RACGP Education

Exam report 2023.1 KFP

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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.

ID-4515

1. 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 Key Feature Problem (KFP) exam. The modified Angoff standard-setting method is used in determining the pass mark. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

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. 2023.1 KFP psychometrics

Mean score (%)	55.52
Standard deviation (%)	7.43
Reliability	0.81
Pass mark (cut score %)	53.15
Pass rate (%)	65.45
Number sat	851

2. Candidate score distribution

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

2023.1 KFP − All candidates
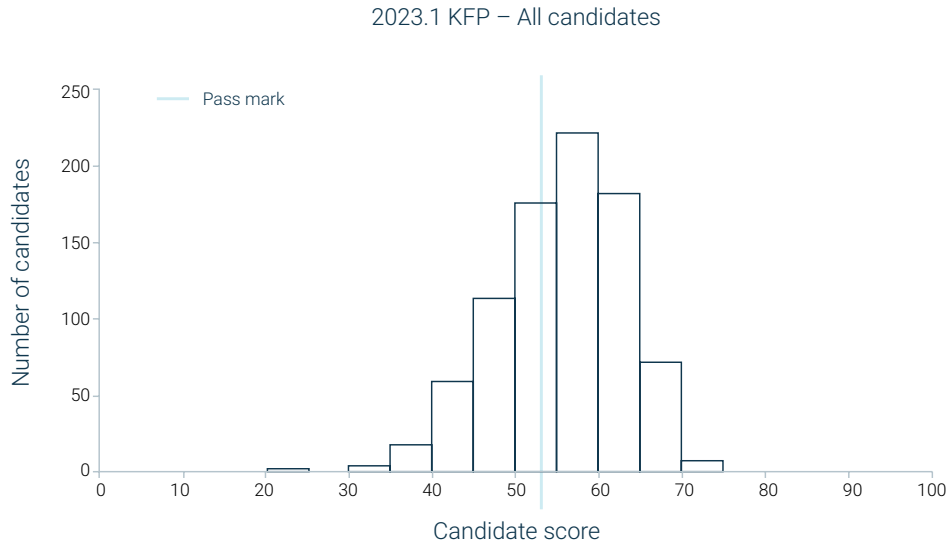
Figure 1. Final 2023.1 KFP score distribution.

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As shown 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

Attempts	Pass rate (%)
First attempt	78.0%
Second attempt	34.8%
Third attempt	21.4%
Fourth and subsequent attempts	16.7%

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 732 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2023.1 exam cycle.

Table 3. 2023.1 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	501	68.4%
Pass	Fail	135	18.4%
Fail	Pass	7	1.0%
Fail	Fail	89	12.1%
Total		**732**	**100%**

5. Feedback report on 2023.1 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.

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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 the 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 what constituted good answers.

The feedback is provided so all candidates can reflect on their own performance in each case. It is also being provided so that 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 Examination guide.

Case 1

This case focused on a girl, aged 17 years, presenting with symptoms suggestive of polycystic ovary syndrome (PCOS). Candidates were required to synthesise the information in the presentation and identify the most appropriate investigations to determine the primary diagnosis and the possible long-term conditions associated with PCOS that need to be discussed with the patient. The final question required candidates to provide appropriate medication strategies to assist in regulating the patient's menstrual cycle.

In this case, candidates who scored well were able to identify the diagnosis from the information given and provide a broad range of long-term conditions associated with PCOS. The most common errors in this were was not considering the information in the scenario when providing medication for regulation of the patient's periods, and prescribing medication that was either contraindicated by pre-existing conditions or not related to cycle regulation.

Case 2

Candidates were provided with a clinical photograph and patient information that required them to identify the primary diagnosis of hand, foot and mouth disease in a man, aged 45 years, and the appropriate non-pharmacological advice that needs to be discussed with the patient. The last question in the case included another clinical photograph and information, and required candidates to identify a pyogenic granuloma.

The most common issues seen in this case were not providing appropriate information to the patient and advocating pharmacological management when the question specifically asked for non-pharmacological management.

Case 3

This case focused on a woman, aged 59 years, presenting with symptoms relating to changes to her tongue. A clinical photograph supplemented the written scenario. Candidates were required to identify the primary diagnosis of geographic tongue. In the second half of the case, the patient presents several months later with a rash on their palms and feet. Candidates were required to identify that the patient had developed psoriasis and to provide appropriate pharmacological management in line with current guidelines.

In this case, the most common errors were providing treatments that either the patient was already documented as using in the case scenario or were non-pharmacological treatments. In the KFP exam, it is important to ensure that all information in the scenario is considered and that the answers are provided in the context of the patient described.

