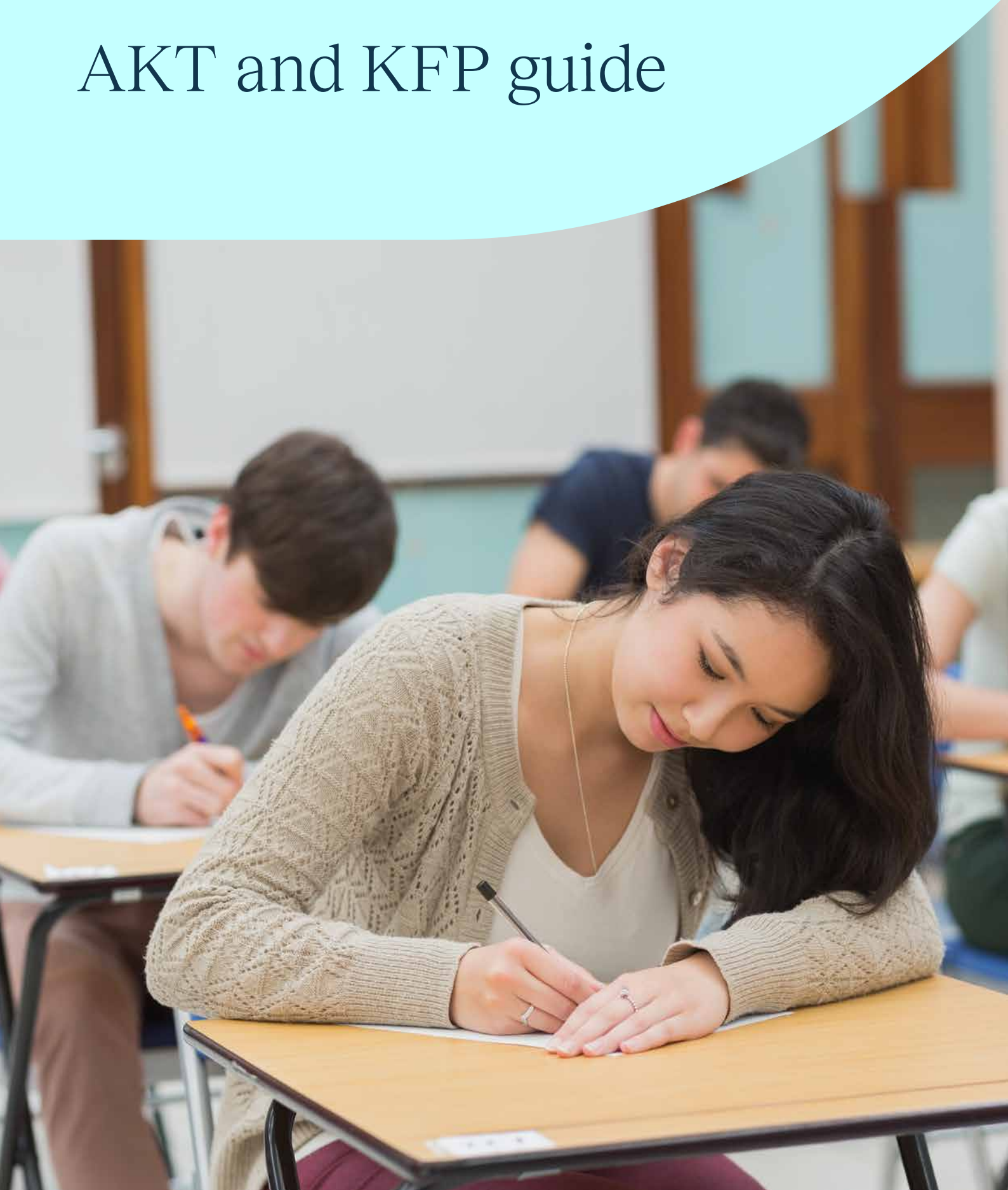# RACGP

AKT and KFP guide

AKT and KFP guide

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

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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.

Contents

This guide

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

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

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

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

Visit the RACGP website for the policy framework, details about general practice pathways, and further information about enrolment. Further information about education standards and the RACGP Curriculum is also available.

Fellowship

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

FRACGP allows a general practitioner (GP) to:

- practise unsupervised anywhere in Australia

- work unsupervised in general practice

- claim A1 Medicare rebates

- use the post-nominal 'FRACGP'.

