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Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2020.2 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 Remote Clinical Exam (RCE) 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 variables.

Table 1. Psychometrics

Mean score (%)	68.66
Standard deviation (%)	11.23
Reliability*	0.91
Pass mark (cut score %)	61.90
Pass rate (%)	72.64
Number sat	1089

*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.

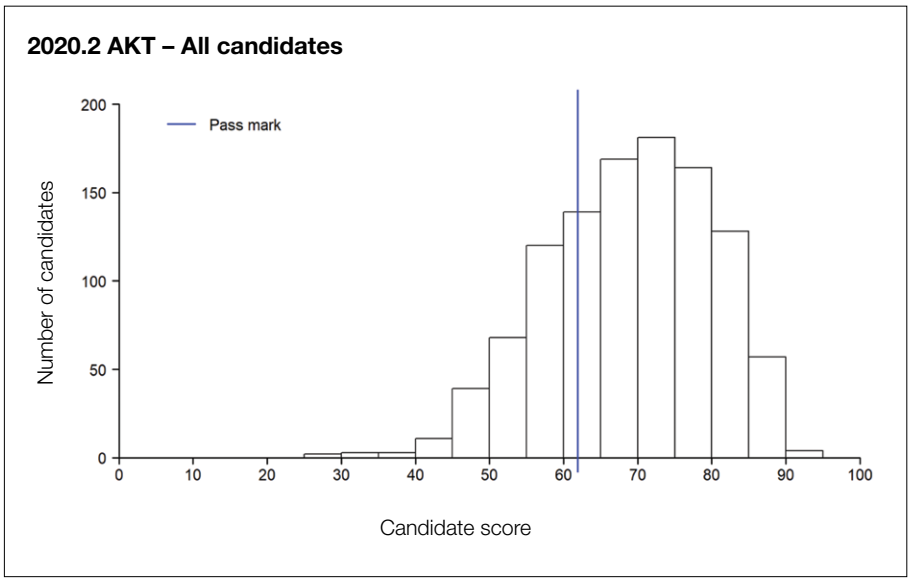

Figure 1. 2020.2 AKT score distribution

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	85.2
Second attempt	55.8
Third attempt	41.5
Fourth and subsequent attempts	12.0

4. Feedback report on 2020.2 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 2020.2 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

5. Example cases

Example 1

The clinical scenario described an elderly woman who had recently had a squamous cell carcinoma excised. The lesion was removed with appropriate macroscopic margins as recommended by current guidelines. The histopathology report detailing complete excision with appropriate microscopic margins was provided.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to advise that no further surgical management was required for this lesion. Alternative options included re-excision with larger margins and applying imiquimod to the scar.

This question required candidates to have a knowledge of the current guideline recommendations for the appropriate surgical margins for skin cancer excision. In this instance, candidates needed to appreciate that this patient had already undergone all necessary treatment for her squamous cell carcinoma. Further excision was unnecessary

and would put the patient at risk of complications associated with treatment.

Example 2

The clinical scenario described a young Aboriginal woman with a history of polycystic ovarian syndrome. She had previously completed an oral glucose tolerance test at the time of diagnosis but had no subsequent screening for diabetes mellitus.

The question asked, 'What is the MOST appropriate screening for diabetes to recommend?' Of the options provided, the most appropriate response was HbA1c every 12 months. Alternative options included fasting blood glucose every six months and oral glucose tolerance test every two years.

This question required candidates to be aware that Aboriginal patients are at higher risk of developing type 2 diabetes and that this patient had an even higher risk due to her history of polycystic ovarian syndrome. The RACGP's *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* recommends screening such patients with HbA1c or fasting blood glucose every 12 months.

Example 3

The clinical scenario described an adolescent male presenting with a fever and sore throat for several days. An image was provided that clearly demonstrated the classical features of peritonsillar abscess.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to transfer the man to hospital urgently for surgical review. Alternative options included prescribing oral phenoxymethylpenicillin and prescribing oral prednisolone.

This question tested candidates' knowledge of typical emergency presentations to Australian general practice. Due to the potential serious complications of peritonsillar abscess, including airway obstruction, urgent drainage was required. Attempting to treat this patient in the community with oral therapy would have put his life at risk.

Example 4

The clinical scenario described a young woman presenting with several weeks of painless vaginal spotting. She was not at risk of pregnancy and had a normal cervical screening test two years prior. Her physical examination was normal and an endocervical swab for chlamydia polymerase chain reaction was performed.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to repeat her cervical screening test with a co-test. Alternative options included cervical screening test and referral for colposcopy.

This question required candidates to have a knowledge of appropriate investigation of vaginal bleeding. The cervical screening test is a screening test and is not sufficient to investigate a symptomatic patient. In this circumstance, a co-test should also be requested. Candidates should not be falsely reassured by a negative test that was

performed years prior when the patient was asymptomatic. Although this patient may require a colposcopy at a later date, GPs can complete appropriate investigations before referral to a gynaecologist.

Example 5

The clinical scenario described a young man who requested a repeat prescription for his asthma medications. He had exercise-induced asthma that had been well controlled on an inhaled corticosteroid for the previous 12 months.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to reduce the dose of his inhaled corticosteroid. Alternative options included changing to another inhaled corticosteroid and continuing his current treatment regimen for a further 12 months.

Asthma is a common presentation to Australian general practice and it is important that GPs appropriately increase or decrease a patient's medications as needed. The ultimate aim of stepped adjustment of asthma medication is to determine the lowest dose of medication to achieve symptom control, as per current guidelines.

6. Further information

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

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