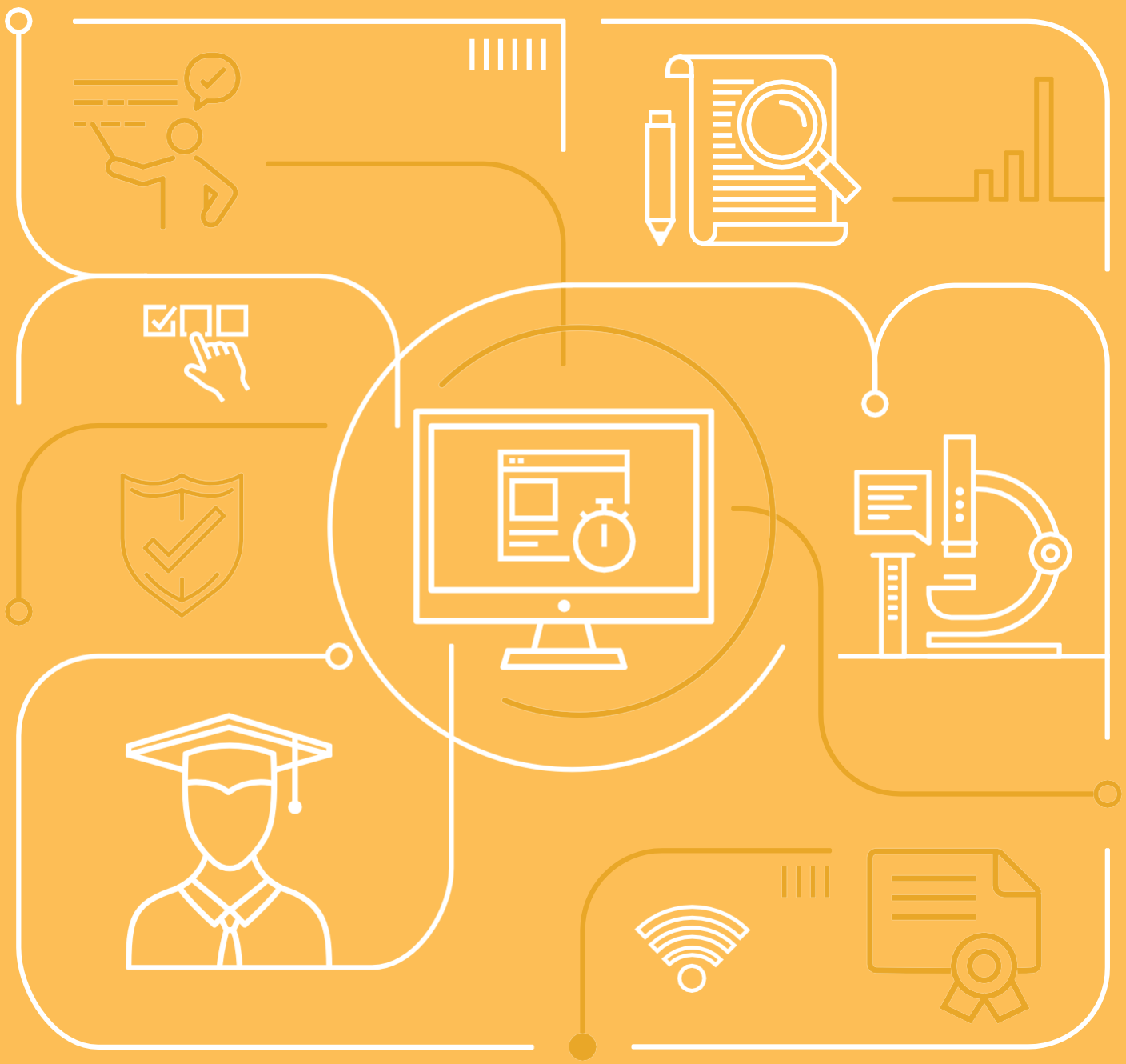
RACGP

Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2022.1 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 (%)	68.14
Standard deviation (%)	10.78
Reliability*	0.90
Pass mark (cut score %)	61.22
Pass rate (%)	75.33
Number sat	750

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

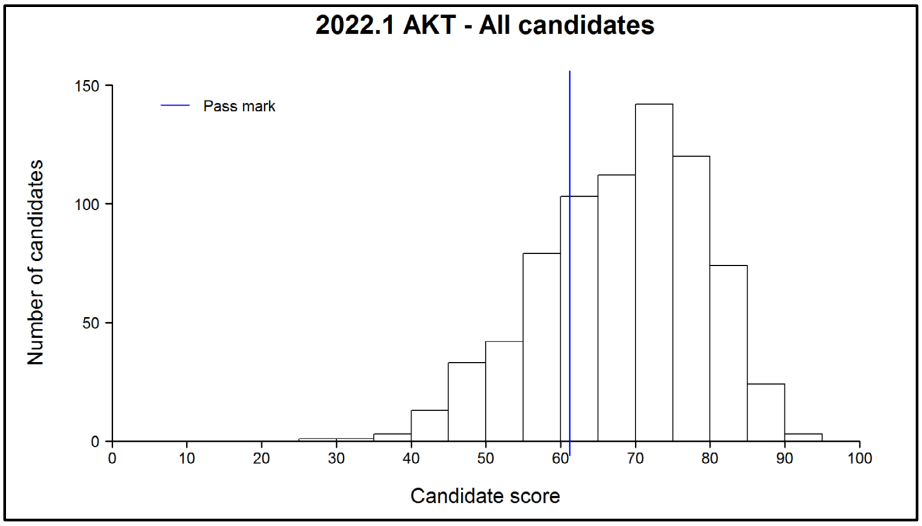

Figure 1. 2022.1 AKT score distribution

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	87.5
Second attempt	43.3
Third attempt	28.6
Fourth and subsequent attempts	19.0

