RACGP Education

Exam report 2025.1 KFP

RACGP

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002
Wurundjeri Country

Tel 03 8699 0414
www.racgp.org.au

ABN: 34 000 223 807

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort 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 Key Feature Problem (KFP) exam. The modified Angoff standard-setting method is used in determining the pass mark. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

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. 2025.1 KFP psychometrics

Mean score (%)	65.98
Standard deviation (%)	7.90
Reliability*	0.87
Pass mark (cut score %)	60.63
Pass rate (%)	76.89
Number sat	900

2. Candidate score distribution

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

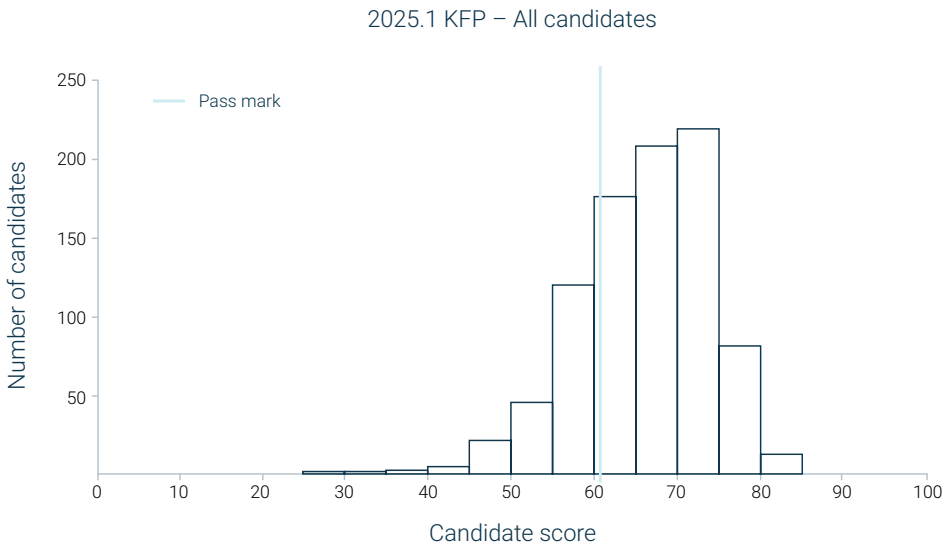

Figure 1. Final 2025.1 KFP score distribution.

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As shown 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. Pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	87.60
Second attempt	59.80
Third attempt	63.80
Fourth and subsequent attempts	41.00

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 717 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2025.1 exam cycle.

Table 3. 2025.1 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	542	75.59
Pass	Fail	39	5.44
Fail	Pass	30	4.18
Fail	Fail	106	14.78
Total		**717**	**100**

5. Feedback report on 2025.1 KFP exam cases

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This feedback report is published following each KFP exam in conjunction with candidate results. All 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 analysis of each clinical scenario, and consideration of the initial information and any evolving information as the case progresses. 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 on their own performance in each case. It is also provided so that 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 Examination guide.

Case 1

Candidates were presented with a woman, aged 72 years, with heart failure with reduced ejection fraction secondary to alcoholic cardiomyopathy. Clinical information included her symptoms, medical history of hypertension and excessive alcohol use, examination findings and investigation results. Candidates were required to give the most likely diagnosis, medication management and non-pharmacological management.

The majority of candidates correctly identified appropriate medications to commence, although a significant proportion incorrectly answered with a beta-blocker, which is not recommended to start in fluid overload states. Common errors in the third question included vague advice about alcohol reduction or weight loss. Candidates who performed well gave specific advice to cease alcohol or reduce to no more than 10 standard drinks per week. Some candidates answered with immunisations, which are pharmacological management actions and therefore did not score marks.

Case 2

This case focused on a man, aged 60 years, with acute onset of vertigo. Clinical information included his presenting symptoms, medical history and detailed examination findings. Candidates were required to give the most likely differential diagnoses and describe additional relevant history to confirm the diagnosis. The majority of candidates identified Ménière's disease as a likely differential diagnosis. However, many candidates included vestibular neuronitis and benign paroxysmal positional vertigo in their differentials, which were not consistent with the key features of the case. Errors in the second question included listing multiple history features on the one line or giving vague answers such as 'neurological symptoms'. Candidates who did well considered the possible differential diagnoses and aspects of history which would differentiate between them.

