

RACGP Education

Exam report 2024.1 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.

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. 2024.1 KFP psychometrics

Mean score (%)	61.94
Standard deviation (%)	8.13
Reliability*	0.86
Pass mark (cut score %)	58.20
Pass rate (%)	68.30
Number sat	1000

*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.

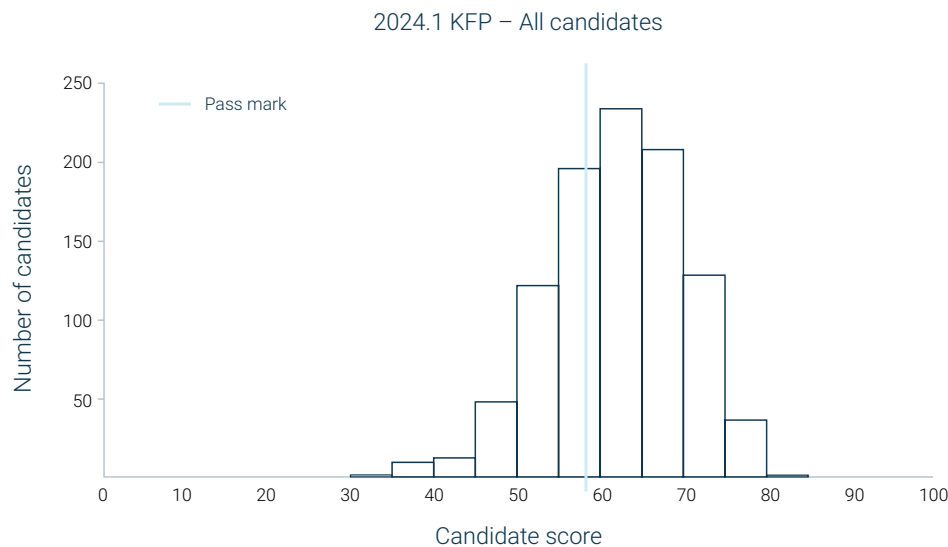


Figure 1. Final 2024.1 KFP score distribution.

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	84.9
Second attempt	47.6
Third attempt	46.4
Fourth and subsequent attempts	19.8

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 781 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2024.1 exam cycle.

Table 3. 2024.1 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	565	72.3
Pass	Fail	63	8.1
Fail	Pass	20	2.6
Fail	Fail	133	17.0
Total		781	100

5. Feedback report on 2024.1 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 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 an Aboriginal infant, aged 2½ months, presenting with a non-specific febrile illness and a normal physical examination. Candidates were required to identify the most likely differential diagnoses and select appropriate initial investigations. Common errors included giving diagnoses that did not fit with the clinical scenario, such as bronchiolitis or otitis media. Some candidates incorrectly answered that a likely diagnosis was acute rheumatic fever, whereas this was unlikely in the clinical context of the case.

The case then introduced the infant's older adolescent sister, who presented for an Aboriginal and Torres Strait Islander children's preventative health assessment. Candidates were required to identify relevant history to complete the assessment. Common errors included asking extensive family history or asking about symptoms of conditions that were not relevant. Candidates who did well provided specific aspects of history that recognised the greater health disadvantages Aboriginal and Torres Strait Islander people experience, while also demonstrating knowledge of common adolescent health issues.

Case 2

This case focused on a woman, aged 31 years, presenting with cyclical symptoms indicative of endometriosis. Candidates were required to identify relevant history and refer for an appropriate initial investigation. Candidates performed poorly on the first question. A common error was misinterpreting the clinical information and asking history more relevant to other diagnoses, such as sexually transmitted infections. Some candidates asked history already provided in the case material or asked questions that would not support the diagnosis. In the KFP exam, it is important that candidates read the question carefully and give a broad range of specific answers that are relevant to the clinical scenario.

The case then progressed to the patient returning several months after being commenced on opioid analgesia by another practitioner. Candidates were required to describe appropriate non-pharmacological actions to assist in deciding whether to continue opioid therapy, such as checking state-based dispensing history systems. Again, this question was poorly answered, with frequent incorrect responses listing lifestyle changes rather than processes that would assist in the decision-making process of opioid prescribing.

The KFP exam is designed to assess all domains of general practice, including non-clinical 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 3

Candidates were presented with a woman, aged 60 years, returning for results of investigations highly suggestive of metabolic-associated fatty liver disease. Following identification of the specific diagnosis, candidates needed to identify appropriate subsequent investigations and describe non-pharmacological management advice.

