

RACGP Education

Exam report 2026.2 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 of candidates 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 [Candidate guidelines for the Clinical Competency Exam](#) 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 must pass the exam. Pass rates may vary depending on a number of variables.

Table 1. 2026.2 AKT psychometrics

Mean score (%)	74.99
Standard deviation (%)	10.63
Reliability*	0.91
Pass mark (cut score %)	66.44
Pass rate (%)	80.20
Number sat	1187

*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.

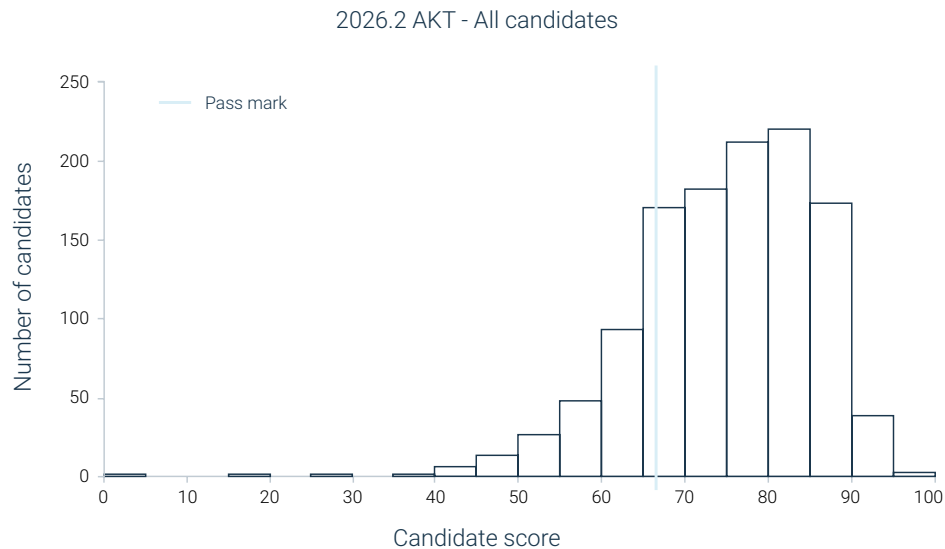


Figure 1. 2026.2 AKT candidate distribution by score

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.

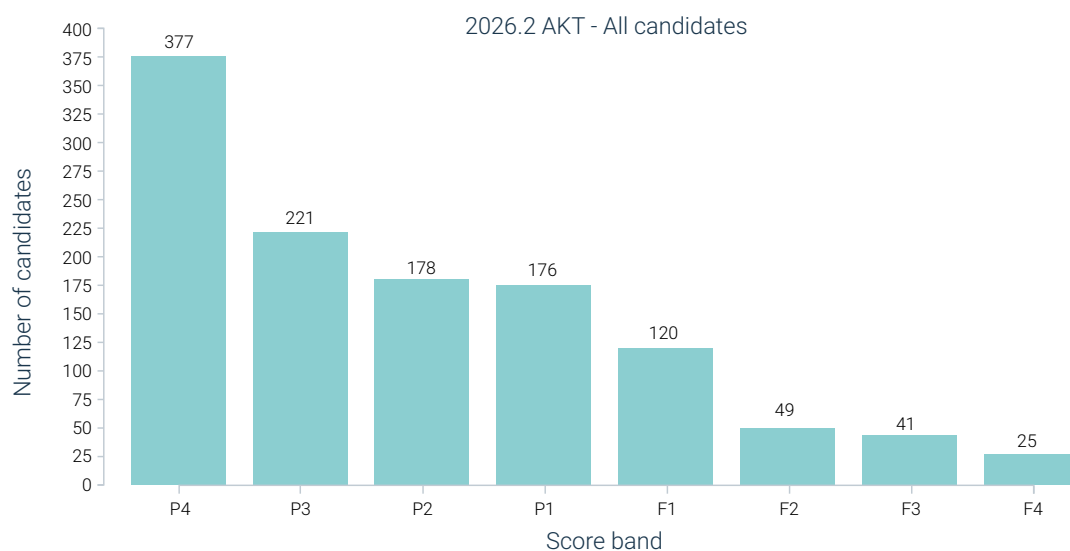


Figure 2. 2026.2 AKT candidate distribution by band

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

Attempts	Pass rate (%)
First attempt	85.9
Second attempt	62.5
Third attempt	70.9
Fourth and subsequent attempts	25.0

