

RACGP Education

Exam report 2025.2 AKT



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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002
Wurundjeri Country

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN: 34 000 223 807

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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. 2025.2 AKT psychometrics

Mean score (%)	72.85
Standard deviation (%)	10.63
Reliability*	0.90
Pass mark (cut score %)	64.43
Pass rate (%)	79.41
Number sat	1049

*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.

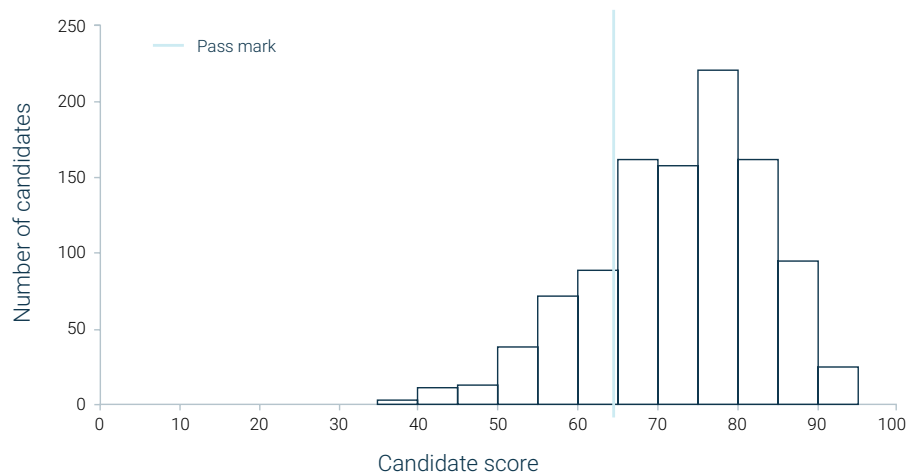


Figure 1. 2025.2 AKT candidate distribution by score

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

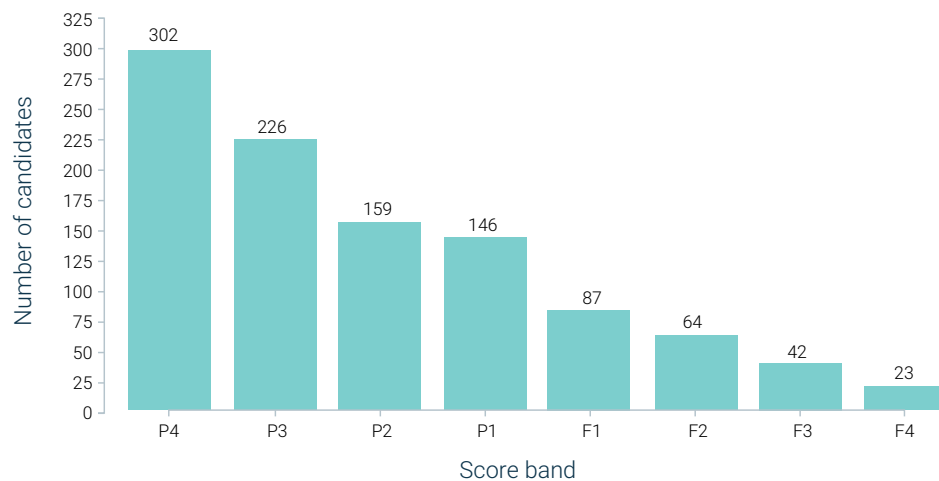


Figure 2. 2025.2 AKT candidate distribution by band

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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	61.9
Third attempt	41.7
Fourth and subsequent attempts	31.0

4. Feedback report on 2025.2 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 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 ten 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 2025.2 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 2025.2 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 woman, aged 36 years, with worsening skin lesions on her distal index finger that had been present for several months. She had a past medical history of Raynaud's disease and scleroderma. An image consistent with verruca vulgaris was provided.

The question asked, 'What is the MOST appropriate management?'. Of the options provided, the most appropriate response was salicylic acid 40% topically daily until skin is clear. Alternative options included cryotherapy for 60 seconds and prescription of methylprednisolone cream topically daily.

This is an example of a two-step question. The question required candidates to correctly identify the skin lesions as verruca vulgaris and to select the most appropriate management. In this case, the patient's past medical history was important to guide treatment. Although cryotherapy is a commonly used and generally safe procedure, lesion selection and patient factors must be carefully considered. Absolute contraindications are based on underlying systemic illness and vascular compromise. Scleroderma and Raynaud's disease are associated with impaired vascular function and cold sensitivity, increasing the risk of pain, digital ulcers and tissue ischaemia following cryotherapy. These patients are at increased risk of serious complications, including delayed healing, ulceration and necrosis. It is important for GPs to recognise when cryotherapy is not appropriate and to select safer alternatives for patients with contraindications.

