RACGP Education

Exam report 2024.2 KFP

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

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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. 2024.2 KFP psychometrics

Mean score (%)	60.66
Standard deviation (%)	8.92
Reliability*	0.88
Pass mark (cut score %)	56.70
Pass rate (%)	67.83
Number sat	945

*Exam reliability is expressed as a value between 0 and 1, in line with international best practice in assessment reporting.

2. Candidate score distribution

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

2024.2 KFP – All candidates
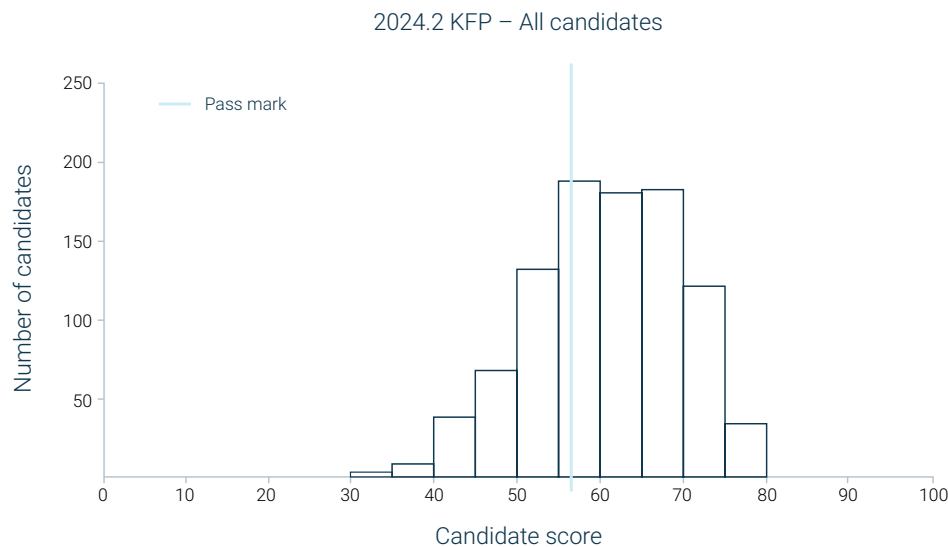
Figure 1. Final 2024.2 KFP score distribution.

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	83.80
Second attempt	48.60
Third attempt	36.00
Fourth and subsequent attempts	19.30

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 768 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2024.2 exam cycle.

Table 3. 2024.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	548	71.4
Pass	Fail	93	12.1
Fail	Pass	13	1.7
Fail	Fail	114	14.8
Total		**768**	**100**

5. Feedback report on 2024.2 KFP exam cases

All candidates are under strict confidentiality obligations and must not disclose, distribute or reproduce any part of the exam without the RACGP's prior written consent.

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This feedback report is published following each KFP exam in conjunction with candidate results. All 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 the clinical scenario, and consideration of the initial information and any evolving information as the cases progress. The candidate is then required to answer focused questions relating to the context of the given clinical scenario.

The paper reflects the breadth of clinical encounters seen in Australian general practice and, as such, the answers should relate to that context. This feedback report is a summary of the information derived from the actual examiners marking the questions. Each examiner marks one question for all candidates, which allows them to offer pertinent information on the common errors, as well as what constituted good answers.

The feedback is provided so all candidates can reflect on their own performance in each case. It is also being 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

This case focused on a woman, aged 32 years, presenting with fatigue. Clinical information included her family history, examination findings and abnormal thyroid function tests. Candidates were required to identify the most likely diagnosis and give specific advice about pharmacological management. The majority of candidates did well in the first question, giving the specific diagnosis of Hashimoto's disease. Candidates who performed well in the second question correctly reasoned that the pharmacological management was to prescribe thyroxine and gave specific advice about the medication, including common interactions, storage and need for monitoring.

The case then progressed to the patient planning pregnancy. Candidates were required to identify appropriate investigations in this scenario. In general, candidates performed well, recognising that appropriate investigations included monitoring of thyroid function and routine preconception tests.

Case 2

Candidates were presented with a man, aged 73 years, with lower back pain. They were required to describe red-flag history features that would increase concern about his pain. Common errors included giving non-specific answers, such as 'neurological symptoms', providing history already given in the stem or giving examination or investigation answers. Many candidates gave more answers than requested, known as 'overcoding'. 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 KFP, each additional answer attracts a 0.25% penalty from the candidate's overall score.