Candidates were then provided with an audiogram image and required to describe appropriate non-pharmacological management. This required candidates to make the presumptive diagnosis of Ménière's disease based on the information they had been given. This is a common approach in the KFP exam, in which candidates must use their clinical reasoning skills to determine the provisional diagnosis and then consider the most appropriate investigations or management.

Case 3

This case focused on an Aboriginal man, aged 19 years, who presented with acute chest pain. Clinical information, including an ECG image, indicated acute pericarditis. Candidates were first required to describe appropriate pharmacological management.

In general, this question was answered well, although common errors related to misdiagnosing the patient with an acute myocardial infarction or giving two non-steroidal anti-inflammatory medications at the same time, which was not indicated.

The case then evolved to candidates needing to describe the benefits to the patient of identifying as an Aboriginal person at the practice. The majority of candidates did well in this question, although some candidates gave non-specific answers such as 'preventive health measures' or 'Closing the Gap'.

The final question focused on the patient returning for a preventive health assessment. Candidates were required to identify appropriate investigations. A good answer considered preventive health aspects relevant to the specific patient context; candidates overall did well on this question.

Case 4

This case presented a girl, aged 22 months, with acute bilateral otitis media. Candidates were provided with a clinical image of both tympanic membranes. They were required to describe appropriate medications to use, which included simple analgesia and appropriate antibiotic therapy. This first question was answered well by most candidates.

The case evolved to candidates receiving information that a prescribing error had been made. Candidates were required to describe appropriate immediate management and then identify actions which would prevent a similar error in the future. A good answer to the immediate management question included explaining the error to parents, allowing the family to express their concerns, assessing for complications, seeking appropriate advice and appropriate safety-netting. Candidates did less well in the final question, with common errors including generic, non-specific or repetitious answers.

The KFP exam is designed to assess all core units of the RACGP curriculum, including organisational systems which ensure patient safety. Candidates should ensure they consider the core curriculum units in their exam preparation and include this in their study plan.

Case 5

This case focused on a woman, aged 84 years, presenting with recurrent falls. The patient lived independently at home and had multiple comorbidities and medications which were relevant to falls risk. Candidates were required to identify appropriate investigations, then describe non-pharmacological management to reduce her risk of future falls. Candidates generally did well on the first question, although some selected investigations which were more appropriate to investigation of delirium or dementia. Some candidates appeared not to read the second question carefully as they provided pharmacological answers such as medication adjustments. Some candidates advised the patient to lose weight, which was not relevant for the patient.

The case then evolved to the patient requesting advice on planning for medical care during a life-threatening event. Candidates were required to identify that the most appropriate advice centred on developing an advance care plan and the patient discussing her wishes with her family. The majority of candidates correctly identified that an advance care plan was indicated. However some candidates gave answers that did not support the patient's healthcare wishes, such as 'write a will', 'refer to social work' or 'refer to palliative care'. Candidates should ensure they are considering the individualised context of the case and formulate answers which address the specific question being asked.

Case 6

Candidates were presented with a woman, aged 48 years, with an exacerbation of chronic obstructive pulmonary disease during a bushfire event. Candidates were required to give specific initial management. Candidates struggled with this first question, with many misreading the question and managing the patient either as an emergency or answering with long-term changes to treatment.

The woman then presented with worsening symptoms despite adhering to management; candidates needed to identify relevant history and examination features which indicated a need for hospital admission. Candidates did better in this second question, although some still gave generic answers which were not specific to the patient or gave multiple answers on one line (known as 'overcoding').

The final question focused on practice management strategies to support disaster-affected patients. Candidates performed poorly on this question. Many gave vague allusions to psychological first aid rather than practical practice-based ways to support a bushfire-affected community. The KFP assesses competence to practice anywhere in Australia. When preparing for the KFP exam, candidates should consider environmental and climate-related scenarios which are relevant to Australian general practice.

