



RACGP

Royal Australian College of General Practitioners

# RACGP Education

## Examinations guide



## **RACGP Education: Examinations guide**

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Published March 2016

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*We recognise the traditional custodians of the land and sea on which we work and live.*

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## *This guide*

The 'RACGP examinations guide' is designed for current and prospective Royal Australian College of General Practitioners (RACGP) Fellowship examinations candidates.

Everything candidates need to know about the Applied Knowledge Test (AKT), Key Feature Problems (KFP) exam and Objective Structured Clinical Examination (OSCE) is contained within this guide, which outlines the standards, processes and features used to develop each exam and provides examples of question types and tips for preparation.

The purpose of this guide is to ensure that candidates are informed about every aspect of the RACGP Fellowship examinations, from theory to quality assurance and results.

This guide does not cover details of enrolment, Fellowship pathways, exam delivery, education standards, policy or appeals. It is purely focused on the exams.

Visit [www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies) for the policy framework.

Visit [www.racgp.org.au/becomingagpp](http://www.racgp.org.au/becomingagpp) for details about GP pathways.

Visit [www.racgp.org.au/education/fellowship/exams/exam-enrolments](http://www.racgp.org.au/education/fellowship/exams/exam-enrolments) for further information about enrolment.

Visit [www.racgp.org.au/education/curriculum/2016-curriculum](http://www.racgp.org.au/education/curriculum/2016-curriculum) for further information about education standards and curriculum.

## *Fellowship*

Fellowship of the RACGP (FRACGP) is admission to the specialty of general practice and an important recognition of a candidates' skills by their college and peers.

FRACGP allows a general practitioner (GP) to:

- practice unsupervised anywhere in Australia
- work unsupervised in general practice
- claim A1 Medicare rebates
- use the post-nominal 'FRACGP'
- be recognised as a Fellow through the RACGP's reciprocal arrangements with the Royal New Zealand College of General Practitioners, the Irish College of General Practitioners and the College of Family Physicians Canada.

RACGP Fellowship examinations are of the highest quality, developed by GPs for GPs. The RACGP's rigorous development processes are subject to closely monitored quality assurance and continuous improvement. The exams are delivered in various locations across Australia and internationally.

The RACGP Fellowship examinations assess a candidate's competency for unsupervised general practice anywhere in Australia. Each exam has a unique and targeted approach to assessing knowledge and ability.

This guide focuses on the:

- AKT – an online exam
- KFP exam – an online exam
- OSCE – a face-to-face exam comprising a series of stations.

# *Applied Knowledge Test (AKT)*

## What is the AKT?

The AKT is designed to test the application of knowledge in the clinical context of Australian general practice, rather than just knowledge per se. The level of applied knowledge assessed in this exam is that which is required for functioning as an unsupervised GP within Australia.

Questions in the AKT are written by experienced GPs who currently work in clinical practice and are based on clinical presentations typically seen in the general practice setting.

The exam consists of 150 items. There are two question types:

- Single best answer
- Modified extended matching

Questions of each type are grouped together. Examples of each type are included below.

All questions hold equal value and no negative marks are given for incorrect answers.

## How long does it take to complete the AKT?

The AKT is a three-hour online exam. However, a universal allowance of an additional 60 minutes has been granted to all candidates. This allows extra time for candidates for whom English is a second language, for slow readers and/or typists, and for other reasons.

All candidates are thus provided four hours to complete the AKT.

## What does the AKT assess?

As the name – Applied Knowledge Test – implies, the AKT is designed to assess applied knowledge. The exam goes beyond simple rote learning and memorising of facts, and each question explores application of knowledge within a given clinical scenario in the context of Australian general practice.

## How to prepare for the AKT

Fellowship assessment preparation advice and resources pertinent to the AKT, KFP exam and OSCE are outlined in the 'Fellowship assessment preparation' section of this guide.

This section details specific advice on the best approach to preparing for AKT assessment.

Candidates should be aware of a number of factors when sitting the AKT exam:

- It is important to read the clinical scenario carefully, as the information contained within the clinical scenario should assist in selecting the correct option.
- It is important to read the question carefully and understand what is being asked, eg the answer to a question that asks for the 'most likely' diagnosis may be different to one that asks for the 'most important' diagnosis.
- Although it is possible that more than one option is plausible, only the 'best' or 'most appropriate' option for the clinical scenario provided should be selected.
- The question should be answered in the context of the clinical scenario provided, taking the age, gender and the history provided into consideration.
- The question should be answered in the context of Australian general practice.
- If a candidate is having difficulty with a question, it may be helpful to consider how they would manage this patient in their own clinical practice setting.

- Time management is critical – candidates should do not spend too long on questions they consider to be difficult. Questions can be flagged for review later during the exam, time permitting. Candidates should be sure to check the time and their progress on the computer screen.
- There is no negative marking for the AKT, so candidates are encouraged to select an option rather than leave any questions unanswered.

## AKT question types

The AKT has two types of multiple-choice questions – Single Best Answer (SBA) and Modified Extended Matching Questions (MEMQ). Both question types consist of a stem, a lead-in statement and a set of answer options.

The stem is a clinical scenario that contains all of the relevant clinical information necessary to answer the question, as well as patient details such as age, gender, occupation and the presenting complaint.

The stem may also contain examination findings or investigation results depending on whether the focus of the question is diagnosis, investigation or treatment/management.

The stem is followed by a question along the lines of, 'What is the most important investigation?'

The final part of an SBA or MEMQ is the answer options, which are listed alphabetically or numerically and will include a single correct answer together with the incorrect answers (distractors).

SBA questions will usually have five answer options, while MEMQ will have a longer list of up to 15.

## AKT sample questions

### Example 1. SBA

Simon O'Reilly, 36 years of age, seeks advice about surveillance for colorectal cancer. Simon's father died aged 49 years, two years after he was diagnosed with colorectal cancer. There is no evidence of Familial Adenomatous Polyposis. There is no other significant history.

