



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2017.1 KFP exam



Exam report: 2017.1 KFP exam

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

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 Problems (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. 2017.1 psychometrics	
Mean score (%)	60.95
Standard deviation (%)	6.76
Reliability	0.77
Pass mark (out score %)	58.53
Pass rate (%)	65.93
Number sat	1362

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).

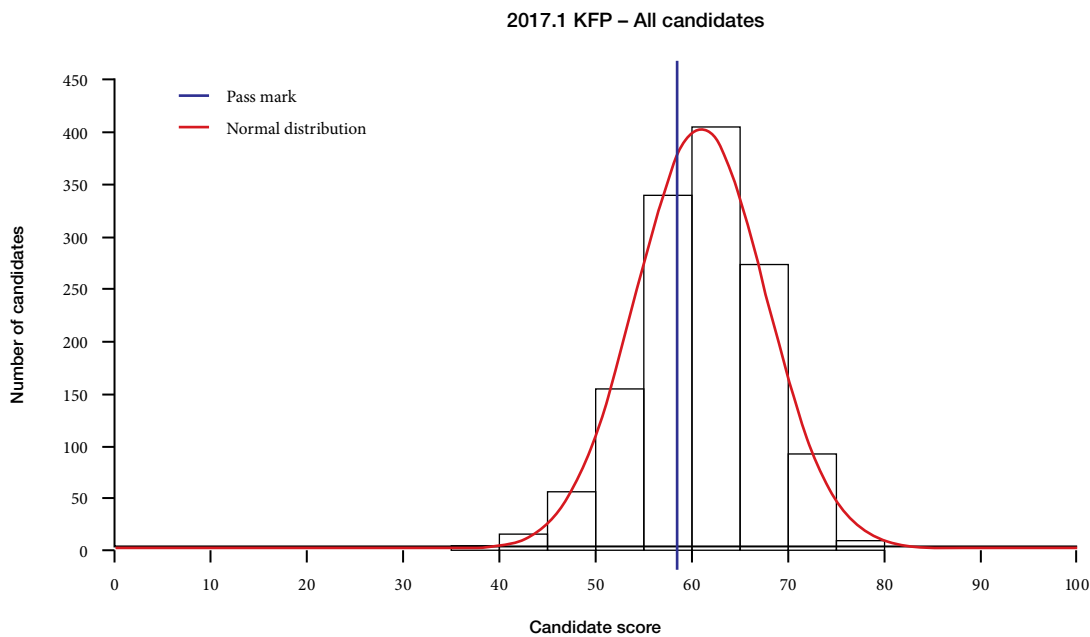


Figure 1. Final 2017.1 KFP score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As displayed below, there is a general trend that suggests candidate success diminishes for each subsequent attempt. Preparation and readiness to sit are therefore paramount for candidate success.

Table 2. Pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	73.1%
Second attempt	61.5%
Third attempt	52.5%
Fourth or greater attempt	44.5%

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.

Table 3. 2017.1 KFP online practice exam

Attempted practice exam	Total number of candidates	Proportion of candidates (%)	Number passing the real exam	Pass rate (%)
Yes	1244	91.3%	850	68.3%
No	118	8.7%	48	40.7%
Grand total	1362	100.0%	898	

5. Candidate performance – AKT and KFP exam

The following table shows the performance of the 925 candidates who sat both the AKT and the KFP exam in the 2017.1 exam cycle.

Table 4. 2017.1 AKT and KFP exam pass/fail correlation

AKT	KFP	#	%
Pass	Pass	545	58.9%
Pass	Fail	115	12.5%
Fail	Pass	52	5.6%
Fail	Fail	213	23.0%
Total		925	100.0%

6. *Feedback report on 2017.1 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 an elderly male patient who presents with multiple symptoms. While several of these symptoms could be caused by hearing loss, candidates were asked to identify other possible differential diagnoses, interpret an audiogram and identify focused questions that may give rise to the pattern shown in that audiogram.

A significant number of candidates misread the initial question, which asked for 'diagnoses other than hearing loss' and provided answers related to hearing loss.

Failing to answer the actual question that has been asked is a common error made by candidates. It is important to read each question carefully, at least twice, before answering. It is also recommended to re-read the question after you have completed your answers to make sure you have answered the question exactly as asked.

The scenario described symptoms of six months' duration, so differential diagnoses that have either an acute onset or are of greater chronicity did not score. The KFP exam requires candidates to carefully consider all of the information given in the scenario, including the demographics of the patient, and to answer each question in the context of the described patient.

