

RACGP Education

Exam report 2025.2 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. 2025.2 KFP psychometrics

Mean score (%)	70.98
Standard deviation (%)	7.60
Reliability	0.71
Pass mark (cut score %)	64.59
Pass rate (%)	79.57
Number sat	1160

2. Candidate results distribution

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

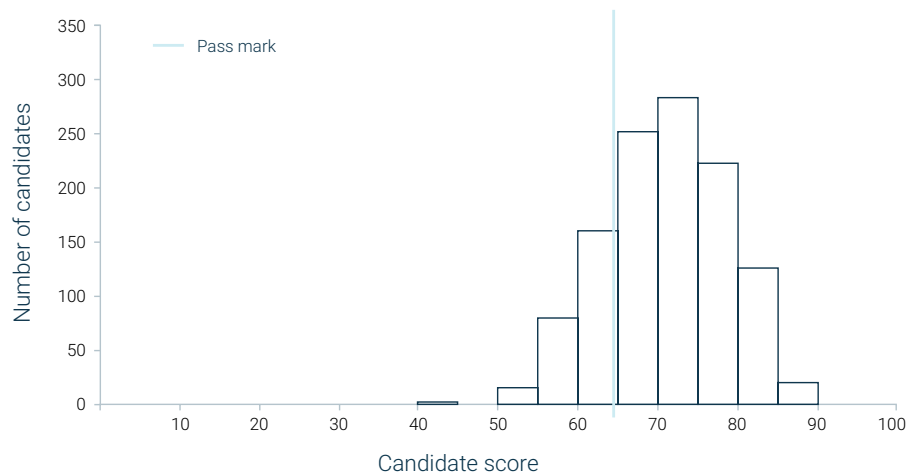


Figure 1. 2025.2 KFP candidate distribution by score

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

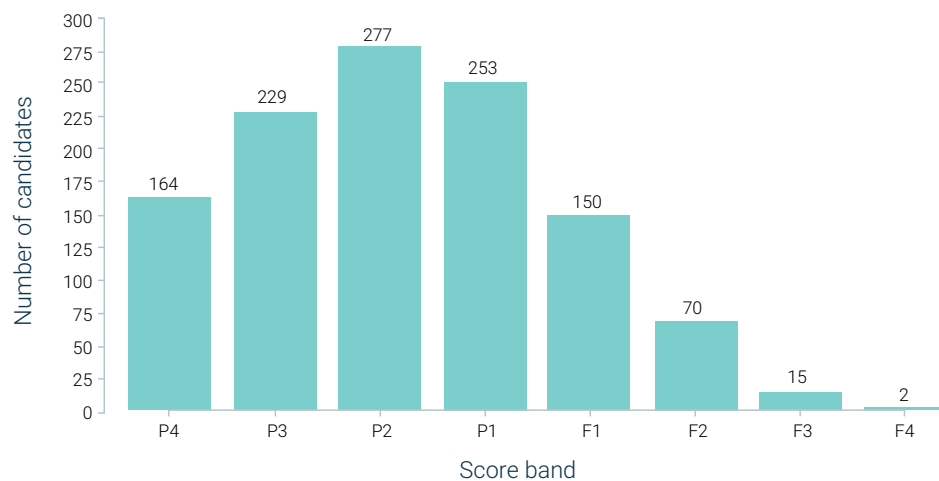


Figure 2. 2025.2 KFP candidate distribution by band

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	86.13
Second attempt	67.01
Third attempt	56.86
Fourth and subsequent attempts	52.00

4. Candidate performance: AKT and KFP exam

Table 3 shows the performance of the 1005 candidates who sat both the Applied Knowledge Test (AKT) and the KFP exam in the 2025.2 exam cycle.

Table 3. 2025.2 AKT and KFP exam pass/fail correlation

AKT	KFP	Number	Percentage
Pass	Pass	736	73.2
Pass	Fail	64	6.4
Fail	Pass	72	7.2
Fail	Fail	133	13.2
Total		1005	100

5. Feedback report on 2025.2 KFP exam cases

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 64 years, with multiple chronic medical conditions including gout, chronic kidney disease, type 2 diabetes, hypertension and diabetic retinopathy. Clinical information included his medications and investigation results. Candidates were required to select four appropriate pharmacological management answers.