4. Feedback report on 2026.2 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 Australian general practice settings, from metropolitan through to rural and remote practice. Questions should be answered based on the clinical information provided and the specific Australian practice setting in which the scenario occurs.

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 help them develop 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 2026.2 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 2026.2 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 man, aged 52 years, who was concerned about his risk of diabetes. Both of his parents had type 2 diabetes and he had a very sedentary lifestyle. His waist circumference and BMI were elevated. His Australian Type 2 Diabetes Risk (AUSDRISK) Assessment Tool score was 12. An oral glucose tolerance test result was provided, which demonstrated impaired glucose tolerance.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the correct response was to repeat his oral glucose tolerance test in 12 months. Alternative options included fasting blood glucose in six months and reassessing the AUSDRISK score in 12 months.

This question required candidates to identify impaired glucose tolerance and understand the appropriate follow-up. The patient had multiple risk factors for type 2 diabetes, including a strong family history, central obesity and physical inactivity. His results were consistent with impaired glucose tolerance, which is associated with an increased risk of progression to type 2 diabetes. Patients with impaired glucose tolerance should be encouraged to undertake intensive lifestyle modification and require ongoing monitoring of glycaemic status. Repeat oral glucose tolerance testing in 12 months is the most appropriate follow-up. Fasting blood glucose alone would not assess post-load glucose handling and may fail to detect progression to type 2 diabetes. Reassessing the patient's AUSDRISK score would not be appropriate, as this is a screening tool used to identify people at increased risk of diabetes rather than to monitor progression once impaired glucose tolerance has been established. It is important for GPs to identify and appropriately manage patients at increased risk of type 2 diabetes.

Example 2

The clinical scenario described a woman, aged 33 years, who requested replacement of her etonogestrel implant after four months of post-coital bleeding. She had been amenorrhoeic since the implant was inserted 2.5 years earlier. She had one long-term sexual partner. Her last cervical screening test, performed eight years earlier, was normal; however, she was reluctant to repeat testing because she had found the previous examination unpleasant.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the correct response was to discuss the importance of having a clinician-collected co-test today. Alternative options included self-collected cervical screening and etonogestrel implant replacement.

This case required candidates to recognise that post-coital vaginal bleeding is a symptom requiring diagnostic assessment rather than routine cervical screening. A clinician-collected co-test should be performed, as this allows for both HPV testing and liquid-based cytology. Although self-collection is available for asymptomatic people eligible for cervical screening, it is not appropriate when symptoms require diagnostic investigation. Liquid-based cytology cannot be performed on a self-collected vaginal sample. Replacing the implant or treating the bleeding symptomatically does not address the need to investigate the cause of the post-coital bleeding.

Example 3

The clinical scenario described a man, aged 19 years, presenting with a two-week history of a mildly itchy rash. The rash had started with one large lesion on his back and then spread to his trunk and arms a few days later. He had experienced symptoms of an upper respiratory tract infection before the rash developed. An image consistent with pityriasis rosea was provided.

The question asked, 'What is the MOST appropriate provisional diagnosis?'. Of the options provided, the correct response was pityriasis rosea. Alternative options included guttate psoriasis and pityriasis versicolor.

