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RACGP EXAM PREP

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Baulkham Hills, Sydney

A guide for the AKT KFP and CCE

FOREWORD

Welcome to the GP Institute, a place where aspiring and practicing GPs alike find essential resources and support to thrive in their medical careers. Our mission is simple yet profound: to equip future general practitioners with the knowledge, skills, and confidence they need to succeed in the demanding but rewarding field of general practice.

At the GP Institute, we understand the unique journey that GP training entails—from the foundational exams like the RACGP AKT and KFP, through to the development of core competencies and the nuances of patient-centred care. Our programs and materials are specifically designed to not only prepare you for these assessments but also to deepen your understanding of general practice and to cultivate a professional skill set that will serve you well throughout your career.

The resources provided in this brochure reflect our commitment to excellence and innovation in GP training. With a comprehensive curriculum developed by experienced clinicians, practice questions that mirror exam formats, and tailored workshops, the GP Institute stands ready to support your success. We are dedicated to nurturing both competence and confidence as you navigate the complex and dynamic world of general practice.

Whether you are beginning your journey or seeking to enhance your skills, we are here to support you every step of the way. We hope that this brochure provides you with a clear insight into how we can be an integral part of your professional journey.

Massive Question Banks covers Murtaghs textbook, Journals like AJGP, gplearning & CHECKS. 24 Mock tests, free webinars, daily webinars for members, Flashcards, Video tutorials, Audiobooks, High yield Notes, One on One mentoring sessions are offered at a fraction of the cost. We make sure your exam techniques are sharpened using our techniques.

Our team and Education Board & Advisory members consists of reputed experienced GPs with over 100 years combined teaching experience(retired and practising portfolio), Specialists, Management Professionals, Statisticians to ensure you pass in your first attempt. IMGs especially find this exam tricky and difficult, hence we have mentoring advisors to give a special helping hand to set you up for success.

Warm regards,

The GP Institute Team
Through Excellence & Research, We Can.

AKT/ KFT/ CCE EXAM OVERVIEW

The RACGP Applied Knowledge Test (AKT) and Key Feature Problems(KFP) is a computer-based examination for general practice (GP) trainees. GP trainees typically take this exam during the later stages of their training. Candidates are permitted a maximum of four attempts to pass the AKT. Testing is conducted at designated Pearson VUE examination centres across Australia. The AKT & KFP exams have a duration of approximately 3 and a half hours and usually consists of around 150 MCQs and 72 EMQs for teh KFP. Covering the main domains:

- 80% - Clinical Medicine: Includes all areas within the RACGP curriculum, encompassing various clinical specialties and general practice scenarios.
- 10% - Evidence-Based Practice: Covers statistics, data interpretation, and study types essential to GP practice.
- 10% - Practice and Professionalism: Focuses on organizational aspects, including practice management, medicolegal issues, and professional responsibilities.
- The pass mark varies with each exam, and passing standards have been adjusted over time. The pass rate averages around 73%.

Question Formats

The RACGP AKT features a variety of question formats, including:

- Single Best Answer (SBA): Candidates choose the single most appropriate answer from a list of five options.
- Extended Matching Questions (EMQ): Requires selecting the best answer from a list (typically between 6 and 10 options), often with a series of related EMQs.
- Algorithm Questions: Tests candidates' knowledge of critical management algorithms, such as RACGP guidelines, emergency management, and acute care pathways.
- Picture-Based Questions: These include images related to clinical practice, such as dermatological cases, radiology images, ECG, CT scans, or eye examinations.
- Key Trials and Evidence: Questions may cover significant studies or trials impacting GP practice in Australia.

There are no negative markings for wrong answers.

GPI offers more than 12,000 MCQs for the AKT, more than 1000 EMQs for the KFP an d more than 300 CCE case scenarios.

In addition there are more than 10,000 Flashcards, more than 8 hours of video tutorials of Administration, organisation and statistics.

We organise specialists to webinars for the benefit of the trainees.

