

# RACGP Education

Exam report 2026.1 AKT



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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.*

# 1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort who sat the exam. These values can vary between exams. The reliability is a measurement of the consistency of the exam.

A candidate must achieve a score equal to or higher than the pass mark to pass the exam. The pass marks for the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exams are determined by the internationally recognised modified Angoff method, and outcomes may vary between each exam cycle. The Clinical Competency Exam (CCE) pass mark is determined by the borderline regression method (refer to The Royal Australian College of General Practitioners [RACGP] Education [Examination guide](#) for further details).

The 'pass rate' is the percentage of candidates who achieved the pass mark.

The RACGP has no quotas on pass rates; there is not a set number of candidates who may pass the exam. Pass rates may vary depending on a number of variables.

**Table 1. 2026.1 AKT psychometrics**

Mean score (%)	75.79
Standard deviation (%)	10.55
Reliability*	0.91
Pass mark (cut score %)	67.11
Pass rate (%)	80.57
Number sat	1117

\*Exam reliability is expressed as a value between 0 and 1, in line with international best practice in assessment reporting.

## 2. Candidate results distribution

Figure 1 shows the range and frequency of final scores for this exam.

The vertical blue line in Figure 1 represents the pass mark.

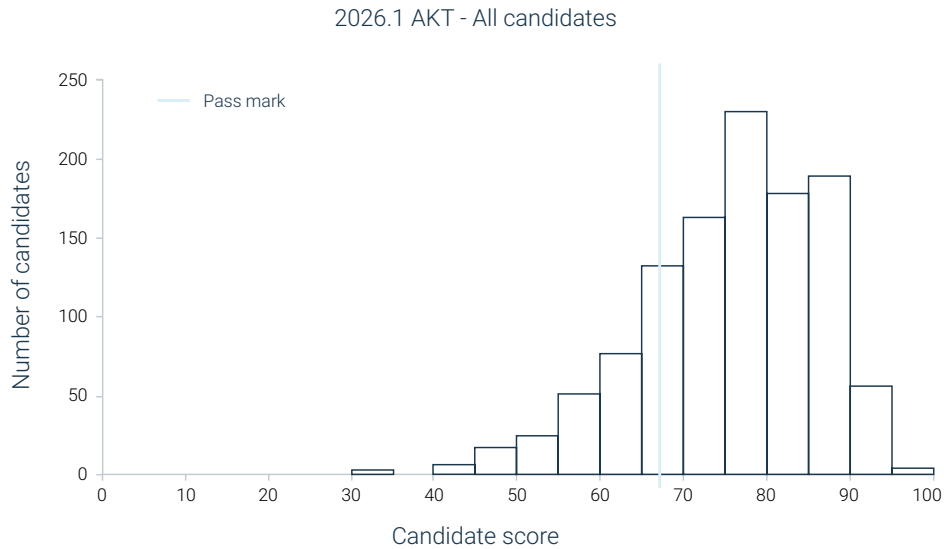


Figure 1. 2026.1 AKT candidate distribution by score

The bar graph (Figure 2) shows the range and frequency of score bands for the AKT.

P1 is the first band above the pass mark, and P4 is the highest band. F1 is the first band below the pass mark, and F4 is the lowest band.

