

FAQ

FREQUENTLY ASKED QUESTIONS

Preparing your registrar for the KFP exam

To be successful in the KFP exam, your registrar needs to have clinical reasoning *and* understand the exam technique. Registrars who are unskilled in one, or both, of these areas consequently fail the KFP.

This guide aims to demystify the KFP so supervisors can support their registrar in preparing for the exam, and transfer that learning into their clinical practice career.

What is the KFP exam?

KFP is an acronym for Key Feature Problems. The KFP focuses on the assessment of clinical reasoning. It is one of three written exams in the fellowship pathway.

“The defining characteristic of a KFP is that it is aimed at assessing whether the test-taker can recognise, deduce or infer the most important features of a clinical problem and, if required, subsequently choose the most salient, urgent and effective management strategies for that clinical problem.” – Norman G, Bordage G, Curry L et al. (1985)

Why is it important to assess a GP registrar’s clinical reasoning?

Clinical reasoning is a core skill in general practice. It is important to assess the cognitive process by which a registrar takes a patient’s presentation to diagnosis and management to ensure efficient and safe practice.

Clinical reasoning has three elements:

1. **CLINICAL SKILLS** – the technical aspects of the patient consultation (communication, history taking, physical examination).
2. **KNOWLEDGE.**
3. **PROBLEM SOLVING ABILITY** – pre-requisite for successful problem solving is proficiency in clinical reasoning.

For more information about teaching your registrar clinical reasoning, see:

- GPSA Clinical Reasoning guide: <http://gpsupervisorsaustralia.org.au/guides/>
- Australian Family Physician article: <http://www.racgp.org.au/afp/2012/januaryfebruary/clinical-reasoning/>

How well equipped with clinical reasoning are registrars before their term in general practice?

Australian medical schools emphasise the teaching of clinical reasoning to help students develop this skill. However, many international candidates who do the KFP exam may never have been formally taught clinical reasoning. These students have learned by ROTE, or an old-style curriculum, and are not familiar with the clinical reasoning which underpins the KFP.

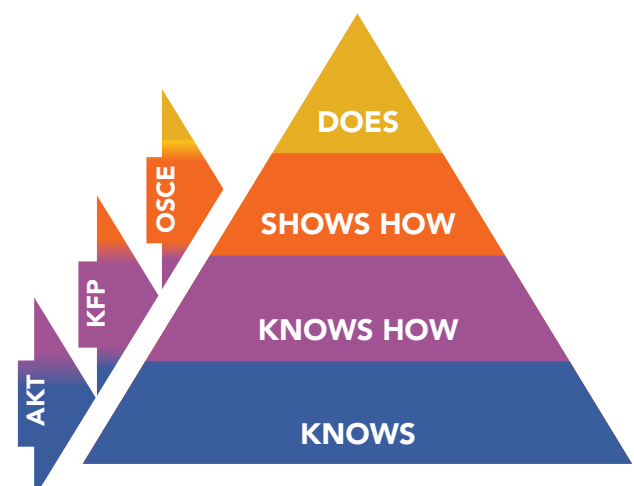
Candidates who don’t have clinical reasoning skills are likely to ‘dump’ all they know in their exam responses, rather than answering the question.

What are the exams in the fellowship pathway?

There are three written exams. These are:

- AKT (Applied Knowledge Test)
- KFP (Key Feature Problem)
- OSCE (Objective Structured Clinical Exam)

All candidates will need to pass the AKT and KFP before they can do the OSCE.



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Why do candidates need to pass the AKT and KFP to sit the OSCE when previously they only required a pass in the AKT to qualify for sitting the OSCE?

Past RACGP data showed that candidates who struggled with the OSCE were the same candidates who struggled with their KFP exam. For this reason, a pass in the AKT and KFP exams has been required to do the OSCE since 2017.

Passing each of the exams ensures a progression of knowledge as candidates progress through their written assessments.

- **AKT** – shows the candidate’s knowledge base.
- **KFP** – shows the candidate’s interpretation of data and how they apply that knowledge.
- **OSCE** – the candidate demonstrates how they would function in a clinical practice.

What is the structure of the KFP exam?

The 3.5-hour online exam comprises of 26 cases which reflect the RACGP curriculum, domains of general practice and BEACH data.

This breaks down to:

- Two to four questions per case (about 75 questions in total).
- Each case contributes 1/26th (or 3.85 per cent) of the total score.