High Yield Notes, audio- video books to complement the studies and extend your learning scope.

Daily interactive webinars to help trainees get used to the 'hot seat'.

We also offer free 'webinars' to trainees who will get value and benefit from our courses.

2 Days Crash Crammer courses for those last minute revisions are offered.

Our CCE crash course is extremely popular.

EFFECTIVE REVISION FOR THE EXAMS

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Plan Your Revision

It's essential to decide when you intend to sit the exam so you can allocate enough time to cover the full RACGP curriculum. Most trainees find that 6-9 months is necessary for thorough preparation. Divide your study into manageable sessions; concentration tends to wane after about an hour, so plan for short breaks to help maintain focus. Adopting a systematic approach will help ensure you cover all important topics. Allocate the majority of your time to clinical knowledge, as this represents 80% of the exam's marks.

Perseverance Is Key

Once you have a revision plan, sticking to it is crucial—covering all the clinical material takes time, and there are no shortcuts. While it can be tempting to overlook the organisational and evidence-based practice domains, these areas can offer valuable marks for a modest amount of study time.

Practice Makes Perfect

Active learning, such as practicing questions, is more effective than passive methods like reading alone. Incorporate practice questions into your study routine, ideally using questions that mirror the exam format to become familiar with the types of questions and timing. Focus especially on areas where you feel less confident, as the exam has strict time constraints, allowing an average of just 57 seconds per question.

Recommended Study Resources

To cover the clinical material thoroughly, consider using the latest edition of the RACGP Guidelines for General Practice and a trusted reference like the Murtaghs Textbook of General Practice. Being well-versed in clinical guidelines for common conditions is essential, as these are often emphasized in the exam. Familiarity with management plans, including drug interactions, side effects, and referral guidelines, will also be beneficial; resources such as the Australian Medicines Handbook (AMH) and Therapeutic Guidelines are invaluable for this.

Practice Questions

We've included some sample questions to help you get accustomed to the style and content of RACGP questions.

Handy Planners

We offer handy study Planners to complement our webinars thus ensuring thorough coverage of the entire syllabus including revisions. Study smart, not hard!

PREPARING FOR THE RACGP AKT? FEELING UNDER PREPARED?

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Boost your score with GP Institutes CRASH CRAMMER 2 day course

Boost Your Scores with GP Institute's 2-Day RACGP AKT Preparation Course. Usually held on *Monday- Tuesday in the exam week*.

- High-Yield Topics – Covering over 100 essential clinical topics identified through examiner feedback, focusing on frequently tested areas to help maximize your exam performance.
- Evidence Interpretation – Simplifying statistics, interpreting common graphs and charts, ECGs, X rays and understanding different study types.
- Exam Techniques for the AKT – Learn to navigate keywords, optimize your revision strategies, and gain tips for success on exam day.
- Experience the real exam layout and timing with our AKT-level questions, including picture-based tests featuring high-quality dermatology, otoscopy, and fundoscopy images of key conditions.

All course materials and FREE access to a FULL online mock exam is provided!

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$999

Money Back Guarantee if not satisfied in first 2 hours

Sat & Sun 8 am- 5 pm. Total 16 hours

READY FOR THE RACGP KFP? NOT CONFIDENT?

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Elevate your chances with GP Institute's intensive 2-Day Crash Crammer Course!

"Give your self the best chance to pass with GP Institute's intensive 2-Day RACGP KFP Preparation Course, held *Wednesday and Thursday during the exam week*.

- Key Clinical Topics – Master over 100 high-yield topics prioritized from examiner insights, focusing on frequently tested areas to optimize your KFP performance.
- Evidence Interpretation – Gain clarity in interpreting statistics, graphs, ECGs, X-rays, and various study designs, ensuring a solid grasp of evidence-based medicine.
- KFP Exam Techniques – Enhance your approach to identifying keywords, refining revision strategies, and applying insider tips for exam success.
- Experience the KFP exam's structure and timing with questions at KFP level, featuring realistic scenarios and high-quality images in dermatology, otoscopy, and fundoscopy, covering essential conditions for a comprehensive review.