Example 2

The clinical scenario described a man, aged 62 years, with discomfort and the passage of fresh blood on passing bowel motions. His symptoms had been ongoing for six weeks. He had a history of HIV and was prescribed triple antiretroviral therapy. He was a current heavy smoker. An image consistent with anal cancer was provided.

The question asked, 'What is the MOST appropriate management?'. Of the options provided, the most appropriate response was referral to a colorectal surgeon for biopsy. Alternative options included prescription of topical glyceryl trinitrate ointment and referral to a colorectal surgeon for rubber band ligation.

This question required candidates to consider the patient's presenting complaint, medical history and examination findings to make a diagnosis of anal cancer. While anal cancer is not a common presentation in Australian general practice, it is an important condition not to be missed. Anal cancer is more common in immunocompromised individuals, and cigarette smoking further increases the risk. It is important for GPs to recognise red flag features and distinguish between benign anorectal conditions and those requiring urgent investigation for malignancy.

Example 3

The clinical scenario described a woman, aged 27 years, presenting to discuss blood test results ordered as part of her routine pre-operative work-up for bariatric surgery. Her BMI was 40 kg/m² and her physical examination was otherwise unremarkable. Thyroid function test results from six weeks earlier and from today were provided. The results were consistent with persistent subclinical hyperthyroidism. Her thyroid-stimulating hormone receptor antibodies were negative.

The question asked, 'What is the MOST appropriate next step?'. Of the options provided, the most appropriate response was radionuclide thyroid scan. Alternative options included ultrasound thyroid and prescription of carbimazole 10 mg three times daily.

This question required candidates to make a diagnosis of subclinical hyperthyroidism and to understand the most appropriate next step. A negative thyroid-stimulating hormone receptor antibody makes Graves' disease unlikely. Therefore, a radionuclide thyroid scan should be ordered to differentiate between other causes such as toxic nodules or thyroiditis. As the patient was asymptomatic, pharmacological treatment was not required. An ultrasound thyroid is indicated for palpable thyroid nodules or structural concerns and would not assist with differentiating functional causes of hyperthyroidism.

Thyroid conditions are very common in Australian general practice. It is important for GPs to understand the appropriate sequence of investigations in thyroid disease to avoid unnecessary testing and ensure accurate diagnosis.

5. Topics and curriculum units

Topics that were included in the 2025.2 AKT and their corresponding curriculum contextual unit are detailed in Table 3.

Table 3. 2025.2 AKT topics and corresponding curriculum contextual unit

Topic	Curriculum contextual unit
Acne	Dermatological presentations
Acromegaly	Endocrine and metabolic health
Acute cholecystitis	Gastrointestinal health
Acute coronary syndrome	Emergency medicine
Acute laryngitis	Respiratory health
Acute lower back pain	Musculoskeletal presentations
Acute rhinosinusitis	Ear, nose, throat and oral health
Acute skin eruption	Dermatological presentations
Adhesive capsulitis of the shoulder	Musculoskeletal presentations
Adjustment disorder	Military and veteran health
Adverse drug reaction	Infectious diseases
Alopecia	Dermatological presentations
Anal cancer	Men's health
Anaphylaxis	Emergency medicine
Angina	Cardiovascular health
Ankle injury	Musculoskeletal presentations
Antibiotic prophylaxis for dental procedures	Child and youth health
Aortic stenosis	Cardiovascular health

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Topic	Curriculum contextual unit
Asthma inhaler device technique	Respiratory health
Asthma: diagnosis	Respiratory health
Asthma: management	Respiratory health
Attention deficit hyperactivity disorder	Mental health
Autism spectrum disorder	Mental health
Benign prostatic hyperplasia	Kidney and urinary health
Bradyarrhythmia	Cardiovascular health
Candidal vulvovaginitis	Women's health
Cardiac syncope	Emergency medicine
Carotid stenosis	Older person's health
Cervical screening	Women's health
Childhood vaccination: contraindication	Child and youth health
Cholesteatoma	Ear, nose, throat and oral health
Chronic kidney disease: management	Endocrine and metabolic health
Chronic kidney disease: screening	Kidney and urinary health
Chronic obstructive pulmonary disease diagnosis	Respiratory health
Chronic obstructive pulmonary disease exacerbation	Respiratory health
Chronic rhinosinusitis	Ear, nose, throat and oral health
Common warts	Dermatological presentations
Concussion	Neurological presentations

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Topic	Curriculum contextual unit
Conduct disorder	Mental health
Congestive cardiac failure	Cardiovascular health
Cow's milk protein allergy	Child and youth health
Croup	Emergency medicine
Cushing's syndrome	Endocrine and metabolic health
De Quervain's tenosynovitis	Musculoskeletal presentations
Deep vein thrombosis	Haematological presentations
Dementia with Lewy bodies	Older person's health
Developmental dysplasia of the hip	Child and youth health
Diabetic ketoacidosis	Emergency medicine
Diabetic neuropathy	Endocrine and metabolic health
Dupuytren's contracture	Musculoskeletal presentations
Dysmenorrhoea	Women's health
Eating disorder	Endocrine and metabolic health
Emergency contraception	Women's health
Epstein–Barr virus infection	Infectious diseases
Fitness to drive	Neurological presentations
Gastroenteritis	Infectious diseases
Generalised anxiety disorder	Mental health
Haemochromatosis	Haematological presentations
Haemorrhoids	Gastrointestinal health