Case 7

Candidates were presented with a woman, aged 43 years, with low back pain. The first question focused on a psychosocial history which increased the risk of prolonged recovery and disability from back pain, otherwise known as 'yellow flags'. Candidates who performed well in this question gave organised logical answers which covered a broad range of psychosocial issues that are known to delay recovery from back pain. It was important to note the key features in the stem, which included that the patient had no significant medical history, drank minimal alcohol and did not use recreational drugs. Candidates should take the information given in the stem as truthful and accurate, and do not need to question this in their answers.

The case evolved to the patient re-presenting with ongoing symptoms. Candidates were provided with a clinical image of a CT scan lumbar spine, which demonstrated multiple lytic bone lesions. Candidates were required to identify the most likely diagnosis as bony metastases and describe 'red flag' symptoms which would require immediate medical attention. Although candidates generally answered the final question well, many candidates gave more answers than requested. In the KFP exam, it is important to only provide the number of answers requested, demonstrating rationalisation of responses. To be fair to all candidates in the write-in KFP, each additional answer attracts a 0.25% penalty from the candidate's overall score.

In the 2025.2 multiple selection question KFP, candidates who select more answers than requested will sustain a 0.35% penalty per additional answer, deducted from their overall exam score.

Case 8

Candidates were presented with a woman and her husband, both aged 33 years, with difficulties conceiving. Key features included a detailed medical history for the woman, her examination findings and initial investigation results. Candidates were required to identify the woman's most likely diagnosis and identify further appropriate investigations. The majority of candidates correctly identified endometriosis as the most likely cause of difficulties conceiving.

In the third question, the woman returned in early pregnancy with a new family history of Tay–Sachs disease. Candidates were advised this was an autosomal recessive condition and they needed to provide appropriate advice to the couple. Candidates struggled with this question. Many gave generic antenatal advice or recommended investigations such as standard genetic carrier screening or non-invasive prenatal testing, which would not identify the Tay–Sachs gene. Concerningly, a small number of candidates advised that there was no testing available relevant to the current pregnancy. This was clearly wrong and risks significant misinformation to patients. A good answer considered different aspects of risk, education, testing and follow-up for the couple.

Case 9

Candidates were presented with a girl, aged 14 years, with acne. A clinical image of the girl's acne was provided. Key features included treatments already trialled. Candidates were required to describe further pharmacological management. Most candidates correctly identified an oral tetracycline as appropriate management, although fewer candidates identified appropriate topical treatment. It is important that candidates are aware of best practice guidelines for common conditions and can apply their knowledge to specific patient scenarios.

The case evolved to the girl returning with features of an eating disorder. Candidates needed to give appropriate differential diagnoses and identify appropriate investigations. While most candidates correctly gave anorexia nervosa as an answer, most were not able to identify a second differential diagnosis. The investigations question was generally answered well.

The fourth question provided candidates with electrolyte results showing significant hyponatraemia and hypokalaemia. Candidates were required to identify that the most appropriate management was to arrange urgent hospital admission for the girl. Some candidates recognised the need for admission but not the critical nature of the situation. In the KFP exam it is important to tailor management and consider whether actions need to be taken urgently.

Case 10

This case focused on a woman, aged 68 years, presenting to a rural emergency department with acute upper abdominal pain. Key features included her pain history, past medical history, previous colonoscopy results and examination findings. Candidates were required to describe the most appropriate differential diagnoses, identify appropriate initial investigations and commence immediate medications for the most likely diagnosis of acute cholecystitis.

In general, the first two questions were answered well. Candidates who performed well on the diagnosis question considered the most likely diagnosis of acute cholecystitis but also diagnoses from other systems, such as perforated peptic ulcer, pancreatitis or acute hepatitis.

Candidates performed less well on the third question. Some gave non-medication answers, such as 'insert intravenous cannula'. Others appeared to have misinterpreted the most likely diagnosis and gave medications more relevant to acute gastritis than cholecystitis. In the KFP exam, it is important to consider the most likely diagnosis using all information given in the stem.

