



RACGP

Royal Australian College of General Practitioners

RACGP Education

Exam report 2019.1 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.

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 Objective Structured Clinical Exam (OSCE) 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 different variables.

Table 1. Psychometrics

| | |
|-------------------------|-------|
| Mean score (%) | 67.41 |
| Standard deviation (%) | 10.53 |
| Reliability* | 0.89 |
| Pass mark (cut score %) | 63.51 |
| Pass rate (%) | 64.77 |
| Number sat | 1215 |

*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.

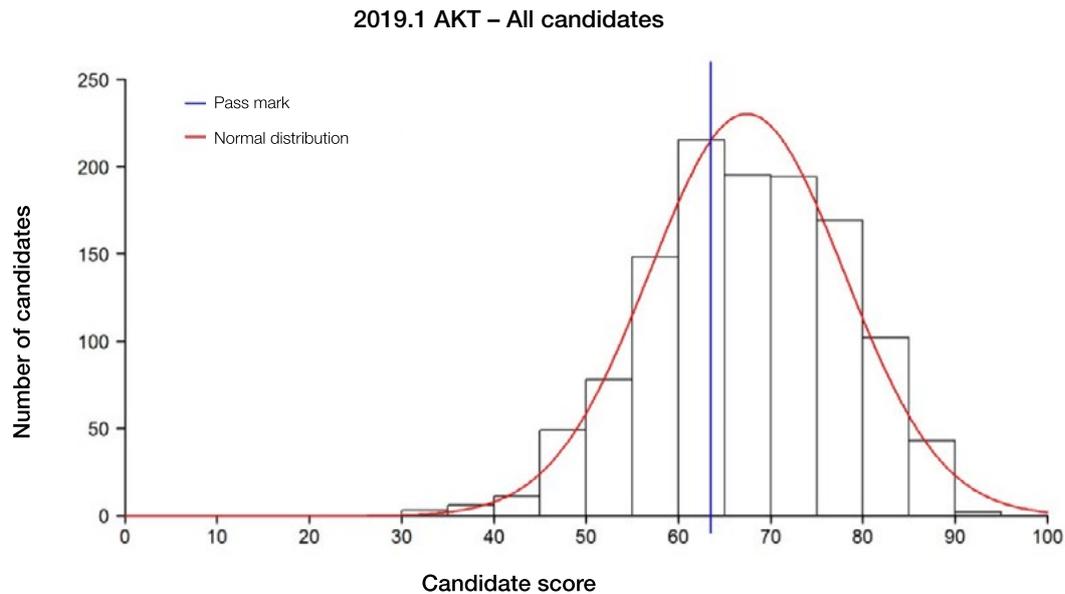


Figure 1. 2019.1 AKT score distribution

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 | 76.6 |
| Second attempt | 47.2 |
| Third attempt | 31.1 |
| Fourth or greater attempt | 13.0 |

4. 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 for candidates preparing 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, or to give an indication of whether or not a candidate will pass. However, candidates 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.

| Table 3. 2019.1 AKT online practice exam | | | | |
|--|----------------------------|--------------------------|------------------------------|-----------|
| Attempted practice exam | Total number of candidates | Proportion of candidates | Number passing the real exam | Pass rate |
| Yes | 1,036 | 85.3% | 723 | 69.8% |
| No | 179 | 14.7% | 64 | 35.8% |
| Total | 1,215 | 100% | 787 | |

5. Feedback report on 2019.1 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.

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All 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 each clinical scenario and question. Although more than one option may be plausible, only the most appropriate 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 2019.1 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

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Example 1

The clinical scenario describes a two-year-old child who is brought into your rural clinic while having a seizure. The seizure is taking place in the context of a febrile illness occurring over the last few days. Examination reveals tachycardia and a normal temperature, and the rest of the child's examination, including blood-sugar level, reveals no obvious cause for the seizure. The history suggests this seizure has been going for a prolonged period of time, more than 15 minutes, and does not seem to be abating.