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

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

This guide focuses on the AKT and KFP exams.

Information regarding the Clinical Competency Exam (CCE) is available in the Candidate guidelines for the Clinical Competency Examination.

Applied Knowledge Test (AKT)

What is the AKT?

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

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

The exam consists of 150 single best answer (SBA) questions.

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

How long does it take to complete the AKT?

The AKT is a 3.5-hour exam. However, a universal allowance of an additional 30 minutes has been granted to all candidates. This allows extra time for candidates for whom English is a second language, for slow readers and for other reasons.

All candidates are therefore given four hours to complete the AKT.

What does the AKT assess?

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

How to prepare for the AKT

Exam preparation advice and relevant resources are outlined in the 'AKT and KFP exam preparation' section of this guide.

This section details specific advice on the best approach to preparing for the AKT. Candidates should be aware of a number of factors when sitting the AKT:

- It is important to read the clinical scenario carefully, as the information contained within the clinical scenario should assist in selecting the correct option.

- Candidates are advised that if information is not given in the stem, it can be assumed to be negative. For example, if the patient smokes, then this information will be included in the stem. If no smoking history is given in the stem, then the patient can be assumed to be a non-smoker.

- It is important to read the question carefully and understand what is being asked. For

example, the answer to a question that asks for the 'most appropriate initial investigation' may be different to a question that asks for the 'most appropriate investigation to confirm the provisional diagnosis'.

- Although it is possible that more than one option is plausible, only the 'best' or 'most appropriate' option for the clinical scenario provided should be selected.

- The question should be answered in the context of the clinical scenario provided, taking the age, gender and history provided into consideration.

- The question should be answered in the context of Australian general practice. Note that all questions are based in metropolitan general practice unless otherwise specified as rural or remote.

- If a candidate is having difficulty with a question, it might be helpful to consider how they would manage this patient in their own clinical practice setting.

- Time management is critical – candidates should not spend too long on questions they consider to be difficult. Questions should be flagged for review later during the exam, time permitting.

- There is no negative marking for the AKT, so candidates are encouraged to select an option rather than leave any questions unanswered.

AKT question types

The AKT is comprised of 150 single best answer questions. The questions consist of a stem, a lead-in statement and a set of answer options.

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

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

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

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

Each question will have between 5 to 10 answer options.

AKT sample questions

Example 1.

Peter Jacobs, aged 52 years, presents for review of his blood pressure. He takes ramipril 5 mg daily and amlodipine 5 mg daily. Additionally, he was commenced on atenolol 25 mg daily, three months ago. On examination, his blood pressure is 160/100 mmHg and heart rate 80/min regular. Peter's biochemistry results from last week are shown below.

Biochemistry	Result	Normal range
Sodium	142 mmol/L	135 -145
Potassium	**3.2 mmol/L***	3.5 - 5.2
Chloride	109 mmol/L	95 - 110
Bicarbonate	28 mmol/L	22 - 32
Urea	3.1 mmol/L	2.5 – 8.0
Creatinine	60 µmol/L	45 - 90
Estimated glomerular filtration rate	> 90 mL/min/1.73 m2	>90
Urate	0.23 mmol/L	< 0.36

You arrange further investigations to support the provisional diagnosis and adjust his medications accordingly.

What investigation result is MOST likely to support the provisional diagnosis?

A. High cortisol after overnight dexamethasone suppression test

B. High plasma aldosterone/renin ratio

C. High plasma free metanephrines

D. Low aldosterone

E. No cortisol change with adrenocorticotropic hormone stimulation test

Consider the answers below.

Example 2.

Michael Masterson, aged 35 years, presents with a two-day history of numbness, tingling and pain in both legs, with difficulty mobilising. The pain is worse with movement and worse at night. Last week, he had fever, cough, rhinorrhoea and a sore throat which have now resolved. On examination, his tympanic temperature is 36.5°C. He has symmetrically reduced power in his lower limbs with reduced knee and ankle reflexes, however his sensation is intact. COVID-19 has been definitively excluded.

What is the MOST appropriate provisional diagnosis?

A. Cauda equina syndrome

B. Guillain-Barré syndrome

C. Lumbar disc prolapse

D. Motor neurone disease

E. Multiple sclerosis

F. Myasthenia gravis

G. Polymyositis

H. Rhabdomyolysis

Consider the answers below.

