RACGP

RACGP Education

Exam report 2022.2 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.

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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. 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 Clinical Competency Exam (CCE) pass mark is determined by the borderline regression method (refer to The Royal Australian College of General Practitioners [RACGP] Education Examination 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 variables.

Table 1. Psychometrics

Mean score (%)	69.35
Standard deviation (%)	9.09
Reliability*	0.86
Pass mark (cut score %)	61.07
Pass rate (%)	82.08
Number sat	787

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

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2. Candidate score distribution

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

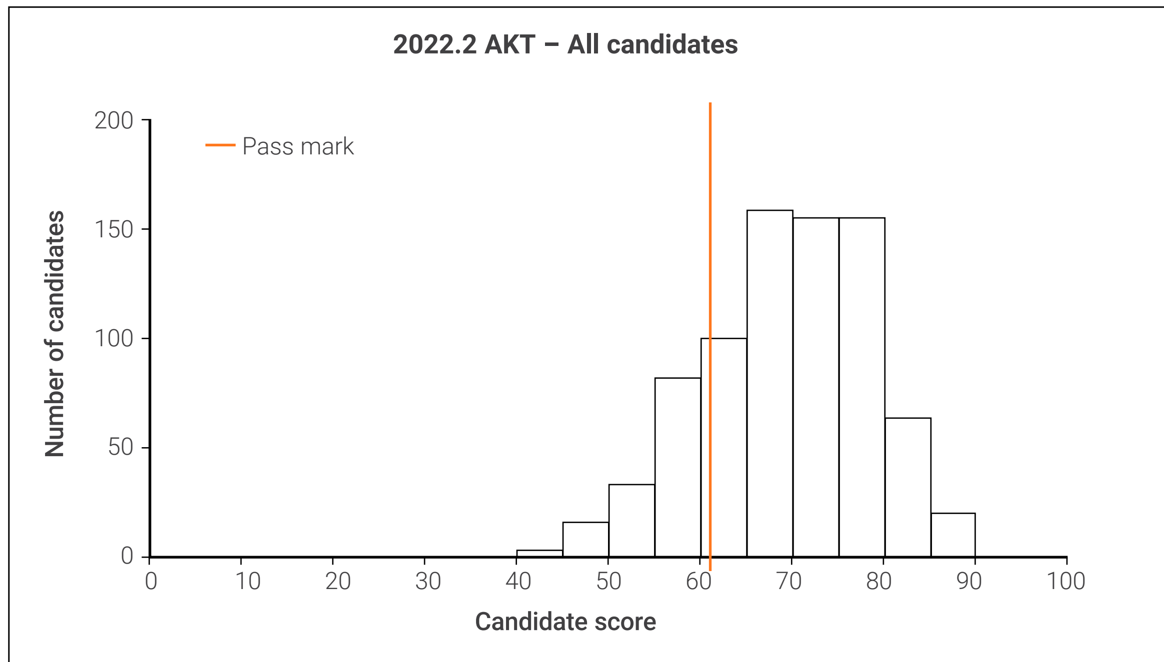

Figure 1. 2022.2 AKT score distribution.

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3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. A general trend suggests the rate of passing diminishes with each subsequent attempt. Preparation and readiness to sit are important for candidate success.

Table 2. Pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	88.0
Second attempt	65.8
Third attempt	48.4
Fourth and subsequent attempts	41.7

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4. Feedback report on 2022.2 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.

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 2022.2 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

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5. Example cases

Example 1

The clinical scenario described a man, aged 67 years, requesting prostate cancer screening. He was asymptomatic. His prostate-specific antigen (PSA) test result of 4.1 μg/L was also provided.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was to arrange repeat PSA testing in six weeks. Alternative options included reassuring him that no further investigation is required and ultrasound of the prostate.