The question asked, 'What is the MOST appropriate next step in management?'

Of the options provided, the most appropriate answer was to administer an appropriate dose of midazolam either intravenously, buccally or intranasally. Alternative options included continuing to monitor for a further 10 minutes, providing paracetamol, and incorrect alternative anti-epileptics.

It is important for candidates to be aware of when patients present with seizures that fall outside of the recognised period for safe observation. This presentation required knowledge of red flags and appropriate further management of an emergent situation.

Example 2

The clinical scenario described an elderly man concerned that he might be diagnosed with disease X. Disease X was described as a very serious illness that, if not picked up early, may lead to the man's death. However, the treatment for disease X is benign and a false positive would not cause him harm. A range of tests is described with different evidence-based medicine terms.

The question asked, 'What feature of the selected blood test is MOST important?'

Of the options provided, choosing a test with as high a sensitivity as possible was the most appropriate answer. Alternative options included specificity and predictive values.

It is important that candidates are aware of the increasing importance of studying evidence-based medicine principles when studying for their RACGP exams. With the ever-increasing pressures upon Australian GPs to remain up to date in their clinical knowledge, it is important to have an understanding of the key principles underpinning research literature that we interpret to provide the best care for our patients.

Example 3

The clinical scenario described a young man with intermittent chest pain occurring with exertion over a period of seven days. These pains were described as typical cardiac chest pain, including pressure, diaphoresis, and shortness of breath. His last episode of pain was four hours ago, but he is currently pain-free. He has the complicating factor of type 2 diabetes, for which he takes medication. His clinical examination is currently unremarkable and his electrocardiogram (ECG), without pain, has no ischaemic changes.

The question asked, 'What is the MOST appropriate next step?'

Of the options provided, transferring this patient urgently to the nearest emergency department was the most appropriate. Alternative answers included getting a stress test, organising a computed tomography (CT) pulmonary angiogram, or organising a holter-monitor.

The question required candidates to have familiarity with typical cardiac chest pain symptoms, realise the increased risk of atypical presentations in a patient with diabetes, and be alerted to the urgency in this patient's presentation possibly going on to have a more significant cardiac event. It is important for candidates to be aware that stress testing is significantly contraindicated in a patient with current possible undiagnosed cardiac chest pain.

Example 4

The clinical scenario described a young woman who has returned for her cervical screening test results. Her result was positive for an oncogenic human papillomavirus (HPV) (not 16/18), with a liquid-based cytology result of a possible low-grade squamous cell lesion (pLSIL). Clinically, her cervix appears normal and a previous Pap smear two years prior was normal. All prior Pap smears were also normal.

The question asked, 'What is the MOST appropriate management?'

The most appropriate response was a repeat HPV test in 12 months. Alternative answers included cervical screening in five years, and referral for colposcopy.

This question required candidates to have familiarity with the recently updated cervical screening program. This question was taken directly from the current guidelines, which the majority of GPs are likely using on a regular basis. It is important for candidates to be aware of new guidelines and be preparing for their exams by understanding currently recommended screening practices.

Example 5

The clinical scenario described a man with Down syndrome brought in by his mother for a health check-up. It describes performing some routine screening tests and reinforcing preventive health and social supports. It describes the review of some basic blood tests ordered elsewhere. His mother asks whether there are any further specific tests the man may need because he has Down syndrome.

The question asked 'What is the MOST appropriate additional blood test to order?'

The most appropriate response was a thyroid-stimulating hormone test. Alternative answers included coagulation studies and iron studies.

The question required candidates to have some familiarity with the care of Down syndrome patients. Candidates who are aware of the increased presentation of thyroid disease within this population selected the most appropriate response. Candidates should aim to be aware of the different presentations of disease and epidemiology of pathology in patients from different biopsychosocial backgrounds.

6. *Further information*

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



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