4. Feedback report on 2022.1 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 2022.1 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 a woman, aged 32 years, presenting with neck pain, which radiated to her left jaw and ear. Physical examination findings including a low-grade fever and thyroid tenderness were provided. Test results showed hyperthyroidism, elevated erythrocyte sedimentation rate and negative thyroid antibodies. Her nuclear thyroid scan showed generalised low radioiodine uptake.

The question asked, 'What is the MOST appropriate provisional diagnosis?' Of the options provided, the most appropriate response was subacute thyroiditis. Alternative options included acute infectious thyroiditis and Graves' disease.

This question required candidates to correctly interpret thyroid function tests, know the causes of hyperthyroidism, apply this knowledge to the clinical scenario and arrive at the correct diagnosis for this patient. In the next most likely diagnosis, acute infectious thyroiditis, thyroid function tests are usually normal. Lastly, patients with Graves' disease may experience neck pain; however, thyroid antibodies and radioiodine uptake on nuclear thyroid scan are usually elevated.

Example 2

The clinical scenario described a woman, aged 39 years, presenting with a hoarse voice after commencing a fluticasone–salmeterol dry-powder inhaler for asthma four months earlier. She described excellent asthma control with no use of salbutamol in three months. A normal physical examination was also provided.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to change her preventer medication to a fluticasone metered-dose inhaler via spacer. Alternative options included prescription of amphotericin lozenges and changing to montelukast.

This question required candidates to consolidate several pieces of knowledge. It required candidates to demonstrate the appropriate management of a common medication side effect and be aware of 'step-down' regimes when asthma is well controlled. This patient required her preventer medication to be delivered via spacer to relieve her hoarse voice. As her asthma was well controlled, it was also possible to cease her salmeterol. 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 while also managing medication side effects.

Example 3

The clinical scenario described a child, aged 5 years, presenting with a rash around her anus and pain on defecation. An image supporting the likely diagnosis of perianal streptococcal cellulitis was provided.

The question asked, 'What is the MOST appropriate management?' Of the options provided, the most appropriate response was to prescribe oral cefalexin for 10 days. Alternative options included prescription of clotrimazole cream or hydrocortisone cream.

This is an example of a two-step question. It required candidates to recognise symptoms and signs consistent with perianal streptococcal cellulitis and prescribe the appropriate treatment. A common error is to treat perianal streptococcal cellulitis as if it were a fungal or irritant dermatitis, which leads to a delay in diagnosis and appropriate treatment.

Example 4

The clinical scenario described a woman, aged 56 years, requesting repeat prescriptions. She had a coronary artery stent inserted three months earlier after a myocardial infarction. A list of medications was provided, including aspirin, clopidogrel, atorvastatin, metoprolol and low-dose ramipril. Physical examination was normal and included blood pressure at the upper limit of normal. Her fasting lipids were to target.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to increase her ramipril dose, thereby maximising the cardio-protective effect of angiotensin-converting enzyme inhibitors. Alternative options included prescription of amlodipine or hydrochlorothiazide.

This question required candidates to be familiar with the current guidelines for drug therapy after stent insertion for acute coronary syndrome. Secondary prevention by optimising drug doses reduces mortality, prevents readmissions and improves symptom control. Candidates needed to appreciate that this patient's blood pressure was to target, and so aiming to lower blood pressure further was not required. Uptitration of post-discharge medications is often the responsibility of GPs, and it is important for candidates to demonstrate the knowledge and skills to perform this task.

Example 5

The clinical scenario described an infant, aged 10 days, presenting for review of jaundice. The pregnancy and delivery were uncomplicated. He was breastfeeding well and had normal output. Physical examination was normal apart from mild jaundice. The result of serum bilirubin demonstrating unconjugated hyperbilirubinaemia was provided.

The question asked, 'What is the MOST appropriate next step?' Of the options provided, the most appropriate response was to offer regular follow up with early review if worsening. Alternative options included gentle sun exposure and recommending formula top-ups.

This is an example of a two-step question. It required candidates to understand the differential diagnosis causing neonatal jaundice and to arrive at the correct diagnosis. Candidates then needed to demonstrate the appropriate management. Placing an infant in direct or indirect sunlight to manage jaundice is no longer recommended. There is no need for formula top-ups in an otherwise well child who is breastfeeding without difficulty and has no features of dehydration. Although candidates may be tempted to 'do more', in this case, observation and regular follow up was the most appropriate approach.

6. Further information

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

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