The third question asked for aspects of history that would help to determine the causes of the bilateral hearing loss as demonstrated in the audiogram. Some candidates answered with history aspects related to unilateral hearing loss or congenital/early childhood hearing loss, which would not fit either the audiogram or the clinical presentation.

Hearing loss in the elderly is a common presentation and candidates should have a strategy for the assessment and diagnosis of possible causes.

Case 2

This case required candidates to demonstrate that they could appropriately assess and triage a child presenting in a rural hospital with a forearm fracture. Candidates also needed to identify that he presented with a grandparent and that there may be issues regarding appropriate consent, a point that was missed by many candidates.

The boy's X-ray provided to candidates demonstrated a mid-shaft ulnar fracture and dislocation of the radial head. This is a fracture that can result in significant complications, such as potential neurovascular compromise, if not identified and managed appropriately.

Many candidates failed to recognise the seriousness of the fracture and therefore managed the fracture with simple treatment and follow-up, rather than the urgent orthopaedic referral that was required. In addition, many candidates did not include adequate analgesia or regular neurovascular assessment as part of their management strategy.

It is important to consider all of the individual elements of the scenario. In this case, as the treating doctor in a rural hospital, you need to provide appropriate initial management and be able to interpret X-rays, identifying potentially serious injuries such as this.

Case 3

This case focused on a young adult presenting with allergic contact dermatitis following time spent gardening. There is no mention of other possible contact allergens in the scenario.

Candidates were expected to identify the rash in the clinical photograph, provide appropriate specific treatment (including the potency level of topical steroid required given the severity), and other appropriate pharmacological and non-pharmacological treatments.

Candidates made errors in the diagnosis question by not appreciating the key information in the scenario, which suggested an irritant/allergic cause, and instead providing examples of infective causes or dermatological manifestations of systemic diseases as the most likely diagnosis.

When a question in the KFP exam asks for 'specific' treatment, it is appropriate to provide dose, frequency and duration (if applicable) of any medication listed. In this case, an answer of topical steroids, with no specifics given, scored a lower mark than answers in which details about potency and appropriate frequency were included.

Again, it is important to read the question carefully and ensure you have answered the actual question in appropriately sufficient detail in order to gain the maximum marks.

Contact dermatitis is a common presentation in general practice and candidates need to be able to identify this from the history and appearance, and to recognise common irritants.

Case 4

This case presented candidates with a patient suspected of having Lewy body dementia. They were required to identify key features in the history that would suggest this diagnosis, and look at the pharmacological and non-pharmacological management strategies as the dementia progresses.

Many candidates lost marks after separately listing several possible Parkinson's-like motor symptoms rather than providing a broader range of answers. In order to make a diagnosis of Lewy body dementia, more than motor symptoms are required. Candidates who provided extensive lists of numerous causes of cognitive decline when asked about aspects of the presentation scored poorly, as they did not answer the actual question (which didn't ask for causes). They were also penalised for providing more answers than requested.

In this case, there was a question about medication and a question about non-pharmacological strategies. Candidates commonly provided non-pharmacological strategies when asked about medications, and vice-versa when asked about non-pharmacological strategies. This again indicates misreading of the questions asked.

Quality responses to the two management questions required candidates to provide succinct and practical non-pharmacological strategies, identify possible medications that can exacerbate the cognitive decline, and suggest appropriate medication of assistance in behavioural management.

Case 5

This case presented candidates with an older male Aboriginal patient with a two-week history of a non-healing wound. Candidates were required to provide appropriate initial assessment and management, outline ongoing management as the wound failed to heal, and suggest strategies to increase the patient's involvement in his care.

Given the patient's associated comorbidities, as outlined in the scenario, it was important not to apply an initial compressive dressing, as no vascular assessment had been made.

One question asked for the, 'single most important investigation' when the patient returned with a non-healing wound after a protracted period. When answering this type of question, there may be tests that could be done, such as a wound swab, skin biopsy or diabetes monitoring; however, the single most appropriate test would be a Doppler arterial ultrasound of the patient's legs, given his comorbidities of diabetes and hypertension.

Candidates who simply answered 'Doppler' scored zero. The KFP exam looks at clinical decision making and clinical reasoning and, to that end, candidates need to demonstrate what is appropriate to do in practice. Writing only 'Doppler' on an investigation form is insufficient and any doctor who did this in a real clinical scenario could expect a phone call from the radiology practice requesting more detail. Likewise, writing only 'ultrasound' or 'X-ray' without more detail will not score in the KFP exam.