The case then evolved to the patient returning with dual X-ray absorptiometry results indicative of secondary osteoporosis. Candidates were required to select appropriate further investigations and give non-pharmacological management advice. In general, candidates performed well on these questions, although a common error was giving generic non-pharmacological advice on healthy diet and exercise. Candidates who gave specific answers on appropriate dietary calcium intake and weight-bearing exercise did well in the final question. In the KFP, candidates should remember to be specific in their answers, in the same way they would give specific advice to patients in general practice.

Case 3

This case focused on an Aboriginal woman, aged 27 years, at 12 weeks gestation in her first pregnancy. The case was set in a rural location and included specific information on the patient's wishes for her pregnancy and delivery. Candidates were required to articulate appropriate ways to engage the patient in antenatal care. This question was done poorly by many candidates. Common errors included providing answers around medical management that did not acknowledge cultural aspects or demonstrate patient engagement and shared decision making. Some candidates appeared to make assumptions about the patient based on her Aboriginal status. A good answer acknowledged cultural safety, gave appropriate answers relevant to a first-time mother and made no judgements on the patient.

The case then evolved to the patient returning postpartum with her infant son for a six-week check. Candidates were given examination findings that included information on the infant's weight faltering and were required to articulate relevant history in this situation. Some candidates gave incorrect answers on breastfeeding or focused on irrelevant history, such as parental height. A good answer considered both medical and psychosocial factors that could affect infant weight gain, in the specific cultural context of the question.

Case 4

This case presented a man, aged 18 years, with a fever and sore throat. Candidates were required to give examination findings that would indicate a need for hospital admission. Common errors included reiterating information already given in the stem, giving answers that would not indicate a need for inpatient admission or giving answers relevant to infants but not adult patients.

The case then evolved to the patient re-presenting with ongoing symptoms and a new rash. Candidates were given a clinical image that was consistent with a scarlet fever rash. Candidates were required to describe the most appropriate medication management, including the route of administration. The most common errors were misinterpreting the clinical information and prescribing incorrect medication, or not giving the route of administration. In the KFP exam, candidates should ensure they read the question carefully to give all required information.

In the third question, candidates were required to manage a patient complaint. Common errors included focusing on medical management rather than the complaint, neglecting to manage the complaint at a practice level or giving non-specific answers. Some candidates answered that they would involve their supervisor. It is important for candidates to remember the KFP exam is aimed at the point of Fellowship, in which candidates are required to demonstrate their competency to practice unsupervised.

Case 5

This case presented a woman, aged 27 years, with optic neuritis. Candidates were provided with a patient history, preliminary examination findings and a clinical fundoscopy image. They were required to provide the most likely diagnosis, describe additional relevant examination findings, give the most appropriate management and identify the most appropriate investigation.

Candidates struggled with the first two questions. Common errors included misinterpreting the clinical information and providing an incorrect diagnosis, which led to describing incorrect examination findings. Some candidates also articulated the examination they would perform, rather than the relevant finding. For example, 'pupillary light reflex' rather than 'presence of relative afferent pupillary defect'.

Although most candidates identified that urgent referral to a relevant specialist was appropriate, a common error in the investigations question was answering with blood tests or CT scans. These investigations were not appropriate in the context of the case. In the KFP exam, further clinical information is often given as the case progresses. Candidates should ensure they consider this progressive information when formulating their answers.

Case 6

Candidates were presented with a girl, aged 11 months, with respiratory symptoms consistent with bronchiolitis. She had a family history of atopy, and her immunisation history was given. Candidates were required to describe red-flag examination findings. Common errors related to not following directions in the question or identifying key features in the stem. Candidates were specifically instructed not to give findings relating to hydration status in their answers, but many candidates included these. Candidates should ensure they read the question carefully to be sure they are answering correctly and not giving unnecessary information.

Candidates were then advised there were no red-flag findings and asked to articulate appropriate management. The most common errors related to giving vague instructions, such as 'safety netting' or 'encourage fluids', without giving specific instructions for parents.

The case evolved to the girl returning, aged 3 years, with symptoms consistent with asthma. Candidates were required to describe appropriate pharmacological management. Many candidates answered with combination preventer therapy, which was not appropriate in the context of the case. Only a small proportion of candidates identified that influenza immunisation was indicated. In the KFP exam, it is important for candidates to consider relevant immunisations in their pharmacological management plans.