This question required candidates to correctly interpret the PSA test result in the context of the patient's age. The Australian PSA testing guidelines recommend that, for men aged 50–69 years with an initial PSA of >3 μg/L, a repeat PSA test should be done in 1–3 months. If the repeat PSA testing level is also >3 μg/L, further investigation is indicated. Requests for prostate cancer screening are common in Australian general practice. It is important that GPs can counsel patients regarding the benefits and harms of screening to enable informed decision-making. GPs must then be able to appropriately interpret and manage the PSA test result.

Example 2

The clinical scenario described a woman, aged 39 years, with a history of asthma presenting for influenza immunisation. She had previously used fluticasone propionate daily for asthma prevention, but ran out six months prior and had not been using a preventer medication recently. She had been using her salbutamol inhaler once per week during the day for several months. A normal physical examination was provided.

The question asked, 'What is the MOST appropriate pharmacological management of her asthma?'. Of the options provided, the most appropriate response was budesonide–formoterol 100 mcg/3 mcg two inhalations as required. Alternative options included continuing salbutamol as required and budesonide–formoterol 200 mcg/6 mcg inhaled twice daily.

This question required candidates to apply their knowledge of the Australian asthma management guidelines (*Australian asthma handbook*) to the clinical scenario. Candidates first needed to assess this patient's asthma control as poor, given her weekly use of salbutamol. They then needed to demonstrate an understanding of appropriate 'step-up' regimes for poorly controlled asthma. Asthma is a common presentation to Australian general practice, and it is important for GPs to be able to prescribe appropriately, based on symptom frequency and severity.

Example 3

The clinical scenario described a man, aged 39 years, presenting with an irritated eye. He had experienced eye pain and 'spots' in his vision the night before while grinding metal. Physical examination findings, including a subconjunctival haemorrhage and normal, symmetrical visual acuity, were provided.

The question asked, 'What is the MOST appropriate management?'. Of the options provided, the

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most appropriate response was urgent review by ophthalmologist. Alternative options included reassurance that symptoms would settle spontaneously and prescription of chloramphenicol eye drops.

This is an example of a two-step question. It required candidates to recognise symptoms and signs consistent with an intraocular metallic foreign body and to select the correct management. While this is a rare presentation, it is a diagnosis not to be missed, as it can lead to permanent visual impairment. Therefore, urgent review by an ophthalmologist is indicated.

Example 4

The clinical scenario described a woman, aged 28 years, presenting with a severe facial rash that began after using a new cosmetic cream. The patient was 24 weeks pregnant. An image supporting the likely diagnosis of perioral dermatitis was provided.

The question asked, 'What is the MOST appropriate pharmacological management?'. Of the options provided, the most appropriate response was prescription of oral erythromycin. Alternative options included prescription of oral doxycycline and prescription of topical methylprednisolone aceponate ointment.

This question required candidates to consolidate several pieces of knowledge and apply them to the given scenario. First, candidates needed to make the appropriate diagnosis of perioral dermatitis. The next step was for candidates to consider appropriate treatment options, while also considering contraindications. First-line treatment for severe perioral dermatitis is oral doxycycline. However, as doxycycline is not recommended after 18 weeks of pregnancy, candidates needed to select erythromycin as the preferred antibiotic in this case. As perioral dermatitis is a common presentation to Australian general practice, GPs should be aware of both first- and second-line treatment options.

Example 5

The clinical scenario described a woman, aged 22 years, presenting with a dry cough and pleuritic chest pain. Physical examination demonstrated tachycardia. Her chest X-ray was reported as normal.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was D-dimer. Alternative options included prescription of oral amoxicillin or oral diclofenac.

This question required candidates to consider the symptoms and signs of a pulmonary embolism (PE), which is a diagnosis not to be missed. Although this patient did not have specific risk factors for a PE, her symptoms and physical examination findings indicated that PE is a differential diagnosis for this case, and therefore, required PE to be excluded. Her low-risk Wells score meant that a D-dimer was the most appropriate investigation to exclude PE.

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6. Further information

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

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