It is easy to forget this in the exam environment, so candidates must ensure they are explicit in what they are requesting when asked about specific investigations.

When considering strategies to manage the patient's adherence to treatment strategies, it was important candidates acknowledge his Aboriginal and Torres Strait Islander status and utilise appropriate services and strategies to engage the patient, such as involving an Aboriginal health worker. There are helpful resources available from RACGP Aboriginal and Torres Strait Islander Health and on *gplearning*.

It is common in the KFP exam for candidates to write 'GPMP', which is assumed to represent 'GP management plan'. This is not considered a management strategy as such and will not score marks.

Case 6

This case presented candidates with a patient showing classic symptoms of a post-lumbar puncture headache, which they were expected to be able to identify and manage appropriately. The patient returns at a later stage with recurrent headaches of a different nature, suggestive of new pathology.

It is a common approach in the KFP exam to look at a patient with similar presentations at different points in time, but with different underlying pathologies, and therefore different management strategies.

Candidates often assume the subsequent presentation is related to, or the same as, the initial one. It is important candidates read and incorporate any new information given in subsequent questions.

This case is not trying to 'trick' candidates, but is simply presenting what often happens in real clinical situations. Having had one significant health episode, patients are more likely to present with similar symptom complexes, as they may be concerned about a recurrence. It is important to take in all of the information about the new presentation. If you are blinkered and focus on the initial presentation, you may neglect to consider new and possibly serious pathology.

Case 7

This case focused on the common situation of a patient presenting with the results of investigations from a community-based screening encounter. In this case, abnormal liver function results taken during a workplace medical.

Candidates were asked to provide the differential diagnoses, taking into account both the clinical information and test results.

A common error made by candidates was to list all possible liver pathology/diseases, rather than look at the specific pattern of abnormal liver function and provide relevant focused answers.

The final question in this case looked at the tests required for ongoing surveillance of the identified liver pathology. Candidates who scored poorly in this selection-style question chose tests that might be appropriate for ongoing general health surveillance, but which would not assist in identifying liver disease progression or its subsequent complications.

Case 8

This case presented the candidates with a clinical scenario of a male Aboriginal patient aged in his 40s with a chest X-ray that demonstrated a cavitating lesion. The questions focused on appropriate differential diagnoses and how to manage the patient's reluctance to engage with medical services, taking into account the rural location and possible cultural issues.

The initial question asked for diagnoses, rather than findings, which means candidates who described the chest X-ray did not gain marks. This is a common error in the KFP exam when candidates are asked for differential diagnoses after being given investigations such as pathology results, X-rays or an electrocardiogram (ECG). It is important to answer exactly what the question is asking.

Regarding management, some candidates' responses made inappropriate assumptions about the patient which gained no marks. If the question does not give information about a patient, do not make assumptions or judgements about that patient.

Case 9

This case focused on the initial assessment of a female patient presenting to an out-of-hours clinic in a rural location with symptoms suggestive of non-occlusive upper-limb venous thromboembolism. The patient returns several months later for pre-conceptual care.

Candidates who did not take into account the information in the scenario about the patient's medications when developing the initial management strategy scored poorly in this question.

The first question asks about a specific investigation to confirm the diagnosis. Candidates who only answered 'venous duplex' or 'Doppler' without specifying the body part did not score well. When asked for a specific investigation, candidates must consider what they would write on a request form in order to ensure the correct and appropriate test is performed, minimising any delay in the patient's care.

In managing the patient at the initial presentation, common errors included commencing medication such as warfarin and the new oral anticoagulants when they are licenced only for use in confirmed venous thromboembolism.

In the follow-on visit that centred on pre-conceptual care, the most common error was to not consider that the patient was at high risk of thromboembolism and therefore needed appropriate management, including appropriate specialist referral. Those who failed to appreciate this need for appropriate management gave answers that only outlined routine pre-conceptual care such as dietary modifications, folate supplement or assessing immunity to rubella.

This question was significantly 'over-coded' (too many answers given), with candidates providing lists of different tests, supplements or lifestyle changes. More than 20% of candidates provided one or more than the three components of the management required in the question and, upon more detailed analysis, it was identified that some candidates were providing lists of answers on each line.

Remember to look at your answer and see whether you have provided one answer per line and not created a list or given a range of examples to amplify your answer.

