



## **Exam report 2019.2 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. Exam report 2019.2 KFP. East Melbourne, Vic: RACGP, 2019.

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

Tel 03 8699 0414  
Fax 03 8699 0400

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

ABN: 34 000 223 807

Published September 2019

© The Royal Australian College of General Practitioners 2019

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.*

## *Contents*

---

Exam psychometrics	1
Candidate score distribution histogram	2
Candidate outcomes by exam attempt	2
Preparation – Practice exams	3
Candidate performance – AKT and KFP exam	3
Feedback report on 2019.2 KFP exam cases	4
In conclusion	12
Further information	12



## Exam psychometrics

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

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

The 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.

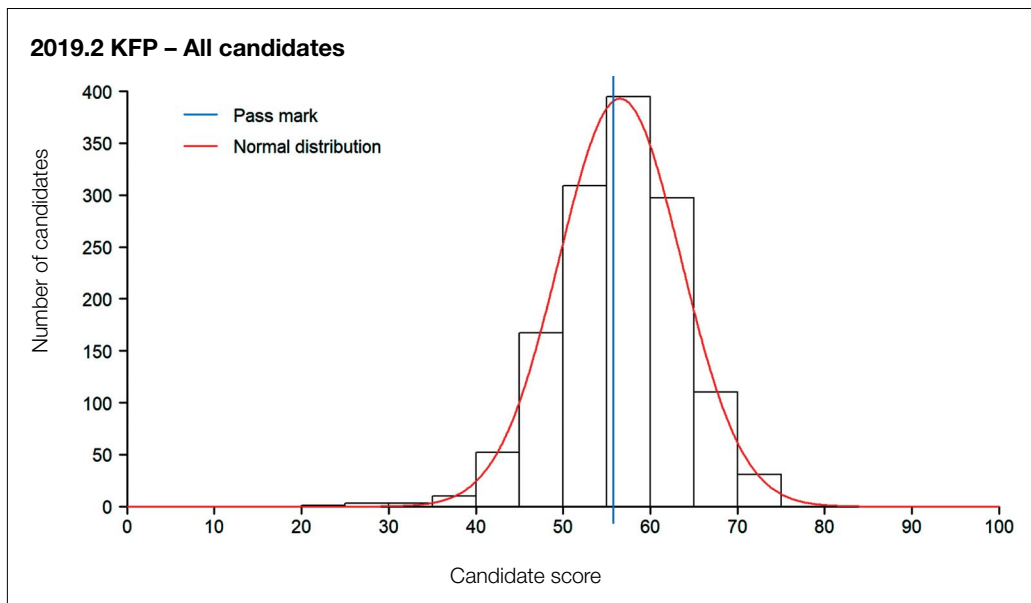
The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates; there is not a set number or percentage of people who pass the exam.

**Table 1. 2019.2 KFP psychometrics**

Mean score (%)	56.53
Standard deviation (%)	7.00
Reliability	0.80
Pass mark (%)	55.77
Pass rate (%)	55.81
Number sat	1378

## Candidate score distribution histogram

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



**Figure 1. Final 2019.2 KFP score distribution**

## 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. 2019.2 KFP pass rates by number of attempts**

Attempts	Pass rate (%)
First attempt	70.5
Second attempt	46.9
Third attempt	37.9
Fourth and subsequent attempts	21.2

## 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 or 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 (Table 3). Attempting the practice exam is therefore highly recommended.

The RACGP has released new Exam Support Online (ESO) 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. 2019.2 KFP online practice exam**

Attempted practice exam	Total number of candidates	Proportion of candidates	Number passing the real exam	Pass rate
Yes	1,088	79.0%	677	62.2%
No	290	21.0%	92	31.7%
Total	1,378	100.0%	769	

## Candidate performance – AKT and KFP exam

Table 4 shows the performance of the 1060 candidates who sat both the AKT and the KFP exam in the 2019.2 exam cycle.

**Table 4. 2019.2 AKT and KFP exam pass/fail correlation**

AKT	KFP	Number	Percentage
Pass	Pass	597	56.3%
Pass	Fail	234	22.1%
Fail	Pass	29	2.7%
Fail	Fail	200	18.9%
<b>Total</b>		<b>1,060</b>	<b>100.0%</b>

# Feedback report on 2019.2 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 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 on 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 presenting with low-back pain that had not responded to simple measures. Candidates were given further information on the patient's past medical history. Given the information provided, candidates were required to consider the differential diagnoses, appropriate initial investigations and provide an appropriate response to the patients, request for a WorkCover certificate for his injury.

