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# The RACGP Fellowship examination

## 10 tips for answering key feature problems

■ **The Royal Australian College of General Practitioners (RACGP) Fellowship examination is a route to vocational registration as a general practitioner in Australia.**

The examination is in three sections:

- an applied clinical knowledge test (AKT) using single best answer and extended matching questions
- a key feature problems (KFP) section that tests clinical decision making using short case scenarios requiring written responses and best response selection, and
- an objective structured clinical examination (OSCE).<sup>1</sup>

The KFP question style is rarely used in medical assessments and is unfamiliar to most Fellowship candidates. The pass rate for the Fellowship examination has fallen in recent years. International medical graduates who are eligible to sit the examination through experience in general practice have the lowest pass rate.<sup>2</sup>

Candidates enrolled in the Fellowship examination can access a mock examination through *gplearning*, the RACGP web based learning platform. Each candidate can take the mock examination twice. After the first attempt, the candidate's score is given for each International Classification of Primary Care code. Candidates can access a set of referenced model answers after the second attempt, and medical educators provide individual feedback on performance.

The following 10 tips are based on the experience of marking the examination support online program.

### 1. Answer the question

This applies to all examinations. Examiners can only give marks if your response answers the question. Writing irrelevant information wastes precious time. Patients want doctors who answer their concerns, not doctors who spout what they know but who offer irrelevant information.

If you don't know the answer, move on to the next question. If you have time at the end, have an educated guess.

#### Examples

- If you are asked to write about management, you will not get marks

for writing down further history questions or describing what you would look for on examination.

- If the question asks for common problems, you will not get marks for mentioning rare but important conditions. For example, acoustic neuroma is an important condition but it is not common. Conversely if the question asks for the most important conditions, acoustic neuroma might be included.
- If you are asked for four investigations, list four investigations. You will lose marks if you list more answers than were requested.

### 2. Be specific

The KFP paper is looking for key features, not general comments. A layperson could write 'investigate, advise, reassure and follow up' for any question on management. Key feature problem questions ask candidates to show the specific features in a particular case.<sup>3</sup> Key features are the essential decision making elements that alone or in combination are the critical steps in solving the clinical problem.<sup>4</sup>

General terms are unhelpful. A 'full physical examination' takes time. The skill of the GP is to decide which aspects of the physical examination are needed to either rule in or rule out particular diagnoses that are likely or important from the history.

If you decide referral is a key feature of management, explain to whom you would refer and what service or procedure you would expect that person to provide.

If you write 'drugs', do you mean illicit drugs, or drugs purchased over the counter, or prescribed medication? Similarly, 'reassurance' is an important part of general practice but the key feature might be 'reassurance that the condition is benign and will improve in 1–2 months'. Follow up is also a vital part of practice, but for a key feature you are likely to need to indicate timing of the follow up.

### 3. Use all the information given

The scenarios are written carefully to include the pertinent information that you need to answer the question.

**Examples**

- Don't ask for X-rays if a question states that X-rays have already been done.
- If you are asked to describe an ECG or X-ray, be mindful of the information given in the history.

**4. Answer according to the context**

Examination candidates need to answer the question according to the described context. Be aware of Australian epidemiology and of what is common in one setting but rare in another. If your clinical work has focused on a particular section of Australian society (eg. indigenous health or the defence forces), broaden your skills with time in a mainstream practice in Australia if you can. Use articles on patient attendances in Australian general practice as a guide.<sup>5</sup>

**Examples**

- Bacterial dysentery is not a common cause of rectal bleeding in an Australian who has not travelled overseas.
- Treating a sore throat with antibiotics may be appropriate in remote Indigenous Australians at high risk of rheumatic fever, but is probably inappropriate for a nonindigenous schoolboy in suburban Sydney.

**5. Remember you are in general practice**

The RACGP examination assumes that you are working in an average Australian general practice, not a hospital (unless you are told otherwise in the question).

**Examples**

- Dealing with an emergency is likely to include arranging urgent transport to a hospital, as well as initial resuscitation. Conversely, it is unlikely that immediate management in general practice will include gastroscopy or colonoscopy.

**6. Demonstrate a safe diagnostic strategy**

Many questions require you to demonstrate that you have a logical and safe approach to making diagnoses. Murtagh's 'safe diagnostic strategy'<sup>6</sup> provides a practical approach to structuring answers to these types of questions:

- What is the most likely diagnosis?

- What serious disorders must not be missed?
- What conditions are often missed?
- Could the patient have a masquerading illness?
- Is the patient trying to say something?

