

RACGP Education

Exam report 2026.1 KFP



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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 and semesters. The reliability is a measurement of the internal consistency of the exam, with values between 0 and 1.

A candidate must achieve a score equal to or higher than the pass mark in order to pass the Key Feature Problem (KFP) exam. The modified Angoff standard-setting method is used in determining the pass mark. This is a criterion-referenced methodology that is used internationally in high-stakes assessments.

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

The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates; there is not a set number or percentage of people who pass the exam.

Table 1. 2026.1 KFP psychometrics

Mean score (%)	71.57
Standard deviation (%)	7.85
Reliability	0.71
Pass mark (cut score %)	63.29
Pass rate (%)	84.12
Number sat	1127

2. Candidate results distribution

The histogram (Figure 1) shows the range and frequency of final scores for the KFP exam. The vertical blue line represents the pass mark.

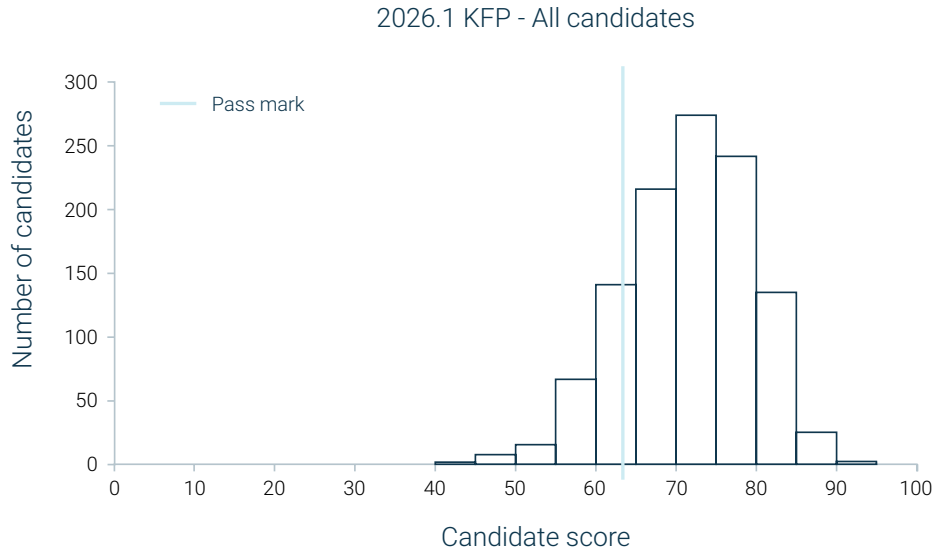


Figure 1. 2026.1 KFP candidate distribution by score

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

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 KFP candidate distribution by band

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3. Candidate outcomes by exam attempt

Table 2 provides pass rates (%) displayed by number of attempts. As shown in the table, there is a general trend that suggests candidate success diminishes for each subsequent attempt. Preparation and readiness to sit are therefore paramount for candidate success.

Table 2. Pass rates by number of attempts

Attempts	Pass rate (%)
First attempt	90.08
Second attempt	62.40
Third attempt	61.76
Fourth and subsequent attempts	45.10

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 1036 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2026.1 exam cycle.

Table 3. 2026.1 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	815	78.67
Pass	Fail	31	2.99
Fail	Pass	64	6.18
Fail	Fail	126	12.16
Total		1036	100

5. Feedback report on 2026.1 KFP exam questions

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.

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This feedback report is published following each KFP exam, in conjunction with candidate results. All the questions within the KFP exam are written and quality assured 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 must therefore be answered in the context of Australian general practice.

The KFP exam is designed to assess the clinical reasoning and clinical decision-making of the candidate – a core competency for all clinicians. It is important to remember that the KFP exam is not simply a multiple-selection question paper, but requires analysis of the clinical scenario, and consideration of the initial information and any clinical information, images or results. The candidate is then required to answer focused questions relating to the context of the given clinical scenario.

The paper reflects the breadth of clinical encounters seen in Australian general practice and, as such, the answers should relate to that context. This feedback report includes a summary of the curricular contextual units and specific topics examined in the 2025.2 exam. This is being provided so that prospective candidates, as well as those assisting them in their preparation, can see the breadth of content in the exam. A sample of questions with feedback information on common candidate errors is provided so all candidates can reflect on their own performance. This feedback report should be read in conjunction with the advice given in the [RACGP Education Examination guide](#).

Example 1

Candidates were presented with a man, aged 68 years, attending as a walk-in patient with an acute ST-elevation myocardial infarction. Clinical information included the presenting symptoms, past medical history, medications (including regular phosphodiesterase 5 inhibitor use), examination findings and an electrocardiogram. Candidates were required to give four management answers.