What is the most appropriate recommendation?

- A. Annual faecal occult blood testing commencing at age 50
- B. Colonoscopy five yearly commencing at age 37
- C. Colonoscopy five yearly commencing at age 50
- D. Five yearly faecal occult blood testing commencing at age 50
- E. Flexible sigmoidoscopy three yearly commencing at age 42

(See page 5 for answer)

### Example 2. SBA

John Anderson, aged three, is brought into the practice by his mother because he has been coughing at night for the past four weeks. His mother went with him to pre-school yesterday and was surprised to see him sitting down during a game of 'hide and seek'. He is well apart from mild eczema. Clinical examination reveals normal tonsils and adenoids.

What is the most likely diagnosis?

- A. Asthma
- B. Non-specific persistent cough
- C. Oesophageal reflux
- D. Post-nasal drip
- E. Post-viral cough

(See page 5 for answer)

### Example 3. MEMQ

Ken, aged 34, has noticed a firm, slightly sore swelling on the lateral aspect of his left knee over the past three months. He vaguely remembers 'twisting' his knee some weeks prior to this and the knee was painful for a few days. These symptoms have almost resolved, although he does get pain in the area of the swelling after activity. Ken has not noticed any locking, giving way or decreased movement in the knee. On examination, there is a small, 'bony hard', tender lump situated on the lateral side of the joint. The knee is otherwise unremarkable.

What is the **most** likely diagnosis?

- A. Anterior cruciate tear
- B. Baker's cyst
- C. Chondromalacia patellae
- D. Crystal arthropathy
- E. Meniscal cyst
- F. Meniscal tear
- G. Osgood Schlatter's disease
- H. Osteoarthritis
- I. Osteochondritis dessicans
- J. Osteosarcoma
- K. Patellar subluxation
- L. Prepatellar bursitis
- M. Rheumatoid arthritis
- N. Suprapatellar bursitis

(See page 5 for answer)

### Example 4. MEMQ

Danny is aged six months. He presents at the start of winter with a two-day history of runny nose, sneezing, cough and mild fever. He has trouble finishing his bottle and has vomited three times. On examination, Danny has watery eyes and a snuffly nose. His respiratory rate is 50 per minute, he has audible wheezes, subcostal and intercostal recession and bilateral crepitations.

What is the **most** likely diagnosis?

- A. Acute bronchitis
- B. Acute asthma
- C. Bronchiolitis
- D. Haemophilus influenza pneumonia
- E. Influenza
- F. Inhaled foreign body
- G. Mycoplasma pneumonia
- H. Pneumococcal pneumonia
- I. Tuberculosis
- J. Viral croup

(See page 5 for answer)



## Answers for AKT sample questions

### Example 1. SBA

#### B. Colonoscopy five yearly commencing at age 37

Simon is in a moderately increased risk group for colorectal cancer as he has one first-degree relative with colorectal cancer diagnosed before the age of 55 (without potentially high-risk features, as in category 3).

Screening guidelines for this group of patients state: offer colonoscopy every five years starting at 50 years, or at an age 10 years younger than the age of first diagnosis of colorectal cancer in the family, whichever comes first.

Flexible sigmoidoscopy plus double-contrast barium enema or CT colonography may be offered if colonoscopy is contraindicated for some reason. Consider offering faecal occult blood testing in the intervening years. Patients should be informed that a positive test will require further investigation.

### Example 2. SBA

#### A. Asthma

Asthma is the only condition in this list that causes both a cough and impaired exercise tolerance. When cough is the result of asthma, it is usually accompanied by some wheeze and episodes of shortness of breath. It is uncommon for cough to be the only symptom of asthma.

Recurrent non-specific cough is a very common symptom in preschool-aged children. There is usually no associated atopy or family history of asthma. The child usually develops a cough in association with an upper respiratory tract infection.

There is no information in the clinical scenario to support a diagnosis of post-nasal drip or oesophageal reflux.

### Example 3. MEMQ

#### E. Meniscal cyst

A meniscal cyst is a similar lesion to a ganglion. It arises from the outer part of the meniscus and forms a tense swelling at the joint line. Meniscal cysts arise from small meniscal tears which act as one-way valves, allowing pumping of synovial fluid out of the joint into the cyst. The presentation of a meniscal cyst is with a small lump that is usually situated on the lateral side of the joint.

There is often a history of injury to the knee joint. Meniscal cysts most often manifest as pain that is aggravated by activity. On examination, the lump may feel 'bony hard' and have localised tenderness over it.

Baker's cyst or popliteal cyst is normally located in the popliteal fossa and may cause pain and swelling in the calf. Prepatellar and suprapatellar bursitis are usually anterior to the knee and fluctuant rather than 'bony hard'. Osteosarcoma is a possibility, although less likely with this scenario. The pain tends to be constant, increasing and worse at night rather than after activity.

### Example 4. MEMQ

#### C. Bronchiolitis

Bronchiolitis, a common disease of the lower respiratory tract of infants, results from inflammatory obstruction of the small airways. It occurs during the first two years of life with a peak incidence at around six months.

Symptoms usually start with a mild upper-respiratory tract infection followed by paroxysmal wheezy cough, dyspnea and irritability. As the respiratory rate rises, feeding gets difficult. Asthma is the condition most commonly confused with bronchiolitis.

One or more of following favours a diagnosis of asthma: a family history of asthma, repeated episodes in a same infant, sudden onset without preceding symptoms, and a favourable response to single dose of bronchodilator.

## AKT marking

In the period between a candidate sitting the exam and their results being released, the RACGP implements several key quality assurance processes to ensure that all results are accurate, fair and reflect the appropriate standards.

The AKT has a single mark assigned to each question, with 150 marks assigned to each exam. Each question is therefore worth 0.67% of a raw score.