All course materials and FREE access to a FULL online mock exam is provided!

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OUR AKT SAMPLE QUESTION

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Q1. Sarah, a 32-year-old teacher from Melbourne, presents with neck pain radiating to her left jaw and ear. On examination, she has a low-grade fever and thyroid tenderness. Test results show hyperthyroidism, elevated erythrocyte sedimentation rate, and negative thyroid antibodies. Her nuclear thyroid scan reveals generalised low radioiodine uptake. What is the MOST appropriate provisional diagnosis?

1.Acute infectious thyroiditis
2.Subacute thyroiditis
3.Graves' disease
4.Hashimoto's thyroiditis
5.Thyroid lymphoma

Q2. You are reviewing a new drug that claims to reduce myocardial infarctions in high-risk patients. The study shows a larger reduction in cardiovascular events in the intervention group compared to the control group. A pharmaceutical representative states that the drug reduces the occurrence of myocardial infarction by 30%. What type of evidence-based measure is being described by the pharmaceutical sales representative?

1.Relative risk reduction
2.Absolute risk reduction
3.Number needed to treat
4.Odds ratio
5.Incidence rate

Q3. James, a 40-year-old accountant in Brisbane, seeks advice on cancer screening. His family history includes one first-degree and one second-degree relative diagnosed with colorectal cancer after age 55. What is the MOST appropriate recommendation for cancer screening based on James's history?

1.Recommend faecal occult blood test (FOBT) every two years starting immediately
2.Advise colonoscopy every five years from age 45
3.Recommend FOBT every two years from age 50
4.Suggest flexible sigmoidoscopy every 3 years from age 45
5.Advise against any specific colorectal cancer screening

AKT SAMPLE QUESTIONS

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Q4. Sarah, a 55-year-old teacher in Melbourne, is referred for follow-up of abnormal thyroid tests after recent surgery. She has an elevated TSH with normal T4. What is the MOST appropriate next step?

1.Prescribe thyroxine 100 mcg orally daily
2.Repeat thyroid function tests in six weeks
3.Start iodine supplementation
4.Refer to an endocrinologist immediately
5.Order thyroid antibody tests

Q5. Sarah, a 30-year-old woman at 34 weeks gestation, presents to your clinic in Brisbane with concerns about reduced foetal movements for the past 6 hours. Physical examination is normal, including a normal foetal heart rate. What is the MOST appropriate next step?

1.Reassure Sarah that this is normal in late pregnancy
2.Recommend the use of a 'kick-chart' for 24 hours
3.Urgently refer to an obstetric unit for cardiotocography
4.Perform an ultrasound in the clinic
5.Schedule a follow-up appointment in 48 hours

Q6. Jane, a 42-year-old teacher, presents to your rural emergency department in Queensland with palpitations and shortness of breath. Examination shows tachycardia, low-normal BP, and reduced O2 sats. ECG shows supraventricular tachycardia. Initial non-pharmacological management was ineffective. What is the MOST appropriate pharmacological management?

1.Oral aspirin 300mg
2.Intravenous amiodarone
3.Intravenous adenosine
4.Oral metoprolol
5.Intravenous digoxin