**Example**

Jennifer is 65 years of age. She's had a red eye for 3 days and no history of trauma or foreign body. Artificial tears purchased from a pharmacy made little difference. She is enjoying her role looking after her young grandson and last week had to give him antibiotics for conjunctivitis. What six key features will you look for on examination to determine the cause of her red eye?

The most likely diagnosis is conjunctivitis (*Table 1*). The serious conditions that must not be missed include uveitis and acute glaucoma. Dry eyes are often missed as a cause of red eye. The red eye could be part of a masquerading illness, such as substance abuse or Jennifer could be trying to tell you that she is depressed and crying all the time.

The question stem gives clues that make some of these potential diagnoses unlikely. Dry eyes would have improved with artificial tears, and an underlying masquerading illness such as depression is less likely given her reported overall wellbeing. Your answer will need to document the key features that distinguish between the remaining differential diagnoses of conjunctivitis, uveitis and glaucoma. These are: unilateral or bilateral red eye, discharge, visual acuity, level of pain, pupil shape and size, and clouding in the anterior chamber cornea.

Remember, you might also lose a significant number of marks if your clinical approach has the potential to harm the patient.

**7. The domains of general practice in clinical decision making**

Your answers may need to demonstrate that you understand all the factors GPs should consider when making clinical decisions. Try using the domains of general practice as a framework.<sup>7</sup> The domains are:

- communication skills and the patient-doctor relationship
- applied professional knowledge and skills
- population health and the context of general practice
- professional and ethical role
- organisational and legal dimensions.

Out of this framework, choose the key features for the question.

**Example**

The patient presents with enlarged, rubbery lymph nodes in the neck, nocturnal fevers and tiredness. If the patient is aged 25 years you will investigate urgently for exclusion of lymphoma or other malignancy (domain 2, applied professional knowledge and skills). You would enter the patient in your recall or critical follow up system (domain 5, organisational and legal dimensions). If the patient is aged 85 years and is known to have widespread breast cancer resistant to treatment, further investigations would most likely be clinically inappropriate (domain 3, which includes appropriate use of resources) and not in the patient's best interest (domain 4, which includes ethical practice).

Table 1. Application of the safe diagnostic strategy to a KFP question

Case study Woman aged 65 years with a red eye and no trauma	What is the most likely diagnosis?	Conjunctivitis
	What serious disorders must not be missed?	Uveitis and glaucoma
	What conditions are often missed?	Dry eyes
	Could the patient have a masquerading illness?	Substance abuse: nicotine, alcohol, narcotics are all possibilities
	Is the patient trying to say something?	Systemic illness, depression

## 8. Write the answer in full – beware of abbreviations

If in doubt, write an answer out in full rather than using abbreviations. You want to make life easy for the marker and you risk losing a mark if you use an abbreviation that is not universally understood.

### Examples

- 'IVF' was used by a candidate to mean intravenous fluids, but it could mean in vitro fertilisation, which is inappropriate management for someone who is hypotensive and bleeding.
- 'IBD' could mean inflammatory bowel disease or irritable bowel disease.
- 'PID' can mean prolapsed intervertebral disc or pelvic inflammatory disease.

## 9. Frame your answers in appropriate language

Decide if the question needs you to use medical or lay language. Mostly you can use medical terms, but use lay terms if the question asks you to write down what you would say to a patient.

### Example

The most likely diagnosis is congestive cardiac failure. You are asked to document what key questions you would ask the patient. 'Do you ever wake up at night suddenly because you are out of breath?' would score one mark. 'Do you ever experience paroxysmal nocturnal dyspnoea?' would not.

## 10. Take care with your spelling and meaning

Thinking under time pressure is difficult but write legibly. Some answers from examination support online that were understood (despite the spelling) were:

- 'No strenuous spots' [sports]
- 'Post vial illness' [viral]
- 'Reassurance – may happen in health people' [healthy]
- 'Use air plug when avoid noisy environment' [ear]
- 'Finger brik testing for glucose' [prick].

Unfortunately, the meaning of 'avoid stressful exercise', another answer supplied in the online examination, was not clear. Did the candidate mean to avoid all exercise as it might create psychological stress, or avoid exercise that stresses the musculoskeletal problem in question?

## Summary

The KFP paper is difficult. This is because it represents the most challenging part of clinical practice: deciding what to do and what to leave out. This article has outlined some practical steps to help candidates demonstrate their skills in clinical decision making under examination conditions.

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