However, the psychometrics of the exam performance occasionally may indicate a need for some items to undergo post-exam review. One outcome of such a review may be an alteration to or removal of the item/s from the exam. This will invariably increase the weighting of each remaining question.

There is no negative marking: incorrect answers simply do not attract a mark.

As all questions are multiple-choice and each question has only one correct answer, the exam does not require human marking and is auto-marked. This provides a raw score for all candidates that is then quality assured as indicated above. Before results can be established and released, however, a pass mark needs to be established through a process called 'standard-setting' (refer to 'Standard-setting' section of this guide).

# *The Key Feature Problem (KFP) exam*

## What is the KFP exam?

The KFP exam is designed to assess clinical reasoning in practice.

The KFP exam paper has 26 cases, each of which is composed of 2–3 questions. Each case contributes equally to the overall score, making each worth 3.85% of the total mark.

The paper is designed to represent a session in Australian general practice, so the demographics and case mix are drawn from the Bettering the Evaluation and Care of Health (BEACH) data. Any aspect of the curriculum may be tested and each case may contain more than one curriculum area.

The questions in the case may be either written responses (a few words or a sentence) or a selection list, where you have to choose a set number of responses from a list of answers. This is best explained by reading through the examples in this guide.

The KFP exam paper is a format that many candidates may not have encountered. It is not a simple short-answer paper where you list all the possible answers; the answers need to be in the context of the clinical case, which means the answers will need to relate to the age and gender of the patient, the clinical information given, and the location of the patient (the question will specify whether the case is in a rural, regional or urban location).

One of the most commonly encountered pitfalls in the KFP exam is to provide multiple answers that are not in the context of the question. If candidates provide more answers than requested, they will be penalised for each extra answer. Refer to the 'Penalties' section of this guide for further information

## How long does it take to complete the KFP exam?

The KFP exam is a three-hour online exam. However, a universal allowance of an additional 30 minutes has been granted to all candidates. This allows extra time for candidates for whom English is a second language, slow readers and/or typists, or for other reasons.

All candidates are thus provided three hours and 30 minutes to complete the KFP exam.

## What does the KFP exam assess?

As previously discussed, the KFP exam is designed to assess clinical practice and clinical reasoning. It looks at how candidates assess patients in the context of the scenario given and consider the key features/critical steps required to resolve the clinical problem.

Each question explores your understanding of the key features/critical steps.

A 'key feature' is a critical step in the resolution of a clinical problem in the context of everyday Australian general practice. A KFP exam question consists of a clinical case scenario and questions that focus only on those critical steps.

Clinical reasoning can be defined as thinking through the various aspects of patient care to arrive at a reasonable decision regarding the prevention, diagnosis, or treatment of a clinical problem in a specific patient. Patient care includes history taking, conducting a physical exam, requesting laboratory tests and diagnostic procedures, designing safe and effective treatment regimens or preventive strategies, and providing patient education and counselling.

Clinical reasoning plays a major role in a doctors' ability to make diagnoses and decisions. It can be considered as the physician's most critical competence.

## How to prepare for the KFP exam

Fellowship assessment preparation advice and available resources pertinent to the AKT, KFP exam and OSCE are outlined in the 'Fellowship assessment preparation' section of this guide.

This section details specific advice on the best approach to preparing for KFP exam assessment.

The KFP exam looks at how candidates assess patients in the context of the scenario given, as well as the key features/critical steps required to resolve the clinical problem. With this in mind, candidates should use their day-to-day practice to consider the differential diagnoses pertinent to the patient, and how this might vary from patient to patient, thinking about their steps of management. Candidates should consider, for example, what the key investigations are and why they are so important, rather than doing a full screen; how they can manage the case by means other than medication and how this might vary from patient to patient.

Conducting a random case analysis, with either a supervisor, mentor or a colleague, can be an effective way for candidates to prepare for the KFP exam. This type of analysis is an invaluable way of breaking down the clinical process and reviewing its different stages.

An excellent paper outlining random case analysis can be found in the January–February 2013 issue of *Australian Family Physician* (Morgan S, Ingham G. Random case analysis – A new framework for Australian general practice training *Aust Fam Physician* 2013;42(1–2):69–73.)

The KFP exam is about the assessment of the reasoning behind what GPs do every day in their clinical practice

It is important candidates read widely and utilise resources such as the therapeutic guidelines and current management guidelines to ensure their management is contemporary.

## KFP exam sample questions

The below samples include an explanation of the answers, as well as hints and tips for the KFP exam.

### The case

Phillip Huang is a 45-year-old landscaper with a past history of hypertension and hyperlipidaemia. He is currently taking telmisartan/hydrochlorothiazide (40/12.5 mg) and atorvastatin (40 mg) daily. Recent routine blood tests revealed a low sodium of 126 mmol/L (normal range 135–145 mmol/L) and a low chloride of 89 mmol/L (normal range 97–105 mmol/L). Other electrolytes, urea and creatinine are normal.

Phillip feels well and is not confused. He does not drink excessive amounts of water and his physical examination is unremarkable.

### Question 1

What is the most likely cause for Phillip's hyponatraemia? (provide a single answer)

### Question 2

Phillip's hyponatraemia persists despite your initial management and you now need to investigate further. What would be the most useful investigations to perform next? (select up to five investigations from the list)

- Bone scan
- Blood glucose level
- Chest X-ray
- Computed tomography (CT) brain scan
- CT abdomen scan
- ESR/CRP
- Full blood count (FBC)
- Iron studies

- Liver enzymes
- Morning serum cortisol
- Oral glucose tolerance test
- Parathyroid hormone
- Prostate-specific antigen
- Serum and urine osmolality
- Serum calcium
- Serum renin level
- Serum uric acid
- Thyroid function tests
- Urine protein-to-creatinine ratio
- Urine sodium concentration

Consider the answers below.

