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Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2021.2 AKT

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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 who sat the exam. These values can vary between exams. The reliability is a measurement of the consistency of the exam.

A candidate must achieve a score equal to or higher than the pass mark in order to pass the exam. The pass mark for the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exam is determined by the internationally recognised Modified Angoff method, and outcomes may vary between each exam cycle.

The 'pass rate' is the percentage of candidates who achieved the pass mark.

The RACGP has no quotas on pass rates; there is not a set number of candidates who may pass the exam. Pass rates may vary depending on a wide variety of variables.

Table 1. Psychometrics

Mean score (%)	67.44
Standard deviation (%)	9.93
Reliability*	0.88
Pass mark (cut score %)	60.81
Pass rate (%)	76.42
Number sat	1022

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

2. Candidate score distribution

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

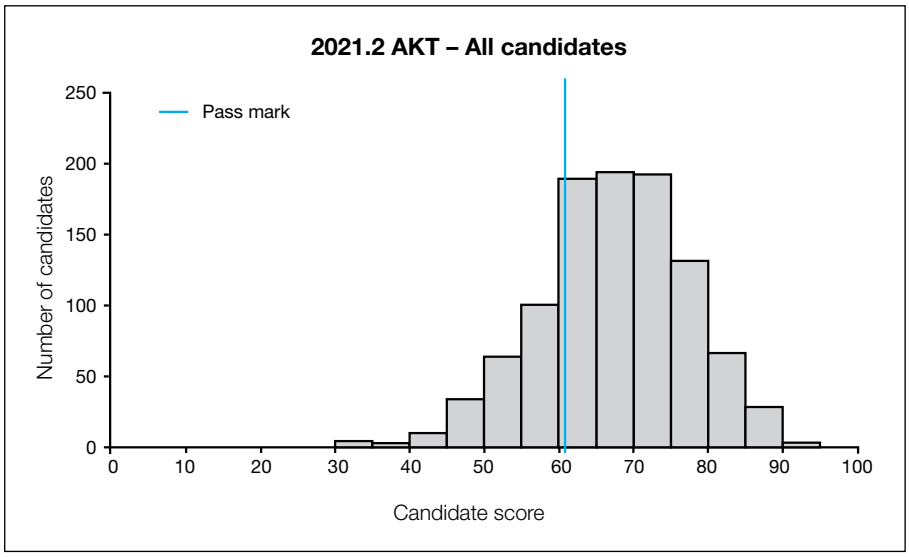

Figure 1. 2021.2 AKT score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. A general trend suggests the rate of passing diminishes with each subsequent attempt. Preparation and readiness to sit are important for candidate success.

Table 2. Pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	86.1
Second attempt	59.6
Third attempt	66.7
Fourth and subsequent attempts	46.7

4. Feedback report on 2021.2 AKT

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

All of the questions in the AKT are written by experienced general practitioners (GPs) who currently work in clinical practice, and are based on clinical presentations typically seen in an Australian general practice setting. The questions should be answered based on the context of Australian general practice.

It is important to carefully read the clinical scenario and question. Although more than one option may be plausible, only the most appropriate option for the clinical scenario provided should be selected.

It is useful for candidates to identify any areas of weakness in their clinical practice through self-reflection and feedback. A supervisor, mentor or peer may assist them in developing an appropriate learning plan to assist with future exams and ongoing professional development.

All questions in the AKT undergo extensive quality assurance processes. Questions are rigorously reviewed during the creation, pre-exam and post-exam review processes, and also during the standard-setting process following the AKT. Reviews are performed by GPs who are currently in clinical practice across Australia.

This report provides a sample of clinical scenarios from the 2021.2 AKT that some candidates found challenging. It describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

5. Example cases

Example 1

The clinical scenario described a 30-year-old woman who was 34 weeks pregnant presenting due to concerns about reduced fetal movements for six hours. A normal physical examination was provided, including a normal fetal heart rate.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was urgent referral to obstetric unit for cardiotocography. Alternative options included recommending the use of a 'kick-chart' and reassuring the patient.

This question required candidates to have a knowledge of the current guidelines for managing reduced fetal movements and to apply this knowledge to the clinical scenario given. It is important that GPs are aware that sustained maternal perception of a change in fetal movements requires investigation with cardiotocography to reduce risk of stillbirth. Changed or reduced fetal movements are a sensitive indicator of fetal compromise and are associated with impaired placental function. The use of kick-charts is no longer recommended, and falsely reassuring the patient could result in fetal death.