Common errors in this case centred on not taking all of the medical information provided in developing a differential diagnosis, and not addressing the specific issues relating to WorkCover.



## Case 2

In this case, candidates were given the results and past medical history of a male Torres Strait Islander patient. From this information, they had to identify the most likely differential diagnoses, any further information that may be required to assess his cardiovascular risk, and the initial management that would be required.

Common errors included repeating information already provided in the stem, and giving management options not related to the specifics of the question.

## Case 3

This case presented candidates with a female patient who was 31 weeks pregnant and presenting with symptoms of acute dizziness and nausea following a recent upper respiratory tract infection. Candidates were required to provide further history required from the patient in order to clarify the diagnosis. The case evolved with the disclosure of domestic violence, and candidates were required to address this disclosure.

The most common error was to provide lists within the history component of the case, and thus provide more answers than required. In the KFP exam, it is important that candidates only provide the number of answers requested; any extra answers will attract a penalty.

## Case 4

In this case, candidates were presented with a female patient who had developed a rash over her hands that had not responded to medication provided over the counter. Candidates were required to use the information and picture provided to identify the diagnosis and appropriate management of the rash. The patient also requested advice on travel vaccination.

The common error in this question was to provide vaccinations that were not relevant to travel, or that the patient would have had already, given her age, as part of routine scheduled vaccinations.

## Case 5

This case focused on a 12-month-old child presenting with noisy breathing. Using the information provided, candidates were required to formulate a differential diagnosis and identify the specific examination findings that would require an urgent transfer to hospital. This case concludes with the mother returning when the child is 18 months of age to discuss her concerns related to measles, mumps and rubella (MMR) vaccination.

The common errors in this case included candidates not being specific in their answers, using generic descriptors in either their examination findings or about vaccination in general, and not focusing on the mother's concerns about the MMR.

## Case 6

Candidates were presented with an older male patient returning for the results of blood tests, as well as information relating to his original presentation and past medical history. Candidates were required to use this information in order to identify the possible underlying causes for the abnormal results, further investigations required, and provide the appropriate medication changes required.

A common error was to list causes of abnormal results that did not take the context of the patient, including all information provided, into account. The KFP exam assesses a candidate's ability to make appropriate clinical decisions that are specific to the patient or case, and that require the assimilation and interpretation of the information provided. It is key that answers are context-specific, otherwise they will not score marks.

## Case 7

In this case, candidates were required to identify from both the clinical images and information the diagnosis of a penile rash, as well as interpret results of a hepatitis blood screen and provide appropriate non-pharmacological management.

Common errors focused on misidentifying the lesions and misinterpreting the pattern of results seen on the hepatitis results.

## Case 8

In this case, candidates were provided with a medical history and clinical images of two skin lesions in a female patient, and were required to identify and manage the lesion. The case concludes with the patient wanting to complain about having had a complication subsequent to removal of a lesion without having been fully informed that this may be an outcome of the excision, which in this case was a keloid scar. Candidates were required to document how they would approach the patient's complaint.

A common error was not addressing the complaint, but rather managing the keloid. In answering KFP exam questions, it is important to review answers to ensure they address the actual question.

## Case 9

This case focused on a female patient presenting to a rural hospital with severe abdominal pain. Candidates were given the history and clinical findings, and were required to provide the most likely differential diagnoses, key investigations and details of immediate management prior to transfer to a larger hospital.

As in previous cases, the lack of specificity in answers was a common problem.

## Case 10

This case centred on an older male patient with diabetes presenting with gastroenteritis. Past medical history and current medications were also provided. Candidates were required to provide their pharmacological management of his acute presentation. The case concludes with the results of a diabetic review six months after the initial presentation and the requirement to address what specific changes candidates would undertake in light of these results, including dosing regimens.

A common error was to not address the pharmacological management of the patient's presentation, but rather provide generic statements about managing gastroenteritis in any patient.

## Case 11

This case focused on an older male patient presenting with altered cognition and mood. Candidates were provided with past medical and relevant social history, and were required to use all information, develop appropriate differential diagnoses and provide relevant key investigations, as well as address issues relating to power of attorney.

The common error was in not addressing the issues relating to the patient's specific request about the power of attorney, but rather addressing generic issues and legalities.

