



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2020.2 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.

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 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 Remote Clinical Exam (RCE) pass mark is determined by the borderline group method (refer to the RACGP *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. 2020.2 KFP psychometrics

Mean score (%)	57.70
Standard deviation (%)	7.72
Reliability	0.83
Pass mark (%)	54.88
Pass rate (%)	67.15
Number sat	1251

2. 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.

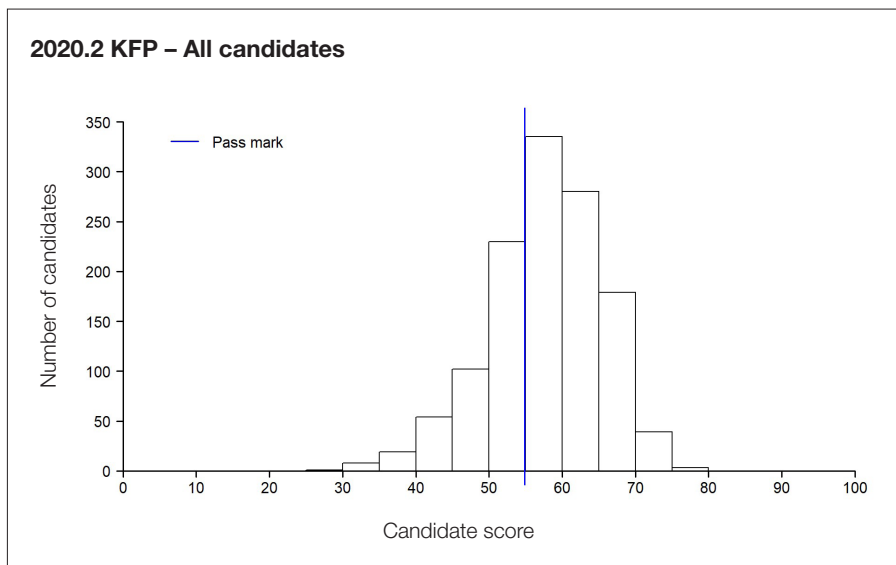


Figure 1. Final 2020.2 KFP score distribution

3. 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. 2020.2 KFP pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	81.0%
Second attempt	48.8%
Third attempt	47.4%
Fourth and subsequent attempts	32.8%

4. Candidate performance – AKT and KFP exam

Table 3 shows the performance of the 995 candidates who sat both the AKT and the KFP exam in the 2020.2 exam cycle.

Table 3. 2020.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	650	65%
Pass	Fail	90	9%
Fail	Pass	51	5%
Fail	Fail	204	21%
Total		995	100%

5. Feedback report on 2020.2 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 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 a mother presenting in the early post-partum period with features of mastitis. Candidates were tasked with taking a specific targeted history and were then required to formulate appropriate pharmacological management options. As the case evolves, the patient represents some time later with a breast lump. Candidates were required to outline initial investigations to determine the most likely diagnosis.

Common errors included articulating elements of the history that lacked specificity to the case presentation and did not add diagnostic value. As the KFP exam is a test of clinical reasoning, it is important that candidates provide answers that are specific, concise and relevant to the information provided.

Case 2

This case presented candidates with a middle-aged woman concerned regarding her risk of developing bowel cancer. Candidates were required to outline measures to reduce her risk of developing bowel cancer. She represents several years later, having been diagnosed with adenocarcinoma and presenting with abdominal pain after a hospital admission. Candidates were required to identify likely differential diagnoses. After being appropriately managed, the patient represents a few months later having deteriorated clinically and not wishing to engage in further therapy.

It is important for candidates to consider all of the information provided in a case stem. Common errors included providing preventive health measures that were not tailored to the clinical case presentation, and did not take into account the key features of the case.

Case 3

This case focused on a late middle-aged woman presenting with features of raised intraocular pressures after a routine optometry screen. Candidates were required to identify risk factors pre-disposing to the finding. The patient also presented with clinical features of blepharitis, for which candidates were required to provide non-pharmacological management advice. She further presents with a skin lesion on her face, for which candidates were required to determine the likely diagnosis.

Common errors included providing listing symptoms of raised intraocular pressures rather than providing risk factors. Candidates also frequently provided advice relating to managing conjunctivitis rather than blepharitis, per se.

Case 4

Candidates were presented with an infant and her mother for routine childhood immunisations. Candidates were provided with the infant's past medical history and tasked with identifying potential medical contraindications. As the case evolves, it transpires that her father is opposed to all forms of vaccinations, and candidates were required to appropriately manage the situation. The infant also presents with a facial rash, for which candidates were tasked with providing suitable non-pharmacological advice.

The most common errors included a lack of medical knowledge pertaining to identifying contraindications, as well as a lack of knowledge regarding the legal framework relevant to the evolving clinical scenario. The KFP exam assesses all aspects of the RACGP *Curriculum for Australian General Practice*, including broader domains relating to clinical governance, ethical dilemmas and medico-legal aspects of general practice.

