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Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2018.2 AKT

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

1. Exam psychometrics

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

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 internationally recognised Modified Angoff method, and outcomes may vary between each exam cycle. The Objective Structured Clinical Exam (OSCE) pass mark is determined by the borderline group method (refer to The Royal Australian College of General Practitioners [RACGP] Education *Examinations guide* for further details).

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

The RACGP has no quotas on pass rates; there is not a set number of candidates who may pass the exam. Pass rates may vary depending on a wide variety of different variables.

Table 1. Psychometrics

Mean score (%)	65.48
Standard deviation (%)	9.57
Reliability*	0.86
Pass mark (cut score %)	61.90
Pass rate (%)	66.67
Number sat	1194

*The exam reliability is expressed as a value between 0 and 1, in line with international best practice in assessment reporting.

2. Candidate score distribution

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

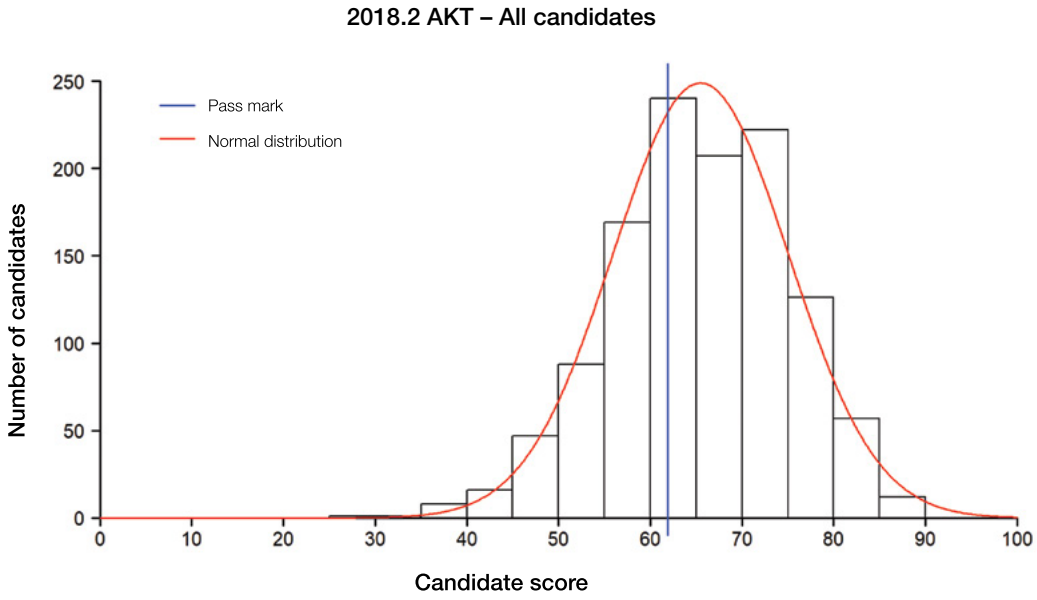

Figure 1. 2018.2 AKT score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As shown, the rate of passing decreases with increased attempts at the exam. Preparation and readiness to sit are important for candidate success.

Table 2. Pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	77.5
Second attempt	43.1
Third attempt	21.3
Fourth or greater attempt	28.4

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 for candidates preparing 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, or to give an indication of whether or not a candidate will pass. However, candidates 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.

Table 3. 2018.2 AKT online practice exam

Attempted practice exam	Total number of candidates	Proportion of candidates	Number passing the real exam	Pass rate
Yes	1,009	84.5%	709	70.3%
No	185	15.5%	87	47.0%
Total	1,194	100.0%	796	

5. Feedback report on 2018.2 AKT

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 at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it, and must only use it for educational and non-commercial purposes. You must also acknowledge the RACGP as the owner.

All of the questions in the AKT are written 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 should be answered based on the context of Australian general practice.

It is important to carefully read the clinical scenario and question. Although more than one option may be plausible, only the most appropriate option for the clinical scenario provided should be selected.

It is useful for candidates to identify any areas of weakness in their clinical practice through self-reflection and feedback. A supervisor, mentor or peer may assist them in developing an appropriate learning plan to assist with future exams and ongoing professional development.

All questions in the AKT undergo extensive quality assurance processes. Questions are rigorously reviewed during the creation, pre-exam and post-exam review processes, and also during the standard-setting process following the AKT. Reviews are performed by GPs who are currently in clinical practice across Australia.

This report provides a sample of clinical scenarios from the 2018.2 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

Example 1

The clinical scenario describes a young Aboriginal child who presents to a clinic with a high fever, rhinorrhoea and cough over the last seven days. Her examination revealed an erythematous pharynx and erythematous tympanic membranes. Auscultation of her chest revealed mixed crackles and wheeze within the lung fields.