Case 7

Candidates were presented with a man, aged 68 years, with fatigue. He had a complex past medical history and was planned to undergo major elective surgery in the near future. Candidates were required to describe relevant differential diagnoses and select appropriate initial investigations. Although these questions were generally done well, some candidates attempted to expand on their diagnosis answers, which resulted in overcoding. In the KFP exam, it is important to give succinct relevant diagnoses that use the information given in the stem.

In the third question, candidates were provided with investigation results confirming iron deficiency anaemia. They were then required to describe appropriate management. Common errors included giving non-specific answers to 'improve diet', rather than specific advice to increase iron-rich foods. Another common error was failing to recognise that immediate correction of the patient's iron deficiency was required via iron infusion, given his upcoming major surgery. The KFP exam is designed to assess whether candidates can apply their knowledge and skills to an individual patient scenario, tailoring management and ensuring all information is considered. Failing to do this when providing answers will significantly reduce the number of marks awarded.

Case 8

This case focused on a woman, aged 80 years, who presented with her daughter with concerns about worsening memory. Key features included a fluctuating course, visual hallucinations and bradycardia on examination. Candidates were required to describe the likely differential diagnoses, identify appropriate investigations and describe appropriate pharmacological management of bradycardia associated with electrocardiogram changes.

Common errors in the first question included giving answers not relevant to the case, less likely diagnoses (eg encephalopathy or meningitis) or assuming information that was not provided (eg giving cardiac diagnoses that had no supporting evidence in the stem). A good answer recognised that delirium, Lewy body dementia and symptoms of Alzheimer's or vascular dementia were the most likely diagnoses.

The investigations question was generally performed well by candidates. In the third question, many candidates did not recognise that the patient's anticholinesterase medication was the most likely cause of bradycardia with prolonged QT syndrome, and therefore scored poorly on this question.

Case 9

Candidates were presented with a woman, aged 27 years, requesting benzodiazepines. The first question focused on relevant history. Common errors included giving answers already provided in the stem or asking for multiple symptoms of depression rather than a broad range of relevant history.

Candidates were then required to describe management to assist in benzodiazepine reduction. Many candidates did not recognise that rapid cessation was inappropriate in the scenario, and slow weaning or benzodiazepine substitution was required. Another common error was giving non-specific answers, or prescribing medication that was not indicated (such as beta-blockers).

In the third question, candidates were asked to describe specific strategies to assist with the practice management of patients requesting drugs of dependence. A common error was giving Schedule 8 prescribing requirements that did not relate to practice policies. A good answer demonstrated understanding of how a practice policy would support all prescribers in the practice.

The KFP exam is designed to assess all domains of general practice, including organisational dimensions such as practice management systems that ensure appropriate patient care. Candidates should ensure they consider the core and contextual curriculum units in their exam preparation and include these topics in their study plan.

Case 10

This case focused on a man, aged 61 years, with type 2 diabetes and multiple cardiovascular risk factors who presented with a chronic foot wound. A clinical image of the wound was provided. Candidates were required to describe positive examination findings that identified contributing factors to the wound, give appropriate management and identify relevant investigations for the patient's type 2 diabetes. The investigations question was generally done well, with most candidates recognising that both glycaemic monitoring and renal function testing were required.

As for other examination questions, a common error in the first question was describing the examination rather than the specific finding being sought, for example 'peripheral pulses' rather than 'absence of pedal pulses'. In the KFP exam, candidates are often asked to describe relevant examination findings to demonstrate their competence in this aspect of clinical assessment.

In describing management, common errors included giving general management advice for diabetes and hypertension rather than specific management of the foot wound. A good answer included appropriate antibiotic therapy, specific pressure off-loading and appropriate allied health input.

Case 11

This case focussed on a girl, aged 8 years, who presented with her mother with concerns about school absences and a forearm injury. The information provided included several key features concerning for non-accidental injury and candidates were provided with an X-ray image. Candidates were required to describe appropriate history, interpret the girl's X-ray and give appropriate initial management.

A common error in the history question was focusing primarily on the physical injury without considering broader psychosocial aspects of the family's situation. Some candidates also neglected to address important aspects of the case, such as how the injury occurred and what care had already been provided.