Case 11

This case focused on a boy, aged 20 months, with symptoms and signs of an inhaled foreign body. Information provided included two clinical images of a chest X-ray. Candidates were required to identify the diagnosis and describe appropriate immediate management. Many candidates were not able to identify the diagnosis, which impacted on their management answers. Paediatric inhaled foreign body is a scenario which can be encountered in general practice anywhere in the country, and candidates were expected to recognise the key features together with examination and investigation findings. It is important to remember that the KFP exam is aimed at the point of Fellowship, in which candidates are required to demonstrate their competency to practise unsupervised.

The case then evolved to providing information that the boy had not been previously immunised. Questions three and four focused on consultation approaches to address parental concern about immunisations and formulation of an appropriate immunisation catch-up schedule. Common errors in the first question included giving vague responses such as 'motivational interviewing' or 'the five A's'. These answers did not demonstrate how a candidate would specifically approach the consultation. The majority of candidates correctly answered that catch-up pneumococcal immunisation was required. The RACGP ensures that immunisation questions are applicable to candidates in all states of Australia, recognising that there is some regional variation in immunisation schedules.

Case 12

Candidates were presented with a man, aged 34 years, with hypertension. Candidates were required to identify appropriate investigations and give lifestyle advice. A key feature of the case was the patient's young age, which required investigation of common secondary causes of hypertension. The majority of candidates selected appropriate investigations, although some focused on subsequent rather than initial investigations. Some errors in the second question related to assuming information about the patient (such as inferring a history of obstructive sleep apnoea) rather than considering the key features. Candidates should ensure they do not make assumptions about patients in the KFP exam.

In question three, candidates received investigation results showing an increased aldosterone/renin ratio. They were required to identify that the most suitable management was referral to an appropriate non-GP specialist. Spironolactone was the only appropriate medication to commence; candidates who prioritised other medications did not receive marks.

Case 13

Candidates were presented with a man, aged 28 years, with painless penile lesions and lumps in the groin. Key features included his sexual history and a clinical image demonstrating the penile lesions. Candidates were required to give appropriate differential diagnoses, including the most likely diagnosis of primary syphilis. They were required to identify appropriate investigations and provide immediate management when the investigations confirmed the diagnosis.

The first two questions were generally answered well. Common errors in the third question related to incorrect pharmacological treatment, incorrect advice regarding abstinence from sexual contact, and incorrect timeframes for contact tracing. Candidates who did well followed current guidelines on treating primary syphilis and gave clear advice about sexual activity during treatment, contact tracing and notification to the relevant public health authority.

Case 14

This case focused on a man, aged 65 years, presenting with fatigue. Key features included use of metformin, a vegan diet and a family history of autoimmune disease. In the first question, candidates were required to identify information from the given history which supported further investigation of the patient's fatigue. Errors in this question related to candidates misreading the question and giving additional history rather than the relevant key features in the stem. Other errors related to incorrectly weighting some aspects of history, such as a family history of bowel cancer in an older second-degree relative.

Further information included full blood count results demonstrating a macrocytic anaemia. Candidates were required to identify investigations to confirm the underlying diagnosis while identifying that the most likely cause was B12 deficiency. This was generally done well, although some candidates appeared to mix up haematological investigations, for example, arranging haemoglobin electrophoresis, which was not indicated. The third investigation focused on management of the most likely diagnosis. To do well in this question, candidates needed to demonstrate that long-term management of B12 deficiency with intramuscular injections and appropriate follow-up was required.

Case 15

Candidates were presented with a woman, aged 65 years, with type 2 diabetes, hypertension and hyperlipidaemia. They were provided with her investigation results, which showed microalbuminuria, elevated HbA1c and elevated lipids. In the first question, candidates were required to identify appropriate additional investigations, which included repeating the urine albumin/creatinine ratio to confirm microalbuminuria. Candidates generally did well in this question.

In question two, candidates received additional information that the woman had mild diabetic retinopathy and were required to articulate non-pharmacological management. Candidates appeared to find this question difficult, with many struggling to give a correct answer in addition to smoking cessation. In question three, candidates were required to give appropriate medication management. This was generally done well, with candidates demonstrating their competency in pharmacological management of a complex patient scenario common to general practice.