To perform well in this question, candidates needed to demonstrate appropriate immediate management of an acute coronary syndrome within a general practice environment. The majority of candidates correctly administered aspirin, gave appropriate analgesia and arranged urgent ambulance transfer to a tertiary hospital. However, a large number of candidates also administered glyceryl trinitrate spray, which was contraindicated in this patient due to his risk of profound hypotension. This was a dangerous action, and in a real-life scenario has the capacity to cause significant harm to a patient. Candidates were expected to recognise the contraindication to glyceryl trinitrate spray, as the patient's past medical history of erectile dysfunction and use of regular phosphodiesterase 5 inhibitors was clearly given.

In the KFP exam, all information in the stem is given for a reason. Candidates should read the stems carefully, taking note of all key features, to ensure they receive maximal marks.

Example 2

Candidates were presented with a woman, aged 28 years, with gastrointestinal symptoms including bloody diarrhoea. While limited clinical history was provided, the key features indicated a diagnosis of inflammatory bowel disease. Candidates were required to select four aspects of history to support the provisional diagnosis.

This was an example of a two-step question in which candidates needed to first identify the likely diagnosis and then identify additional associated features. Candidates who performed well applied their medical knowledge and clinical reasoning to the specific question being asked. The majority of candidates identified at least three associated history features, including nocturnal diarrhoea and extra-intestinal manifestations such as joint symptoms or erythema nodosum. However, a common error was selecting answers appropriate to other diagnoses, such as coeliac disease or irritable bowel syndrome. These answers suggested candidates had misdiagnosed the underlying condition or misread the question. The question was not asking for features that would exclude the provisional diagnosis, but for features that would support it.

In the KFP exam it is helpful to use a diagnostic framework when developing differential diagnoses and constructing answers. Information on diagnostic frameworks and how to apply these effectively to the KFP can be found within the gplearning Exam Preparation Toolkit. Candidates should also be mindful that the correct answers can change significantly depending on the specific wording of a question. It is important that candidates read each question carefully so as to ensure they understand what is being asked.

Example 3

Candidates were presented with a girl, aged 7 years, with breast development and mood changes. Clinical information included parental height, past medical history of premature thelarche that resolved as an infant, and a growth chart demonstrating accelerating growth velocity. No history of premature menarche or adrenarche was given. Candidates were required to select five appropriate initial investigations.

The majority of candidates correctly identified that it was appropriate to initially request basic reproductive hormones including follicle-stimulating hormone, luteinising hormone, and estradiol. Many candidates also correctly identified that it was appropriate to request a bone-age x-ray in this scenario. However, several candidates chose investigations that would not be considered part of the routine initial investigation of premature thelarche. Common errors included selecting investigations that would be used in investigation of short stature or primary amenorrhoea, suggesting these candidates had a limited understanding of specific paediatric growth disorders.

Candidates who performed well in this question integrated their endocrinological knowledge with relevant clinical guidelines, selecting investigations appropriate to the specific presentation of the case. Candidates should ensure they include up-to-date Australian general practice resources and clinical guidelines, such as *Australian Journal of General Practice (AJGP)* and the Therapeutic Guidelines, in their study preparation.

Example 4

Candidates were presented with a woman, aged 45 years, requesting a prescription for quetiapine on the Pharmaceutical Benefits Scheme (PBS) to treat ongoing insomnia and anxiety. Candidates were advised that the patient had recently been discharged from psychiatric services. Additional clinical information included her psychiatric and medication history, use of sleep hygiene techniques, and mental state examination. Candidates were required to give four management answers.

This question required candidates to integrate their knowledge of PBS prescribing together with appropriate management of insomnia in complex mental health presentations. Candidates who performed well recognised that quetiapine was being used in an off-label manner and provided appropriate education to the patient around the medication and her use. High-performing candidates used cognitive behavioural therapy for insomnia as part of their management plan, understanding that this was different to sleep hygiene advice.

A common error in this question was to delegate patient management back to acute psychiatric services. This was not appropriate in the context of the scenario and was an unnecessary referral for a stable patient. Candidates were also expected to recognise that the patient did not meet PBS criteria for quetiapine prescription.

In the KFP exam, general practice organisational and legal dimensions are frequently tested. As part of this, candidates are expected to understand PBS prescribing for common medications and prescribe safely and responsibly.

Example 5

Candidates were presented with a man, aged 51 years, with an acutely inflamed first metatarsophalangeal joint on a background of recurrent joint symptoms. Clinical information included past medical history of renal impairment and hypertension, use of hydrochlorothiazide, examination findings, and pathology results demonstrating stable stage three chronic kidney disease. Candidates were required to give four immediate next steps, with possible answers including investigations, pharmacological management and referral options.

The most likely diagnosis in this scenario was gout; however, it was important to recognise that no diagnostic investigations had been carried out prior to the patient's presentation. Candidates who performed well recognised this, identifying that it was appropriate to confirm the diagnosis while also managing the patient's acute presentation with prednisolone. Most candidates recognised that it was appropriate to cease the patient's thiazide diuretic while awaiting investigation results.

A common error in this scenario was to commence allopurinol before the diagnosis of gout had been confirmed. While current guidelines support starting allopurinol during an acute gout attack, it is important to clarify the diagnosis before commencing a patient on lifelong urate-lowering therapy.