In describing management, several candidates gave vague answers rather than specifically stating they would involve child protection services or make a mandatory report. Some candidates also made assumptions about an alleged perpetrator. A good answer gave clear, succinct answers that acknowledged critical elements of the case that needed to be addressed urgently, and outlined specific management of a forearm fracture from suspected non-accidental injury.

Case 12

This case focused on a man, aged 58 years, with difficulty sleeping following the death of his wife. Candidates needed to describe the most likely differential diagnoses, give appropriate non-pharmacological management advice and then identify appropriate short-term medication options to assist with poor sleep.

Candidates performed poorly in the first question, with many misdiagnosing the patient with a mood disorder or post-traumatic stress disorder, which were not supported by the key features given. A good answer recognised that normal grief or a sleep disorder were the most likely diagnoses.

Candidates generally performed well in the second question, but several candidates provided additional answers and were given an overcoding penalty. Candidates should be careful of using words such as 'and', 'or' and 'because', or symbols such as '/', '+/−' and '( )' in their answers. These will often lead to candidates providing more responses than asked for and obtaining an overcoding penalty.

Case 13

Candidates were presented with a man, aged 19 years, with type 1 diabetes and viral gastroenteritis. The case was set in a remote location without hospital services. Candidates were required to give the most likely diagnosis (which was generally done well), then give appropriate initial management advice. Many candidates appropriately answered with anti-emetics and oral rehydration; however, a common error was to not include specific advice about insulin management during a sick day. This was an important aspect of management and significantly impacted on the marks candidates received.

In the final question, candidates received a telephone call advising the man had worsening symptoms and was hypoglycaemic. They needed to give immediate management advice. Although the majority of candidates identified that glucagon was required, common errors included advising the patient to call an ambulance or present to hospital. In the remote case setting, this was not appropriate. In the KFP exam it is important to consider the specific case environment and tailor management to the location.

Case 14

This case focused on an Aboriginal boy, aged 18 months, presenting for routine immunisations. Candidates were provided with an immunisation record that showed he had missed immunisations indicated for Aboriginal and Torres Strait Islander children. Candidates needed to give the immunisations now due, articulate practice strategies to identify Aboriginal and Torres Strait Islander patients and describe how a general practice can provide culturally safe healthcare for Aboriginal and Torres Strait Islander patients.

Candidates generally performed well in the first question, correctly identifying appropriate scheduled immunisations. When delivering immunisation questions in the KFP exam, the RACGP ensures that answers are applicable to candidates in all states of Australia, because there can be some regional variation in immunisation schedules.

Candidates struggled in the second and third questions. Many candidates gave answers to the second question that focused on practice and patient incentives, which would not assist in identifying Aboriginal and Torres Strait Islander patients. In the third question, common errors included giving generalisations applicable to all patients and not specific to culturally safe healthcare. Common examples of these were 'treat patients with respect', 'non-judgemental approach' and 'ensure confidentiality'. Some candidates gave answers that were vague and did not demonstrate why they were important. For example, 'involve family'. A good answer needed to demonstrate how candidates were responsive to patient's cultural needs or how they would provide a culturally safe space. Cultural safety is an integral and essential requirement for fellowship of the RACGP, and KFP exam candidates should expect to demonstrate their competence in this.

Case 15

Candidates were presented with a woman, aged 48 years, with localised ear symptoms and a rash after use of latex earplugs. A clinical image of the rash was provided. Candidates were required to describe the most likely diagnosis and give appropriate non-pharmacological management advice.

The majority of candidates identified that a contact dermatitis was the most likely diagnosis, but several did not specify that latex allergy was a contributing factor. This impacted on answers in the management question, with some candidates giving answers non-specific to latex allergy. Other common errors included giving similar answers on two separate lines; for example, 'don't get water in ears' and 'keep ears dry'. Candidates should ensure they give a broad range of answers in management questions that demonstrate their breadth of knowledge.

The case evolved to the woman's employer calling to request information on her medical condition. Most candidates correctly identified that no information could be supplied due to patient confidentiality. Medico-legal and ethical 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 16

This case focused on a boy, aged 14 years, presenting with groin pain and testicular tenderness. Limited history was given, and candidates had to describe additional history that was relevant to the presentation. They then needed to describe information required to allow the boy to give informed consent for a physical examination. Finally, candidates needed to identify physical examination findings consistent with the most important differential diagnosis.