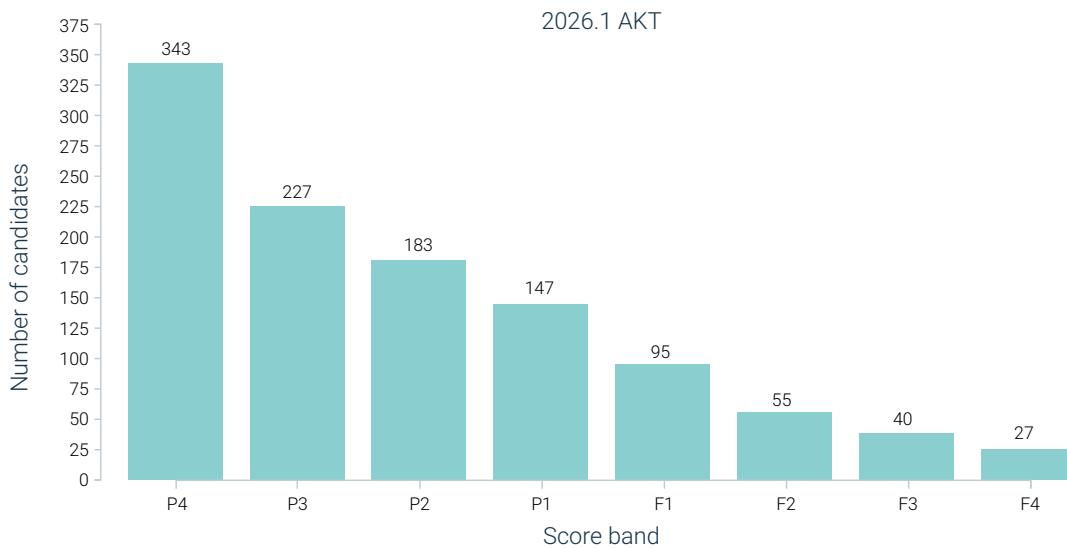


Figure 2. 2026.1 AKT candidate distribution by band

### 3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) according to the number of attempts. A general trend suggests the rate of passing diminishes with each subsequent attempt. Preparation and readiness to sit are important for candidate success.

**Table 2. Pass rates by number of attempts**

<b>Attempts</b>	<b>Pass rate (%)</b>
First attempt	88.1
Second attempt	55.3
Third attempt	51.4
Fourth and subsequent attempts	18.6

## 4. Feedback report on 2026.1 AKT

All candidates are under strict confidentiality obligations and must not disclose, distribute or reproduce any part of the exam without the RACGP's prior written consent.

All the questions in the AKT are written by experienced general practitioners (GPs) who currently work in clinical practice, and are based on clinical presentations typically seen in an Australian general practice setting. The questions should be answered based on the context of Australian general practice.

All questions within the AKT follow the same format, which includes the stem (case vignette) followed by a lead-in question. AKT questions have between five and 10 answer options. Each question has only one correct answer.

It is important that candidates carefully read the clinical scenario and question. Although more than one option may be plausible, only the most appropriate option for the clinical scenario provided should be selected.

It is useful for candidates to identify any areas of weakness in their clinical practice through self-reflection and feedback. A supervisor, mentor or peer may assist them in developing an appropriate learning plan to assist with future exams and ongoing professional development.

All questions in the AKT undergo extensive quality assurance processes. Questions are rigorously reviewed during the creation, pre-exam and post-exam review processes, and during the standard-setting process following the AKT. Reviews are performed by GPs who are currently in clinical practice across Australia.

This report provides a sample of clinical scenarios from the 2026.1 AKT. The following example cases were selected because:

- the cohort performed poorly on the case
- the case highlights a common error in approaching the AKT
- the case is an example of a serious condition that should not be missed.

Each example case describes alternative options selected by candidates and provides feedback regarding the correct answer to the question.

All topics that were included in the 2026.1 AKT and their corresponding curriculum contextual unit are also detailed below.

Please note: Candidates are not required to provide drug doses within the AKT, KFP and CCE. Candidates may still be required to provide route of administration or frequency of administration.

### Example 1

The clinical scenario described a boy, aged 8 years, who presented with concerns about his breathing over the previous 12 months. His father described mild symptoms of occasional cough with physical activity and noisy breathing at night during upper respiratory tract infections. Salbutamol as required had been trialled with relief of symptoms. His physical examination was normal.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was spirometry. Alternative options included prescribing daily inhaled fluticasone or budesonide-formoterol as required.

This is an example of a two-step question. The question required candidates to recognise the clinical features suggestive of asthma and determine the most appropriate next step in management. In children aged  $\geq 6$  years, as well as in adolescents and adults with suspected asthma, spirometry is recommended to assess for airflow limitation. Ideally, spirometry should be performed before initiating regular preventer therapy, as starting treatment can make confirming the diagnosis of asthma more challenging. In some cases where symptoms are significant, empirical treatment with an inhaled corticosteroid may be considered, but spirometry should still be conducted as soon as possible to confirm the diagnosis.

### Example 2

The clinical scenario described a man, aged 39 years, who had failed a workplace drug test due to illicit benzodiazepine use. After his request for a falsified doctor's letter stating that he was prescribed diazepam was declined, the patient became angry and threatening towards the GP and practice staff.

The question asked, 'What is the MOST appropriate management?'. Of the options provided, the correct response was to end the doctor-patient relationship. Alternative responses included offering a follow-up appointment or calling the patient's employer.

This case required candidates to demonstrate ethical and professional conduct in managing an inappropriate patient request and responding to abusive behaviour. Trust, openness and good communication are central to the doctor-patient relationship and are essential to providing clinical care. While GPs invest significant effort in building and maintaining doctor-patient relationships, there are some circumstances where ending the relationship is necessary. Threatening or violent behaviour poses a risk to the safety of both clinical and non-clinical staff and must be addressed decisively. Deceptive behaviour, such as pressuring a doctor to falsify documents or act unethically, undermines the trust essential to the doctor-patient relationship.