This KFP exam featured less 'over-coding' than in any previous exam; however, there was a small number of questions for which significant numbers of extra responses were given. These were generally where candidates provided lists or multiple examples on the same line.

Case 10

This case included a photograph with an accompanying clinical scenario describing a patient with severe rosacea. Candidates were required to identify the diagnosis, consider what history they would enquire about and outline their initial management.

In the history question, candidates often provided examination findings or asked questions about information already provided in the scenario, neither of which scored marks. If a question asks for history, do not provide management answers (and vice versa).

In terms of managing the patient, some candidates focused purely on pharmacological approaches rather than looking at the problem holistically and considering pharmacological and non-pharmacological approaches. Referring at initial presentation for a problem commonly encountered in general practice is not an appropriate management strategy and therefore did not score.

Case 11

This case focused on a presentation of mild-to-moderate postnatal depression in a new mother. It required identification of the initial key components of history and management in order to ensure the safety of the mother and child.

Questions assessing the risk of harm to the patient and the baby are the priority in this scenario.

Asking questions for which the answers are already given in the scenario does not score, and candidates should remember to take notice of all of the information provided before answering questions.

When providing answers to management questions, especially in the case of a breastfeeding mother, it is important to consider the strategies in the context of the case. Providing medication unsafe in breastfeeding to such a patient is inappropriate and potentially dangerous.

Providing non-specific answers such as 'support', 'counselling', 'review' or 'reassure' will not score marks in the KFP exam. These answers give no insight into a candidate's understanding or specific management of the case, and do not demonstrate that a candidate is competent, or even safe.

Just as answering 'GP management plans' does not score marks, a 'GP mental health treatment plan' is not a strategy in itself and will not score a mark. An outcome of a mental health treatment plan, such as referral to a clinical psychologist, is considered a management strategy.

Case 12

This case presented candidates with the pathology results of a 68-year-old woman that demonstrated renal disease and anaemia. Candidates were required to select which of the patient's medications might be contributing to her renal failure and anaemia, identify possible non-pharmacological causes for her anaemia, and provide an immediate management strategy at the follow-up appointment.

Common errors here centred on incorrectly identifying the type of anaemia and therefore its possible underlying causes, and not differentiating between immediate or long-term management.

It is important to answer in context of the patient. Blood donation was one a commonly provided cause for the patient's anaemia. While this might be appropriate in a younger patient, this patient's age and list of medications mean she would not be eligible to donate blood.

Remember, this is a key features paper, not an all-cause short-answer paper, so answer in the context of the scenario.

Case 13

This case focused on the assessment and management of a young child presenting with her parents, who are concerned about the child's weight. The scenario identifies that her obesity is not due to underlying disease processes.

In order to accurately assess a child's degree of obesity, you need to plot height and weight on a paediatric growth or paediatric body mass index (BMI) chart. Simply stating that you need to measure BMI is insufficient and did not score as well.

Despite the obesity being due to lifestyle factors, some candidates wanted to investigate the child at the initial presentation rather than give appropriate targeted lifestyle advice.

GPs should be familiar with the requirements for undertaking a GP management plan and subsequent team care arrangements. A description of eligible conditions can be found on the [Department of Health's website](#).

This presentation would not meet the strict criteria for a GP management plan and subsequent team care arrangements under Medicare. In addition, as mentioned previously, a GP management plan is not an answer that will attract marks in a KFP exam management question.

The case closed with the patient returning with skin lesions that are classic for a fungal infection, and candidates being asked to provide the appropriate management. Many candidates were not specific enough in their answer. While answers like 'topical antifungal' and 'antifungal cream' did score a mark, there were more marks available for being as detailed as possible about the medication and its regimen. Remember to be as explicit as possible when asked about pharmacological treatment.

Case 14

This case focused on a classical presentation of polymyalgia rheumatica and the subsequent investigation, management and complications of the disease.

The most common error in the question, which asked about the possible complications of untreated disease, was describing complications of the disease treatment rather than the underlying polymyalgia. Remember to review your answer and ensure that it addresses the question.

While most candidates identified the underlying disease, there were some who did not grasp this common clinical presentation and therefore provided inappropriate initial investigations in response to the question regarding the 'single most important test' to confirm the diagnosis.

Many candidates were unable to provide an appropriate medication and starting dose, either going well over the range of recommended doses or providing an inadequate dose.

Case 15

This case included an older woman with suspected cardiac failure. Candidates needed to synthesise the information given and consider what other information was required to assess the severity of the disease. Candidates then needed to consider appropriate investigations to confirm the diagnosis and outline their initial management strategy, taking the patient's current medications into account.

