

RACGP Education

Exam report 2026.2 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. 2026.2 KFP psychometrics

Mean score (%)	68.75
Standard deviation (%)	8.15
Reliability	0.71
Pass mark (cut score %)	61.55
Pass rate (%)	80.64
Number sat	1162

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.

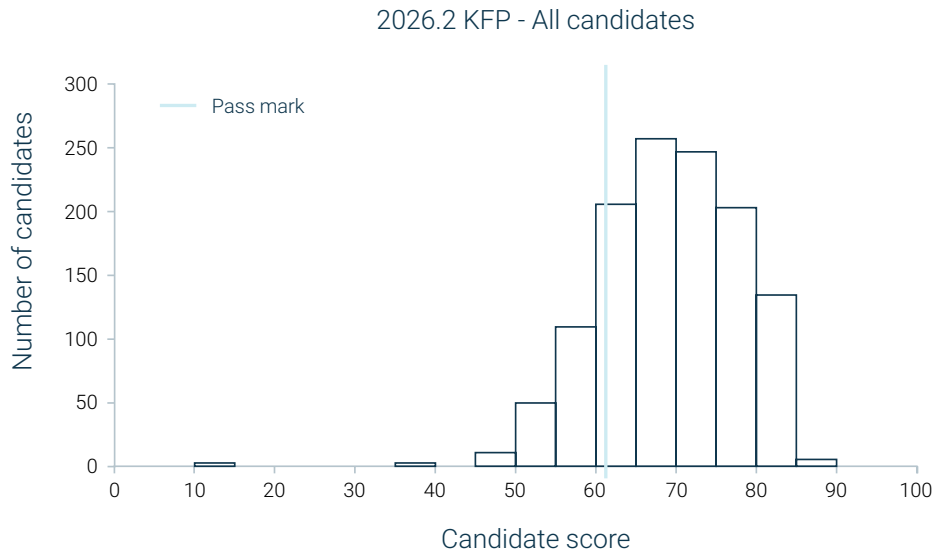


Figure 1. 2026.2 KFP candidate distribution by score

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.

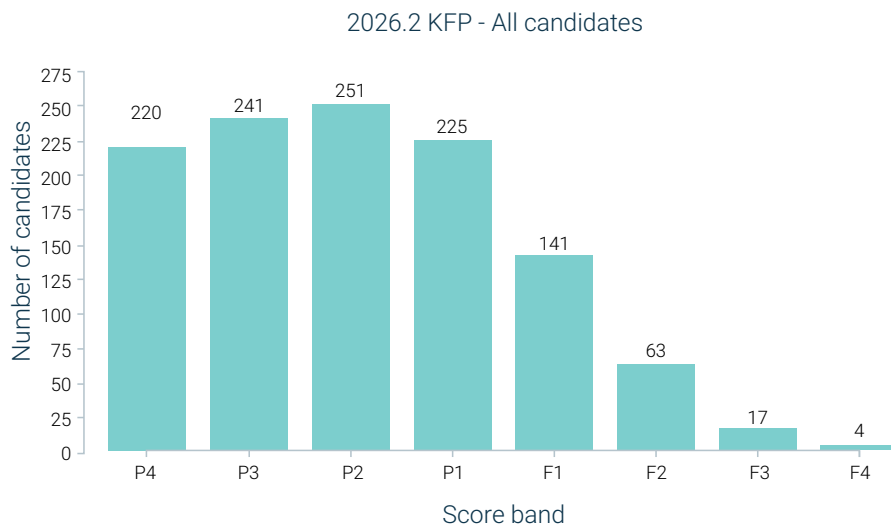


Figure 2. 2026.2 KFP candidate distribution by band

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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	86.51
Second attempt	58.16
Third attempt	50.00
Fourth and subsequent attempts	42.30

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 1093 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2026.2 exam cycle.

Table 3. 2026.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	823	75.30
Pass	Fail	63	5.76
Fail	Pass	59	5.40
Fail	Fail	148	13.54
Total		1093	100.00

5. Feedback report on 2026.2 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.

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.

KFP questions assess the competency of candidates for unsupervised general practice anywhere in Australia, including metropolitan, regional and rural contexts.

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 2026.2 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 [AKT and KFP guide](#).

Each FRACGP assessment undergoes multiple levels of review, including post-exam psychometric analysis and review. During the post-exam review processes an issue was identified with one question. The question was removed from the paper because one of the scoring answers contained an incorrect definition. The question focused on the management and care planning of an older Aboriginal patient. One of the scoring answers incorrectly used the term 'kinship care'. We apologise to our Aboriginal and Torres Strait Islander candidates and colleagues for this error and for any distress it may have caused.

Example 1

Candidates were presented with a girl, aged 7 months, with a two-day history of fever, rhinorrhoea and cough. Further information noted reduced appetite, although the child was still breastfeeding regularly. Examination findings included her general appearance, vital signs with a low-grade fever, oxygen saturation of 93% on room air, and normal central capillary refill. Respiratory examination revealed mild bilateral subcostal and intercostal retractions with widespread wheeze.