Case 4

Candidates were presented with a man, aged 28 years, with painful lesions on his penis. His current presentation and his past medical history were provided, as well as a clinical photograph. Candidates were required to identify the diagnosis of genital herpes and appropriate investigations, and provide the key non-pharmacological advice relevant for this condition and patient.

The most common error was not being able to provide essential non-pharmacological advice relevant to the patient.

Case 5

This case focused on the management of a man, aged 66 years, with comorbidities of diabetes, hypertension and asthma, whose renal function was deteriorating and blood pressure was above the range recommended for treatment goals according to current guidelines. The case evolves, and the patient requires a colonoscopy and, due to progression of the diabetes, needs to transition to insulin use.

Candidates were required to manage his polypharmacy to optimise his treatment, and provide appropriate advice on how to manage his medications, how to manage his medications prior to a colonoscopy and on insulin administration.

The most common issues in this case were not identifying the relevant medications to adjust or change to optimise health outcomes, and not providing appropriate advice regarding the self-administration of insulin.

Case 6

Candidates were presented with a man, aged 67 years, with an abnormal lipid profile and a calculated cardiovascular risk. Candidates were asked to provide appropriate lifestyle advice, pharmacological management and complications of this management that need to be discussed with the patient to ensure that the patient can make an informed decision about treatment.

While this case was generally answered correctly, the most common errors were not providing specific lifestyle advice or discussing side effects specific to statins, or providing non-specific answers, such as 'lose weight' or 'exercise more' for lifestyle advice and 'nausea', 'diarrhoea' or 'headaches' for side effects of medication.

Case 7

This case focused on a woman, aged 42 years, presenting with symptoms indicative of Ramsay Hunt syndrome. Candidates were required to provide the initial investigations to confirm the diagnosis, the immediate management and then the subsequent management of post-herpetic neuralgia when the patient returns a few months later with persistent pain. Candidates were asked to provide treatments from different drug classes and to provide the name of both the drug and the drug class. Dosages were not required.

The most common errors in this case were not correctly identifying the diagnosis from all the information provided, and therefore providing incorrect medications. For the post-herpetic neuralgia question, some candidates mixed up drugs and their relevant drug classes or listed drugs from the same class, but assigned them different classes.

From 2023.2 onwards there will be no drug doses required within the KFP, although candidates might still be required to provide route of administration or frequency of administration.

Case 8

This case focused on an Aboriginal boy, aged 14 years, presenting with symptoms and signs suggestive of volatile substance use. Candidates were required to identify the risk factors for volatile substance use, and discuss how they would approach harm minimisation and develop a management plan in partnership with the patient's family and community following a subsequent admission to the local emergency department.

In this case, the question relating to harm minimisation was not answered well. It is important to remember that we need to develop approaches to support our patients, ensuring we are non-judgemental, and that the principles of harm minimisation are similar, regardless of what might be increasing the risk of harm, and these principles can be adapted to the context of the patient.

Case 9

Candidates were presented with a boy, aged 18 months, with symptoms of a respiratory tract infection. Candidates were required to identify what further history would assist in determining a significant cause for the presentation, rather than a simple upper respiratory tract infection. Candidates did well with this question, but the most common errors for those not scoring well were centred on non-specific answers or answers irrelevant to the question and not addressing serious underlying causes.

The second half of the case changes direction when the mother of the child asks for the results of her husband's tests that were ordered when they were in an appointment together. Cases will often change direction to assess across the domains of general practice.

Case 10

Candidates were presented with an Aboriginal woman, aged 21 years, who had a two-week history of intermittent bilateral eye discomfort associated with thick discharge. A clinical photograph suggestive of trachoma was provided.

The questions required candidates to address the non-pharmacological management of the patient's presentation, the preventative public health measures that are relevant, and strategies used to ensure culturally safe, appropriate and effective communication in the consultation.

The most common errors in this case were not providing answers both specific and relevant to the diagnosis, not ensuring culturally safe communication and using broad terms that do not demonstrate an understanding of the issues.

Case 11

This case focused on a young woman with borderline personality disorder and chaotic lifestyle who presents with a series of different presentations, including requesting a medical termination of pregnancy, alcohol detoxification and an acute postnatal deterioration in her mental health. Candidates were required to identify key relevant elements in the management of each presentation.

The most common errors were not providing answers relevant to the question or the patient and location. Candidates often answered the acute mental health issues from the position of an emergency department, and not from general practice, and focused on the baby rather than the mother. While considering that the baby is important, the questions were specifically about managing the mother's presentation.

