

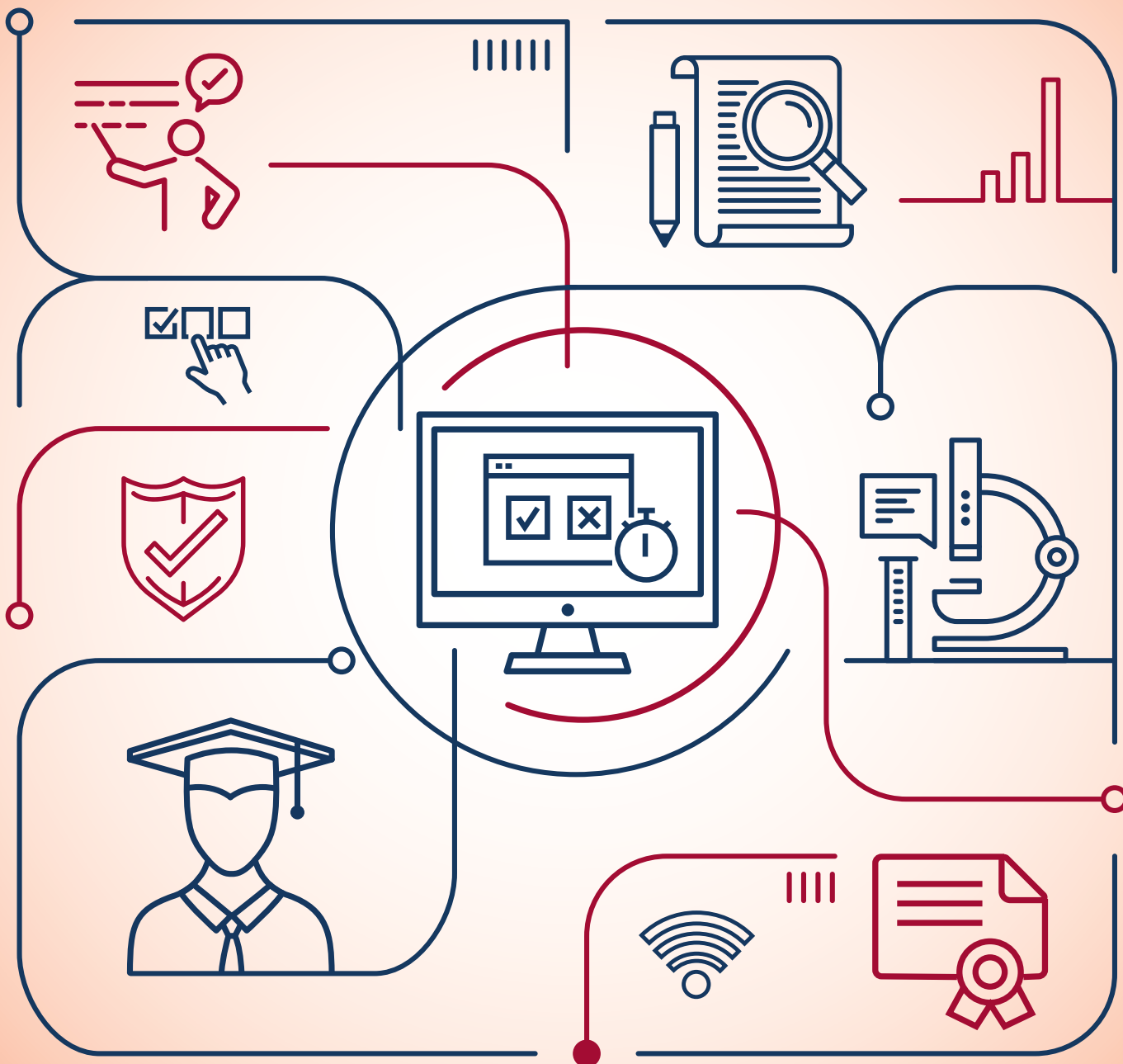


RACGP

Royal Australian College of General Practitioners

# RACGP Education

## Exam report 2020.1 KFP



## **Exam report 2020.1 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.*

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## 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 exam. The pass mark for the Applied Knowledge Test (AKT) and Key Feature Problem (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.