In the KFP exam, incorrect distractors in the answer grid can appear plausible but do not best address the specific clinical context of a scenario. It is important that candidates select the 'most appropriate' answers for each question. Key features such as patient demographics, illness time course, comorbid medical conditions and social factors can have a significant impact on the answers. Random case analysis is a helpful exam preparation tool that can give candidates practice in adjusting management plans based on differences in key features.

6. Topics and curriculum units

Topics that were included in the 2026.1 KFP and their corresponding curriculum contextual unit are detailed in Table 4.

Table 4. 2026.1 KFP topics and corresponding curriculum contextual unit

Topic	Curriculum contextual unit
Abdominal aortic aneurysm	Cardiovascular health
Acute asthma	Emergency medicine
Acute coronary syndrome	Cardiovascular health
Acute rhinosinusitis	Respiratory health
Addisons disease	Endocrine and metabolic health
Anorexia nervosa	Mental health

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Topic	Curriculum contextual unit
Atrial fibrillation	Cardiovascular health
Atypical pneumonia	Respiratory health
Basal cell carcinoma	Dermatological presentations
Bell's palsy	Neurological presentations
Blood-borne virus serology	Gastrointestinal health
Breastfeeding problems	Pregnancy and reproductive health
Chilblains	Dermatological presentations
Chronic obstructive pulmonary disease	Respiratory health
Cognitive impairment	Older persons' health
Colorectal cancer screening	Gastrointestinal health
De Quervain's tenosynovitis	Musculoskeletal presentations
Dyspareunia	Women's health
Eosinophilic oesophagitis	Gastrointestinal health
Erectile dysfunction	Sexual health and gender diversity
Essential tremor	Neurological presentations
Faltering growth	Child and youth health
Familial hypercholesterolaemia	Cardiovascular health
Fatigue	Disability care
Fitness to drive	Older persons' health
Gout	Musculoskeletal presentations
Grover's disease	Dermatological presentations

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Topic	Curriculum contextual unit
Heart block	Cardiovascular health
Hidradenitis suppurativa	Dermatological presentations
Hypertension	Cardiovascular health
Hypertensive urgency	Cardiovascular health
Hyponatraemia	Endocrine and metabolic health
Immunisations	Child and youth health
Inflammatory bowel disease	Gastrointestinal health
Interstitial lung disease	Respiratory health
Intimate partner violence	Abuse and violence
Lung cancer	Respiratory health
Macroscopic haematuria	Kidney and urinary health
Menopause	Women's health
Migraine	Neurological presentations
Nasal polyps	Ear, nose, throat and oral health
National Disability Insurance Scheme	Disability care
Non-accidental injury	Professional and ethical role
Off-label prescribing	Organisational and legal dimensions
Olecranon bursitis	Musculoskeletal presentations
Osteoarthritis	Musculoskeletal presentations
Osteoporosis	Endocrine and metabolic health
Paediatric limp	Musculoskeletal presentations
Perinatal depression	Pregnancy and reproductive health

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Topic	Curriculum contextual unit
Perioral dermatitis	Dermatological presentations
Pleural effusion	Respiratory health
Post-traumatic stress disorder	Mental health
Precocious puberty	Endocrine and metabolic health
Prostatitis	Men's health
Reactive arthritis	Musculoskeletal presentations
Scabies	Older persons' health
Separation anxiety	Mental health
Shoulder dislocation	Musculoskeletal presentations
Strabismus	Eye presentations
Subclinical hypothyroidism	Endocrine and metabolic health
Suicidal ideation	Mental health
Testicular lump	Men's health
Thrombocytopaenia	Haematological presentations
Thyroid nodule	Endocrine and metabolic health
Tuberculosis	Infectious diseases
Tympanic membrane perforation	Ear, nose, throat and oral health
Type 2 diabetes	Endocrine and metabolic health
Veteran's health	Military and veteran health
Vitamin B12 deficiency	Gastrointestinal health
Water-immersed wound	Infectious diseases

The 2026.1 exam paper contained six questions with a focus on Aboriginal and Torres Strait Islander health. Seven questions were based in a rural location.

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7. In conclusion

As with previous examination cycles, there are several common themes to consider when approaching the KFP exam:

- Candidates must answer the question in the context of the clinical scenario, using all the information provided. The information is relevant to consider in response to each question and may impact answers by significantly influencing investigations or management.
- It is important to ensure that the answers provided are relevant to the key features of the case presentation, including age, gender, comorbidities and other information provided.
- Provide only the number of answers requested; providing additional answers will result in a penalty being applied to the overall score.
- Ensure that the answers provided are appropriate to, and address the severity and acuity of, illness within the case presentation, as well as the location of the patient encounter.
- Because the cases are all developed in line with current guidelines, it is important that candidates are aware of current clinical guidelines relevant to the provision of primary care at Fellowship level.
- Candidates should access the practice exams provided and use the RACGP assessment resources, such as the Exam Preparation Toolkit and self-assessment progress tests (SAPTs), available via [gplearning](#).

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

8. Further information

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

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