## Case 12

In this case, candidates were provided with a chest X-ray, spirometry results and past medical history to assist in the interpretation of a patient's presentation and provide the specific diagnosis and management given all the information including the spirometry results.

Common errors were to misinterpret the information given or provide incorrect examples of medication. The question did not ask for examples. While no penalties were given if a candidate provided a single correct example, a penalty was applied if the example given was wrong, as this effectively constitutes two answers. In the KFP exam there is no requirement to provide examples unless explicitly requested to do so, and to do otherwise risks the penalty for extra answers should the example be incorrect.

## Case 13

Candidates were required to consider all information provided about an adolescent female patient presenting with headaches and missing after-school activities, then provide further psychosocial aspects of the history about which they would wish to enquire. In this question, candidates commonly repeated information already in the stem, which will not gain any marks.

The remainder of the case focused on the headaches with which the patient presented and looking at a rational management plan given the most likely diagnosis obtained from the key information provided. Dosing regimens were required. In the KFP exam, candidates may be required to provide dosing regimens for commonly used drugs.

## Case 14

In addition to the clinical information, candidates were given the X-ray of a shoulder and were required to formulate the most likely diagnosis and relevant short- and long-term management plan, and address specific requests for information made by the patient (such as recovery and return-to-activity time frames).

As before, the common error in most parts of this case was to not provide specific answers related to the patient's request.

## Case 15

In this case, candidates were required to appropriately manage an Aboriginal female patient presenting to a rural clinic with an infected animal bite. The candidates were required to identify what key findings in their examination they would look for, and manage both the medical presentation and the request not to be transferred to a hospital away from the area.

The main error in this question was not identifying in the case scenario the delayed presentation and the key abnormal vital signs. This resulted in providing answers that did not assess for complications of the bite, but rather managing it as if the bite had just occurred.

## Case 16

This case centred on an adolescent female patient with primary amenorrhoea despite the normal progression of other signs of puberty. Candidates were required to formulate differential diagnoses and a management plan, including appropriate investigations.

Common errors included not recognising that, given the patient's age and information provided on other secondary sexual characteristics, the amenorrhoea was not normal. Candidates also provided answers in conflict to information in the stem; for example, listing medications when the stem states the patient is on no medication.

## Case 17

This case focused on a female patient presenting with vaginal bleeding in the third trimester of her pregnancy. Candidates were given details of her current presentation, as well as her past obstetric history. From the information provided, candidates were required to provide their differential diagnoses and appropriate investigations. The case progressed to a normal delivery at term and candidates were required to identify a lesion on the newborn's skin.

The common error was to provide answers not relevant to a newborn, but to an adult. This was most likely due to candidates not reading the extra information within the question. As we have seen in the case descriptions above, it is common in KFP exam questions that the case progresses and the focus changes away from the initial presentation. This allows a greater breadth of topics to be tested, and reflects what actually happens within general practice.

## Case 18

In this case, candidates were presented with an older male patient presenting with a rapidly developing lesion on his face. Using the image and clinical details provided, candidates were required to identify and describe both the short- and long-term management of the lesion and its sequelae.

Candidates were required to be specific in their diagnosis and management. As in all cases within the KFP exam, providing an answer with less specific detail will be awarded fewer marks than a more specific and complete answer.

## Case 19

Candidates were provided with the clinical history of a patient presenting with persistent nasal discharge and blockage, that had not responded to previous treatments. Candidates were required to identify key red flags in the history suggestive of more serious pathology, and offer appropriate investigations and an initial management plan with appropriate medication dosing regimens.

The most common issue was candidates' failure to prescribe antibiotics in line with contemporary guidelines for the management of the presentation, as well as incorrect dosing. If a candidate is unsure of the dosing regimen, providing the appropriate antibiotic will score marks – but not as great as the full dosing regimen. Questions state when dosing regimens are required.

## Case 20

This case presented candidates with a female patient in her first trimester of pregnancy presenting with excessive fatigue and weight gain, and provided details of her past medical and obstetric history. Candidates were required to identify the most likely underlying diagnosis, relevant investigations and a specific management plan.

The common error was to not take into consideration the fact the patient was pregnant and provide the correct review and management timelines.

## Case 21

This case focused on a female patient being reviewed after discharge from the local rural hospital following an episode of visual hallucinations, preceded by three months of increasing social isolation. The patient had been treated appropriately, with resolution of the hallucinations, but then presents with tenderness and discharge from both breasts. Candidates were required to identify the most likely cause of the new symptoms and the appropriate management.