Case 5

This case focused on a woman presenting with heavy periods. Candidates were provided with history and examination findings and asked to identify appropriate initial investigations. The investigations return as normal and candidates were subsequently tasked with initiating pharmacological management actions. Candidates were also presented with findings of a recent cervical screening test and were expected to manage the abnormal findings.

The common errors related to a lack of knowledge relating to the pharmacological management of heavy periods, as well as a lack of understanding with respect to the interpretation of cervical screening test results.

Case 6

Candidates were presented with an adult male requesting a second opinion for signs and symptoms suggestive of rhinosinusitis. Candidates were provided with recent medical records, tasked with arranging initial investigations and then expected to commence pharmacological management actions. As the case evolves, the patient represents over the next few months with inappropriate and aggressive conduct, which candidates were required to manage accordingly.

The most common errors included answers that did not demonstrate a candidate taking responsibility for arranging onward clinical care, as well as answers that focused on identifying an organic cause of the demonstrated conduct rather than managing the conduct directly.

Case 7

This case focused on an adult woman presenting with a wide variety of symptoms including fatigue, weight gain and joint pains. Candidates were provided with detailed clinical features and tasked with outlining the most likely differential diagnoses, as well as initial investigations. The patient later represents having been appropriately managed but requiring assistance with facilitating weight loss, for which candidates were required to outline potential pharmacological options.

Common errors included providing differential diagnoses which were not consistent with the detailed clinical features provided within the case. Candidates are expected to use the key features of the case to provide answers that are congruent to the clinical case presentation.

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 exam 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 providing differential diagnoses lacking specificity, as well as examination findings which were not relevant to the question.

Case 10

This case focused on a child presenting with his mother with hearing impairment. Candidates were required to interpret an audiogram provided, to provide further specific aspects of history, and to provide the most likely differential diagnosis. As the case evolves, the child's mother advises that she wishes to make a complaint relating to the care provided.

Many candidates failed to interpret the findings of the audiogram, and subsequently failed to provide specific aspects of history and differential diagnoses congruous with the clinical case presentation.

Case 11

Candidates were presented with an older man wishing to engage with proactive care of his health, having been non-compliant with medication previously prescribed. Candidates were presented with a detailed past medical history and the results of blood investigations, and asked to provide appropriate pharmacological management actions. The patient later asks for a medical certificate, which candidates were expected to appropriately manage.

Common errors included providing pharmacological options which had already been cited in the case stem, as well as citing pharmacological management options that did not address the key features of the case.

Case 12

This case focused on a 27-year-old woman presenting to a rural clinic in the antenatal period. Candidates were required to provide advice related to nutrition, as well as interpret the results of first trimester genetic screening tests. The patient later represents in the third trimester with severe abdominal pain and vaginal bleeding, for which candidates were expected to initiate appropriate management actions.

The most common errors related to answers that were pharmacological in nature rather than nutritional. Candidates are encouraged to ensure that answers provided address the question posed.

Case 13

This case focused on a woman presenting to clinic for the first time requesting a repeat opiate prescription. Candidates were required to undertake focused management actions prior to dispensing the prescription. The patient represents a few days later stating that she had lost her repeat prescription, and candidates were expected to manage the situation appropriately. As the case evolves, the police suspect that the patient's partner is stealing the prescriptions and contact the practice requesting further information regarding her past medical history.

As per the previous case, the most common errors included answers that were already provided within the case scenario. Other errors included providing further aspects of history rather than management actions, and answers that were not relevant to the case presentation.

Case 14

This case focused on an elderly man with multiple comorbidities presenting for results of routine annual blood tests. Candidates were presented with a detailed past medical history and the blood results revealing a raised haemoglobin level and mean cell volume. Candidates were required to cogitate upon a differential diagnosis, outline specific examination findings that would support the likely differential diagnoses, and to arrange further investigations.

The KFP exam frequently assesses candidates' abilities to interpret the results of common investigations. Common errors included a lack of knowledge pertaining to the interpretation of the provided blood investigations, with the provision of differential diagnoses and examination findings that did not address the blood investigation results.

Case 15

Candidates were presented with a young man who presents to a rural general practice with a hand injury sustained in a workplace accident. Given a detailed clinical context and the results of an X-ray, candidates were required to identify the most likely diagnosis and to initiate immediate management actions. As the case evolves, the patient is appropriately managed but later represents with ongoing hand symptoms requesting opiate medications. Candidates were expected to identify the most likely differential diagnoses at this stage, as well as arrange onward non-pharmacological management actions.

As with previous questions, common errors related to vague answers that lacked the specific details required to achieve marks, as well as answers that failed to appreciate the rural context of the case presentation. The KFP exam assesses clinical scenarios across metropolitan and rural contexts, and candidates are expected to be able to contextualise their responses to the presenting geographic location.

Case 16

This case focused on a young adult woman presenting with the results of routine blood testing taken at a workplace health screening session, revealing an elevated fasting blood glucose, for which candidates were expected to provide appropriate non-pharmacological management advice. The patient represents a couple of months later with a positive home pregnancy test. Candidates were expected to undertake specific immediate management actions, in view of the likely underlying diagnosis.

The most common errors related to answers that did not consider the patient holistically and did not consider their past medical history. Other errors included answers that were not management actions and hence did not answer the questions posed.