### Question 1

Question 1 is an example of a 'write-in question' that asks for a single diagnosis. Some questions may ask for several answers, but they always specify how many and there is a line for each answer in the online exam.

This question is asking for the most likely cause of hyponatraemia in this specific patient, rather than just a list of causes of hyponatraemia. Candidates need to take notice of the information that the patient is well, not confused, does not drink excessive amounts of water and has an unremarkable physical examination, as these facts help to rule out other likely causes.

The question is assessing whether candidates know the most likely cause of hyponatraemia in someone who is asymptomatic, but taking medications that could be significant.

It is important to recognise that hydrochlorothiazide is a class of diuretic medication can cause hyponatraemia.

The more specific candidates are in their answer, the higher the mark they score, eg 'medication side effect' is correct, but may only score one mark, whereas specifying 'side effect of the diuretic component of irbesartan/hydrochlorothiazide is much more specific and would score higher.

If the candidate had provided multiple answers – eg 'polydipsia', 'medication side effect' and 'syndrome of inappropriate antidiuretic hormone secretion' – when only one was requested, they would have been penalised. This is called 'over-coding' or 'extra responses' (refer to 'Extra responses' section below).

Please note: exam standard is to use generic drug names, which remain constant even if there are multiple brands for many drugs.

### Question 2

Question 2 involves a selection list. Many of the answers might be correct, but the key investigations are:

- Blood glucose level
- Chest X-ray
- Morning serum cortisol
- Serum and urine osmolality
- Thyroid function tests
- Urine sodium concentration

The important issue in this example is that the case has progressed. The patient's hyponatraemia persists despite management, so candidates now have to consider other possible causes and determine the key investigations to best assess the possible differential diagnoses.

In order to develop feedback for both successful and unsuccessful candidates, the examiners provide feedback on the question they have marked at the end of each exam cycle, highlighting common errors and what constituted good and poor responses. This document is available to all candidates when the results are released.

In order to select these key investigations, candidates need to consider the most likely causes, apart from your answer in Question 1, for this patient's hyponatraemia. They also need to consider which investigations will best help differentiate between the most likely underlying causes.

Candidates must remember to choose the responses that are most likely in this patient, an asymptomatic 45-year-old male with hypertension and hyperlipidaemia who has a normal physical examination. This would mean that cancer is an unlikely cause in this context, so investigations to find an underlying cancer would not be the most useful as your initial investigations for the cause in this patient.

Candidates should avoid choosing investigations they may consider routine, but which will not necessarily help you find the cause of the hyponatraemia. They should not choose options that would normally only be needed if a previous investigation was inconclusive, eg select 'blood glucose level' rather than 'oral glucose tolerance test'.

It is also important to note that there are six answers that score marks, but the questions asks for five. This is how some of the KFP exams are marked and means that candidates do not have to list every possible correct answer.

In the case of selection lists, candidates will only be able to select the number of answers requested – five in this case. If candidates make a mistake, they need to uncheck other boxes. They cannot provide extra responses on a selection list.

Selection lists are usually used in investigation questions as this reflects what GPs do in practice; clinical systems usually have all of the investigations available to select as appropriate. This can vary; selection lists may be used for other types of question and, likewise, there may be write-in questions for investigations, especially when asking about single most important investigations or if a very limited list of investigations is requested.

## Extra responses

The KFP exam identifies candidates that are able to determine the most appropriate response in light of the clinical scenario and the absence of peripheral determinations. Extra responses – over-coding – are those answers provided by candidates over and above the requested amount. If a question specifies that a candidate 'write two serious complications in note form', two spaces will be provided and two answers expected. If four answers are provided, two extra responses have been recorded and penalties will be applied to the final mark.

Each extra response attracts a penalty point of approximately 0.25% of a mark. The penalties are applied to the candidate's final mark and are not applied within the individual case or question.

## KFP exam marking

The KFP exam paper is marked via two processes. Multiple-choice questions are auto-marked and write in questions are marked by trained and experienced GPs. Each question is marked by a single examiner in order to ensure marking consistency for all candidates.

After trial marking a sample of candidate papers, markers then provide supervisors with feedback on the marking keys, which will be altered if adjustments are thought necessary. The skill of the marker is also reviewed and, if required, discussions take place regarding the application of the marking key. Once both the marker and the marking key have been reviewed and endorsed through trial marking, real marking commences (sample/trial papers are returned to the pool).

Examiner marking is assessed frequently throughout the process from trial marking, and at the beginning, middle and end of the final marking process. If any discrepancy is noted between the marking key, the applied mark and the supervisor/marker assessment, action is taken by marking supervisors. The question can be re-marked, if required.

Each examiner's marking is marked in a random order, meaning that each question is marked in a different order. This ensures candidates are not disadvantaged by, for example, always being the last papers marked. Our quality assurance processes are designed to assess for any examiner fatigue.

## Advice for answering KFP exam questions

It is important that candidates remember the following critical steps when providing answers in the KFP exam:

- Read each clinical scenario carefully, at least twice, and select the key features of the case.
- Read each question carefully. Candidates often provide answers appropriate to the scenario, but do not answer the specific question asked. If a question asks for investigations, that is what they need to provide, not examination, history or management steps.
- Provide answers in context to the scenario provided. Take note of factors such as the gender and age, as the critical steps may be different depending on these features.
- In most cases, when asked for investigations there will be a selection-list or multiple-choice question, so candidates do not have to consider how to group investigations. There may be exceptions when only a limited range of investigations is required. Candidates should only check the maximum number of answers requested in selection-list questions; if it specifies five investigations they can only check up to five boxes.
- The question may ask for 'note form', which is only a few words. Candidates should not provide a paragraph to justify their answer or to try and impress the examiners with their knowledge of the subject. There is a limit to the number of words – approximately 250 – in the answer and candidates should need far fewer than this.
- Do not provide more answers than the question specifies. Extra responses will be penalised and marks deducted. If they are writing the word 'and' or including commas or justifying answers, candidates will effectively be creating a list and providing more answers than requested and will be penalised for additional answers.
- Be specific. Generalisations – eg 'referral', 'general examination', 'start medication', 'refer', etc – do not score well. Expand on these types of answers to be more specific if that is warranted by the clinical scenario – eg 'refer to a paediatrician', 'urgent referral to the appropriate specialist'.
- Separate each answer. There will be the same number of lines as number of answers requested.
- Watch spelling. Candidates are not penalised for bad spelling, but they should ensure their answers are legible and make sense, and should not type answers with the Caps lock on.
- Do not use abbreviations or shorthand. These can have different meanings, eg 'IBD' might represent 'irritable bowel disease' or 'inflammatory bowel disease'.
- Pace yourself. Candidates should check the time and their progress on the computer screen as they complete the exam, and attempt to answer all questions. The exam is designed to be completed in three hours, with an extra 30 minutes awarded to all candidates (as noted earlier). It may be helpful to check that you have reached the half-way point (at least the 13th case) after 1.5 hours
- Each of the 26 cases contributes equally to the final mark, so it is important to try to answer all of them.

# *The Objective Structured Clinical Examination (OSCE)*

## What is the OSCE?

The OSCE is designed to assess how a candidate integrates their applied knowledge and clinical reasoning, when presented with a range of clinical scenarios. It allows a candidate to demonstrate their clinical skills, communication skills and professional attitudes in the context of consultations, patient exams and peer discussions. It is a clinical consulting performance assessment. The OSCE comprises 14 clinical 'stations' (patient presentations), either eight minutes or 19 minutes in duration, with three-minute rest stations interspersed. It will take candidates approximately four hours to complete the OSCE.

The eight-minute stations require candidates to focus on certain aspects of a consultation, but do not represent entire consultations. Eight-minute stations may include practical procedures, actual physical examination or a viva (practical procedures) to test peer communication or professional attitudes.

The 19-minute stations usually require candidates to manage entire consultations, including the outcome of investigation and follow-up visit.

## How are OSCE cases selected?

Like the KFP exam, the OSCE reflects a typical session of general practice in Australia. Cases are selected based on a range of criteria, drawing on the RACGP curriculum: gender and age distribution to match Australian epidemiological data; a broad spread of conditions according to the International Classification of Primary Care 2 (ICPC2); and body systems (public BEACH data – problems managed). Cases are written by experienced clinicians and examiners, from actual patient encounters. Patients are role-played, either by examiners or trained role players, during the exam.

Each station will present its own challenge, eg a patient who:

- is upset about a health issue
- is non-concordant with the management plan
- presents with multiple health issues
- is new to a practice
- presents with diagnostic and management dilemmas.

## How are OSCE cases marked?

Examiners within the OSCE are all experienced GPs who are trained in assessment principles. One of the strengths of the OSCE is that candidates are assessed by 25 or more examiners, whose ratings (marks) make up the total score.

Each station has an individualised marking schedule. A station that features a case with an upset patient is likely to be weighted towards communication and rapport, whereas a station in which the development of a management plan is being examined will have a marking schedule that reflects the importance of this element.

Although the task within each case is focused/specific, candidates are expected to exhibit a 'whole-patient' approach by demonstrating the core general practice skills found within the 'RACGP curriculum' section of this guide.

Candidates are rated on how they assess and manage different clinical situations, ie the components of a consultation.

This means each station will see examiners rate candidates on a selection of areas within the context of the case. The rating areas provided to examiners are:



## Communication and rapport

Ability to establish rapport and to communicate effectively with the patient in a pleasant, clear and logical manner, using appropriate communication skills and language. Candidates should be patient-centered and negotiation skills may be required.

This rating area includes the communication skills required in 'Management'.

## Inter-professional communication skills

Communication skills at an inter-professional level.

## History taking

Ability to take a relevant and organised history, following appropriate cues and eliciting positive and negative details important to the assessment and management of the patient. Mental state assessment is rated in this area.

## Physical examination

Ability to perform an appropriate and systematic examination that is appropriately focused and not overly inclusive. Candidates should be able to detect physical examination findings accurately and interpret them correctly. Specific positive and negative findings relevant to the case should be elicited.

Candidates should demonstrate respect for the patient and concern for their comfort. This includes obtaining oral consent for examination where appropriate. Candidates should also demonstrate correct hand hygiene.

Peak expiratory flow rate (PEFR) and oximetry (sO<sub>2</sub>) are included in this rating area.

## Investigations

Ability to select relevant, cost-effective investigations in an appropriate sequence, including surgery tests such as electrocardiogram (ECG), urine dipsticks, glucometry and spirometry. The candidate should display consideration for the safety and comfort of the patient.

## Diagnosis

Ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations. This rating area includes differential diagnosis, probability diagnosis and the formulation of a problem definition list.

## Public health issues

Awareness of, and ability to deal with, public health and social issues raised by this case.

## Management

Ability to manage the issues raised in the case. This may include immediate management (eg emergency measures), short-term management (eg safety-netting for the patient) and long-term management (eg prevention of recurrence), and preventive health. Candidates should consider both pharmacological treatment and non-pharmacological methods.

Candidates should offer patients effective explanations, education and choices, and be able to prioritise the required actions, as well as negotiate agreement on a plan. The communication skills needed in management are rated in 'Communication and rapport'.

Consideration should be given to involvement of family and support persons, and relevant community resources.

## Procedural skills

Ability to perform the procedure appropriately and competently, with regard for patient safety and comfort.

## Ethical and medico-legal issues

Ability to deal with the ethical, medico-legal and professional issues raised by this case.

## Critical appraisal skills

Ability to critically appraise an article and to identify its strengths and weaknesses, and demonstrate their ability to explain to patients the evidence supporting their recommendations. This rating area includes an understanding of analysis of statistical data.