In the first question, a common error was not reading the question and providing examination findings instead of history. Some candidates gave non-specific answers, such as 'difficulty passing urine', rather than specific features, such as 'urinary frequency' or 'dysuria'. Other candidates focused on past medical history and family history rather than features of the presentation and relevant associated history.

The second question was generally answered well, but a common error was giving answers on how to assess for Gillick competence. The stem clearly stated that the boy was Gillick competent, so answers related to this did not score marks. Candidates should ensure they read all the information given in KFP exam questions to allow them to focus their answers.

The third question was answered well, with most candidates correctly identifying examination findings specific to testicular torsion.

Case 17

In this case, candidates were required to identify the causative medication contributing towards mild hyponatraemia and hypercalcaemia in a woman, aged 52 years. They then needed to describe the most likely differential diagnoses when the woman's electrolyte changes did not resolve and select appropriate further investigations.

A significant proportion of candidates incorrectly gave sertraline as the most likely medication causing the electrolyte abnormalities. Candidates needed to recognise that the patient's significant hypercalcaemia meant a thiazide diuretic was the most likely causative medication. Initial errors impacted on answers in the second question, with some candidates giving differential diagnoses that only addressed hyponatraemia. A good answer identified primary hyperparathyroidism and hypercalcaemia of malignancy as the most likely differential diagnoses, and directed investigations towards these in the third question.

Case 18

Candidates received a telephone consultation with a woman, aged 22 years, concerned about a pigmented skin lesion. They needed to describe relevant history of the skin lesion. Although this question was generally answered well, a common error was giving non-specific answers, such as 'changing lesion', rather than describing the specific change that was significant (eg the size, shape or colour of the lesion).

Candidates then received a clinical image of the pigmented lesion and needed to describe immediate management. The majority of candidates correctly identified that urgent excisional biopsy with appropriate margins was required for a lesion suspicious of melanoma.

Case 19

This case focused on a man, aged 52 years, presenting to a rural emergency department with an ST-elevation myocardial infarction. Candidates received relevant history, examination findings, troponin level and an electrocardiogram image. They were advised that it would be several hours before the patient could be transferred to a tertiary centre and needed to provide the immediate medications required.

There were several common errors in this question. Many candidates advised to give glyceryl trinitrate, which the stem clearly said had already been administered. Some candidates included actions that were not medications, such as 'seek advice from cardiologist' or 'transfer to tertiary hospital'. Other candidates gave answers that were not based on current thrombolytic guidelines, such as 'streptokinase' rather than 'alteplase'. Candidates who performed well clearly demonstrated their understanding of current guidelines for immediate management of acute coronary syndromes. It is important that candidates are aware of best practice guidelines for common and important conditions and can apply their knowledge to specific patient scenarios.

The case evolved to the man returning several weeks later. Candidates received relevant history, examination findings, blood test results, a chest X-ray image and an echocardiogram report. They were required to identify the patient had congestive heart failure with reduced ejection fraction and therefore describe appropriate pharmacological management. This question was generally answered better than the first one, but some candidates gave answers including beta-blockers, which are not appropriate in heart failure with clinical congestion.

Finally, candidates were required to describe strategies to assist the patient's medication compliance. This question was generally done well, with most candidates articulating a broad range of specific practical strategies.

Case 20

This case focused on a woman, aged 50 years, with worsening symptoms of gastro-oesophageal reflux. Candidates received limited history and needed to articulate additional history that would indicate a need for immediate gastroscopy. They then needed to describe appropriate non-pharmacological management.

The first question was generally done well, with most candidates describing appropriate red-flag history features. A common error in the second question was giving answers around psychological management, which was not appropriate in the context of the case.

The case progressed to the woman requesting advice on reducing bowel cancer risk. She had a relevant family history of bowel cancer in a first-degree relative. Common errors related to not reading the question carefully. For example, the stem clearly stated advice for smoking and alcohol cessation had already been provided, yet some candidates included this in their answer. Other candidates gave non-specific answers, such as 'exercise' or 'weight loss'. In the KFP exam, generic management and non-specific answers do not score.

Case 21

Candidates were presented with a man, aged 67 years, with a cough and shortness of breath on exertion. Clinical information included symptoms, past medical history, medications, smoking and occupational history, examination findings and spirometry results. Candidates were required to interpret the spirometry, provide appropriate differential diagnoses and identify relevant initial investigations.