Although most candidates correctly identified the underlying diagnosis, many struggled to articulate specific management advice. For example, some candidates recommended a 'healthy diet' rather than specific dietary or activity advice to enable weight loss. 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 4

This case contained four questions and focused on a woman, aged 52 years, who initially presents with foot pain and then returns several months later with heel pain. In the first two questions, candidates were required to identify the most likely diagnosis of Morton's neuroma and describe appropriate management. In the latter two questions, candidates were required to identify the most likely diagnosis of Achilles tendinopathy and describe appropriate non-pharmacological management.

In the two diagnosis questions, more candidates correctly identified the diagnosis of Morton's neuroma than Achilles tendinopathy. A common error in diagnosing Achilles tendinopathy was misinterpreting the clinical information as plantar fasciitis, or providing a diagnosis of calcaneal apophysitis, which is a paediatric diagnosis and not relevant to the patient scenario.

In the management questions, common errors included providing insufficient detail about reasons for referral, or duplicating answers by giving similar responses in slightly different ways. Although some referrals were appropriate, candidates should remember to be specific about the reasons for referring and avoid non-specific answers that do not demonstrate understanding of appropriate clinical care.

Case 5

This case presented a man, aged 48 years, with symptoms of depression in the context of being an emergency services worker. Candidates were required to articulate additional history to clarify the diagnosis and identify appropriate first-line medication for depression. A common error in the first question was not to include answers of anhedonia and suicidal ideation, or to include similar variations on answers rather than a broad range of mental health history. The majority of candidates correctly identified first-line medications for depression.

The patient later returned acutely suicidal and candidates needed to give appropriate management. Many candidates struggled with this question. Errors here included misreading the question and recommending involuntary treatment when the patient was clearly willing to receive treatment voluntarily. Some candidates also did not recognise the severity of the patient's presentation and referred for outpatient treatment rather than urgent psychiatric review. 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 6

Candidates received a telephone consultation with the mother of a girl, aged 5 years, with respiratory symptoms. The case was set in a rural location, and candidates needed to identify history features necessitating face-to-face review, then examination findings necessitating transfer to hospital. Common errors included not taking the patient's age into account and providing answers appropriate for the assessment of infants rather than a child aged 5 years. Some candidates also provided similar answers on different lines, missing the opportunity to demonstrate their breadth of knowledge and gain maximum marks.

The case evolved to reveal that the patient's parents were separated, and her father was requesting a copy of his daughter's medical record. Candidates performed poorly on this question, with many stating incorrectly that they would refuse to provide the medical records.

Medico-legal and ethical dilemmas 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 GPs with these issues.

Case 7

This case focused on a man, aged 41 years, with a recent diagnosis of melanoma who is referred to an appropriate specialist. Candidates were required to identify that further surgical management of the melanoma was indicated and then provide appropriate patient education about ongoing care. A common error on the first question was being non-specific by describing local excision without specifying appropriate margin width. On the second question, some candidates gave advice on skin examination with inappropriately long intervals between checks, or overemphasised sun protection measures at the expense of providing advice on other skin cancer education.

The patient was subsequently lost to follow-up and later returned with metastatic disease. Candidates needed to discuss appropriate end-of-life care. In this question, some candidates provided 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.

Case 8

Candidates were presented with a woman, aged 55 years, with typical symptoms of a frozen shoulder. Candidates were required to identify the likely diagnosis, describe confirmatory examination findings and commence appropriate initial management.

Although the majority of candidates correctly identified the underlying diagnosis, common errors in the management question included giving general overview statements such as 'rest' or 'avoid lifting', rather than specific patient education, specific physiotherapy referrals or appropriate procedural interventions.

Case 9

Candidates were presented with a man, aged 48 years, with scalp itch and hair loss. A clinical image demonstrated a thickened red scalp rash with overlying silvery scale. Candidates were required to describe appropriate differential diagnoses, articulate initial pharmacological management of the most likely diagnosis of scalp psoriasis and describe appropriate non-pharmacological management advice.

Although most candidates correctly identified the most likely diagnosis, a common error was not recognising the appropriate formulation of topical therapy for the scalp would be a lotion or shampoo rather than a cream. It is important that candidates are aware of best practice guidelines for common conditions and apply their knowledge to specific patient scenarios.