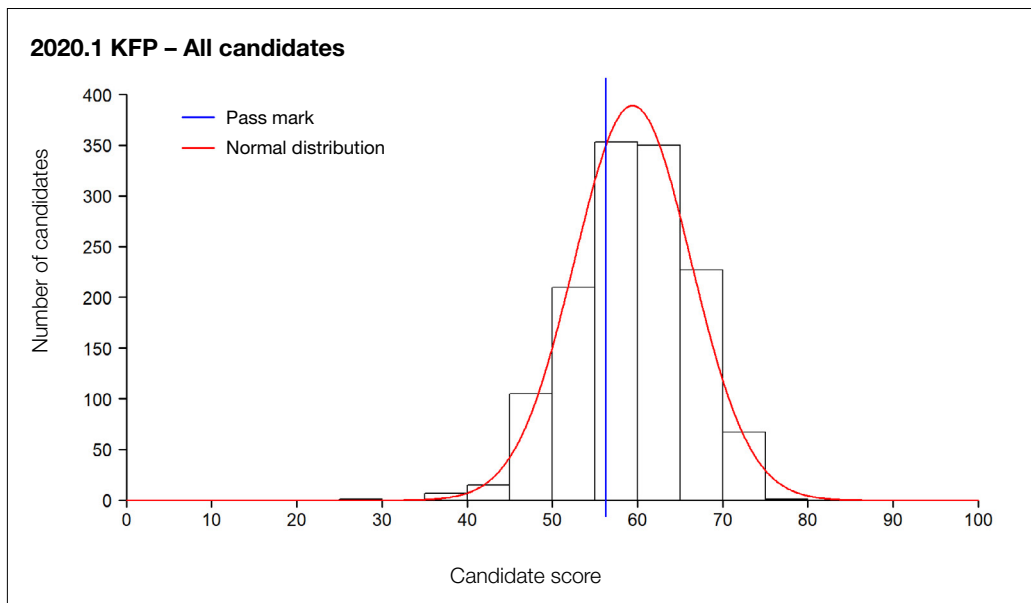
The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates; there is not a set number or percentage of people who pass the exam.

**Table 1. 2020.1 KFP psychometrics**

Mean score (%)	59.43
Standard deviation (%)	6.85
Reliability	0.80
Pass mark (%)	56.27
Pass rate (%)	68.86
Number sat	1336

## Candidate score distribution histogram

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



**Figure 1. Final 2020.1 KFP score distribution**

## 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. 2020.1 KFP pass rates by number of attempts**

Attempts	Pass rate (%)
First attempt	81.7
Second attempt	57.3
Third attempt	54.1
Fourth and subsequent attempts	43.6

## 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 or 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 (Table 3). Attempting the practice exam is therefore highly recommended.

The RACGP has Exam Support Online (ESO) modules available through *gplearning*. These modules are available to all members and are not linked to exam enrolment. They provide information for all Fellowship assessments, along with sample questions taken from recent exam papers. The modules are suitable for prospective candidates, and those supporting them, as they prepare for the assessments.

**Table 3. 2020.1 KFP online practice exam**

Attempted practice exam	Total number of candidates	Proportion of candidates	Number passing the real exam	Pass rate
Yes	981	73.4%	757	77.2%
No	355	26.6%	163	45.9%
Total	1336	100.0%	920	

## Candidate performance – AKT and KFP exam

Table 4 shows the performance of the 1060 candidates who sat both the AKT and the KFP exam in the 2020.1 exam cycle.