It is not appropriate to contact the patient's employer as this action breaches doctor-patient confidentiality, which remains in effect even after the doctor-patient relationship has ended. Offering a follow-up appointment would likely be unproductive and could expose the GP and staff to further risk. This question highlights the importance of maintaining professional boundaries and upholding ethical standards in clinical practice.

### Example 3

The clinical scenario described a boy, aged 5 years, presenting with a flare of atopic dermatitis. His mother reported using a soap substitute, applying emollient twice daily and applying an appropriate topical corticosteroid daily. Despite these measures, there had been limited improvement in the rash. An image consistent with moderate atopic dermatitis of the antecubital fossa was provided.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the correct response was wet dressings to affected areas. Alternative responses included prescribing oral prednisolone or topical pimecrolimus.

This question required candidates to manage a flare of atopic dermatitis where first-line therapies had already been tried. In this case, wet dressings were the appropriate next step. Wet dressings help restore moisture to the skin, reduce irritation and itching, and provide a protective barrier to prevent trauma or infection. GPs should be familiar with this practical and safe intervention, which can significantly improve outcomes for children with atopic dermatitis. Educating parents on correct application techniques ensures safe and effective use.

## 5. Topics and curriculum units

Topics that were included in the 2026.1 AKT and their corresponding curriculum contextual unit are detailed in Table 3.

**Table 3. 2026.1 AKT topics and corresponding curriculum contextual unit**

Topic	Curriculum contextual unit
Acne	Dermatological presentations
Acute asthma: management	Respiratory health
Acute sore throat	Ear, nose, throat and oral health
Acute stress disorder	Mental health
Anal fissure	Gastrointestinal health
Anaphylaxis	Emergency medicine
Ankle injury	Musculoskeletal presentations
Aortic aneurysm	Emergency medicine
Asthma: diagnosis	Respiratory health
Asthma: management	Respiratory health
Atopic dermatitis	Dermatological presentations
Atrial fibrillation	Cardiovascular health
Attention deficit hyperactivity disorder	Mental health
Benzodiazepine withdrawal	Mental health
Bipolar disorder	Mental health
Bowel cancer	Gastrointestinal health
Bronchiectasis	Respiratory health
Bronchiolitis	Respiratory health

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Topic	Curriculum contextual unit
Bulimia nervosa	Mental health
Cardiomyopathy	Cardiovascular health
Carpal tunnel syndrome	Musculoskeletal presentations
Cataract surgery: complications	Eye presentations
Cellulitis	Dermatological presentations
Cervical screening	Sexual health and gender diversity
Cervicitis	Sexual health and gender diversity
Chalazion	Eye presentations
Chronic kidney disease	Kidney and urinary health
Chronic obstructive pulmonary disease: diagnosis	Respiratory health
Chronic obstructive pulmonary disease: management	Respiratory health
Chronic sinusitis	Respiratory health
Coeliac disease	Gastrointestinal health
Congestive cardiac failure	Cardiovascular health
Contraception	Women's health
Coronary artery disease	Cardiovascular health
Croup	Respiratory health
Cystic fibrosis	Gastrointestinal health
Deep vein thrombosis	Cardiovascular health
Delirium	Older persons' health

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Topic	Curriculum contextual unit
Dementia	Neurological presentations
Dermatological presentation during pregnancy	Dermatological presentations
Developmental milestones	Child and youth health
Diabetes screening	Endocrine and metabolic health
Diabetic ketoacidosis	Endocrine and metabolic health
Diabetic kidney disease	Endocrine and metabolic health
Diverticulitis	Gastrointestinal health
Dyshidrotic eczema (pompholyx)	Dermatological presentations
Dysmenorrhoea	Women's health
Eating disorder: diagnosis	Mental health
Ectopic pregnancy	Emergency medicine
Ending the therapeutic relationship	Abuse and violence
Epidermoid cyst	Dermatological presentations
Epistaxis	Ear, nose, throat and oral health
Erythema nodosum	Dermatological presentations
Evidence-based medicine	Musculoskeletal presentations
Faecal incontinence	Disability care
Fever in the returned traveller	Travel medicine
Foot ulcer	Cardiovascular health
Gastroenteritis	Gastrointestinal health
Gastroesophageal reflux disease	Gastrointestinal health