OUR KFP SAMPLE QUESTIONS

Q1. Margaret, a 76-year-old retired teacher in Melbourne, Australia, presents to her GP with complaints of excessive tiredness over the past 3 weeks and unintentional weight loss of 5 kg over the last 3 months. She reports drinking about 30 units of alcohol per week, a habit she says has increased since her husband passed away 2 years ago. Margaret lives alone and has become increasingly socially isolated, often drinking wine in the evenings to cope with loneliness. On further questioning, Margaret mentions intermittent right upper quadrant discomfort and occasional nausea. She has noticed her urine becoming darker and her stools lighter in color. She denies any fever, night sweats, or changes in bowel habits. Medical history includes hypertension controlled with lisinopril and osteoarthritis managed with occasional NSAIDs. She has no known history of liver disease or hepatitis. On examination, Margaret appears thin and frail with visible jaundice. Her BMI is 19.5 kg/m^2. Abdominal examination reveals a palpable, firm epigastric mass and a liver edge palpable 4 cm below the right costal margin. There is mild tenderness in the right upper quadrant. Spider angiomas are noted on her chest and arms. No ascites or peripheral edema is evident. Initial laboratory results show: Hemoglobin: 10.2 g/dL (low) White blood cell count: 4.5 x 10^9/L (normal) Platelet count: 95 x 10^9/L (low) Total bilirubin: 4.2 mg/dL (elevated) ALT: 95 U/L (elevated) AST: 120 U/L (elevated) Alkaline phosphatase: 450 U/L (elevated) Albumin: 2.8 g/dL (low) INR: 1.4 (elevated). After conducting a thorough examination and considering the findings, what are the four closest differential diagnoses that could explain Margaret's symptoms?

1. Hepatitis B
2. Hepatitis C
3. Cirrhosis
4. Alcoholic liver disease
5. Cholecystitis
6. Pancreatic cancer
7. Gallbladder cancer

Q2. Given Margaret’s clinical presentation, what are the five initial investigations that would help with the diagnosis?

1.Complete blood count (CBC)
2.Liver function tests (LFTs)
3.Abdominal ultrasound
4.CT scan of the abdomen

KFP SAMPLE QUESTIONS

5.MRI of the liver
6.Alpha-fetoprotein (AFP) levels
7.Hepatitis serology
8.Anti-liver kidney microsomal antibody (anti-LKM-1)
9.Antimitochondrial antibody (AMA)
10. Alpha-fetoprotein (AFP)
11. Ceruloplasmin
12. Ferritin and iron studies

Q3. Dr. James Wright evaluates a 65-year-old woman, Margaret, who presents with a 5-day history of severe ear pain, vesicular rash on her right auricle, and unilateral facial paralysis. Margaret also reports recent onset of decreased hearing and vertigo. She is otherwise healthy, with no significant medical history but mentions recent stress related to caring for her elderly husband. Physical examination reveals vesicles on the external ear canal and auricle, as well as facial drooping and inability to close her right eye. Tympanic membrane (TM) appears normal. Margaret also has reduced corneal reflex on the right side. Which 4 out of the following are the closest differentials?

1.Ramsay Hunt syndrome
2.Acute otitis media
3.Otitis externa
4.Trigeminal neuralgia
5.Temporal arteritis
6.Herpes simplex virus infection
7.Acoustic neuroma

NEW FORMAT KFP QUESTIONS WILL BE AVAILABLE BY DECEMBER 31

HIGH YIELD CORE DOMAINS CHECKLIST

CLINICAL DOMAINS

Health Promotion / Preventing Ill Health
✓ Healthy eating – recommended intake
✓ Screening programmes
✓ Smoking cessation

Genetics in Primary Care
✓ Family tree charts – pedigree symbols
✓ Modes of inheritance
✓ Testing for genetic disorders
✓ Important genetic disorders
✓ Trisomy 21, Klinefelter's, Marfans
✓ Retinitis pigmentosa, cystic fibrosis, haemophilia
✓ Duchenne muscular dystrophy
✓ Phenylketonuria, albinism

Care of Acutely Ill People
✓ Anaphylaxis
✓ Aneurysms
✓ Appendicitis
✓ Basic life support – adult and paediatric
✓ Ectopic pregnancy
✓ Intestinal obstruction or perforation
✓ Limb ischaemia
✓ Meningitis
✓ Myocardial infarction
✓ Pulmonary embolus
✓ Status epilepticus
✓ Subarachnoid haemorrhage