Case 16

This case focused on an Aboriginal woman, aged 78 years, with terminal bladder cancer, concerned about the impact of her illness on her family. The clinical information specifically stated that the woman declined referral to an Aboriginal and Torres Strait Islander Health Practitioner. Question one focused on factors which may have delayed the woman presenting with her symptoms. Question two required candidates to describe cultural aspects of end-of-life care.

This was a complex case which required candidates to apply their cultural competency to a specific patient context. Candidates who did well in the first question considered possible feelings of shame, fear of a diagnosis and of dying, carer obligations, mistrust of healthcare professionals, and previous poor experiences with the healthcare system. Candidates who considered that the patient may have been part of the Stolen Generation were able to demonstrate their competence more clearly.

Candidates who performed well in the second question considered that the patient had dependent family members and was a respected Elder in her community. Discrete answers that addressed different aspects of Aboriginal culture scored well.

Unfortunately, some candidates appeared to make assumptions about the patient and her culture, or gave non-specific answers, such as 'avoid medical jargon', which did not address the question. Some candidates referred the patient to an Aboriginal and Torres Strait Islander Health Practitioner despite her specifically declining this. Cultural safety is an integral and essential requirement for fellowship of the RACGP, and exam candidates should expect to demonstrate their competence in this.

Case 17

This case focused on a man, aged 67 years, presenting to a rural emergency department with a significant skin wound with secondary nerve injury. Key features included his anticoagulant use, previous tetanus immunisation and examination findings. In question one, candidates were required to identify which nerve had been injured based on the examination findings. The majority of candidates correctly interpreted the examination findings, which indicated a median nerve injury. Candidates then needed to describe appropriate medications to administer before transfer to a tertiary centre. While most candidates correctly reasoned that a tetanus immunisation was required, less familiarity with appropriate prophylactic antibiotics was demonstrated. Some candidates wanted to administer analgesia, despite the stem specifically stating this had already been given. This highlighted the need to carefully read all the information given.

The case evolved to the patient returning with concern about a skin lesion on his scalp. Candidates were provided with two clinical images of the lesion. They were required to identify the appropriate diagnosis and initial management. While some candidates correctly identified a squamous cell carcinoma requiring excision with appropriate margins, some gave a less likely diagnosis (such as keratoacanthoma or nodular basal cell carcinoma) or gave narrower and less appropriate excision margins.

Case 18

Candidates were presented with a man, aged 52 years, with symptoms consistent with greater trochanteric pain syndrome. In the first two questions, candidates needed to describe specific examination findings to support the diagnosis and give appropriate non-pharmacological management. Candidates struggled to articulate positive examination findings. Common errors included giving incomplete examination findings (eg 'pain on hip flexion' instead of 'pain on hip flexion, abduction and external rotation'), providing answers not relevant to greater trochanteric pain syndrome (eg 'positive straight leg raise test'), or answering 'reduced range of movement'. In the second question, some candidates again gave pharmacological management (eg corticosteroid injections) when the question asked for non-pharmacological management.

In question three, the patient returned with upper gastrointestinal symptoms following excessive use of a non-steroidal anti-inflammatory drug (ibuprofen). Candidates were required to describe appropriate immediate management. The most important answer was to cease ibuprofen; candidates who did not include that answer in their response did not score any marks for question three, as this was a critical management step.

Case 19

This case focused on a man, aged 45 years, with depression and suicidal ideation. Candidates were required to describe history aspects which would increase the risk of suicide, then develop a safety plan with specific strategies to reduce the risk of suicide.

Candidates who performed well on the first question demonstrated their knowledge of suicidal risk factors with clear, succinct answers, including expression of suicidal intent, suicidal plans, or access to means of suicide. Some candidates answered with symptoms of depression, which did not score marks. Candidates who performed well in the second question recognised symptoms of escalating risk, gave strategies to reduce risk in the home environment, identified positive protective factors and distraction techniques, and gave appropriate crisis care contacts. Common errors again focused on management of depression rather than specifically of suicide risk reduction and safety planning.

This case focused on an important and core topic in general practice. Candidates who performed well in this case tended to perform well overall in the whole paper.