The most common error was not identifying medication as a possible cause of the breast symptoms.

## Case 22

In this case, candidates were presented with a female patient presenting for a commercial driver's licence medical. The case provides information about the patient's medical history, which contains contraindications for a commercial licence. Candidates were required to identify this and provide appropriate information to the patient. The case unfolds and, because the patient is unable to keep their driving job, they present various options for claiming Centrelink benefits. Candidates were required to address the patient's requests and rationale for their decisions, and what documentation they need to maintain.

A common error across all three questions was not responding to the specific requests of the patient, but rather managing the patient's comorbidities and not understanding the requirements of the various forms or applications. The KFP exam seeks to test the critical thinking in all domains of general practice, and not just the domain of applied professional knowledge and skills.

## Case 23

In this case, candidates were presented with an older male patient presenting with a recent deterioration in health associated with weight loss, night sweats and pruritus. Candidates were given his past medical history and relevant examination findings, including a mass extending up under the left rib margin. Given all of the information, candidates were required to identify possible differential diagnoses and the relevant investigations. The final part of the case required candidates to identify from further information that the patient has developed gout secondary to his presenting illness and manage this appropriately, and give dosing regimens where required.

The common errors were not identifying that this was most likely a haematological malignancy in the initial component of the case, and then not treating the gout in line with current guidelines.

## Case 24

This case focused on a male patient presenting for review following a recent accident overseas that required orthopaedic surgery on his leg. The patient has experienced increasing pain, altered sensation, swelling and erythema of the leg. Candidates are given information regarding his medications, which include opiates, and relevant examination findings. From this information, candidates were required to identify the relevant investigations to explore their differential diagnoses. In the light of all investigations returning normal, the decision is made to reduce the opiate prescription. Candidates were required to describe what other medication changes they would implement.

The main error was in repeating medications already in the stem, or focusing on the opiate reduction plan when the decision had already been made to reduce the opiates.

## Case 25

Candidates were presented with the electrocardiograph (ECG) of an older male patient presenting with dull central chest pain on a background of previous ischaemic heart disease. Candidates were given the patient's past medical and social history, as well as other symptoms he was experiencing. Using this information, candidates were required to provide an appropriate pharmacological management plan, and address the social issues the patient is facing. The case concluded with the patient returning for review, with candidates required to identify the age-appropriate investigations needed.

Common errors in this case were focusing on the medical component and ignoring the request for input into the social situation, and not being specific with the required vaccines or listing vaccines not recommended as part of the schedule for older adults.

## Case 26

In the final case, candidates were presented with a 12-month-old baby being brought by their parent for immunisation. Candidates were required to provide the specific advice they would give regarding possible symptoms experienced following these vaccinations. The child develops a reaction immediately following the vaccination, and candidates were required to provide their immediate management plan. The case concludes with the identification of a potential breach in the cold chain for the vaccines administered. In light of this information, candidates were required to describe their approach to managing this breach.

The main error in this case was not knowing the required actions following a potential cold-chain breach at a patient or practice level, or both. As discussed in previous case descriptions, the KFP exam is assessing domains other than professional knowledge, in this case population health, and practice management and processes. These questions are generally poorly answered by candidates, but are essential areas in which to have knowledge and understanding in order to practise unsupervised within Australia.

## *In conclusion*

---

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

- It is not a simple short-answer paper. Candidates must answer the question in the context of the clinical scenario, using all of the information provided.
- It is important to read the scenario at least twice.
- After reading the question at least twice and providing an answer, candidates should check that they have answered the actual question asked.
- Keep answers succinct.
- Only provide the number of answers requested. Candidates should review their answer and determine whether they have created a list rather than one answer per line, in which case they will be penalised for extra answers.
- Be specific in answers, whether in the investigations ordered or the treatment being prescribing. Non-specific answers will not score.
- Generic terms such as 'educate', 'refer', 'reassure' or 'review' do not score without specific detail. They provide the examiner no information about whether a candidate actually knows how to manage the clinical scenario.
- 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 to ensure candidates are not penalised if they have not seen a recently published guideline. However, where major guideline changes have been well publicised prior to implementation, such as with cervical screening, only the new guidelines will be accepted.
- Access the practice exams after enrolment closes and use the RACGP assessment resources, such as the ESO modules accessed via [gplearning](#).

## *Further information*

---

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







**RACGP**

Royal Australian College *of* General Practitioners

Healthy Profession.  
Healthy Australia.