Case 10

Candidates were presented with an Aboriginal woman, aged 69 years, recently discharged from hospital following a myocardial infarction. The patient had a complex medical history and was prescribed multiple medications requiring different times and modes of administration. Candidates were required to identify barriers to medication compliance and strategies to assist the patient to take her medications.

Although this case was generally done well, some candidates appeared to make assumptions about the patient based on her being an Aboriginal woman. Answers relating to socioeconomic status, education level and substance use did not relate to any key features in the scenario. 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 11

Candidates were presented with a man, aged 53 years, presenting with gout after making significant lifestyle changes. Candidates were required to identify factors that contributed to his development of gout, select an appropriate diagnostic investigation and arrange appropriate long-term pharmacological management.

Most candidates recognised the clinical picture of gout and appropriately investigated the patient. However, there was a high proportion of extra responses (overcoding) in the first question. 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 overcode penalty.

Most candidates managed the patient appropriately. Cessation of medications contributing to gout was an important part of management and many candidates identified this in their answers.

Case 12

This case focused on a woman, aged 21 years, who was an elite athlete presenting with difficulty managing her menstrual periods. Candidates needed to describe appropriate pharmacological management strategies. Many candidates identified appropriate treatments, but some answered with 'Implanon' or 'Kyleena intrauterine device', which were not indicated in this scenario.

The patient then disclosed a history of anabolic steroid use, and candidates needed to identify potential adverse effects. The most common error in answering this question was listing adverse effects of corticosteroids rather than anabolic steroids, which led to significant errors in responses.

Finally, the patient disclosed multiple aspects of family medical history, including significant cardiac history. Candidates needed to identify that an electrocardiogram was an essential immediate investigation, particularly given her intensive sport participation. A number of candidates prioritised breast cancer screening or wrote vague answers. An essential aspect of this question was recognising that the patient was an elite athlete and her significant family cardiac history could be a risk factor for sudden cardiac death. Candidates should ensure that they read all information in the KFP exam carefully. Failing to do this when providing answers will significantly reduce the number of marks awarded.

Case 13

Candidates were presented with a boy, aged 7 years, with abdominal pain and constipation. Candidates were provided with some aspects of history and needed to articulate additional history that would indicate a serious underlying cause of the patient's symptoms. Candidates were then advised that there were no red-flag history features and needed to describe appropriate non-pharmacological management for the boy, which required management of his constipation.

Candidates who performed well considered the differential diagnoses and took into account significant negative features in the stem. A good management answer addressed the common paediatric condition of constipation with specific non-pharmacological strategies. Common errors included giving history features that had already been given in the clinical stem, and giving vague management answers, such as 'educate' or 'reassure'. In the KFP exam, generic management and non-specific answers do not score.

Case 14

This case focussed on a man, aged 84 years, living in residential aged care. The man had some foul-smelling urine with a normal urine microscopy and positive culture, and candidates needed to identify that he had asymptomatic bacteriuria. They then needed to give appropriate education advice for nursing staff about the management of non-specific urinary symptoms. The most common error in this question was that the urine should be tested regularly, which is inappropriate advice in aged care settings, which can have a high rate of asymptomatic bacteriuria.

The case evolved to the man later developing a urinary tract infection, and candidates needed to describe appropriate pharmacological management. Although most candidates prescribed appropriate antibiotic treatment, a common error was not administering simple analgesia or prematurely ceasing sodium–glucose cotransporter 2 inhibitors.

Finally, candidates were given examination findings and a clinical image consistent with a subconjunctival haemorrhage, and needed to describe appropriate management advice. Most candidates performed well in this question, correctly identifying that no specific intervention was required.

Case 15

Candidates were presented with a man, aged 47 years, requesting a general check-up. Limited patient history was available, although some cardiovascular risks were identified. Candidates needed to describe what additional factors would increase the risk of the patient having cardiovascular disease. They needed to give appropriate lifestyle advice, and then commence pharmacological management to reduce the patient's cardiovascular risk.

Common errors in the first question related to not reading the question properly. The question clearly asked for history other than physical symptoms, but many candidates gave answers such as 'palpitations', 'chest pain' or 'breathlessness'. Some candidates also gave history already given in the stem, such as the patient's alcohol intake or family history. Candidates should ensure they read the question carefully to be sure they are answering correctly and are not repeating information already given.

