The KFP is one of the most challenging parts of the FRACGP exam. The following 3 tips are designed to give you a workable framework to answer KFP style questions well and align your preparation to the exam.
1. Know how KFP questions are setup

KFP style questions are so challenging because they are often very open-ended questions. The reason for this is that as the exam is a written exam and you can go back and change previous answers. The examiners therefore need to prevent giving away previous answers in the next part of the question. This is called “cueing”. The downside of preventing cueing is that the questions can be vague and thus difficult to answer.

The interesting thing about preventing cueing is that there are always more answers than actual spaces to answer questions. This means that for a question that asked about the five (5) history questions you would ask to a 45 year old man with chest pain, there may actually be 15 possible answers.

Some of these answers may be given more weight and some may also be marked as mandatory answers or “must haves”. Having a good diagnostic strategy for identifying differential diagnoses and choosing between them, can help greatly.

Finally, you need to know that if you put down an answer that is deemed “dangerous” you may receive a ‘0’ mark for the whole question even if your other answers are correct. Obviously this should be avoided at all costs.

2. How to Answer Diagnosis KFP questions like an Experienced GP

Ideally you would answer each KFP question as if you were already a fully-qualified GP with 10 years of experience. Obviously, this is impossible as passing the exam is a requirement to become a fully qualified GP, but it is an effective way to get into the mindset of how good GPs think.

When working out what answers to put down, we need to be thinking as experienced GPs do - and pretty much as soon as the patient is talking they are building a list of “what could this be” in their minds.

This list is likely to have three major categories of diagnoses -
1. Those that are likely
2. Those that are possible
3. Those that are important not to miss.

With this differential list in mind, it becomes much easier to rank what answers to give in the KFP. What history questions do I ask becomes:
What questions will differentiate between the diseases on my list, the best? What questions will make sure I don't overlook important “not to miss” diseases?
The same applies for clinical examination findings and investigations.
3. Avoid Overcoding!

Overcoding is a problem where too many answers are put on a single line in the exam. This may occur because there are actually many more answers to each question. Therefore, it can be tempting to put several answers on one line to make sure you get everything in.

STOP! The college does not give marks for multiple answers on a single line!

An example of overcoding would be....

A 55 year old female presents with central abdominal pain for the last 6 hours.

What investigations do you order?

1. Full blood count, Electrolyte / Liver Function Tests, Erythrocyte Sedimentation Rate, Lipase and Ultrasound Abdomen

While all of these answers may be correct, because they are all on the same line, they will not score any points.

So, how do you avoid this problem?

**If you are going to put several answers on one line, they all need to be investigating a similar differential or pathological process.**

For example, if you were considering whether and how much inflammation was present in a patient who potentially had inflammatory bowel disease, then you might answer Erythrocyte sedimentation rate / C-Reactive Protein / Ferritin all on the same line as these would all indicate the amount of inflammation in the bowel.

If the question specifically asks for a single test only, then you would need to choose between them and only put one answer... In this case C-Reactive Protein would be the best answer, as it correlates the best in Crohn's Disease and is a reasonable marker in Ulcerative Colitis.

The second is to make sure you have your differential lists formed and choose the tests that:

1. rule in or rule out “don't miss” diagnoses; and
2. differentiate as effectively as possible between the other differentials.

Following these two principles will minimise your chances of being hit with an overcoding penalty in the KFP exam.
4. Remembering all the content for the KFP exam

Unlike the AKT, the KFP is a test that requires you to know your material well. There are no reminders about content in the answers, unlike there is in the AKT.

This means you need to be studying for recall memory, not recognition memory. You need to know your materials well and ideally have it in a similar structure as KFPs are asked.

You should be actively practicing and testing your recall of materials over the period of time you are studying.

Memorised lists of standard screening protocols, differentials, and in-office tests, as well as key-diagnostic and management plans for the breadth of general practice cases seen in the Australian medical landscape are all extremely helpful in your preparation for the KFP exam.

Use your spare time available in commuting, your shower or other small gaps during the day to test your recall of information and understanding. Flashcards can also be very beneficial for memorisation and testing. My personal favourite is opening and closing mindmaps (Mindmanager / Freemind / Mindmeister, etc) to test and improve my recall of the required information.

Do not rely on recognition memory for the KFP, as this is not enough to pass this exam. You must actively practice your recall memory in the style of KFP questions to maximise your scores on this test.

In Summary:

These four (4) key tips below are essential for maximising your chances of passing the FRACGP Key Feature Problems (KFP) exam:

1. Know how KFP questions are setup - Understand how KFP questions are written and why they often seem vague and challenging to answer.
2. Answer and Diagnose like an Experienced GP - In order to answer the KFPs well, you need to think like an experienced Australian GP. Build a differential list and choose the best history, examination findings and investigations to decide between them.
3. Avoid overcoding - do not put multiple different tests on a single line unless they all relate to a common finding.
4. Remembering all the content for the KFP exam - Make sure you are prepared for recall memory, not recognition memory and learn materials in the same style KFP questions are asked.

Best wishes for your study and preparation for the FRACGP fellowship. Good luck and I wish you every success in passing your FRACGP exams!

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