The majority of candidates correctly identified that it was appropriate to increase the patient's allopurinol dose and change indapamide to a calcium channel blocker. However, many candidates chose to cease colchicine rather than continue it. Colchicine is indicated when commencing or changing the dose of allopurinol, to reduce the risk of a gout flare. Several candidates did not recognise that fenofibrate was indicated, given the patient's type 2 diabetes and diabetic retinopathy. Many candidates also commenced dapagliflozin, which was not indicated with the patient's stage of chronic kidney disease.

Candidates who performed well in this question considered the key features of the scenario, integrating their knowledge of pharmacology and clinical guidelines with chronic disease management.

Example 2

Candidates were presented with a woman, aged 36 years, with symptoms and investigation results indicative of premature ovarian insufficiency. Clinical information included a significant medical history of breast cancer, current use of a levonorgestrel intrauterine device and completion of childbearing. Candidates were required to select four appropriate next steps, with possible answers including further investigations, pharmacological management and non-pharmacological management options.

Identification and management of bone density was an important aspect of this question. The majority of candidates correctly identified that bone densitometry screening was indicated and that it was appropriate to recommend weight-bearing exercise. Many candidates also gave appropriate dietary advice to include calcium-rich foods.

Many candidates appropriately commenced the patient on escitalopram to treat her vasomotor and mental health symptoms relating to menopause. Some candidates incorrectly selected medications which may assist with sleep but would not address the patient's other symptoms. Concerningly, a proportion of candidates selected estradiol therapy, which was contraindicated, given the patient's previous breast cancer. Other incorrect answers included removing the patient's intrauterine device to repeat hormonal studies or measuring serum androgens.

To perform well in this question, candidates needed to demonstrate sound clinical reasoning, selecting rational investigations and commencing safe appropriate management for this specific patient's presentation.

Example 3

Candidates were presented with a woman, aged 62 years, on multiple prescription medications (including medicinal cannabis) and over-the-counter supplements. Clinical information included the patient's past medical history, recent symptoms of diarrhoea, occupation as a commercial driver and recent investigation results. Candidates were required to give three management answers, with options including advice about driving and changes to medications or supplements.

To perform well in this question, candidates needed to recognise that the patient was unable to drive on a commercial driver's licence while taking tetrahydrocannabinol (THC). It was important for candidates to distinguish between use of THC and cannabidiol-only therapy in their answers, as different advice was applicable to the different therapies.

Candidates needed to recognise that the patient's magnesium supplement was likely contributing to her diarrhoea and was appropriate to cease. Candidates were also expected to recognise that it was appropriate to cease vitamin B6 supplements, given the patient's idiopathic peripheral neuropathy. The patient's underlying medical condition of rheumatoid arthritis (treated with methotrexate) necessitated ongoing use of folic acid. Other supplements were less likely to be causing harm to the patient and were not priorities to change or cease.

The KFP exam assesses all core and contextual units of the RACGP curriculum, including organisational and legal dimensions (such as fitness to drive) and integrative medicine. In Australian general practice, the use of over-the-counter supplements and medicinal cannabis is increasingly common. Candidates are expected to understand commonly used supplements and the impact these can have on a patient's medical conditions and medication interactions.

Example 4

Candidates were presented with a man, aged 58 years, with hearing loss. Clinical information included a history of childhood measles infection and occupational noise exposure. Candidates were required to give three examination findings to support the provisional diagnosis.

This was an example of a two-step question. Candidates first needed to identify the diagnosis. In this scenario, the patient most likely had unilateral sensorineural hearing loss from childhood measles infection, followed by bilateral sensorineural hearing loss due to noise exposure. The ear affected by the initial unilateral hearing loss would therefore have worse hearing compared to the other side. Candidates then needed to consider what examination findings would be consistent with this clinical picture. The correct answers were that air conduction would be better than bone conduction bilaterally, Weber testing would lateralise to the ear with better hearing, and that the whisper test would be failed bilaterally.

The following answers did not fit with the clinical scenario: that Weber testing shows no lateralisation, bone conduction is superior to air conduction bilaterally, and pneumatic otoscopy does not cause inward movement of the tympanic membrane.

To perform well, candidates needed to combine their clinical examination knowledge with a diagnostic framework. It is important that candidates can articulate the examination signs that fit with different clinical presentations, therefore demonstrating their clinical reasoning.

Example 5

Candidates were presented with a girl, aged 15 years, presenting to discuss contraception in the context of having sex with a 21-year-old man who was also her swimming coach. Clinical information included the girl's sexual history and further social history. Candidates were required to give the three most appropriate immediate management answers.