It is important for candidates to remember that the OSCE is not necessarily a diagnostic test, which means simply arriving at the 'correct' diagnosis may not be enough for a pass mark.

## How to prepare for the OSCE

Fellowship assessment preparation advice and available resources pertinent to the AKT, KFP exam and OSCE are outlined elsewhere in this document under the heading of 'Fellowship assessment preparation'.

This section details further OSCE specific advice to help you prepare for the OSCE exam.

It is only through practice, rather than study, that candidates improve their consultation skills. It is important for candidates to practice the areas in which the OSCE examiners will rate them during the exam:

- **Communication and rapport** – this covers how candidates go about obtaining a patient's history, explaining the problem and management, and negotiating agreement on the management plan. Candidates should be patient-centred, empathic and show that they understand the patient's concerns, ideas and expectations. The way the candidates ask questions makes a difference.
- **History taking** – this is not random information gathering, but should be relevant and organised. It reveals clinical thinking. Candidates should learn to apply Murtagh's safe diagnostic strategy: probability diagnosis, serious disorders, pitfalls, masquerades, and look for the hidden agenda.
- **Physical examination** – candidates should be systematic and logical, and should also consider the patient's comfort, and explain what they are doing, and communicate findings (positive and significant negative findings) to the examiner as they examine.
- **Investigations** – these should be appropriate to the stage of presentation. Candidates should remember to consider office/surgery tests, and select relevant, cost-effective investigations in an appropriate sequence, displaying consideration for the safety and comfort of the patient. More is not better: consider what is most useful to discriminate between differential diagnoses. Will the result of this investigation change your management?
- **Diagnosis** – candidates may be asked to give a diagnosis, list differential diagnosis, or for a problem definition list. Remember the probability diagnosis and learn to prioritise any list.
- **Management** – candidates should determine whether they are being asked only for the initial management. If not, they should consider short-term and long-term management and patient support. Explaining the problem is more than using simple language and it is important to organise and prioritise information in order to avoid overwhelming the patient. Check the patient's understanding and response to a proposed management plan and remember to safety-net.

Candidates' need to practice for the OSCE, rather than study – this cannot be stressed enough and one of the most effective ways is for them to come together in small groups and conduct timed role-playing with observer feedback. They can use the cases from their previous patient encounters. Another way is to imagine your next patient as an exam case.

Candidates can also use the cases from Susan Wearne's *Clinical cases for general practice exams* (Wearne S. Clinical cases for general practice exams. 3rd edition. New York: McGraw Hill, 2010), revise physical examination technique and practice during patient examinations.

## What happens at an OSCE station?

Candidates are given three minutes to read information and instructions provided outside of each station before entering. Once the time signal is given, the allotted examination time of eight or 19 minutes commences.

Given instructions are specific to individual stations, it is critical that candidates read them carefully and follow the information provided and understand the task(s) required. These instructions are available in the three-minute reading time and on the desk in the station itself.

Example of instructions for an eight-minute station:

### Candidate Information

#### Total 2 pages

- This is an 8 minute station.
- Read the following scenario.
- Take an appropriate history from the child's parent.
- You can assume that physical examination is normal.
- Outline your conclusions and proposed management plan to the child's parent.
- Note there will be no child actually present during the consultation.
- This consultation takes place in a single session.

### Scenario

One of Zac's parents has come to see you. They have whispered to your receptionist that they wish to talk to you about Zac, who has been left playing but supervised in the waiting room.

A copy of the patient record summary sheet is attached.

### Patient record summary

Patient details	
Name	Zac Johnson
Age	8
Social history	Lives with parents Karen and Peter and two sisters, Zoe (12) and Anita (5)
Family history	Father wet the bed until the age of 10 and paternal cousin still wets the bed at the age of 9
Current medications	Nil
Immunisations	Up to date
Allergies	Nil known
Past medical history	Nil significant

## Conflicts of interest

OSCE candidates should be aware they may encounter examiners who are known to them or whom they have met on previous occasions, such as during their general practice training. This does not normally constitute a conflict of interest.

All examiners are provided with a list of candidates whom they will be examining and are required to notify the RACGP if there is a perceived or actual conflict of interest.

Candidates who have encountered a conflict that has had a significant effect on their exam performance can complete an incident report. Further details are available in the *Fellowship exams candidate handbook* ([www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies)).

A conflict of interest will be considered in circumstances where examiners and candidates:

- are family and/or personal friends
- have shared a practice
- have had a previous supervisor–registrar relationship
- have some other exceptional relationship.

# Standard-setting

A standard is a conceptual boundary between acceptable and unacceptable performance. The standard of performance required of candidates for the RACGP Fellowship exams is demonstration of competence for unsupervised general practice in Australia.

Standard-setting is the process by which a standard is translated into a passing score, that divides a group of candidates into those who are at or above the standard, and those whose performance is below the standard.

Although the overall pass mark varies from exam to exam, the standards used in determining those pass marks remain constant. The processes employed by the RACGP in determining pass marks are less arbitrary than simply choosing an adequate score. They involve judgments by examiners and analysis of actual candidate performance in the assessment tasks. The result is a fair and accurate process.

## Standard-setting in the AKT and KFP exam

Once marking is complete, the RACGP defines the pass mark for the exam using standard-setting.<sup>1</sup> The RACGP uses a criterion-referenced model of standard-setting called the Modified Angoff, a well-researched and reported model currently used in high stakes assessments in Australia and internationally.

Each AKT and KFP exam question is discussed by a panel of 20 or more experienced standard-setters drawn from RACGP Fellows across Australia and all aspects of clinical practice. Every question is effectively discussed and assessed for its difficulty and a pass mark for each question is determined. If a question is deemed difficult, the number required to pass it will be lower and the pass mark is therefore independent of the cohort. The RACGP does not seek to pass a set number of candidates – the pass mark of each exam cycle is defined by the questions within the exam, hence the variability in the pass mark. If all candidates make the pass mark, then all pass; if only 40% of candidates meet the pass mark, then only 40% will pass.