This case required candidates to recognise the typical presentation of pityriasis rosea. Pityriasis rosea is usually a clinical diagnosis and commonly affects adolescents and young adults. It classically begins with a single larger scaly lesion, known as a herald patch. This is followed by multiple smaller oval scaly patches or plaques. Mild itch can occur, but patients are usually systemically well during the eruption. The condition is self-limiting and generally resolves spontaneously within 6–10 weeks. Guttate psoriasis can also follow an infection; however, it typically presents with numerous small drop-like psoriatic papules. Pityriasis versicolor causes hypo- or hyperpigmented fine scaly patches, without a herald patch. GPs should be familiar with the typical features of common rashes, as many are diagnosed clinically in general practice and accurate recognition guides appropriate reassurance, management and follow-up.

5. Topics and curriculum units

Topics that were included in the 2026.2 AKT and their corresponding curriculum contextual unit are detailed in Table 3.

Table 3. 2026.2 AKT topics and corresponding curriculum contextual unit

Topic	Curriculum contextual unit
Achilles tendonitis	Musculoskeletal presentations
Actinic keratosis	Dermatological presentations
Acute abdominal pain	Gastrointestinal health
Acute visual loss	Eye presentations
Advance health directive	Older persons' health
Adverse drug reaction	Dermatological presentations
Angular cheilitis	Dermatological presentations
Anorexia nervosa	Mental health
Appendicitis	Gastrointestinal health
Arrhythmia: diagnosis	Cardiovascular health
Arrhythmia: management	Cardiovascular health
Asthma: diagnosis	Respiratory health
Asthma: management	Respiratory health
Atrial flutter	Cardiovascular health
Auricular haematoma	Ear, nose, throat and oral health
Autism	Mental health
Back pain	Musculoskeletal presentations
Balanitis	Men's health

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Topic	Curriculum contextual unit
Behavioural disturbance	Justice system health
Bow legs	Musculoskeletal presentations
Breast implant complication	Women's health
Cardiovascular risk assessment	Cardiovascular health
Cauda equina syndrome	Musculoskeletal presentations
Cervical radiculopathy	Musculoskeletal presentations
Chilblains	Dermatological presentations
Childhood exanthem	Dermatological presentations
Cholelithiasis	Gastrointestinal health
Chronic cough	Respiratory health
Chronic obstructive pulmonary disease: acute exacerbation	Respiratory health
Chronic obstructive pulmonary disease: management	Respiratory health
Clinical documentation	Doctor's health
Colles fracture	Musculoskeletal presentations
Conduct disorder	Mental health
Confidentiality	Older persons' health
Congenital heart disease	Cardiovascular health
Congestive cardiac failure: diagnosis	Cardiovascular health
Congestive cardiac failure: management	Cardiovascular health
Constipation	Gastrointestinal health
Contact dermatitis	Dermatological presentations
Corneal abrasion	Eye presentations

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Topic	Curriculum contextual unit
Cushing syndrome	Endocrine and metabolic health
Cystic fibrosis	Respiratory health
Delirium	Neurological presentations
Depression	Mental health
Developmental delay	Child and youth health
Eczema	Dermatological presentations
Endometriosis	Pain management
Epistaxis	Ear, nose, throat and oral health
Euglycaemic ketoacidosis	Endocrine and metabolic health
Evidence-based medicine	Research in general practice
Failure to thrive	Child and youth health
Fatigue	Occupational and environmental medicine
Food allergy	Emergency medicine
Foot pain	Musculoskeletal presentations
Gambling addiction	Addiction medicine
Ganglion	Musculoskeletal presentations
Gastroenteritis	Gastrointestinal health
Gender dysphoria	Sexual health and gender diversity
Genetic testing and screening	Pregnancy and reproductive health
Granuloma annulare	Dermatological presentations
Haematemesis	Gastrointestinal health
Hair loss	Dermatological presentations