This question demonstrated a scenario of child sexual abuse in which an older person in a position of authority was having sex with a person under the age of consent. Candidates needed to recognise that the most appropriate immediate management was to make a mandatory report to local child protection services. It was appropriate for the girl's parents to be informed of the relationship and to arrange immediate emergency contraception.

This was a challenging ethical and medicolegal question. Candidates who performed well in this question were able to distinguish between Gillick competence and child safety. Although the patient was able to demonstrate Gillick competence to make informed decisions about contraception, the priority was to ensure her safety in a situation where there was ongoing risk of harm.

6. Topics and curriculum units

Topics that were included in the 2025.2 KFP and their corresponding curriculum contextual unit are detailed in Table 4.

Table 4. 2025.2 KFP topics and corresponding curriculum contextual unit

Topic	Curriculum contextual unit
Acne	Dermatological presentations
Acute abdomen	Emergency medicine
Acute anaphylaxis	Emergency medicine
Acute appendicitis	Emergency medicine
Acute psychosis	Mental health
Acute pulmonary oedema	Emergency medicine
Alcohol withdrawal	Addiction medicine
Alternative and complementary therapies	Integrative medicine
Asthma	Respiratory health
Atopic dermatitis	Dermatological presentations

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Topic	Curriculum contextual unit
Attention deficit hyperactivity disorder	Mental health
Bariatric surgery	Gastrointestinal health
Biliary colic	Gastrointestinal health
Breast cancer risk	Women's health
Bronchiolitis	Child and youth health
Capacity to consent	Older person's health
Carpal tunnel syndrome	Neurological presentations
Chest X-ray interpretation	Respiratory health
Child sexual abuse	Abuse and violence
Cognitive impairment	Mental health
Critical incidents	Doctors' health
Death certification	Older person's health
Dental infection	Ear, nose, throat and oral health
Depression	Mental health
Dysfunctional uterine bleeding	Women's health
Environmental smoke exposure	Respiratory health
Erectile dysfunction	Men's health
Erythema multiforme	Dermatological presentations
Folliculitis	Dermatological presentations
Gastrointestinal parasites	Child and youth health

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Topic	Curriculum contextual unit
Gout	Musculoskeletal presentations
Head injury	Neurological presentations
Heart failure	Cardiovascular health
Hypertension	Cardiovascular health
Hypertrophic cardiomyopathy	Cardiovascular health
Identification of Aboriginal and Torres Strait Islander patients	Aboriginal and Torres Strait Islander health
Immunisations	Migrant, refugee and asylum-seeker health
Immunisations	Infectious diseases
Intracranial aneurysm	Neurological presentations
Iron deficiency	Gastrointestinal health
Ischaemic heart disease	Cardiovascular health
Knee osteoarthritis	Musculoskeletal presentations
Mania	Mental health
MBS and PBS services	Aboriginal and Torres Strait Islander health
Measles	Infectious diseases
Metabolic syndrome	Endocrine and metabolic health
Missed abnormal results	Endocrine and metabolic health
Multiple myeloma	Haematological presentations
Natural disaster management	Disaster health
Opioid dependence	Pain management
Osgood–Schlatter disease	Musculoskeletal presentations

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Topic	Curriculum contextual unit
Phobia	Mental health
Pitted keratolysis	Dermatological presentations
Polycystic ovarian syndrome	Pregnancy and reproductive health
Post-viral cough	Respiratory health
Premature ovarian insufficiency	Pregnancy and reproductive health
Professional boundaries	Doctors' health
Rectal bleeding	Gastrointestinal health
Respiratory risk assessment	Respiratory health
Sensorineural hearing loss	Ear, nose, throat and oral health
Septic arthritis	Infectious diseases
Skin laceration	Emergency medicine
Solar keratosis	Dermatological presentations
Suicidal ideation	Mental health
Supraventricular tachycardia	Cardiovascular health
Tension headache	Neurological presentations
Transient hip synovitis	Musculoskeletal presentations
Urinary tract infection	Older person's health
Ventricular ectopic beats	Cardiovascular health
Vitamin D deficiency	Endocrine and metabolic health

The 2025.2 exam paper contained five questions with a focus on Aboriginal and Torres Strait Islander health. Eight questions were based in a rural location.

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 support online modules accessed 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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