patient presenting with fits, faints or dizzy spells.

Quality answers looked at the range of presentations possible rather than just neurological presentations, and considered causes such as cardiovascular, metabolic psychological and possible substance misuse. The most common error was to list different forms of epilepsy and not consider a broader range of possibilities.

The second question in the case required candidates to identify key features in a history with this presentation that assist in establishing a diagnosis. Candidates needed to appreciate the range of possible causes and their underlying distinctive clinical features to elicit in the patient's history. Had the candidate focused solely upon different forms of epilepsy in the first question, and thus only focused upon on a neurological history in the second question, this would not have provided optimum marks.

7. In conclusion

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

- The KFP exam is not a simple short-answer paper. You must answer the question in the context of the clinical scenario provided, utilising all of the information provided. Read the scenario at least twice.

- Keep your answers succinct.

- Only provide the number of answers requested. Review your answer – have you created a list rather than one answer per line? If so, you will be penalised for extra answers.

- Always read the question at least twice and, after you answer, check that you have answered the actual question asked.

- Be specific in your answers, whether in the investigations being ordered or the treatment you are prescribing. Non-specific answers will not score or will attract a much lower score.

- General answers such as 'educate', 'refer', 'reassure' or 'review' do not score without specific detail. For example, providing a review timeline and details about the specialist to whom you are referring (along with degree if urgency, if appropriate) may score marks if relevant to the scenario and question.

- Be aware of clinical guidelines and any important changes or additions to treatments. If guidelines change very close to the exam, the marking keys are adapted to consider the original and the new guidelines so candidates are not penalised if they have not seen a guide published close to the exam sitting.

- Access the practice exams provided after enrolment closes and utilise the RACGP assessment resources provided for candidates.

8. Further information

Refer to the RACGP Education *Examinations guide* and work through the exam support online (ESO) modules via *gplearning*.