## Standard-setting in the OSCE

The 'borderline group' method is used to set the pass mark for the OSCE. This method uses each examiner at each clinical station throughout Australia. Candidates are rated on a number of different performance domains, as well as on their overall or global performance, at each of the 14 clinical stations. The average score of the candidates rated as borderline in their global performance forms the pass mark. This pass mark is usually stable, with little variation from one exam to another.

## Examination feedback

### First fail

All candidates are provided feedback on the cohort performance. Any feedback provided will be available within the RACGP public exam report published after each examination. Refer to [www.racgp.org.au/education/fellowship/exams/exam-results](http://www.racgp.org.au/education/fellowship/exams/exam-results) for more information.

This feedback ranges from selected sample questions that challenged candidates in the AKT, to case notes for the KFP exam and performance feedback for the OSCE. This information is compiled by National Assessment Advisors, who leverage psychometrics, examiner feedback and their own clinical expertise to create feedback materials with educational value. Care is also taken to ensure questions and cases remain confidential.

1. Norcini JJ. Setting standards on educational tests. *Med Educ* 2003;37(5):464–49.

## Second and subsequent fails

Candidates who have failed on two or more occasions are advised to request feedback from their state censor by contacting their RACGP state faculty ([www.racgp.org.au/yourracgp/faculties](http://www.racgp.org.au/yourracgp/faculties)). Censors, or their delegates, provide feedback on areas in which candidates performed well, as well as any areas of concern. Feedback is delivered at the discretion of the state censor in the form of a one-to-one session or a group activity with other candidates.

Once a candidate has failed three times, they will be required to demonstrate they have undertaken appropriate educational and learning activities to sit for a fourth time in accordance with clause 1.4 'Restrictions on exam attempts' of the Fellowship exams candidate handbook ([www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies)).

Attending a faculty-led feedback session is a key aspect of demonstrating just cause. Candidates are therefore strongly encouraged to seek feedback to support the continuation of their journey to Fellowship. Taking part in feedback ensures the exam can have an educational value for the candidate over and above its value as an assessment process.

Candidates who request a reconsideration of their exam result (refer to 'Reconsideration of an exam result' section below) will not be eligible for feedback until the reconsideration process is complete.

## Reconsideration of an exam result

Candidates may request for their exam result to be reconsidered in some circumstances. Full details relating to the grounds for reconsideration and how to submit an application are outlined in the RACGP's 'Education services appeals policy' ([www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies)).

# Results

## Candidate exam results (assessment and enrolment statement)

Candidates can access their results with their username and password via the RACGP website ([www.racgp.org.au/education/fellowship/exams/exam-results](http://www.racgp.org.au/education/fellowship/exams/exam-results)) after the release date has passed.

A summary of exam results is also emailed to candidates (unless they have specifically elected not to use this option). Exam results will not be provided by telephone or fax.

On the day results are published, candidates who successfully complete an exam segment are also identified and listed by their membership number on the RACGP website.

Regional training organisations (RTOs) receive the results of their registrars at the same time as the registrars themselves.

## Ratification of results

Results need to be ratified prior to being released. The RACGP Board of Censors is responsible for reviewing and ratifying all exam results on behalf of the Council. The Board of Censors reviews the administration of the exam segment, quality assurance processes followed, pass marks; and the overall result for each candidate. The information provided to the Board of Censors is de-identified to ensure each censor is unaware of a candidate's identity at the time of ratification.

## How are exam results quality assured?

All results are quality assured through multiple stages of review. Two separate analyses are utilised in order to quality assure 100% of candidates' papers, ensuring the reporting systems are robust. These separate programs produce separate results and provide candidates with further assurance that the outcomes are accurate.

## *AKT, KFP exam and OSCE preparation*

This section outlines general Fellowship assessment preparation resources and advice that relate to the AKT, KFP exam and OSCE. Further exam-specific advice is contained within the relevant individual section.

Exam preparation should focus on demonstrating competency across the breadth of Australian general practice curriculum and domains. As candidates work through each exam, AKT to KFP to OSCE, they will be expected to demonstrate applied knowledge, problem solving and clinical practice. It is therefore important that candidates learn to apply their knowledge in a clinical setting by using processes such as clinical reasoning.

Please note: from 2017, all candidates will require a pass in both the AKT and KFP exam in order to undertake the OSCE (refer to RACGP policy).

### Public exam report

Following each examination, the RACGP publishes information pertaining to the cohort performance and outcomes. This publicly available information can be accessed at [www.racgp.org.au/education/fellowship/exams/exam-results](http://www.racgp.org.au/education/fellowship/exams/exam-results)

This report is an initiative that commenced through the 2016.1 exam cycle and is aimed at providing more information about RACGP examinations including feedback on items/cases.

### RACGP Curriculum for Australian General Practice

In preparation for the exams, candidates should consider the question: what is Australian general practice?

*The RACGP Curriculum for Australian General Practice* (<http://curriculum.racgp.org.au>) was written to act as a guide to the knowledge, skills and learning experiences necessary for competent unsupervised general practice. The curriculum domains and statement areas provide the basis for selection of exam questions and cases, so candidates find it useful to refer to the curriculum to guide their exam preparation.

### BEACH: frequency and patterns of problems in general practice

The frequency and patterns of problems as they occur in Australian general practice are also considered during exam preparation. Information gathered from research such as the University of Sydney's BEACH study (<http://sydney.edu.au/medicine/fmrc/beach>) is used to design the exams.

Candidates may find it useful to compare their practice profile with that of other practitioners, eg by reviewing their practice using a log diary of 100 consecutive patients.