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Topic	Curriculum contextual unit
Hand injury	Musculoskeletal presentations
Head lice	Infectious diseases
Health anxiety	Women's health
Hearing loss: acute	Ear, nose, throat and oral health
Hearing loss: chronic	Military and veteran health
Henoch–Schönlein purpura	Child and youth health
Hepatitis A infection	Gastrointestinal health
Hepatitis C infection	Gastrointestinal health
Herpes zoster immunisation	Infectious diseases
Hip pain: acute	Musculoskeletal presentations
Hip pain: chronic	Musculoskeletal presentations
Hyperhidrosis	Dermatological presentations
Hypertension	Older person's health
Hypertriglyceridaemia	Cardiovascular health
Hypothyroidism	Endocrine and metabolic health
Inflammatory bowel disease	Gastrointestinal health
Inguinal hernia	Emergency medicine
Inhaled foreign body	Respiratory health
Insomnia	Mental health
Intussusception	Child and youth health

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Topic	Curriculum contextual unit
Irritable bowel syndrome	Gastrointestinal health
Ischaemic colitis	Gastrointestinal health
Ischial bursitis	Musculoskeletal presentations
Lactational mastitis	Women's health
Lateral epicondylitis	Musculoskeletal presentations
Lipoma	Dermatological presentations
Lung cancer	Respiratory health
Macular degeneration	Eye presentations
Medical termination of pregnancy: complications	Pregnancy and reproductive health
Migraine prophylaxis	Neurological presentations
Motivational interviewing techniques	Men's health
Neck pain	Musculoskeletal presentations
Neonatal rash	Child and youth health
Nodular basal cell carcinoma	Dermatological presentations
Non-alcoholic fatty liver disease	Endocrine and metabolic health
Oral contraceptive: drug interaction	Integrative medicine
Oral lichen planus	Dermatological presentations
Orbital cellulitis	Eye presentations
Osteomyelitis	Infectious diseases
Osteoporosis: management	Endocrine and metabolic health
Osteoporosis: screening	Endocrine and metabolic health

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Topic	Curriculum contextual unit
Otitis externa	Ear, nose, throat and oral health
Overactive bladder	Kidney and urinary health
Paediatric sleep apnoea	Respiratory health
Palliative care advice	Palliative care
Pancreatic cancer	Gastrointestinal health
Panic disorder	Mental health
Parkinson's disease dementia	Neurological presentations
Parvovirus infection	Pregnancy and reproductive health
Patellofemoral pain syndrome	Musculoskeletal presentations
Pericarditis	Cardiovascular health
Peripheral artery disease	Musculoskeletal presentations
Pertussis	Respiratory health
Plantar fasciitis	Musculoskeletal presentations
Polycystic ovarian syndrome	Women's health
Postpartum psychosis	Mental health
Post-traumatic stress disorder	Mental health
Premature ovarian insufficiency	Women's health
Primary aldosteronism	Cardiovascular health
Prolonged grief disorder	Mental health
Prostate cancer screening	Men's health
Protracted bacterial bronchitis	Respiratory health

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Topic	Curriculum contextual unit
Pseudogout	Musculoskeletal presentations
Psoriasis	Dermatological presentations
Pyogenic granuloma	Dermatological presentations
Renal colic	Emergency medicine
Roseola	Child and youth health
Ruptured Baker's cyst	Musculoskeletal presentations
Scoliosis	Child and youth health
Seborrhoeic dermatitis	Dermatological presentations
Silicosis	Occupational and environmental medicine
Snake envenomation	Emergency medicine
Social phobia	Mental health
Subclinical hyperthyroidism	Endocrine and metabolic health
Subconjunctival haemorrhage	Eye presentations
Subpoena of medical record	Mental health
Substance abuse: complications	Addiction medicine
Supraventricular tachycardia	Cardiovascular health
Systemic lupus erythematosus	Respiratory health
Testicular lump	Child and youth health
Threadworm	Gastrointestinal health
Tinea capitis	Dermatological presentations
Tuberculosis screening	Infectious diseases

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Topic	Curriculum contextual unit
Type 2 diabetes: diagnosis	Endocrine and metabolic health
Upper respiratory tract infection	Respiratory health
Urinary tract infection	Kidney and urinary health
Vaginal discharge	Women's health
Valvular heart disease	Cardiovascular health
Vasomotor symptoms of menopause	Women's health
Venous leg ulcer	Cardiovascular health
Workers' compensation certification	Occupational and environmental medicine

6. Further information

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

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