The KFP exam is designed to assess whether candidates can apply their knowledge and skills to an individual patient, tailoring their investigations and management to the individual, and ensuring all information is taken into account. Failing to do this when providing answers will significantly reduce the number of marks awarded.

Case 12

Candidates were presented with a woman, aged 35 years who had 12 months of symptoms highly suggestive of migraines. Candidates were also provided with details of her past medical history, medication and social history.

The questions in this case required candidates to provide appropriate pharmacological and non-pharmacological management for the management of her migraines and then consider prophylaxis options when the migraines continue.

The most common errors were providing medications already being used by the patient, providing non-specific lifestyle advice that was not relevant to the case given the information provided in the case scenario. Some candidates provided drug classes rather than specific medication, or provided drug classes and then an example that was often incorrect.

In the KFP exam, only provide examples when asked for them. Extra marks are not awarded for examples unless they are asked for.

Case 13

Candidates were presented with a woman, aged 69 years, who had symptoms suggestive of urge incontinence. Candidates were provided with her past medical history, medication summary and social history.

The questions required candidates to identify elements, from all the information provided, that could be exacerbating her symptoms, provide the relevant examination findings that could confirm the diagnosis, and finally, and identify the key non-pharmacological management to try to improve the patient's symptoms.

The most common issues with candidates' answers to the history question were providing contributing factors that were not in the detailed history. In the management question, some candidates provided pharmacological management options or non-specific referrals, without demonstrating what they were being referred for.

Case 14

This case focused on a man, aged 42 years, presenting to a rural emergency department with a rapid pulse. Further information on the presenting symptoms and patient history were provided, as well as an electrocardiogram. The information converges on a diagnosis of paroxysmal supraventricular tachycardia.

Candidates were then required to provide the emergency management and long-term management to prevent recurrence.

This question was answered well, but a common error, as in other cases, was to provide non-pharmacological treatments when asked for pharmacological treatments.

Case 15

Candidates were presented with a child with symptoms and signs of pneumonia. Candidates were required to the provide the most appropriate investigations and treatment based on the severity of the clinical findings.

The most common errors were not identifying the severity of the illness and not prescribing the most appropriate antibiotics. The clinical scenario provided clear details that this was a severe community-acquired pneumonia.

It is important to consider all the information provided in the scenario, and provide answers that relate to the specific patient and their individual circumstances.

Case 16

This case focused on a woman, aged 57 years, presenting with a rash on her chest that was becoming worse and tender. Candidates were required to identify the rash from both the description and clinical photographs as actinic keratoses, and then provide the appropriate topical management. The final part of the case required candidates to provide an appropriate response to the patient when she submits a complaint about an adverse outcome following a biopsy that was undertaken by a colleague.

While this question was generally answered well overall, some candidates did not correctly identify the widespread rash, and therefore provided inappropriate treatment.

Case 17

In this case, candidates were required to identify and manage appropriately a new mother presenting with increasing pain and swelling in her wrist. As the case evolves and further information provided, candidates needed to be able to identify and manage evolving postnatal depression.

While most candidates correctly identified the correct diagnosis of the wrist pain, answers on how to manage the initial presentation were often non-specific, did not take the patient's context into account or were medication based when this was a non-pharmacological management question.

In KFP questions that focus on the management of musculoskeletal presentations, candidates will often respond with 'rest, ice, compression and elevation' either on a single line (which means four answers on one line and subsequent extra responses) or across four lines. These answers do not demonstrate to the examiner any understanding of the patient's context, and are either impractical or incorrect given the context; therefore, are not awarded marks.

Case 18

This case focused on a man, aged 64 years, with complex comorbidities who presents with symptoms indicative of a ruptured Achilles tendon. Candidates were required to identify the diagnosis, provide examination findings that would support the diagnosis, and then, considering his comorbidities, provide the appropriate management.

The main errors for candidates not scoring well in this case were not correctly identifying the Achilles tendon rupture, and therefore not providing the correct management.

Case 19

This case focused on the management of a man, aged 91 years, who is a resident of an aged care facility, and has a history of increasing falls and a change in his gait on a background of complex comorbidities. Candidates were provided with his medical and medication history, as well as recent investigations. From the information provided, candidates were required to identify the most appropriate further investigations, the underlying cause for his gait change, and both pharmacological and non-pharmacological interventions required.

While most candidates were able to provide the appropriate diagnosis for the falls and investigations, some candidates were unable to provide appropriate changes to his medications to either optimise his management, or provided treatment contraindicated by the information in the scenario. In the non-pharmacological question, non-specific answers regarding generic referrals with no details, or not managing the presenting problem, were common errors.