Why are the number of questions capped at four?

More than four questions per case runs the risk of providing cues for the candidate. For this reason, the number of questions is limited between two and four per case.

How is the KFP constructed?

The RACGP undertakes a blueprinting process when constructing each KFP exam. The blueprinting ensures the exam reflects the range of age, gender, presentation and demographics which are reflected in everyday practice.

What measures are taken to ensure quality assurance of the exam?

A number of steps are taken to ensure quality assurance of the KFP.



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PRE-EXAM	
Item development	<ul style="list-style-type: none"> • Questions are developed from within an item bank. • Fellows at different stages of their career throughout regional, rural, remote and metropolitan Australia write questions.
Paper construction	<ul style="list-style-type: none"> • Blueprinted – The items are blueprinted to BEACH and RACGP curriculum. • Paper of 26 cases is developed.
Trial and review	<ul style="list-style-type: none"> • Paper is sent to five fellows at different stages of their career throughout Australia to trial and review. • The fellows consider whether the paper has content validity and an appropriate sampling of general practice. • If the reviewing fellows have questions or comments about the functionality of a question(s), the question is removed and replaced. New questions are then reviewed. • The paper is translated into an online environment for 20 established GPs to complete. • The 20 volunteer examinees the KFP in 3.5 hours to ensure the exam is: <ul style="list-style-type: none"> - Acceptable - Content has validity - Appropriate length - Questions are functional (RACGP looks at whether the answers reflect what is expected in the answers grid)
Publication review	<ul style="list-style-type: none"> • Completed paper is sent to publication to ensure appropriate English, grammar, clarity of language and no ambiguity. <p>Once the publication review is complete, KFP candidates sit the exam.</p>
POST-EXAM	
Marking process	<ul style="list-style-type: none"> • 60 papers are marked to trial the marking grid. • Each question is marked by one examiner.
Question review	<ul style="list-style-type: none"> • If there are answers appearing regularly which are not within the marking grid, examiners assess whether the answers are correct or incorrect. If correct, the examining group agree to add these answers to the answer grid.
Statistical review	<ul style="list-style-type: none"> • External quality assurers check examiners are consistently marking questions as per the marking grid.

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Are the online volunteer examinees all fellows?

Yes. The volunteer examinees are all experienced GPs. They may have gained their Fellowship by the practice-eligible route or practice-based assessment, but they are all Fellows.

Why are external quality assurers necessary?

While the examiners are marking the exam candidates, the quality assurers are 'marking' the examiners. The quality assurers can stop examiners if required and have a question remarked.

The quality assurers check the following:

- Questions are being marked as per the answers in the marking grid.
- Consistency within the marking grid.
- Examiner fatigue.
- Candidates are not being penalised for spelling errors. (While words must be legible and make sense, there should be no penalties for spelling errors).
- Questions which are more challenging to mark are more intensely reviewed by examiners.

How can the order of exam marking ensure equity for each candidate?

There are 75 examiners who each mark one question per candidate according to the set parameters within the marking grid. Every examiner gets their question in a random order different to the examiner next to them, so that no candidate is first or last marked.

How familiar should my registrar be with BEACH data?

BEACH data shows the demographic for presentations across Australia. It is important your registrar uses this resource when preparing for the KFP. The three chapters in the middle of the BEACH data (particularly chapter seven) are important to know because they look at common, acute, chronic and new presentations occurring in general practice.

Why is the KFP an online exam, and is there a fall-back option if it is interrupted by IT problems?

The numbers of candidates sitting KFP exams has grown from nearly 400 in January 2009 to 1400 candidates in July 2016 (the exam is held twice a year). This dramatically increased figure makes it logistically challenging to provide the exam in a paper format. However, there is a fall-back option to do a paper exam in the event of IT issues.

Is 3.5-hours adequate for candidates needing special considerations?

The exam is designed to be answered in three hours, however every candidate has an additional 30 minutes available to complete it. This allows for such considerations as typing or reading issues, or for those for whom English is a second language.

Why are registrars who are competent practitioners failing the KFP?

It is important to discern whether registrars who fail are competent practitioners – or if you *perceive* them to be a competent practitioner. Often, no feedback about a registrar can give a supervisor a false impression that the registrar is doing a good job, however they may actually be underperforming, or struggling without your knowledge.