**Table 4. 2020.1 AKT and KFP exam pass/fail correlation**

AKT	KFP	Number	Percentage
Pass	Pass	642	68%
Pass	Fail	93	10%
Fail	Pass	49	5%
Fail	Fail	159	17%
<b>Total</b>		<b>943</b>	<b>100%</b>

# Feedback report on 2020.1 KFP exam cases

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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 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 infant presenting with features suggestive of developmental delay. Candidates were presented with a history and examination findings. In light of this information, candidates were required to consider the differential diagnoses and arrange further investigations to establish the most likely underlying cause. They were also required to provide specific immunisation advice with reference to the National Immunisation Program Schedule.

Common errors included providing answers that lacked specificity, not reading the stem in full, and providing responses that did not take into consideration all of the key features of the case.



## Case 2

This case presented candidates with a school-aged child presenting with symptoms of recurrent abdominal pain and nausea. Candidates were provided with a detailed history and examination findings. With this information, candidates were tasked with establishing the likely differential diagnoses and appropriate initial pharmacological management options. As the case evolves, the child represents with a breast lump. Candidates were tasked with outlining their management actions of the lump.

Common errors included providing non-pharmacological interventions when the case focused upon pharmacological interventions, as well as providing medication options incongruent with the age of the patient.

## Case 3

This case focused on a middle-aged male presenting with an exacerbation of a long-standing rash. Candidates were presented with a detailed past medical history, and were required to consider factors that may have caused the exacerbation. Candidates were then required to consider topical pharmacological options as well as appropriate investigations in view of the most likely underlying diagnosis.

Common errors included providing oral medication options when the question focused upon topical management options, as well as providing exacerbating factors that lacked relevance with reference to the presented case.

## Case 4

Candidates were presented with a middle-aged male for whom a skin lesion was found incidentally during a routine medication review. Candidates were required to cite their initial management action, as well as outline what risks they would consider as part of obtaining the patient's informed consent. As the case evolves, the patient is found to require further surgery. In view of this, candidates were tasked with optimising his medications prior to the procedure.

The most common errors included citing information already provided within the stem, and providing more answers than required. In the KFP exam, it is important that candidates only provide the number of answers requested; any extra answers will attract a penalty.

## Case 5

This case focused on a child presenting with symptoms of a persistent cough and fevers. Candidates were required to consider the most likely causative pathogens as well as outline what public health management actions they would take in view of this. The child represents a few months later with an ongoing persistent cough as well as nasal discharge, for which candidates were required to outline suitable management options.

The common errors related to a lack of knowledge regarding common pathogens, and providing management actions that did not focus upon public health issues.

## Case 6

Candidates were provided with the clinical history of a young adult male presenting with symptoms of delusions and social withdrawal. Candidates were tasked with outlining key specific aspects of history and the most likely differential diagnoses. As the case evolves, the patient is appropriately managed in a psychiatric facility and represents for ongoing clinical care. Candidates were required to outline appropriate investigations in view of the recent admission.

The most common errors included the provision of answers not relating to the tasked questions. Such examples included the provision of differential diagnoses rather than specific aspects of history, and providing differential diagnoses not in keeping with the demographics of the patient.

## Case 7

This case focused on an older male presenting with an acute swollen knee. Candidates were presented with the results of investigations, and in view of this information were required to establish their differential diagnosis. The case then focused upon the investigation and pharmacological management in view of recurrent episodes of knee pain and swelling.

Common errors included providing multiple pharmacological management options within the same line, leading to overcoding, and a lack of specificity regarding pharmacological management options.

## Case 8

This case focused on a young adult female presenting with chronic headaches. Candidates were tasked with considering the most likely differential diagnoses as well as suitable pharmacological management options. The patient later represents with a rash for which candidates were required to consider appropriate management options.

The most common error related to providing differential diagnoses that lacked specificity, such as 'daily headaches'. In answering KFP examination questions, it is important to provide answers specific to the case scenario.

## Case 9

Candidates were presented with an older female patient complaining of symptoms of urinary incontinence. Candidates were required to establish the most likely differential diagnoses, specific examination findings in view of the presentation and appropriate non-pharmacological management options.