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Topic	Curriculum contextual unit
Hearing loss: conductive	Child and youth health
Hearing loss: sensorineural	Occupational and environmental medicine
Heat-related illness	Emergency medicine
Hip pain	Musculoskeletal presentations
Hyperlipidaemia	Cardiovascular health
Hypertension: management	Cardiovascular health
Hyperthyroidism	Endocrine and metabolic health
Hypertrophic cardiomyopathy	Cardiovascular health
Hypoparathyroidism	Endocrine and metabolic health
Hypothyroidism: investigation	Endocrine and metabolic health
Hypothyroidism: management	Endocrine and metabolic health
Impaired glucose tolerance	Endocrine and metabolic health
Intermittent claudication	Cardiovascular health
Intracranial aneurysm	Neurological presentations
Irritable bowel syndrome	Gastrointestinal health
Labral tear	Musculoskeletal presentations
Leg ulcer	Dermatological presentations
Leptospirosis	Disaster health
Leukoplakia	Ear, nose, throat and oral health
Limp	Musculoskeletal presentations
Lower respiratory tract infection	Respiratory health
Lung cancer screening	Respiratory health

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Topic	Curriculum contextual unit
Medical conditions in pregnancy	Pregnancy and reproductive health
Medically unexplained symptoms	Integrative medicine
Menopause	Women's health
Menorrhagia	Women's health
Meniscal injury	Musculoskeletal presentations
Metatarsal fracture	Musculoskeletal presentations
Multiple myeloma	Haematological presentations
Myasthenia gravis	Neurological presentations
Non-accidental injury	Abuse and violence
Non-melanoma skin cancer	Dermatological presentations
Onychomycosis	Dermatological presentations
Opioid dependency	Addiction medicine
Osteoarthritis	Musculoskeletal presentations
Osteoporosis	Endocrine and metabolic health
Panic attack	Mental health
Parkinson's disease	Neurological presentations
Pelvic fracture	Musculoskeletal presentations
Pericarditis	Cardiovascular health
Perinatal mental health	Mental health
Pertussis	Respiratory health
Pharyngitis	Infectious diseases
Pilonidal abscess	Gastrointestinal health

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Topic	Curriculum contextual unit
Pityriasis rosea	Dermatological presentations
Pityriasis versicolor	Dermatological presentations
Pneumothorax	Respiratory health
Polyendocrine metabolic ovarian syndrome	Pregnancy and reproductive health
Post-coital bleeding	Pregnancy and reproductive health
Postnatal bleeding	Pregnancy and reproductive health
Post-traumatic stress disorder	Mental health
Pruritus ani	Gastrointestinal health
Pulmonary rehabilitation	Respiratory health
Pyloric stenosis	Gastrointestinal health
Rectal prolapse	Gastrointestinal health
Renal colic	Kidney and urinary health
Rhinosinusitis	Ear, nose, throat and oral health
Scabies	Dermatological presentations
Schizophrenia	Mental health
Scleroderma	Musculoskeletal presentations
Seborrhoeic keratosis	Dermatological presentations
Secondary hypertension	Cardiovascular health
Seizure	Neurological presentations
Separation anxiety	Mental health
Shoulder pain	Musculoskeletal presentations
Silicosis	Respiratory health

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Topic	Curriculum contextual unit
Sleep apnoea	Respiratory health
Sleep disorder	Mental health
Social anxiety disorder	Mental health
Suicidal ideation	Mental health
Syphilis	Migrant, refugee and asylum seeker health
Thalassaemia	Haematological presentations
Thelarche	Endocrine and metabolic health
Thyroid nodule	Endocrine and metabolic health
Travel medicine	Travel medicine
Trigger finger	Musculoskeletal presentations
Tuberculosis	Respiratory health
Type 1 diabetes: management	Endocrine and metabolic health
Type 2 diabetes: management	Endocrine and metabolic health
Undescended testes	Men's health
Upper gastrointestinal cancer	Gastrointestinal health
Upper respiratory cancer	Respiratory health
Upper respiratory tract infection	Respiratory health
Urethritis	Kidney and urinary health
Vaginal prolapse	Women's health
Valvular heart disease	Cardiovascular health
Vitiligo	Dermatological presentations
Vulval rash	Women's health

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6. Further information

Refer to the RACGP Education [AKT and KFP Guide](#) for exam-related information.

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