



## **Exam report 2019.2 AKT**

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# 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. 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.

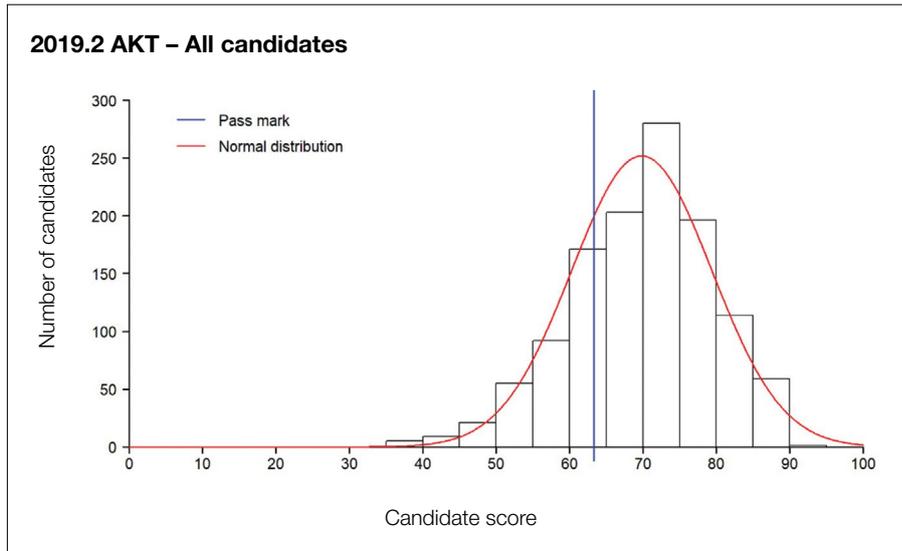
**Table 1. Psychometrics**

Mean score (%)	69.82
Standard deviation (%)	9.55
Reliability*	0.87
Pass mark (cut score %)	63.27
Pass rate (%)	77.53
Number sat	1206

\*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. 2019.2 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	86.2
Second attempt	64.3
Third attempt	66.3
Fourth and subsequent attempts	50.4

## 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. 2019.2 AKT online practice exam**

Attempted practice exam	Total number of candidates	Proportion of candidates	Number passing the real exam	Pass rate
Yes	976	80.9%	805	82.5%
No	230	19.1%	130	56.5%
Total	1,206	100.0%	935	

## 5. Feedback report on 2019.2 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 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 2019.2 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

### **Example 1**

The clinical scenario described an elderly male who has a slowly progressive unilateral hearing loss with no clear causal factor. An audiogram provided for interpretation demonstrated a unilateral sensorineural hearing loss.

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

Of the options provided, the most appropriate response was a magnetic resonance image (MRI) of the patient's head. Alternative options chosen included provision of a hearing aid and high-dose acute prednisone.

It is important that candidates are aware of red flag conditions and possible serious pathology. While conditions such as acoustic neuromas are rare, significant harm may be caused through delayed diagnosis and management.

### **Example 2**

The clinical scenario described a middle-aged man with a right carotid artery stenosis found incidentally while undergoing an ultrasound of his neck for a possible enlarged lymph node. Further information was provided regarding his clinical examination findings, medications and blood test results. The patient's lipid tests were particularly highlighted.

The question asked, 'What is the MOST appropriate next step, given his carotid artery stenosis?'

Of the options provided, the most appropriate response was atorvastatin 10 mg orally daily. Alternative options selected included fish oil, metformin, and brain imaging.

This question required candidates to be aware of current guidelines for managing vascular disease. Understanding management steps to prevent progression of disease is a critical and essential skill in Australian general practice.

### **Example 3**

The clinical scenario described a middle-aged female who presents for a blood pressure medication prescription. She described per rectum blood loss that she occasionally saw in the toilet bowl, with the last episode occurring three months prior. It was also noted that the patient's bowel habit has altered from normal. The stem explained that information regarding fluid intake, fibre etc has already been provided.

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

Of the options provided, the most appropriate response was performing a colonoscopy. Alternative options included performing a faecal occult blood test, coagulation profile and advising the patient that she requires no further management.

It is critical that Australian GPs understand the differences between screening programs and the appropriate investigation of a patient with symptoms of potentially serious disease. This question demonstrated the importance of applying multiple pieces of knowledge to a patient's individual context in order to come to an appropriate clinically reasoned conclusion.

#### **Example 4**

The clinical scenario described a young male child with symptoms of an upper respiratory tract infection. On examination, a soft murmur was identified. Its characteristics were described. The child is checked again when well, with the murmur barely audible on the second occasion.

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

The most appropriate response was to reassure the child's mother that the murmur was innocent. Alternative answers included recommending provision of antibiotic prophylaxis for invasive procedures, refer to paediatric cardiologist and performing chest X-rays.

The question required candidates to be able to perform a difficult skill – reassure a patient that they are well and do not require further follow-up. It is important that candidates are confident to reassure patients when further investigations or referrals are not required.

#### **Example 5**

The clinical scenario described a middle-aged female who recently had a screening mammogram performed. She is concerned that her test may be incorrect, despite the mammogram being reported as normal. The question continues to explain that you identify a document regarding the evidence base for screening mammography.

The question asked, 'What parameter within this report is the MOST appropriate to help answer her question?'

The most appropriate response was the negative predictive value of mammography. Alternative answers included the specificity of mammography, the false positive rate and the reliability of mammography.

The question requires candidates to demonstrate an understanding of the basic principles of evidence-based medicine. When Australian GPs make clinical decisions, they need to be aware of the evidence-based principles underlying those decisions. Increasingly, the AKT incorporates questions testing evidence-based medicine principles.

#### **Example 6**

The clinical scenario described a young female who suddenly begins choking while in a restaurant. She is making choking sounds and clutching at her throat after attempting to eat a piece of steak. She is able to breathe and mutters that she feels like something is stuck in her throat.

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

The most appropriate response was to advise her to try to cough. Alternative answers included performing the Heimlich maneuver, using table implements to attempt to remove the foreign body, and to perform mouth-to-mouth in an attempt to blow the obstruction inwards.

The question requires candidates to demonstrate their knowledge of first-aid. It is important to remember that Australian GPs need to know how to manage acute emergencies, in multiple settings, as healthcare providers to their communities.

## *6. Further information*

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





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