Candidates were required to select two management options.

To perform well in this two-step question, candidates first needed to identify bronchiolitis as the diagnosis. They then needed to recognise that, despite the child's reduced appetite, her regular breastfeeding was sufficient to maintain adequate hydration. Candidates also needed to understand that oxygen therapy was not indicated, given her examination findings, including an oxygen saturation above 90% on room air. Well-performing candidates correctly identified that offering frequent breastfeeds and giving simple analgesia as required were the most appropriate management options for this child.

Common errors included selecting prednisolone, salbutamol or referral to the emergency department for supplemental oxygen. These responses suggested that some candidates had an incomplete understanding of bronchiolitis and its management or were not confident assessing the severity of the child's respiratory distress.

Viral bronchiolitis is a very common lower respiratory tract infection in infants. At the point of Fellowship, candidates are expected to be able to make this clinical diagnosis and confidently assess hydration status and the severity of respiratory distress in an unwell child.

When sitting the KFP exam, it is helpful to use a systematic approach when constructing a problem representation and developing your answers. Further guidance on applying these frameworks effectively in the KFP exam can be found in the [gplearning](#) Exam Preparation Toolkit.

Example 2

Candidates were presented with a home visit scenario involving a woman, aged 88 years, receiving palliative care for metastatic breast cancer. Her main concern was a constant sensation of breathlessness at rest. Her past medical history, current medications and examination findings were provided.

Candidates were asked to select three management actions. Common errors included selecting subcutaneous hyoscine butylbromide or lorazepam, suggesting that palliative symptom control was not consistently well understood, or the key features of the stem were not fully considered. Anticholinergic medications may be useful for secretion control and rattly breathing in the last days of life; however, there is limited evidence for this practice, and this is not indicated for this patient at this time. Benzodiazepines may improve anxiety but do not directly relieve breathlessness; non-pharmacological therapy and opioid therapy should be trialed before considering the addition of benzodiazepines, as benzodiazepines are associated with increased drowsiness, confusion, falls and respiratory depression.

Candidates should remember that non-pharmacological management strategies play an important role in supporting patients and carers in palliative care situations. It is important that candidates include up-to-date Australian general practice resources and clinical guidelines, such as the *Australian Journal of General Practice (AJGP)* and Therapeutic Guidelines, in their exam preparation.

Example 3

Candidates were presented with a man, aged 68 years, with exertional chest pain. His cardiovascular risk factors included hyperlipidaemia, hypertension, obesity, a history of smoking and a family history of cerebrovascular disease.

Candidates were required to select four appropriate next steps from options that included further investigations, pharmacological management and non-pharmacological management. Most candidates recognised this as a case of stable angina. They correctly identified the need to prescribe glyceryl trinitrate spray for use as required and to refer the patient to a cardiology service for further evaluation. However, addition of daily aspirin and a beta-blocker were only correctly selected by a narrow majority. Some candidates also selected referral to an exercise physiologist for exercise capacity assessment, which was a potentially unsafe option for this patient with suspected coronary artery disease.

Stable angina is a common presentation in general practice, and coronary artery disease is an important diagnosis not to miss. At the point of Fellowship, candidates are expected to practise safely and competently in unsupervised general practice. Some candidates selected coronary artery calcium scoring, which was not appropriate in this context. Candidates need to understand the difference between screening and diagnostic tests. Coronary artery calcium scoring is used to further stratify cardiovascular risk in asymptomatic patients, whereas patients presenting with symptoms of angina require diagnostic assessment, such as stress testing or angiography.

Example 4

Candidates were presented with a woman, aged 24 years, with concerns about fertility. They were required to select the most appropriate pharmacological management.

To perform well in this question, candidates needed to recognise the key features in the stem, including irregular menstrual periods, acne treated with a potentially teratogenic topical retinoid, coeliac disease with possible malabsorption, and a BMI >30 kg/m². Candidates who performed well recognised the need to cease the topical retinoid and were aware of an appropriate antibiotic that could safely treat moderate inflammatory acne while the patient was trying to conceive. Higher-performing candidates also recognised the need to increase antenatal folic acid supplementation, given the patient's BMI >30 kg/m² and her history of coeliac disease. Another scoring answer selected by higher-performing candidates was to commence metformin to assist with managing the patient's suspected polyendocrine metabolic ovarian syndrome and improve her chance of conceiving.

A common error was selecting another retinoid-containing topical treatment for this patient's acne. Oral retinoids are proven teratogens. Although topical retinoids are likely to have negligible systemic absorption, these products are contraindicated in patients who are trying to conceive or who are pregnant.

Candidates who performed well considered the key features of the stem and integrated their knowledge of infertility, antenatal care, women's health and pharmacology with Australian clinical guidelines.

All information in the stem, including the presenting complaint, past medical history, medication list, examination findings and investigation results, is provided for a reason. Candidates should read each KFP exam stem carefully and note all key features to optimise their scores. Candidates are encouraged to practise answering KFP questions using the practice exams and Self-Assessment Progress Tests (SAPTs) available through [gplearning](#).