In general, the second and third questions were done well. Common errors related to being non-specific in lifestyle advice; for example, responding with 'lose weight' rather than giving a specific weight loss target. In the third question, drug class and specific medication were asked for. Some candidates gave incorrect examples, such as 'ACE-inhibitor, for example candesartan'. Candidates should be careful to give correct examples in the KFP exam when these are asked for, otherwise they may render their answer incorrect or fail to gain maximum marks.

Case 16

This case initially focussed on a woman aged 22 years. The woman had a complex medical history including solid organ transplantation and presented requesting cervical cancer screening. Candidates needed to explain the rationale for changes to the cervical screening program in 2017. A common error in this question was describing the current cervical screening program rather than the rationale behind the changes. A small number of candidates answered that cervical screening was not required if sexual activity commenced after human papillomavirus immunisation. This was clearly incorrect and potentially dangerous because it would lead to underscreening.

Candidates were then required to identify factors in the patient's history that supported her undergoing cervical screening and having a self-collected sample. A good answer needed to consider the patient's wishes and notable details in her history, such as immunosuppression and early sexual debut. Her personal history of sexually transmitted infections and family history of cervical cancer were not correct reasons for undergoing self-obtained cervical screening.

The case then evolved to the woman's partner, a transgender man aged 31 years, presenting with symptoms requiring an internal vaginal examination. Candidates were required to identify what specific approaches could reduce his discomfort with the examination. Common errors in the question centred around failing to consider the unique aspects of a genital examination for a transgender male patient, and instead giving generic advice about female genital examination.

Case 17

In this case, candidates were required to identify causative factors contributing towards impaired renal function in a man, aged 58 years. The man had a significant past medical history of type 2 diabetes and non-steroidal anti-inflammatory drug use, in addition to other comorbidities and medication use. Candidates needed to arrange appropriate investigations, which included confirming impaired renal function and microalbuminuria. Candidates then needed to make appropriate changes to the patient's medications.

Candidates performed well in this case. In the investigations question, some candidates selected tests that had been recently performed and did not need repeating. In selection questions, 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 18

This case focused on a man, aged 47 years, presenting with chronic rhinosinusitis using long-term nasal decongestants and sedating antihistamines. Candidates were required to describe initial pharmacological management and then select appropriate investigations when the patient's symptoms did not improve. Candidates performed well in these questions, with most recognising that the nasal decongestants required cessation.

The patient then presented requesting assistance with smoking cessation. Candidates needed to consider both best practice guidelines and the significant medical history of monoamine oxidase inhibitor use when deciding which pharmacological management to prescribe. Although most candidates performed well in this question, a small proportion prescribed bupropion, which was contraindicated in this scenario. It is important that candidates consider medication interactions and contraindications when answering pharmacological management questions in the KFP exam.

Case 19

This case focused on a girl, aged 16 years, presenting with symptoms and examination findings typical of Turner syndrome. Candidates needed to interpret relevant clinical information to make the diagnosis, including parental height and weight, and a growth chart. After making the diagnosis, candidates were required to arrange appropriate initial investigations. A common error in the diagnosis question was candidates describing the condition without giving a specific diagnosis; for example, answering 'delayed puberty' or 'primary amenorrhoea'. The investigation question was generally done well, although many candidates did not recognise that a karyotype was an important investigation in this scenario.

The case evolved to the patient presenting on her own and candidates needed to articulate appropriate advice regarding confidentiality of adolescent consultations. Although this question was answered well overall, common errors included providing answers that did not relate directly to confidentiality or stating that assessment of Gillick competence was needed. It was made clear from the clinical stem that the patient met Gillick competence; therefore, this answer did not gain marks.

Case 20

This case focused on a man, aged 69 years, with poorly controlled hypertension in the context of a complex medical history. The case was set in a rural location. Candidates were required to arrange appropriate initial investigations and pharmacological management of the patient. Common errors in the management question related to not reading the patient's medication history correctly or giving non-pharmacological answers that did not answer the question.

The case evolved to the patient presenting to the local hospital emergency department with hypertensive urgency. Clinical information included normal blood tests, electrocardiogram and chest X-ray. Candidates were required to describe appropriate immediate management, which included medication to reduce the patient's blood pressure and appropriate patient monitoring. This question was answered poorly. Common errors related to diagnostic errors, giving non-specific advice and not demonstrating knowledge of current clinical guidelines.