As in the previous case, common errors related to provision of differential diagnoses lacking specificity, as well as providing more answers than required.

## Case 10

This case focused on a young female adult requesting cervical screening. She later represents with post-coital vaginal bleeding for which candidates were required to outline appropriate investigations. Finally, candidates were required to consider emergency contraception options in view of an episode of unprotected sexual intercourse.

Many candidates failed to address the requirement for emergency contraception, instead providing contraception options which were not appropriate to the case presentation.

## Case 11

Candidates were presented with an older female complaining of symptoms suggestive of an endocrine disorder. Candidates were required to establish a differential diagnosis given the clinical presentation and to arrange further investigations. As the case evolves, appropriate management is commenced with no improvement to the clinical presentation. Candidates were required to consider factors which may have contributed to the ineffectiveness of the treatment.

Common errors included the provision of factors not relevant to the case presentation.

## Case 12

This case focused on a 34-year-old female presenting with a facial rash. Candidates were required to consider further specific aspects of history, establish a differential diagnosis and commence appropriate management strategies.

The most common errors related to provision of answers not addressing the case presentation, and providing repetitive answers through paraphrasing the same response several times.

## Case 13

This case focused on a male Aboriginal patient in a rural setting presenting with symptoms of tiredness, weight gain and nocturia. Candidates were required to consider the differential diagnoses and arrange appropriate investigations. The patient presents a year later with microscopic haematuria and proteinuria, for which candidates were required to arrange further investigations given the clinical presentation.

The most common errors included repeating information provided in the stem, as well as providing differential diagnoses and arranging investigations incongruent to the presenting features of the case.

## Case 14

This case focused on a young female adult presenting with a skin lesion and a vulval lump. Candidates were required to consider the differential diagnoses for both presentations as well as outline specific aspects that they would discuss with the patient prior to performing a vaginal examination.

Common errors included a lack of knowledge regarding plausible differential diagnoses, particularly pertaining to the skin lesion, as well as failing to consider the rights of the patient with respect to the process of informed consent prior to performing a vaginal examination.

### Case 15

Candidates were presented with an incidental finding of a deranged magnesium level in an older female with a complex past medical history. In view of the information provided and the result, candidates were required to consider contributing factors and specific management strategies, and outline further investigations.

As with previous questions, the most common error related to the provision of contributing factors incongruent to the case presentation.

### Case 16

This case focused on an older female presenting with symptoms of hot flushes and vaginal dryness. Candidates were required to outline appropriate investigations, pharmacological management options and address the patient's concerns relating to a family history of breast cancer.

The most common errors related to lack of knowledge regarding the management of menopausal symptoms, as well as failing to address the patient's concerns given her specific family history.

### Case 17

Candidates were initially presented with a 40-year-old male presenting with an ear lesion for which they were required to consider the most likely differential diagnoses and initial management actions. As the case develops, the patient presents with his wife of a similar age who is pregnant and concerned about the likelihood of fetal abnormalities. Candidates were tasked with outlining specific aspects of advice to address their concerns.

As with previous cases, the most common errors related to providing answers incongruent to the case presentation, as well as failing to fully understand the role of screening and diagnostic tests in the antenatal period.

### Case 18

This case focused on an Aboriginal child in a rural context presenting with acute knee pain and fever. Candidates were required to consider the most likely differential diagnoses, initial investigations and immediate management actions.

The most common errors related to failing to appreciate the acuity of illness, hence providing management actions that were inappropriate with respect to the urgency of the clinical presentation.

### Case 19

This case focused on a child with a past medical history of Down syndrome presenting with symptoms of acute diarrhoea and abdominal pain. Candidates were required to consider the likely differential diagnoses and outline specific public health management actions in light of this. As the case progresses the acute illness resolves but the patient represents with ongoing diarrhoea and abdominal pain, for which candidates were required to outline appropriate investigations to establish the underlying diagnosis.