Supervisors get the most accurate picture of their registrar's level of competency via direct observation in consultations and random case analysis (RCA).

How effective is RCA in preparing my registrar for the KFP?

In addition to clinical reasoning, RCA is a powerful learning tool for your registrar. Debriefing registrars on random cases will help you understand your registrar's approach to clinical practice.

For more information about incorporating RCA in your teaching, see GPSA guide Random Case Analysis in General Practice at: <http://gpsupervisorsaustralia.org.au/guides/>

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Should I tell my registrar they need to 'get into the examiner's head'?

No. The exam is actually about the examiners getting into your registrar's head.

Advise your registrar to:

- Read the question carefully.
- Avoid extra responses or overcoding.
- Answers must be specific and concise.
- Do not 'stack' more than one answer on a line.

Advise your registrar to remember:

- **The KFP paper is about key features, it is not a simple short answer paper where candidates list all possible answers.**
- **The paper is looking at a candidate's clinical reasoning to see if they are able to assess and synthesise the information they are given, and then address the individual patient and rationalise the subsequent investigation and management of the case.**

Is there negative marking for incorrect answers?

No. If a candidate answers incorrectly, they receive no mark for that question. It does not attract a negative mark.

Is there a penalty for extra responses or overcoding?

Any answer above what is asked for will attract a 0.25 per cent deduction on the overall score.

For example, if the question asks for four answers and the candidate provides six, the extra two answers will each be penalised whether they are correct or not. The KFP requires candidates to respond concisely to instructions, rather than providing lists of answers.

How is this penalty applied?

The penalty is applied to the final score, not within the question. RACGP considers applying the penalty to the final score a fairer method because it has less impact on the candidate's overall score. It is also fair to candidates who answer the question according to instructions to score higher than those who do not.

How much does a 0.25 per cent penalty equate to?

A penalty of 0.25 per cent equates to one question (one mark) once scaled back across the overall paper.

What is the pass mark for the KFP?

The pass mark is variable. Each paper has a unique standard setting according to the difficulty of each question. **The standard is: the candidate is fit for unsupervised general practice in Australia.**

What is standard setting?

Standard setting is the process of defining or judging the level of knowledge and skill required to meet a typical level of performance and then identifying a score on the examination score scale which corresponds to that performance standard.

How is the standard setting established?

Each paper's standard setting is developed using the Modified Angoff Method. This method is an internationally recognised standard-setting approach to test development. It is a method that developers use to determine the passing percentage (cutscore) for a test.

The Modified Angoff Method is a quality assured process where the score is criterion referenced and takes the difficulty of each question into consideration.

For more information about standard setting, visit:

https://www.researchgate.net/publication/10792782_Setting_on_Educational_Tests

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Can candidates get one-on-one feedback if they fail the KFP?

A candidate is provided one-on-one feedback if they fail the exam three times. Candidates who fail once or twice have access to group feedback via the public exam report.

What resources are available to prepare for the KFP?

- **RACGP PUBLIC REPORT** – Exam reports were introduced in 2016 and provide feedback for candidates. These reports detail where candidates performed well and where they struggled, and is a useful resource for unsuccessful candidates who need to re-sit the KFP.
- **RACGP EXAMINATIONS GUIDE**
- **EXAM SUPPORT ONLINE (ESO) MODULES** – The modules give an overview how to approach exam questions, and include examples from previous exams.
- **PRACTICE EXAM** – Every enrolled candidate has the ability to do the online practice exam once.

Advise your registrar to do the practice exam well in advance of the real exam to allow enough time to identify and work on areas of need.

PERCENTAGE ATTEMPTING KFP 2016.2 PRACTICE EXAM		
	Percentage attempted	Correlated pass rate in actual exam
Attempted practice exam	89.1%	57.1%
Did not attempt practice exam	10.9%	24.5%

A full list of exam preparation resources is available at www.racgp.org.au

What can the registrar expect from the practice exam?

The practice exam is sat in real time and covers 13 cases (half of the full-length exam). The candidate will be emailed their responses and the correct responses and tips about their approach to the KFP.

IN SUMMARY

The KFP is:

- Focused on assessing clinical reasoning.
- Not a simple short answer, 'dump all you know' paper.
- Fully quality assured.
- Not designed to trick candidates.
- Not designed to fail candidates.
- About getting into the candidate's head, not the examiner's head.