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Topic	Curriculum contextual unit
Generalised anxiety disorder	Mental health
Giant cell arteritis	Musculoskeletal presentations
Glossitis	Ear, nose, throat and oral health
Gout	Musculoskeletal presentations
Greater trochanteric pain syndrome	Musculoskeletal presentations
Group B streptococcus carriage in pregnancy	Pregnancy and reproductive health
Haematemesis	Gastrointestinal health
Haematuria	Kidney and urinary health
Hearing loss	Ear, nose, throat and oral health
Helicobacter pylori infection	Gastrointestinal health
Hepatitis A infection	Sexual health and gender diversity
Herpes simplex virus infection	Infectious diseases
Hip osteoarthritis	Musculoskeletal presentations
HIV prophylaxis	Sexual health and gender diversity
Hypertension: diagnosis	Cardiovascular health
Hypertension: management	Cardiovascular health
Hypoglycaemia	Endocrine and metabolic health
Hypoparathyroidism	Endocrine and metabolic health
Hypospadias	Child and youth health
Identifying Aboriginal and Torres Strait Islander patients	Research in general practice

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Topic	Curriculum contextual unit
Idiopathic intracranial hypertension	Neurological presentations
Immunisations in pregnancy	Pregnancy and reproductive health
Impetigo	Dermatological presentations
Infective endocarditis	Cardiovascular health
Inflammatory back pain	Musculoskeletal presentations
Inflammatory bowel disease	Gastrointestinal health
Inguinal hernia	Gastrointestinal health
Interstitial lung disease	Respiratory health
Lipid management	Cardiovascular health
Lower respiratory tract infection	Respiratory health
Lung cancer	Respiratory health
Lung cancer screening	Respiratory health
Major depressive disorder	Mental health
Major depressive disorder with psychotic features	Mental health
Mallet finger	Musculoskeletal presentations
Medication overdose	Emergency medicine
Melanoma	Dermatological presentations
Meniere's disease	Ear, nose, throat and oral health
Molluscum contagiosum	Infectious diseases
Morton's neuroma	Musculoskeletal presentations
Motor neurone disease	Neurological presentations

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Topic	Curriculum contextual unit
Mycoplasma pneumonia	Infectious diseases
Myocarditis	Cardiovascular health
Neck pain	Musculoskeletal presentations
Neonatal jaundice	Endocrine and metabolic health
Non-melanoma skin cancer	Dermatological presentations
Obesity	Endocrine and metabolic health
Obsessive compulsive disorder	Mental health
Obstructive sleep apnoea	Respiratory health
Opportunistic infection in an immunocompromised patient	Respiratory health
Osteoporosis	Musculoskeletal presentations
Osteosarcoma	Musculoskeletal presentations
Otitis media	Ear, nose, throat and oral health
Palliative care: symptom management	Palliative care
Palpitations	Cardiovascular health
Panic disorder	Mental health
Parkinson's disease	Neurological presentations
Parvovirus infection	Child and youth health
Patellar tendinopathy	Musculoskeletal presentations
Peptic ulcer disease	Gastrointestinal health
Peripheral oedema	Cardiovascular health
Personality disorder: diagnosis	Mental health

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Topic	Curriculum contextual unit
Pituitary adenoma	Endocrine and metabolic health
Post-menopausal bleeding	Women's health
Premature menopause	Disability care
Psoriasis	Dermatological presentations
Pulled elbow	Child and youth health
Raynaud phenomenon	Dermatological presentations
Reactive arthritis	Musculoskeletal presentations
Rheumatic heart disease	Cardiovascular health
Rheumatoid arthritis	Musculoskeletal presentations
Scabies	Dermatological presentations
Sciatica	Musculoskeletal presentations
Screening in Aboriginal and Torres Strait Islander people	Endocrine and metabolic health
Secondary causes of hypertension	Endocrine and metabolic health
Self-harm	Mental health
Sexually transmitted infection contact tracing	Sexual health and gender diversity
Shoulder injury	Musculoskeletal presentations
Specific phobia	Mental health
Tarsal tunnel syndrome	Musculoskeletal presentations
Thyroiditis	Endocrine and metabolic health
Tick bite	Emergency medicine
Tinea corporis	Dermatological presentations

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Topic	Curriculum contextual unit
Trichotillomania	Dermatological presentations
Type 1 diabetes: management	Endocrine and metabolic health
Type 2 diabetes: management	Endocrine and metabolic health
Urinary incontinence	Kidney and urinary health
Urticaria	Dermatological presentations
Valvular heart disease	Cardiovascular health
Vitamin D deficiency	Migrant, refugee and asylum seeker health
Warfarin management	Haematological presentations

## 6. Further information

Refer to the RACGP Education [Examination guide](#) for exam-related information.

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