Answers for AKT sample questions

Example 1.

B. High plasma aldosterone/renin ratio

This is an example of a three-step question. It requires candidates to form a provisional diagnosis, know the appropriate investigation to order and to understand the investigation result that would support the provisional diagnosis.

This is a case of treatment resistant hypertension that tests candidates' knowledge of secondary causes of hypertension. A diagnosis of primary hyperaldosteronism (Conn's syndrome) is the most appropriate provisional diagnosis in this patient with treatment resistant hypertension and hypokalaemia. Therefore, the investigation result which is most likely to support the provisional diagnosis is a high plasma aldosterone/renin ratio.

Example 2.

B. Guillain-Barré syndrome

Although Guillain-Barré syndrome is a rare condition, it is important that it is recognised early to allow prompt management. It is the most appropriate provisional diagnosis in this case due to the symmetrical ascending weakness in conjunction with a preceding viral infection. Polymyositis may also be triggered by a viral infection, but the pattern of motor weakness differs as it tends to affect proximal muscles including the shoulders and pelvic girdle. Myasthenia gravis usually has an insidious onset with characteristic fatiguability.

AKT marking

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

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

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

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

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

Key Feature Problem (KFP) exam

What is the KFP exam?

The KFP exam is designed to assess clinical reasoning and decision-making in practice.

The KFP exam has 70 multiple selection questions. Each question will start with a clinical vignette ('stem') of patient presentation details and examination findings and/or investigation results.

A multiple selection question has two to six correct answers. The question will tell you how many options to select. Questions can specifically ask for history or examination features, potential differential diagnoses, appropriate investigation options, management options, or there may be a list of both investigation and management options to select from.

How long does it take to complete the KFP exam?

The KFP exam is a 3.5-hour exam. However, a universal allowance of an additional 30 minutes has been granted to all candidates. This allows extra time for candidates for whom English is a second language, slow readers or for other reasons.

All candidates are therefore given four hours to complete the KFP exam.

What does the KFP exam assess?

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

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

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

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

Multiple selection exams are used internationally at both undergraduate and postgraduate level. They are a validated form of assessment and have been part of the RACGP KFP exam for over 20 years in the form of investigation questions. Where the AKT is designed to assess a candidate's knowledge and application of that knowledge through single best answer and modified extended matching questions, the KFP is designed to further assess a candidate's clinical reasoning.

How to prepare for the KFP exam

Exam preparation advice and relevant resources are outlined in the 'AKT and KFP exam preparation' section of this guide.

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

The KFP exam looks at how candidates assess patients in the context of the scenario given, as well as the key features and critical steps required to resolve the clinical problem.

With this in mind, candidates should use their day-to-day practice to consider the differential diagnoses pertinent to the patient, and how this might vary from patient to patient, thinking about their steps of management. Candidates should consider, for example, what the key investigations are and why they are so important, rather than doing a full screen; how they can manage the case by means other than medication; and how this might vary from patient to patient.

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

An excellent paper outlining random case analysis can be found in the January–February 2013 issue of *Australian Family Physician*.

Further support material for engaging in random case analysis that builds on the *Australian Family Physician* article can be found at General Practice Supervisors Australia.

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

It is important that candidates read widely and use resources, such as the *Therapeutic Guidelines* and current Australian clinical guidelines, to ensure their management is contemporary.

KFP exam sample questions

Example 1: Multiple selection investigations

Coral Johnson, aged 86 years, is your regular patient. She has been becoming more forgetful over the last six months. She cannot remember the names of her grandchildren and will often become confused while trying to do simple tasks.

Coral has a past medical history of hypertension and type two diabetes for which she takes ramipril 5 mg daily and metformin immediate release 500 mg three times daily. She does not smoke or drink alcohol. She has been happily married for 65 years.

On examination, Coral looks well and smiles but cannot remember your name or how she knows you. Her temperature is 36.9°C, blood pressure 125/81 mmHg, and heart rate 71/min regular. Coral's Mini Mental State Examination score is 20/30. The remainder of her examination is normal. Her urinalysis and ECG are normal.

You arrange a full blood count, urea, electrolytes and creatinine, liver function tests, fasting glucose and HbA1c.

What are the other **MOST** appropriate initial investigations? Select **five (5)** from the following list.

