



# Test architect defends KFP as valid

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THE architect of the most feared element of the RACGP's fellowship exam — the key feature problem (KFP) — has defended the validity of the test.

Some doctors have questioned the legitimacy of the KFP — which tests clinical decision-making using short-case scenarios requiring written responses and best-response selection — after 65% of candidates flunked it last month.

One Melbourne GP, Dr Zeeshan Arain, called for the exam to be scrapped, describing it as an “invalid tool to assess competency and safety”. His comments have sparked fierce debate among *Australian Doctor* readers.

Professor Liz Farmer brought the KFP over from Canada for the RACGP in the 1990s and co-ordinated the exam until the mid-2000s

“The KFP runs well,” she said. “It continues to be used around the world in high-stakes testing authorities’ [environments]. It is an exam with considerable pedigree and there’s published evidence of its reliability and its validity.”

During the time she oversaw the exam, a rigorous quality control process was applied to ensure international standards were maintained, she said.

“We went to great lengths to ensure international quality benchmark standards were applied and that was the situation when I left. What has happened to the exam since I do not know.”

The RACGP confirmed just 446 of 1000 candidates passed this year, but refused to reveal last year’s pass rate amid rumours it was about 60%.

One claim is that the exam unfairly penalises candidates who get the initial diagnosis wrong because subsequent answers are apparently based on this diagnosis.

But Professor Farmer, a clinical professor in the faculty of medicine at the University of Wollongong, said this would only happen if the question had a “construction fault”, and that well-designed KFP questions should not be “diagnostically formulated”.

She said during the period she co-ordinated the KFP, any poorly designed question would be weeded out.

This involved looking at the candidates who passed or failed a KFP question and comparing how they had performed in other parts of the KFP exam. If a high proportion of candidates who performed well in other parts of the exam failed a particular question, the question would be reviewed, possibly amended or scrapped.

Professor Farmer said a marker of a robust question was that a good candidate should perform it well, while a poor candidate would not.

If the reverse occurred, this would be a red flag, she said.

Not all doctors are united in their opposition to the KFP.

One GP wrote on the *Australian Doctor* website: “A

reality check is somewhat needed. Most other specialties have very difficult exams that require much more ‘getting inside the examiner’s headspace’ than the GP exam.

“Let’s keep some difficulty in the specialty. It’s already too easy to pass. It sounds like a Gen Y complaint. God help us if we continue to cave in because something is too difficult.”



Professor Farmer brought the KFP to Australia from Canada.