Example 2

The clinical scenario described a 4-year-old girl presenting with a fever and cough. Physical examination findings consistent with mild community-acquired pneumonia were given. Apart from a fever, her vital signs were normal.

The question asked, 'What is the MOST appropriate initial management?'. Of the options provided, the most appropriate response was prescription of oral amoxicillin. Alternative options included reassurance that this is a viral infection and only simple analgesia is required, and transfer to the emergency department.

This was a two-step question requiring candidates to make a diagnosis and then initiate the correct management. This question required candidates to consolidate several pieces of knowledge, including recognising symptoms and signs of pneumonia, appropriately assessing the severity of the illness and knowledge of the current antibiotic guidelines for paediatric community-acquired pneumonia. Identification of a sick child and appropriate prescription of antibiotics is an important skill for GPs. Transferring this child to the emergency department would place strain on the hospital system and is unnecessary, as this child could safely be managed in the community initially.

Example 3

The clinical scenario described a 73-year-old woman presenting for advice regarding cervical screening. She had a normal Pap smear four years earlier and was currently asymptomatic.

The question asked, 'What is the MOST appropriate management?'. Of the options provided, the most appropriate response was to perform a cervical screening test. Alternative options included advising that no further cervical screening is required and performing a co-test.

This question required candidates to be familiar with the current Australian cervical cancer screening guidelines and recommendations for exiting the screening program. There is a commonly held misconception that cervical screening is not recommended after the age of 70 years, as this was the case under the previous national screening program. It is important that GPs are up to date with guideline changes and can appropriately inform patients of current screening recommendations.

Example 4

The clinical scenario described an 18-year-old woman presenting with dizziness associated with activity. She described a strict diet and exercise routine aimed at losing weight. She had lost a significant proportion of her body weight over the prior two months. Vital signs, including significant postural tachycardia and a low body mass index, were provided.

The question asked, 'What is the MOST appropriate next step in management?'. Of the options provided, the most appropriate response was inpatient admission to a specialist eating disorder clinic. Alternative options included referral to a psychologist for family therapy sessions and prescription of fluoxetine.

This was another example of a two-step question requiring a diagnosis, followed by identification of appropriate management. This question required candidates to have a knowledge of signs and symptoms consistent with anorexia nervosa, as well as an understanding of the medical admission criteria for eating disorders. Eating disorders

are associated with significant psychiatric and medical morbidity. Many patients with eating disorders are managed in a community setting by a multidisciplinary team that includes their GP. It is important for GPs to have the knowledge and skills to assess the need for inpatient treatment of an eating disorder.

Example 5

The clinical scenario described a 15-year-old girl presenting with a dry cough and associated wheeze for two months. She had been experiencing these symptoms weekly and was awoken by her cough twice per month. Spirometry results consistent with asthma were provided.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was prescription of budesonide–formoterol to be taken as required. Alternative options included prescription of salbutamol as required and arranging a chest X-ray.

This question also required candidates to consolidate several pieces of knowledge, including recognising symptoms of asthma, assessing the clinical severity, interpreting spirometry results and a knowledge of the Australian asthma management guidelines for initiating treatment in adolescents. The current guidelines recommend as-required low-dose budesonide–formoterol or a regular daily low-dose inhaled corticosteroid for adolescents experiencing symptoms twice per month or more but without frequent or uncontrolled symptoms. Asthma is a common presentation to Australian general practice and it is important for GPs to be able to assess severity and prescribe appropriately.

Example 6

The clinical scenario described a 42-year-old woman presenting to a rural emergency department with palpitations and associated shortness of breath. Her physical examination revealed tachycardia, low–normal blood pressure and reduced oxygen saturations. An electrocardiogram consistent with supraventricular tachycardia was provided. The stem indicated that initial non-pharmacological management was ineffective.

The question asked, 'What is the MOST appropriate pharmacological management?'. Of the options provided, the most appropriate response was intravenous adenosine. Alternative options included oral aspirin and intravenous amiodarone.

This is an example of a three-step question. It required candidates to recognise symptoms and signs of a decompensated arrhythmia and appropriately interpret the electrocardiogram as supraventricular tachycardia. Candidates then needed to use their knowledge of both the initial and subsequent treatment of supraventricular tachycardia. If initial Valsalva manoeuvres fail to correct the arrhythmia, adenosine is the appropriate next step. It is important for GPs to be able to appropriately diagnose and treat common emergency presentations, such as arrhythmias.

6. Further information

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

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