Case 20

This case focused on a woman, aged 66 years, with postmenopausal vaginal bleeding. A key feature included use of combined menopause hormonal therapy for eight years. Candidates were required to describe additional history which would increase the risk of a serious underlying cause of the bleeding and then identify appropriate initial investigations. In the first question, many candidates focused on physical symptoms rather than specific factors which would increase the risk of a serious underlying cause. Candidates generally did well in the second question, with the majority identifying a pelvic ultrasound and cervical co-test as necessary investigations.

The case evolved to the patient presenting after investigation of a benign breast lump, concerned that she had not been counselled regarding risks of menopause hormonal therapy and wishing to make a complaint. Candidates were required to describe what actions they would take to manage her concerns and complaint during the consultation. There were several common errors in the questions. Some candidates appeared to invalidate the patient's concerns and did not demonstrate patient-focused care. Many candidates included documentation in their answer; as careful documentation should occur in all consultations, this did not score marks. Other candidates answered that they would contact their medical defence organisation; while this may be reasonable in the context of the scenario, it is not an action likely to be taken during a consultation and therefore did not score marks.

Medicolegal challenges are frequently tested in the KFP exam, and candidates should familiarise themselves with common scenarios that may be encountered in general practice. The RACGP provides multiple resources to assist candidates in their study of these areas.

Case 21

Candidates were presented with a man, aged 49 years, requesting advice regarding travel to Bali, Indonesia. Candidates generally performed well on this question, although some advised malaria prophylaxis when this was not required. A good response included giving advice about mosquito avoidance, safe food and water advice, injury risk reduction and other measures to reduce the risk of travel-related infections.

The case evolved to the patient returning after his travel with symptoms and signs of dengue fever. A clinical image was provided of a skin rash. Candidates were required to identify appropriate investigations and prescribe appropriate medication. While most candidates recognised that investigation of dengue fever was necessary, many did not recognise that the most appropriate medication was paracetamol.

Travel-borne illnesses present commonly in general practice and candidates should familiarise themselves with the different management of common infections.

Case 22

Candidates were presented with a girl, aged 5 years, with history indicative of autism spectrum disorder. Candidates were required to describe additional history which would support the diagnosis, identify appropriate investigations and describe non-pharmacological management.

Candidates struggled with the first question. Some errors related to being unclear about the provisional diagnosis and giving answers which did not relate to autism spectrum disorder. Other answers repeated features already given in the stem. The question required clinical reasoning and synthesis to identify the most likely diagnosis and describe supporting features.

The majority of candidates correctly identified that an audiogram was indicated, but struggled with investigations beyond that. Candidates were expected to identify that common baseline investigations, including a full blood count and iron studies, were appropriate to arrange in the general practice context.

Errors in the third question related to misdiagnosis, a lack of specificity about National Disability Insurance Scheme (NDIS) referral, or not prioritising appropriate allied health referrals. The most appropriate non-pharmacological management was to arrange referral to appropriate medical and allied health specialists, recommend application for early childhood intervention through the NDIS and support individualised learning at school.

Case 23

This case focused on a man, aged 68 years, presenting with acute lower leg pain and swelling. Key features included clinical history, past medical history which contraindicated use of non-steroidal anti-inflammatory drugs, examination findings, and a clinical image of the knee X-ray. Candidates were required to describe further physical examination findings which would indicate a serious underlying cause of his acute symptoms. Candidates performed poorly on this question. Many gave answers which repeated information from the stem or described findings which were not relevant to the patient.

Further information was then given, stating there was no indication of a serious underlying cause. Candidates were required to identify that osteoarthritis of the knee and a ruptured Baker's cyst were the most likely contributing factors. Despite the stem specifically stating there was no evidence of a serious underlying cause, several candidates still included deep vein thrombosis in their answer. To answer correctly in this question, candidates needed to consider all the key features given in the stem.

In the final question, candidates were required to describe appropriate pharmacological management of the patient's long-term knee symptoms. While most candidates correctly answered with paracetamol, several had difficulty formulating multiple answers. A significant number of candidates answered with an oral non-steroidal anti-inflammatory despite the 'triple whammy' risk of this with the patient's other medications. Some candidates also gave second-line or inappropriate management options, such as opioid prescription.