In the first question, a common error was giving a diagnosis rather than a direct spirometry interpretation. In the second question, the most common error was misdiagnosing the patient with chronic obstructive pulmonary disease. Candidates should ensure they consider all key features when developing differential diagnoses; in this case, the patient's occupational history, examination findings and restrictive lung defect made idiopathic pulmonary fibrosis and coal worker's pneumoconiosis the most likely diagnoses.

In questions that provide a selection of investigations, candidates should ensure they prioritise their investigations and select rationally from the list. In the KFP exam, it is important to read investigation questions carefully because answers may be quite different for 'initial', 'additional' or 'diagnostic' investigations.

Case 22

Candidates were presented with a woman, aged 40 years, requesting weight loss advice. Clinical information included her use of the combined oral contraceptive pill, smoking status, family history and examination findings. Candidates were required to identify appropriate initial investigations and provide appropriate pharmacological management. The first question was generally done well. In the second question, several candidates did not identify the important feature of multiple risk factors for cardiovascular disease, which contraindicated use of the combined oral contraceptive pill. This led to candidates losing marks for that question. It is important that candidates consider medication contraindications when answering pharmacological management questions in the KFP exam.

In the third question, the patient requested a backdated referral to a surgical specialist. The majority of candidates appropriately answered that referrals cannot be backdated.

Case 23

This case contained four questions and focused on an infant, aged 4 months, presenting with a mild febrile illness and new heart murmur. In the first two questions, candidates were required to describe examination findings consistent with the most likely diagnosis and give appropriate management advice. Common errors in these questions were related to misdiagnosing the murmur as rheumatic heart disease or congenital heart disease. Candidates performed poorly in the management question, with many either over-investigating or providing no follow-up at all for the infant. A good answer recognised that the most likely diagnosis was an innocent murmur that should be followed up after an appropriate time interval.

The case evolved to candidate's receiving further history and a clinical image of a birthmark. They were required to give the most likely diagnosis and describe management options. A common error in the diagnosis question was to give a less specific diagnosis, for example 'haemangioma' rather than 'infantile haemangioma' or 'strawberry naevus'. A good management answer included reassurance about the benign nature of the lesion and consideration of appropriate pharmacological management options.

Case 24

This case focused on a man, aged 70 years, presenting with symptoms and signs of polycythaemia. Candidates were provided with pathology results to assist in making the diagnosis. Candidates were required to describe relevant additional history and identify appropriate further investigations. The first question was answered poorly, with many candidates giving non-specific answers relating to alcohol intake, past medical history and family history. As for other questions, candidates should ensure they consider the key features of the case to rationalise their answers.

The patient then presented for immunisations. Candidates needed to list specific immunisations that were appropriate for his age. This question was generally answered well, but common errors related to giving less specific answers, such as 'influenza immunisation', rather than an age-appropriate high-dose influenza immunisation.

Case 25

Candidates were presented with a man, aged 61 years, with urinary symptoms strongly suggestive of acute prostatitis. Clinical information included a detailed medical history, examination findings and urinalysis results. Candidates were required to identify the most appropriate investigation and initiate medications to manage the presentation. The majority of candidates correctly identified that a urine microscopy and culture was an appropriate next investigation. Although most candidates correctly identified the first-line antibiotic therapy, several did not commence simple analgesia for the patient. In the KFP exam, it is important for candidates to be holistic in their management approach.

In the third question, the patient re-presented to discuss prostate cancer screening and candidates needed to provide appropriate advice. Common errors included giving vague answers, focusing on the risk of false negatives or giving incorrect information about the prostate-specific antigen test. A good answer demonstrated a systematic outline of options for prostate cancer screening, the limitations and possible outcomes of testing and an understanding of the current evidence for screening.

Case 26

Candidates were presented with a woman, aged 50 years, with symptoms typical of menopause. They were required to identify the diagnosis, give appropriate non-pharmacological management advice and give a specific medication to prescribe when her symptoms did not improve.

Common errors when giving non-pharmacological management advice included giving non-specific answers, such as 'healthy diet', 'lose weight' or 'lifestyle change'. In the third question, many candidates did not prescribe appropriate menopausal hormonal therapy despite there being no contraindications, and therefore lost marks on this final question.

Some candidates did not complete this final case. Candidates should remember that all cases in the KFP are equally weighted and careful time management is important 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 increases the risk of overcoding. Do not provide examples unless requested.

- 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 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.

RACGP