Comparing a practice profile with the BEACH data may assist candidates in identifying learning needs. If they see very few paediatric cases, for example, they may wish to undertake further study in paediatrics in order to better prepare for the exams. This may include organising some sessions in a facility with a paediatric population, reading journals, attending lectures and workshops.

Participating in the BEACH study offers a more formal method to review a practice.

### Exam preparation in the work setting

Training for general practice occurs in the practice setting, which is where preparation for the exams should also occur. The exams do not solely assess knowledge taken from books, but aim to assess how this knowledge is applied to everyday situations that occur in Australian general practice. The actual processes of patient care and doctors' attitudes are also important.



Candidates may find it helpful to invite a trusted colleague to spend time watching them consult, either in the practice or by videotape (such methods would require informed patient consent), and then asking for constructive feedback. Candidates can then become aware of their own performance in clinical situations and alter any aspects they consider appropriate. Performing well in actual practice makes it easier to translate these behaviours into the exam situations.

## Online practice exams

The RACGP offers online practice exams for candidates enrolled in the AKT and KFP exam, with access details available in the lead up to the exams.

It is vital for candidates to attempt these practice exams in preparation for the AKT and KFP exam. Evidence of past exam attempts shows that the pass rate in the actual exam is higher for those who attempted the online practice exam.

The practice exam enables candidates to become familiar with the process of the actual exam and is designed to help them better understand the actual exam and how to structure answers, as well as outlining some common errors. The practice exam is structured in the same format as the actual exam, with half the number of items. Cases have been selected from past exams to represent the common style of case and question structure.

Once a candidate has completed the practice exam, they will receive general feedback that combines their results with the marking key for each question, as well as references and some advice on common errors for each particular style of question.

The practice exam is also allotted half of the time of the actual exam, allowing candidates to more effectively measure progress. In addition, candidates have access to Exam Support Online ([www.racgp.org.au/education/fellowship/exams/exam-support-online](http://www.racgp.org.au/education/fellowship/exams/exam-support-online)), which provides modules specific to exam preparation.

## *gplearning*

The *gplearning* platform (<http://gplearning.racgp.org.au>) is the RACGP's interactive online Quality Improvement and Continuing Professional Development (QI&CPD) service containing more than 200 activities on a wide range of subject areas, including Category 1 and Category 2 activities. Dedicated *gplearning* modules are available to support candidates studying for the exams.

*gplearning* also offers the Exam Support Online (ESO) program, which gives candidates the opportunity to learn about the elements of the AKT and KFP exam. This is a free service available to candidates enrolled in the AKT or KFP exams.

*gplearning* is free to RACGP members, while non-members can purchase an annual subscription. Contact the *gplearning* team on 1800 284 789 or at [contactus@gplearning.com.au](mailto:contactus@gplearning.com.au) for more information.

## Pre-exam courses

RACGP state faculties provide a range of pre-exam courses for candidates. Visit [www.racgp.org.au/education/fellowship/exams/pre-exam-courses](http://www.racgp.org.au/education/fellowship/exams/pre-exam-courses) for details of upcoming courses.

## QI&CPD

Many activities that are promoted through the RACGP's QI&CPD program may also be useful to candidates preparing for the exams. Potentially useful activities include clinical audits, supervised clinical attachments, lectures, workshops, small group learning, online learning programs, and many more. Candidates interested in accessing these activities can visit [www.racgp.org.au/education/courses/activitylist](http://www.racgp.org.au/education/courses/activitylist) for information on the QI&CPD department in their state faculty or to search for activities.

## check

The RACGP's *check* program is a versatile self-education program and QI&CPD activity that provides a range of cases written by expert clinicians. Each case includes a brief clinical scenario, followed by a series of questions designed to highlight the important issues for practitioners to consider in the clinical history, examination, investigation and/or management of a problem. Visit [www.racgp.org.au/education/courses/check](http://www.racgp.org.au/education/courses/check) for more information.

## Indigenous Fellowship Excellence Program

The Indigenous Fellowship Excellence Program aims to assist Aboriginal and Torres Strait Islander registrars to perform to their full potential in the exams. The program involves one-to-one mentoring with an RACGP Fellow, as well as a face-to-face workshop, and gives participants the opportunity to develop a peer-support network across the country. Involvement in this program is free for Aboriginal and Torres Strait Islander registrars. Visit [www.racgp.org.au/yourracgp/faculties/aboriginal/education/ifep](http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/ifep) for further information.

## Thursday evening pre-exam tutorial series on DVD (2014 edition)

RACGP NSW&ACT and RACGP Rural have developed an updated edition of the popular 'Thursday evening pre-exam tutorial series', which features 10 DVDs that can be ordered as a set or individually:

- Introduction and written papers
- Dermatology for GPs
- ECGs for GPs
- Haematology for GPs
- Ophthalmology for GPs
- Physical examination – upper limbs
- Journal appraisals
- Biochemistry interpretation for GPs
- Skills in management of patients
- Physical examination – lower limbs

The DVDs are discounted for RACGP members and can be ordered from the RACGP Rural. Visit [www.racgp.org.au/yourracgp/faculties/rural/education/resources](http://www.racgp.org.au/yourracgp/faculties/rural/education/resources) for more information.

## Clinical skills scenarios DVD – cases for general practice educators or learners

RACGP Rural offers a preparatory DVD for general practice registrars and other doctors in rural locations working toward FRACGP. The DVD contains 14 cases covering several clinical scenarios common across a well identified range of rural contexts. Each scenario deals with a different type of presentation, from a farmer with a cough to full-blown arm laceration, as well as associated office-based procedures.

The DVD runs for approximately three hours and can be ordered from RACGP Rural. Visit [www.racgp.org.au/yourracgp/faculties/rural/education/resources](http://www.racgp.org.au/yourracgp/faculties/rural/education/resources) for more information.





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