The question asked 'What is the MOST appropriate provisional diagnosis?' Of the options provided, the most appropriate answer was community-acquired pneumonia. Alternative answers that were selected included bronchiolitis or asthma. It is important that candidates read the question presented carefully and consider all information provided. For example, the selection of bronchiolitis was either due to a lack of demographic knowledge for this illness or candidates not reading the question carefully enough, particularly since the child's age would make this diagnosis unlikely.

It is important for candidates to be aware that pneumonia is significantly more likely in Aboriginal and Torres Strait Islander populations than in the non-Indigenous population.[1] Indigenous children in the Northern Territory, for example, have rates of radiologically confirmed pneumonia that are among the highest in the world.[2]

Example 2

The clinical scenario described a young woman with a non-tender, dark discolouration beneath one of her fingernails. The colour had been present for a few weeks and she believed it may have increased slightly and moved minimally towards the distal end of her finger during that time. An image of the discolouration under the nail was provided that supported a diagnosis of subungual haematoma.

The question asked 'What is the MOST appropriate next step in management?' The most appropriate next step from those provided was to give reassurance that the condition will self-resolve without intervention. Alternative answers that were selected included surgical biopsy of the nail matrix and referral to a dermatologist for a second opinion.

It is important that candidates are aware of common presentations to Australian general practice. This presentation did not fit with the slow onset and typical pattern of a subungual melanoma. Also, the image provided was a classic subungual haematoma. Surgical biopsy of the nail matrix can lead to significant discomfort and is unnecessary for a subungual haematoma. Referral to a dermatologist for this benign condition is not required and would increase the overall costs of managing the condition.

Example 3

The clinical scenario described an adolescent patient with three weeks of right knee pain, causing a limping gait. The pain was worse when playing netball or climbing stairs. On clinical examination she was tender over her tibial tubercle.

The question asked 'What is the MOST appropriate next step?' The most appropriate answer of those provided was to perform quadriceps strengthening exercises and modify the patient's activities. Alternative answers selected included imaging or use of regular non-steroidal anti-inflammatory drugs.

The question required candidates to make the appropriate provisional diagnosis of Osgood–Schlatter disease based upon the patient's age, the classic presentation, and knowledge of the anatomical location of the pathology. Using an appropriate understanding of the pathophysiological mechanisms of the condition, candidates were then required to select the most appropriate answer. From alternative answers, an X-ray is only required when the clinical presentation is atypical. Regular ibuprofen is unlikely to help the symptoms and may cause harm.

Example 4

The clinical scenario described an older gentleman who had symptoms consistent with a transient ischaemic attack (TIA). He had a history of diabetes and a soft cardia murmur on clinical examination. He underwent a computed tomography (CT) of his head with no abnormalities identified, and also had an electrocardiogram and echocardiogram.

The question asked 'What is the MOST important next investigation?' The most important next investigation from those provided was a Doppler ultrasound of his carotid arteries. Alternative answers selected included repeating his head CT at 48 hours and application of a Holter monitor.

This question required candidates to identify the symptoms of a TIA, the patient's risk factors for possible carotid plaque involvement and that he needs a carotid Doppler ultrasound performed. It is critically important that Australian GPs clearly recognise the importance of a complete clinical work-up after a TIA as this patient's risk of having a further cerebrovascular event is very high. The clinical guidelines for the management of stroke and TIA are very clear on the investigations to perform after an event and should be well studied by candidates.

Example 5

The clinical scenario described a young man who had multiple small perianal lumps. An image was shown of perianal warts. He has tried several previous treatments, including podophyllotoxin and cryotherapy, with minimal improvement.

The question asked 'What is the MOST appropriate next step in management?' The most appropriate answer was imiquimod 5% cream three times weekly. Alternative answers selected included curette and cryotherapy and topical salicylic acid.

This question required candidates to be familiar with the appropriate management steps of perianal warts. At the specialist level of the Fellowship examination, it is important that Australian GPs are aware of a step-wise approach to management options – particularly if previous options have failed. Thus, this question asked for further management options for this patient's perianal warts. Cryotherapy can be used in some settings but not with curette. As this patient had a number of lesions, cryotherapy with curette may cause significant morbidity. Salicylic acid is unlikely to be sufficiently potent and is not recommended as a standard treatment option for this condition.

6. References

1. O'Grady KF, Hall KK, Bell A, Chang AB, Potter C. Review of respiratory diseases among Aboriginal and Torres Strait Islander children. Australian Indigenous HealthBulletin 2018;18(2):1–32.
2. Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander health performance framework 2014 report. Canberra: AHMAC, 2015.

7. Further information

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

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