Example 5

Candidates were presented with an Aboriginal woman, aged 65 years, attending for test results following an Aboriginal and Torres Strait Islander health assessment. Further history included her social situation and the absence of significant past medical history or regular medications. Examination and recent investigation findings were provided, including mildly raised transaminases on liver function testing, impaired fasting glucose, dyslipidaemia and hepatic steatosis on ultrasound.

Candidates were asked to select three management actions from a list that included both pharmacological and non-pharmacological options. Well-performing candidates recognised that the patient had metabolic-dysfunction associated fatty liver disease and understood the main pillars of management: optimising lifestyle measures through a healthy diet and regular exercise, aiming for weight loss in patients who are overweight, and addressing blood glucose and lipid levels.

A commonly selected non-scoring answer was to refer the patient to a culturally appropriate dietitian for implementation of a plant-based diet. A plant-based diet is not a standard recommendation for managing metabolic-dysfunction associated fatty liver disease and could increase the patient's risk of nutritional deficiencies. This response also highlights the need for candidates to read each answer option carefully. Some aspects of an option may seem appropriate, while others may not suit the specific case. In the KFP exam, non-scoring distractors can appear plausible but do not best address the context or key features of the scenario. Candidates should carefully consider both the action and any qualifiers in the question before selecting the most appropriate answers. Key features such as patient demographics, illness time course, comorbidities and social factors can significantly affect which answers score for each case.

6. Topics and curriculum units

Topics that were included in the 2026.2 KFP and their corresponding curriculum contextual unit are detailed in Table 4.

Table 4. 2026.2 KFP topics and corresponding curriculum contextual unit

Topic	Curriculum contextual unit
Adrenal insufficiency	Emergency medicine
Alcohol dependence	Addiction medicine
Anaphylaxis	Emergency medicine
Angina	Cardiovascular health
Ankylosing spondylitis	Musculoskeletal presentations
Aortic dissection	Emergency medicine
Benign prostatic hyperplasia	Men's health
Biceps tendon rupture	Musculoskeletal presentations

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Topic	Curriculum contextual unit
Bipolar affective disorder	Mental health
Borderline personality disorder	Mental health
Bowel cancer	Gastrointestinal health
Breathlessness	Palliative care
Bronchiolitis	Respiratory health
Carer stress	Older person's health
Chronic asthma	Respiratory health
Chronic obstructive pulmonary disease	Respiratory health
Cough	Respiratory health
Cubital tunnel syndrome	Neurological presentations
Drug-seeking behaviour	Addiction medicine
Dupuytren's contracture	Musculoskeletal presentations
Eczema	Dermatological presentations
Ending the doctor–patient relationship	Doctors' health
Foetal alcohol spectrum disorder	Disability care
Glomerulonephritis	Kidney and urinary health
Granuloma annulare	Dermatological presentations
Haemorrhoids	Gastrointestinal health
Heart failure	Cardiovascular health
Hepatic steatosis	Gastrointestinal health
Hypertension	Cardiovascular health
Hypertriglyceridaemia	Cardiovascular health

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Topic	Curriculum contextual unit
Immunisation storage	Respiratory health
Infantile haemangioma	Dermatological presentations
Interstitial lung disease	Respiratory health
Irritable bowel syndrome	Gastrointestinal health
Jaundice	Gastrointestinal health
Lichen sclerosus	Dermatological presentations
Major depressive disorder	Mental health
Medication safety	Pregnancy and reproductive health
Melanoma	Dermatological presentations
Memory concerns	Older person's health
Meningitis	Emergency medicine
Mitral regurgitation	Cardiovascular health
Obesity	Gastrointestinal health
Osteoarthritis	Musculoskeletal presentations
Osteoporosis	Endocrine and metabolic health
Otitis media	Ear, nose, throat and oral health
Ovarian cancer	Women's health
Peripheral neuropathy	Neurological presentations
Pneumothorax	Emergency medicine
Post-thrombotic syndrome	Haematological presentations
Preconception care	Pregnancy and reproductive health
Pre-eclampsia	Pregnancy and reproductive health

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Topic	Curriculum contextual unit
Premenstrual syndrome	Sexual health and gender diversity
Pre-patellar bursitis	Musculoskeletal presentations
Priapism	Emergency medicine
Professional boundaries	Doctors' health
Psoriasis	Dermatological presentations
Psychosis	Mental health
Q fever	Infectious diseases
Retinal detachment	Eye presentations
Rosacea	Dermatological presentations
Sarcoidosis	Respiratory health
Short stature	Endocrine and metabolic health
Stress fracture	Musculoskeletal presentations
Supraventricular tachycardia	Cardiovascular health
Tonsillitis	Ear, nose, throat and oral health
Type 1 diabetes mellitus	Endocrine and metabolic health
Unprotected intercourse	Sexual health and gender diversity
Vertigo	Ear, nose, throat and oral health
Viral arthritis	Musculoskeletal presentations

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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 [AKT and KFP guide](#) for exam-related information.

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