A. C-reactive protein

B. CT scan abdomen

C. CT scan brain

D. Echocardiogram

E. Fasting lipids

F. Hepatitis B serology

G. Hepatitis C serology

H. HIV serology

I. Iron studies

J. MRI brain

K. Serum calcium

L. Serum folate

M. Serum magnesium

N. Serum phosphate

O. Syphilis serology

P. Thyroid function tests

Q. Urine microscopy, culture and sensitivities

R. Vitamin B12

S. Vitamin D

T. X-ray chest

Example 2: Multiple selection history

Alexander Hartford, aged 69 years, presents with his wife Marlene. Alex has experienced three weeks of fatigue and Marlene says Alexander hasn't seemed like himself since he had a coronary angioplasty four weeks ago. He spends most of his day on the couch watching television.

Alexander had his cardiology review last week where he was given permission to return to work. However, Alexander has remained home saying he 'may as well retire' as he isn't interested in his work as an accountant anymore. When Marlene tries to talk to Alexander, she finds that he has difficulty concentrating on the conversation.

What further aspects of history would **MOST** support the provisional diagnosis? Select **four (4)** from the following list.

Answers: 4
Maximum score: 5

A. Aggression

B. Cold intolerance

C. Depressed mood

D. Disorganised behaviour

E. Dyspnoea

F. Excessive worry

G. Exertional chest pain

H. Feelings of worthlessness

I. Flashbacks of recent coronary angioplasty

J. Grandiose delusions

K. Increased libido

L. Decreased appetite

M. Nausea

N. Short term memory loss

O. Sleep disturbance

P. Slurred speech

Answers for KFP sample questions

Example 1: Multiple selection investigations

C. CT scan brain (Score: 1)
K. Serum calcium (Score: 1)
L. Serum folate (Score: 1)
P. Thyroid function tests (Score: 1)
R. Vitamin B12 (Score: 1)

This is an example of a clinical reasoning question requiring **initial** investigation. All answers received the same number of marks as all were equally appropriate. This case requires candidates to identify that the patient is presenting with cognitive decline indicative of dementia. Differential diagnoses include Alzheimer's disease and vascular dementia, however other common medical causes require exclusion. Organic screening includes blood tests for haematology, renal and liver function tests, electrolytes, calcium, glucose, thyroid function tests, B12 and folate levels. Brain imaging should also be included.

Syphilis and HIV testing may be done in certain situations, however there are no high-risk factors for these identified in the clinical information. There is no indication of delirium in the history and examination findings, therefore chest x-ray and urine MC&S are not indicated.

Other distractors on the list may be indicated later in the clinical work-up of this patient, however they are not as relevant for initial investigation.

It is important that candidates are able to rationalise their answers and prioritise relevant investigations in the context of the clinical problem.

Example 2. Multiple selection history.

C. Depressed mood (Score: 2)

H. Feelings of worthlessness (Score: 1)

L. Decreased appetite (Score: 1)

O. Sleep disturbance (Score: 1)

This is an example of a multiple selection question with graded scoring. It requires candidates to identify that the most likely provisional diagnosis is a major depressive disorder, and consider what further history would support this diagnosis. The stem already provided clinical information on features of anhedonia, fatigue and poor concentration. A depressed mood is the most important further aspect of history to enquire about and therefore gained more marks. The other scoring answers are relevant diagnostic criteria in the diagnosis of major depressive disorder.

Distractors related to other physical and mental health differential diagnoses to consider in a patient presenting with depression, or to conditions associated with recent coronary angioplasty. Whilst these history aspects may be relevant to enquire about, they do not support the provisional diagnosis of major depressive disorder. It is important for candidates to read the question being asked carefully and ensure they are addressing this in their answers.

Advice for answering KFP exam questions

Read each clinical scenario carefully, at least twice, and select the key features of the case.

Read each question carefully. Candidates often provide answers appropriate to the scenario, but do not answer the specific question asked.

Consider answers in context to the scenario provided. Take note of factors, such as the gender and age, as the critical steps may be different depending on these features.

It is possible to receive partial marks for each question. If candidates get two options correct for a question which asked for three options, they may score two out of three marks for that question. Answers may have different weighting. For example, a critical answer for a question may be scored at two or even three points whereas another option may only score one point.