In management questions, candidates should ensure they give a broad range of answers that demonstrate their breadth of knowledge and are consistent with evidence-based guidelines.

Case 24

Candidates were presented with a woman, aged 25 years, returning for the results of a mycobacterium tuberculosis interferon gamma release assay test. Key features included that the patient was a medical student undergoing asymptomatic screening, with a history of immigration to Australia.

Candidates were required to describe relevant additional history and select appropriate initial investigations. A good answer to the first question focused on symptoms of active tuberculosis, such as cough, fevers or unintentional weight loss. It was important to note the key feature of a normal past medical history in this question. In the second question, a chest X-ray was the most important investigation, which the majority of candidates identified. Some candidates incorrectly selected a tuberculin skin test, which was not indicated in this scenario.

Candidates were then required to give appropriate advice while awaiting specialist review. Many candidates did not identify that the diagnosis of active or latent tuberculosis had not yet been confirmed. A good answer described sensible precautions, such as avoiding patient contact, until a diagnosis was confirmed.

Case 25

Candidates were presented with a woman, aged 65 years, presenting for a cardiovascular risk assessment. Key features included past medical history, alcohol use, exercise patterns and occupation as a medical practitioner.

Candidates initially had to describe additional history which would assist in determining the patient's cardiovascular risk. They then had to arrange appropriate investigations. Candidates who were clearly familiar with the updated cardiovascular risk calculator performed well in the first question, describing specific factors such as family history of premature cardiovascular disease, ethnicity and smoking status. The majority of candidates performed well on the second question, although a common incorrect answer was testing thyroid function, which was not indicated. In questions that provide a selection of investigations, candidates should ensure they prioritise their investigations and select rationally from the list.

The case evolved, with the patient assessed as a low cardiovascular risk but self-prescribing high-dose statin therapy. Candidates were required to provide appropriate management advice in the specific scenario of a doctor self-prescribing medication which was not indicated. Many candidates appeared to miss the key clinical issue of the statin not being indicated and that it was not appropriate to self-prescribe. These candidates focused on further investigations, pharmacological and lifestyle management or follow-up, rather than giving appropriate advice to the patient. It is important that candidates are familiar with the good medical practice code of conduct for doctors in Australia, both for their exam preparation and work in clinical general practice.

Case 26

Candidates were presented with a man, aged 48 years, with erectile dysfunction. Key features included significant past medical history, medications, alcohol and other drug use. Candidates were required to identify appropriate initial investigations, which was generally done well. They then needed to describe initial management, not involving prescription of new medications. This question was generally done well, but few candidates considered that beta-blocker therapy could be contributing to the patient's symptoms.

In the third question, candidates needed to prescribe appropriate medication when the patient re-presented with ongoing symptoms. Most candidates correctly identified an appropriate phosphodiesterase type 5 inhibitor, with the most common errors being around dosage timing.

Some candidates did not complete the final case. Candidates should remember that all cases in the KFP are equally weighted.

From 2025.2 onwards, all 70 questions in the multiple-selection question KFP will be equally weighted. It is important to use careful time management to ensure the most marks are gained.

6. In conclusion

As with 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. The information is relevant to consider in response to each question and may impact answers by significantly influencing investigations or management.
- It is important to ensure that the answers provided are relevant to the key features of the case presentation, including the age, gender, comorbidities and other information provided.
- Provide only the number of answers requested; providing additional answers will result in a penalty to candidates' overall score.
- Be specific in answers. Non-specific answers may not score or could attract fewer marks.
- Ensure that the answers provided are appropriate to, and address the severity and acuity of, illness within the case presentation, as well as the location of the patient encounter.
- Because the cases are all developed in line with current guidelines, it is important that candidates are aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.
- Candidates should access the practice exams provided and use the RACGP assessment resources, such as the self-assessment progress tests and exam support online modules accessed via gplearning.

Candidates are not required to provide drug doses within the AKT, KFP and CCE. Candidates may still be required to provide route of administration or frequency of administration.

7. Further information

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

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