Case 20

This case focused on a woman, aged 48 years, presenting with new onset of symmetrical swollen joints with associated stiffness and pain. Candidates were required to identify appropriate investigations to confirm the diagnosis, provide appropriate management while awaiting referral to a rheumatologist, and then correctly identify complications secondary to the disease modifying drugs she is given by the rheumatologist.

The most common errors for this case were not providing management that took into account the information in the stem, or medication that would be contraindicated, and in the final question, not identifying the correct diagnosis from the detailed information provided for the complications due to the second-line drug treatment.

Case 21

Candidates were presented with a girl, aged 15 years, who had symptoms highly suggestive of coeliac disease. Candidates were required to provide the diagnosis, confirmatory investigations and non-pharmacological management from the detailed information provided.

While this question was answered correctly by most candidates, the most common errors were related to the non-pharmacological management question, with candidates providing non-specific advice and non-specific referrals.

Case 22

This case focused on a woman, aged 87 years, who presents following a fall at home. Candidates were required to identify the appropriate management, including subsequent dressings for an elderly patient presenting with a large skin tear.

This question was not answered correctly by most candidates. While most candidates provided appropriate initial management of the wound, they did not identify the correct dressing and the appropriate advice to offer the patient for ongoing wound care.

Case 23

This case focused on a woman, aged 61 years, presenting to a rural emergency department with symptoms and signs of an acute dental infection, which candidates were required to diagnose and manage appropriately. Candidates were also provided with a clinical photograph. The final question required candidates to identify from further information that the patient had deteriorated and required emergency management, the priority of which was to secure her airway.

The most common errors in this case were providing medication management that was contraindicated by either established allergies to medication or by the patient's comorbidities or medication, and in the final part of the case, not identifying the severity of the presentation and looking to medication to manage the situation rather than securing the airway.

Case 24

This case focused on a man, aged 74 years, presenting with recurrent abdominal pain. The patient had a past history of adenocarcinoma of the colon, which was successfully treated at the time with surgical resection and chemotherapy. Candidates were required to provide further aspects of the history they would enquire about and the investigations that would be appropriate to establish the diagnosis. The final question in this case required candidates to provide appropriate advice to the patient's son who enquires about relevant screening tests, given the details provided about his father's history.

The most common error was in the final question, where candidates did not provide the appropriate advice in line with current guidelines.

Case 25

Candidates were presented with a woman, aged 21 years, with the symptoms, and examination and spirometry findings, of exercise-induced asthma. Candidates needed to provide the further history required to confirm the diagnosis and then subsequently manage her treatment. In the final question, candidates were required to detail the non-pharmacological steps required when the patient did not respond to the correct initial treatment.

The most common errors were not providing appropriate management in line with current guidelines, in terms of prescribing medication and when to use the medication, as well as simply increasing medication in the final question, when the question specifically asked for non-pharmacological management.

Case 26

Candidates were presented with a man, aged 68 years, who has a diagnosis of mesothelioma and advanced disease. Candidates were required to not only manage the patient, but consider the needs of the patient's wife as his carer and provide strategies to assist her in her role. The final question required candidates to address the medication strategies to manage the patient's pain, and provide different drug classes that would be appropriate and a relevant drug from that class.

The most common errors for this case were not providing relevant and appropriate strategies for supporting the patient's wife, and focusing on just the patient's symptoms and presentation. For the final question, some candidates provided drugs from the same class, or inappropriate examples that are not part of palliative care management or related to managing his pain, but rather other symptoms he might develop due to his diagnosis.

6. In conclusion

As with previous examination cycles, there are several common themes to consider when approaching the KFP exam:

- Candidates must answer the question in the context of the clinical scenario, using all the information provided. The information will be relevant to consider in response to each question and will impact answers, as it might provide information that could significantly impact investigations or management.

- It is important to ensure that answers provided are relevant to the key features of the case presentation, including the age, gender, comorbidities and other information provided.

- Provide only the number of answers requested; providing additional answers increases the risk of overcoding. Do not provide examples unless requested.

- Be specific in answers. Non-specific answers might not score or could attract fewer marks.

- Ensure that answers provided are appropriate to, and address the severity and acuity of, illness within the case presentation, as well as the location of the patient encounter.

- As the cases are all developed in line with current guidelines, it is therefore important that candidates are aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.

- Candidates should access the practice exams provided and use the RACGP assessment resources, such as the exam support online modules accessed via *gplearning*.

From 2023.2 onwards there will be no drug doses required within the KFP, although candidates might still be required to provide route of administration or frequency of administration.

7. Further information

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

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