It is important to read how many answers are asked for. Candidates should only check the maximum number of answers requested; if it specifies five answers, they can only check up to five boxes. If a candidate selects more answers than requested, each additional response selected a 0.35% penalty which is deducted from the ENTIRE mark of the paper. For example, if your overall paper score was 70%, it will reduce to 69.65% if one extra answer is selected.

Pace yourself. Candidates should check the time and their progress as they complete the exam, and attempt to answer all questions. The exam is designed to be completed in four hours. It may be helpful to check that you have reached the halfway point (at least the 35th question) after two hours.

Each of the 70 questions contributes equally to the final mark, so it is important to try to answer all of them.

KFP exam marking

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

The KFP has variable marks within each question, and each whole question is worth 1.43% of a raw score.

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

There is no negative marking: incorrect answers do not attract a mark. In the KFP, candidates who accidentally select more answers than requested will sustain a 0.35% penalty per additional answer, deducted from their overall exam score.

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

Standard setting

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

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

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

Standard setting in the AKT and KFP exam

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

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

Results

Candidate exam results
(assessment and enrolment statement)

Candidates can access their results with their username and password via the RACGP website on the results release date.

Exam results will not be provided by telephone or fax.

Training Regions receive the results of their GPs in training at the same time as the candidates themselves.

Ratification of results

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

How are exam results quality assured?

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

Reconsideration of an exam result

Candidates may choose to appeal their final exam result in some circumstances. Full details relating to the grounds for appeal and how to submit an application are outlined in the RACGP's 'Dispute, Reconsideration and Appeals Policy'. While every effort is made to ensure that all exams are delivered without incident, circumstances beyond the control of the RACGP might occasionally arise.

Examination support

Information about pre-exam support resources is available on the RACGP website.

AKT and KFP exam preparation

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

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

All candidates will require a pass in both the AKT and KFP exam in order to undertake the CCE (refer to RACGP policy).

Public exam report

Following each examination, the RACGP publishes information pertaining to the cohort performance and outcomes. This publicly available information can be accessed on the RACGP website.

These reports are an initiative that commenced from the 2016.1 exam cycle and are aimed at providing more information about RACGP examinations, including feedback on questions.

RACGP Curriculum for Australian General Practice

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

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

Exam preparation in the work setting

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

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

Practice exams

The RACGP offers practice exams for candidates enrolled in the AKT and KFP exam, which are provided in the lead-up to the exams. It is vital for candidates to attempt these practice exams in preparation for the AKT and KFP exam.

The practice exam enables candidates to become familiar with the process of the actual exam, and is designed to help them better understand the actual exam and how to structure answers, as well as outlining some common errors. The practice exam is structured in the same format as the actual exam, with half the number of items.

Cases have been selected from past exams to represent the common style of case and question structure.

Once a candidate has completed the practice exam, they can compare their results with the correct answers, and refer to additional information provided on the answer rationale, references and advice on common errors for each particular style of question.

gplearning

gplearning is the RACGP's online portal that provides general practice education and is free to RACGP members with current member login.

Exam support online (ESO) modules give candidates the opportunity to learn about elements of the AKT and KFP exam.

Self-Assessment Progress Testing (SAPT) are available to support candidates studying for their exams. The SAPT are accessible for candidates on all programs and can be used to identify learning needs, self-assess progress in knowledge and clinical reasoning, experience exam question format and assist in written exam preparation.

You can find these and other online exam preparation modules on *gplearning* using your RACGP member login details.

Continuing professional development (CPD)

Many activities that are promoted through the RACGP's CPD Program may also be useful to candidates preparing for the exams. Potentially useful activities include clinical audits, supervised clinical attachments, lectures, workshops, small-group learning, online learning programs and many more. Candidates interested in accessing these activities can visit the RACGP website for information on the CPD department in their state faculty or to search for activities.

check

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

Yagila Wadamba Program

A crucial focus for the RACGP is to develop the Aboriginal and Torres Strait Islander health workforce to assist in closing the gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians' health outcomes.

As part of this commitment, RACGP Aboriginal and Torres Strait Islander Health developed the Yagila Wadamba Program (meaning 'learn to heal'), an annual support program for Aboriginal and Torres Strait Islander GPs in training.

The program concentrates on exam preparation and other key areas of GP training.

Visit Yagila Wadamba Program for more information.

RACGP