Case 17

Candidates were initially presented with a 35-year-old woman presenting with clinical features of hypothyroidism. They were required to identify appropriate investigations and to initiate appropriate pharmacological management. As the case develops, the patient represents eight weeks later with symptoms of tiredness and an itchy rash, for which candidates were required to identify appropriate investigations to determine the underlying cause.

The most common errors related to pharmacological management actions that lacked the correct dosing. Where a specific dosage is required, the question will indicate this clearly, and answers without this information will attract lower marks.

Case 18

This case focused on a middle-aged man presenting with new-onset back pain. A detailed clinical presentation and past medical history were provided, and candidates were required to consider specific aspects of his clinical presentation which increased the likelihood of a serious underlying diagnosis, as well as identify suitable investigations. As the case continues, a serious underlying diagnosis is excluded, but the patient fails to return to full workplace duties. Candidates were required to identify specific aspects of the patient's history that would suggest a poor onward prognosis with respect to his return to full workplace duties.

As per previous questions, common errors relate to answers that lacked specificity, as well as answers that were unclear and not relevant to the clinical scenario presented.

Case 19

This case focused on a young adult woman presenting with a new mole. After identifying clinical features suggestive of a serious underlying diagnosis, candidates were then informed that patient attended a different GP for excision of the lesion and had since acquired a keloid scar. Candidates were required to identify suitable management options. The patient later represents wishing to make a complaint regarding the care provided. Candidates were tasked with outlining their actions to address the situation.

Several candidates provided answers that did not address the case presentation. Dermatological conditions are commonly assessed within the KFP exam, and candidates are expected to be able to manage them in line with current clinical guidelines.

Case 20

This case focused on an elderly man presenting with his wife with new symptoms of disorientation, inattention and limb stiffness. Candidates were required to identify the most likely differential diagnosis and to arrange initial investigations. The patient returns with worsening behaviour and confusion. Candidates were required to outline evidenced-based non-pharmacological actions to enable the patient's wife to manage his behaviour.

The most common errors included pharmacological actions that were not specific or relevant to the case presentation. Candidates were expected to give advice relating to appropriate specific non-pharmacological actions in context of the case presentation and the likely differential diagnoses.

Case 21

This case focused on a young adult man who identifies as Aboriginal presenting with acute limb swelling and an abnormal clinic urinalysis result. Candidates were required to identify the most likely diagnosis and to arrange appropriate investigations. As the case evolves, the patient is managed appropriately and represents three months later with an itchy rash, for which candidates were required to arrange non-pharmacological management actions.

Common errors included a lack of knowledge regarding the differential diagnosis, as well as answers that were pharmacological in nature when the question had asked for non-pharmacological management actions. These answers did not attract marks irrespective of whether they were clinically appropriate or not.

Case 22

This case focused initially on a seven-year-old boy presenting with his mother to a rural clinic with symptoms of coughing and shortness of breath, for which candidates were required to identify appropriate initial management actions. Three weeks later the patient develops acute worsening symptoms. Candidates were required to identify specific examination findings which would suggest hospital admission is warranted, as well as to initiate immediate management actions while awaiting ambulance transfer to hospital.

In line with previous examinations, many candidates failed to demonstrate sufficient knowledge of the necessary immediate actions required for an acutely unwell patient. These scenarios are commonly tested in the KFP exam, and candidates are expected to be able to initiate immediate management actions in capacity as a GP.

Case 23

Candidates were presented with an elderly woman with clinical features and an ECG diagnostic of atrial fibrillation with a rapid ventricular rate. Candidates were required to identify the ECG abnormality, select diagnostic investigations and instigate appropriate pharmacological management actions.

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

Case 24

This case focused on an adult man presenting with acute shoulder pain sustained after a sporting injury. Candidates were required to outline the most likely diagnosis, articulate appropriate investigations and to identify appropriate pharmacological and non-pharmacological management options.

Common errors related to incorrect differential diagnoses, providing investigations that did not address the likely differential diagnoses, and the prescribing of medications that were not indicated.

Case 25

Candidates were informed about a young adult woman presenting with cyclical irritability and anger related to her menstrual cycle. Candidates were required to identify the most likely diagnoses, as well as to commence initial appropriate pharmacological actions. As the case evolves, the patient represents three months later having disclosed to you that she has commenced a sexual relationship with her psychologist, a situation candidates were required to manage appropriately.

The common errors in this case included answers that failed to appreciate the severity of the alleged relationship. As per previous cases, the KFP exam assesses candidates' abilities to interpret and apply the relevant medicolegal and regulatory frameworks into clinical practice.

Case 26

This case focused on a young adult man presenting with a new-onset rash. Candidates were required to outline the most likely differential diagnoses and to consider appropriate pharmacological management options. Later that day the practice receives a call from the patient's father making enquiries regarding his diagnosis. Candidates were required to outline initial actions to manage the situation.

Common errors included management actions that were not applicable with the case presentation provided.

6. *In conclusion*

As per 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.
- 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 exam support online (ESO) modules accessed via [gplearning](#).

6. *Further information*

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



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