In the assessment component, common errors included asking the same question in different ways, such as writing 'orthopnoea' on one line and 'ask how many pillows the patient sleeps with' on another. You only score for one answer if your answers are too similar.

Remember to address the question asked. In this case, the most important components of initial management were requested. When formulating your answers, consider which responses are the key aspects of initial management and fit the context of the case. For example, checking flu vaccine and pneumococcal vaccine status may be appropriate opportunistic components of management, but are not key initial steps. Given that the patient is ambulant and does not have severe symptoms, referral to hospital or a cardiologist is likewise not a key initial management step.

Case 16

This case required candidates to identify acute care requirements from the given scenario and to arrange appropriate investigations and management. The patient had severe abdominal pain, prolonged vomiting for over 24 hours, and was known to have diabetes and to not have attended the practice for over a year.

Candidates' common errors included not identifying the urgency of the presentation, focusing on long-term management of the patient's alcohol use and failing to provide specific management steps.

The information provided in this scenario only stated that the patient had a significant amount of alcohol the day before he presented, not that he had a long-term problem with alcohol. It is important not to make unjustified assumptions or address issues not given in the scenario when answering KFP exam questions. In management questions, listing responses such as 'analgesia' without providing specific medication details does not gain marks.

Being able to triage and assess acute presentations is fundamental to safe clinical practice, no matter where you practise.

Case 17

This case focused on the presentation in a teenage girl with a three-month history of weight loss, amenorrhoea and diarrhoea. She had a preceding illness immediately prior to the development of symptoms. Candidates were required to explore the most likely initial differential diagnoses to fit the presentation and then investigate.

Most candidates provided a broad range of likely differential diagnoses and scored well. The candidates who did not score as well either listed several similar conditions (such as possible types of eating disorders) or focused on diagnoses that would not be the most likely initial differential diagnoses to consider.

Case 18

In this included an older man who initially presented with tinea cruris, as shown on the clinical image provided. Candidates were required to identify the rash and consider possible underlying conditions.

While identifying the rash was generally done well, identifying the important underlying conditions was not answered as well. Some candidates provided possible differential diagnoses of the rash, rather than conditions which predispose to tinea cruris.

In the second half of the case, the patient returned with a classic herpes zoster rash and candidates were required to identify appropriate medication regimens. The most common error was to provide treatment regimens appropriate for genital herpes rather than herpes zoster.

The final question concerned the patient's request for the herpes zoster vaccination (Zostavax), assessing whether candidates were aware of the prescribing issues around the vaccination and a recent episode of herpes zoster.

Candidates must be aware of important changes to policy and guidelines, such as changes to immunisation schedules or new immunisations. The [Immunise Australia Program website](#) is a useful resource for Australian immunisation-related guidelines and updates.

Case 19

This case focused on a teenager who is brought in by her mother, who is concerned about her daughter's symptoms of fatigue over the preceding three months.

This question addressed the recent NPS MedicineWise guidelines relating to the rational approach to the investigation and management of the non-specific presentation of fatigue. The [NPS MedicineWise learning module](#) is available online.

It is important to ensure that candidates are following contemporary guidelines and providing rational care to minimise cost to the individual and the health service. Fatigue is commonly over investigated with little yield from test results and investigations need to be appropriately focused.

The initial question asked about any further history, other than that related to mental health, which you would most like to obtain. Despite this prompt, many candidates focused on mental health. Another common response was family history, which is not a key focused aspect of history in this case, given the information in the scenario.

The investigation component was generally done well, with candidates selecting the key investigations in line with recent literature.

Case 20

This focused on a six-year-old boy presenting with his mother, who is concerned he is limping. The onset of the limp is acute; over the preceding few days only. Candidates were required to generate an initial list of differentials relevant to the presentation and choose useful initial investigations.

While generally approached well, some candidates did not take into consideration all of the information provided in the clinical scenario and listed all possible causes of limping in a child. Differential diagnoses such as trauma, congenital issues, and issues seen in older children with hip issues did not score marks.

It is important to ensure all information is utilised and not to provide answers inconsistent with that information.

The last part of the case asked for the appropriate management of molluscum contagiosum, which was found while examining the child, with the key answer that no treatment is required. Molluscum contagiosum lesions are benign and self-limiting. While there are various treatment options for this condition, they are not appropriate in this case given the child's age and minimal impact of the lesions.