As with previous cases, several candidates provided management actions that did not focus upon public health actions.

## Case 20

This case focused on a child presenting with a 10-month history of hip pain. Candidates were presented with a detailed clinical presentation and a radiological image, and were required to establish the most likely differential diagnoses and initial management actions. Later in the case, the child's mother calls the practice wishing to make a complaint in view of her concerns of a delayed diagnosis; candidates were tasked with outlining their actions to address the situation.

The most common errors included providing management actions that were inappropriate in the initial period, as well as a lack of knowledge regarding the management of complaints.

## Case 21

This case focused on an older male presenting with worsening vision. Candidates were required to establish the likely differential diagnoses, outline management strategies while awaiting ophthalmology assessment, and consider the eyesight standards required in view of assessment of fitness to drive.

Common errors included a lack of knowledge regarding the differential diagnosis, as well as a lack of knowledge relating to the assessment of fitness to drive.

## Case 22

This case focused initially on an older nurse presenting with acute abdominal pain and nausea. After the GP considers the likely differential diagnoses, the patient is managed appropriately and returns six months later for follow-up. Candidates were required to interpret the results of a blood investigation. The patient later presents with a lesion on her finger for which candidates were tasked with outlining appropriate management actions.

In line with previous examination cycles, many candidates failed to correctly interpret the pattern of liver function test dysfunction. The KFP examination paper regularly assesses the interpretation of commonly ordered blood investigations within the primary care context.

## Case 23

Candidates were presented with an adolescent female complaining of a facial rash. They were required to outline non-pharmacological advice as well as pharmacological management options pertaining to the presentation. The patient is later referred to a dermatologist who commences an oral medication. Candidates were required to consider adverse effects relating to this medication. On a further presentation, the patient requests advice prior to conception.

As with previous questions, common errors included a lack of specificity in answers, as well as providing answers inappropriate to the key features of the case.

## Case 24

This case focused on a snowboarder presenting with chronic shoulder pain and stiffness eight weeks after sustaining a clavicle fracture. Candidates were required to consider the likely differential diagnoses as well as address the patient's requests for magnetic resonance screening (MRI) and strong painkillers.

Common errors related to provision of incorrect differential diagnoses, providing answers that did not address the patient requests for investigations, and prescribing medications not currently indicated.

## Case 25

Candidates were presented with a young adult male with acute alcohol intoxication in a rural context. Candidates were required to outline specific examination findings as well as initial investigations. The patient is appropriately managed and later presents wishing to cease alcohol consumption. Candidates were required to consider appropriate pharmacological management options.

The common errors in this case included candidates using generic descriptors in their examination findings rather than providing specific examination findings.

## Case 26

This case focused on a young Aboriginal woman presenting with an unexpected pregnancy. Candidates were initially required to organise appropriate investigations and outline advice relating to whether to proceed with the pregnancy. Some months later in the case, after the patient had decided to proceed with the pregnancy, the mother presents with her new daughter, complaining her child has inward eye movements. Candidates were required outline their assessment of specific examination findings in view of the clinical presentation.

Common errors included providing factually incorrect advice to the patient, as well as failing to provide specific examination findings rather than generic examination descriptors.

## *In conclusion*

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

- Candidates must answer the question in the context of the clinical scenario, using all the information provided.
- It is important to ensure that answers provided are relevant to the key features of the case presentation.
- Provide only the number of answers requested; providing additional answers greatly increases the risk of overcoding.
- Be specific in answers. Non-specific answers may not score, or will attract fewer marks.
- Ensure that answers provided are appropriate to, and address the acuity of, illness within the case presentation.
- Be aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.
- Access the practice exams after enrolment closes and use the RACGP assessment resources, such as the ESO modules accessed via [gplearning](#).

## *Further information*

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Refer to the RACGP Education [Examinations guide](#) for exam-related information.



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