Case 21

In this case candidates receive a telephone call from a nurse about a woman, aged 86 years, residing in an aged care facility. Clinical information included past medical history, medications, symptoms, basic examination findings and recent blood test results. Candidates were required to identify that the patient was experiencing hypoglycaemia secondary to sulfonylurea use and required urgent management of this important situation. Errors in this question related to candidates not recognising that the most likely diagnosis was hypoglycaemia. This subsequently affected their management advice in the second question, with many failing to demonstrate the required knowledge. Vague answers were also common and often not accompanied by medical management that would resolve the situation.

The case evolved to the patient later presenting with long-term cognitive impairment requiring appropriate initial investigation. Common errors in this question related to not recognising that some investigations had already been recently performed, and selecting tests not indicated by current guidelines.

Case 22

Candidates were presented with a woman, aged 36 years, with symptoms highly suggestive of irritable bowel syndrome. Candidates were required to provide the diagnosis, arrange initial investigations and commence appropriate pharmacological management when conservative measures failed to improve her symptoms.

Although the diagnosis was correctly identified by most candidates, a common error in the second question was selecting investigations that were less relevant in a patient with several years of symptoms. In the third question, common errors related to not reading the question and giving answers that did not address the patient scenario.

Case 23

This case focused on a woman, aged 70 years, presenting with painless macroscopic haematuria. Clinical information included key features of smoking history and occupational chemical exposure, and urine microscopy and culture results. Candidates were required to identify the most likely differential diagnoses and arrange appropriate investigations. Common errors related to giving answers unrelated to the key features in the stem (eg 'renal abscess' or 'ovarian cancer') or giving non-specific answers.

The case then evolved to the patient presenting with features of a chalazion, with two clinical images shown. Candidates needed to describe appropriate management of this common ophthalmic condition. Although most candidates answered this well, some responded with the diagnosis rather than management strategies. As for other cases, it is important for candidates to read question instructions carefully to ensure they are answering appropriately.

Case 24

This case focused on a man, aged 65 years, presenting with symptoms and signs of chronic obstructive pulmonary disease. Candidates were provided with spirometry results to assist in making the diagnosis. Candidates were required to provide non-pharmacological management advice and describe additional conditions the patient was at increased risk of. In the management question, common errors included candidates giving generic lifestyle advice relating to alcohol intake and weight management. In this case, the patient drank a minimal amount of alcohol and was not significantly overweight, therefore these answers were not appropriate and did not score. Candidates should be mindful to tailor their management advice and avoid generic answers that are irrelevant to the scenario.

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

Case 25

Candidates were presented with a woman, aged 23 years, with classical symptoms of migraine with aura in the context of considering pregnancy in the near future. Candidates needed to describe additional symptoms that would indicate a serious underlying cause of headache. Candidates struggled with this question. Common errors included asking for symptoms already given in the stem, asking examination findings rather than history or asking for history that would not indicate an underlying serious pathology. In the KFP exam, it is important for candidates to read the questions carefully to ensure they are answering what is being asked.

Candidates then needed to describe appropriate prophylactic medication for the patient. Common errors included giving acute migraine treatment rather than migraine prophylaxis, or giving medications that would not be suitable in pregnancy.

The context then changed to the patient requesting long-term effective contraception. Candidates needed to identify appropriate contraceptives in this situation. This question was generally done well, with candidates recognising that migraine with aura is a contraindication to combined hormonal contraception.

Case 26

Candidates were presented with a man, aged 19 years, with symptoms typical of social anxiety disorder. Candidates were required to identify psychological management strategies specific to this condition. Common errors included answering with therapies not indicated for social anxiety or giving non-specific answers, such as 'refer to psychologist'.

The second question required candidates to describe why the patient was not eligible for support from the National Disability Insurance Scheme (NDIS). Candidates performed poorly on this question. A common error was giving answers relevant for Centrelink disability support rather than the NDIS. To perform well, candidates needed to demonstrate understanding that permanent disability is an NDIS eligibility requirement.

In the third question, candidates needed to prescribe medication for the management of ongoing performance anxiety. Most candidates correctly answered with propranolol. Finally, the case evolved to the patient presenting with a plantar wart; candidates needed to describe an appropriate evidence-based pharmacological treatment of this common condition. Errors related to choosing a non-pharmacological treatment, which did not answer the 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](#).

From 2023.2 onwards there will be no drug doses required within the KFP, although 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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