Case 21

This case required candidates to provide contraindications for prescribing the combined oral contraceptive. This was a straightforward question that was generally done well. The most common reason for scoring poorly was providing answers that were not specific enough, eg indicating obesity without specifying the BMI above which the combined oral contraceptive must not be prescribed, not defining what type of migraines are problematic, and writing family history without being specific as to what family history is most relevant.

In the second part of this case, candidates were advised that the patient does have a contraindication. The question asked what advice is important to provide when counselling a patient prior to prescribing the progestogen-only contraceptive pill.

There were two common errors in this question. The first was not providing key pieces of advice (ie what to do if pills were missed), but instead including less relevant answers (ie giving advice about interactions with specific drugs that the patient is unlikely to encounter). The second error was failing to make answers specific enough. Broad answers such as 'advise on missed pills' and 'advise if has diarrhoea' without actually stating what the patient had to do did not score marks.

Case 22

This case featured a young adult male with poorly controlled asthma. Candidates needed to identify that the patient's asthma was deteriorating and follow the appropriate asthma guidelines in order to address the immediate and long-term management.

One question focused on medication choices and another on non-pharmacological issues such as reviewing inhaler technique and use of spacer devices. It is important to read the questions closely and not list non-pharmacological approaches when asked for pharmacological choices, and vice versa.

Candidates' common errors included not utilising stepwise management of medication in line with guidelines, giving paediatric doses (the patient was 18) or other inappropriate treatment regimens, and providing answers such as 'inhaled steroids' without being specific about the drug and dose.

The final part of the case required candidates to identify a coincidental finding of a middle-ear effusion. The image included was classic for secretory or serous otitis media. Many candidates described it as acute otitis media; however, there was no evidence of inflammation or infection in the image to support this diagnosis.

Case 23

Candidates were required to identify atrial fibrillation on an ECG and then identify the aspects of history, other than those given in the scenario, needed to assess future risk of stroke.

This question was generally done well, with candidates demonstrating knowledge of the latest guidelines on stroke prevention in atrial fibrillation.

Case 24

Candidates were presented with a scenario in which a 31-year-old female patient presented with symptoms suggestive of a manic episode as part of bipolar disorder. There was no previous history of mania, but a confirmed prior history of depression.

Candidates were asked to offer a single differential diagnosis. The key component was that it was a manic episode/phase of bipolar disorder. Mania alone scored fewer marks.

Quality answers in regards to immediate management considered both mental health and physical health/safety aspects. The scenario described behaviours that put the patient at risk of pregnancy and sexually transmitted infections, which were important to consider.

Candidates needed to consider pharmacological and non-pharmacological strategies when considering long-term management. Some candidates focused only on medication strategies rather than looking at appropriate referrals, specific elements of self-management and defined support networks.

Case 25

Candidates were required to identify symptomology of an acute pertussis infection in the married mother of a five-month-old boy.

The second question asked for the key single investigation. While generally done well, some candidates were not specific enough in their responses, giving answers such as 'PCR', 'nose swab' or 'serology'. As discussed, candidates need to specify the exact test and site (if applicable) to gain full marks.

Key points in the management of the case were to provide appropriate medication to the mother, advise on an exclusion period from work (giving an appropriate duration), and treat the husband and son with an appropriate antibiotic.

Guidelines state that if there is a child under the age of six months in the household of a patient with pertussis, all people in the house should receive prophylactic treatment. Given the recurrent outbreaks of pertussis in Australia, it is important that the guidelines are known in order for those at risk of infection and severe adverse outcomes to be protected.

Case 26

The final case presented a 71-year-old female patient, for whom English is not her first language, who presented with a breast lump. Candidates were required to provide details of immediate management at the initial presentation, and ongoing management when further investigation showed a suspicious lesion.

Candidates' common errors in this case were not identifying the need for a translator to assist in the consultation in either initial or ongoing management, involving family in decisions without the patient's consent, and arranging ultrasound when the key investigation is a mammogram in the patient's age group.

In terms of ongoing management, several candidates referred the patient for palliative care rather than curative treatment. At 71 years old, referral for consideration of curative treatment is more appropriate, unless the patient felt strongly otherwise.

In cases such as this, it is important that professional translators rather than family members are used whenever possible to translate, especially without patient consent.

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 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 particular 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 Examination guide](#) and consider the exam support online (ESO) modules that will become available for the AKT and the KFP exam in the coming months via [gplearning](#).



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