Care of Children and Younger People
✓ Attention deficit hyperactivity disorder (ADHD)
✓ Autistic spectrum disorders
✓ Childhood asthma
✓ Child abuse, child protection
✓ Childhood hearing problems and screening
✓ Childhood infections – common + rare rious
✓ Childhood vaccination schedule
✓ Constipation
✓ Developmental milestones
✓ Eating disorders
✓ Failure to thrive
✓ Febrile convulsions
✓ Glandular fever
✓ Meningitis
✓ Neonatal problems: feeding problems, heart murmurs, neonatal jaundice
✓ Nocturnal enuresis
✓ Otitis media
✓ Reporting sexual activity
✓ Respiratory illness – bronchiolitis, whooping cough, cystic fibrosis
✓ Urinary tract infection

Care of Older People
✓ Assessing cognitive function: MMT, MMSE
✓ Confusion
✓ Dementia
✓ Dizziness
✓ Falls
✓ Living wills
✓ Parkinson's disease
✓ Power of attorney
✓ Stroke / TIA

ENT and Facial Problems
✓ Bell's palsy
✓ Cholesteatoma
✓ Epistaxis
✓ Glandular fever
✓ Hearing loss and audiology
✓ Infective and allergic rhinitis
✓ Laryngitis
✓ Ménière's disease
✓ Nasal polyps
✓ Oral candida
✓ Oral herpes
✓ Otitis externa
✓ Otitis media
✓ Perforated tympanic membrane
✓ Pharyngitis
✓ Salivary stones
✓ Sinusitis
✓ Snoring and sleep apnoea
✓ Suspected head and neck cancer
✓ Temporo-mandibular pain
✓ Tonsillitis and indications for tonsillectomy
✓ Trigeminal neuralgia
✓ Vertigo

Basic Statistics
✓ 95% confidence intervals
✓ P values and statistical significance
✓ Predictive value
✓ Prevalence and incidence
✓ Relative risk and odds ratios
✓ Risk - ARR and calculating NNT
✓ Sensitivity and specificity
✓ Standard deviation
✓ Types of average – mean, mode, median
✓ Types of error (Type 1 and Type 2)

Please note: This list is not exhaustive, and not just limited to these.

Interpreting Graphs and Charts
✓ Cates plots
✓ Forrest plots for meta-analysis
✓ Funnel plots
✓ L'Abbe plots
✓ Regression analysis and correlation
✓ Scatter plots

Types of Study
✓ Case series
✓ Cross-sectional survey
✓ Case control study
✓ Cohort study
✓ Randomised controlled trial
✓ Systematic reviews and meta-analysis
✓ Strength of evidence
✓ Qualitative / quantitative studies

Organisational Domain
✓ Access to medical records
✓ Appraisal
✓ Certification – sickness, death, cremation, blindness
✓ Clinical governance
✓ Confidentiality / disclosure
✓ Controlled drugs regulations
✓ Drug administration rules for non-prescribers

Employment Legislation
✓ Employment Standards Act
✓ Fair Work Act
✓ Work Health and Safety Act
Fitness to Drive
✓ Fitness to drive assessment
Fitness to Fly
✓ Medical clearance for air travel

Health and Safety
✓ Occupational Health and Safety Act
Legislation
✓ Privacy Act
✓ Health Records Act
✓ Freedom of Information Act

Medicolegal Issues
✓ Understanding of medicolegal responsibilities
Complaints Procedures
✓ Health Complaints Commissioner procedures

Organisations
✓ Australian Health Practitioner Regulation Agency (AHPRA)
✓ Therapeutic Goods Administration (TGA)
✓ Royal Australian College of General Practitioners (RACGP)
✓ Local Health Districts (LHD)

Professionalism
✓ Medical Board of Australia guidelines
Statutory Duties of Doctors
✓ Responsibilities as outlined by AHPRA

Types of Contract
✓ General Medical Services (GMS)
✓ Practice Management Services (PMS)
✓ Alternative Payment Models (APMS)

Types of Service
✓ Essential services
✓ Additional services
✓ Enhanced services

Basic Statistics
✓ 95% confidence intervals
✓ P values and statistical significance

Women's Health
✓ Antenatal care
✓ Breast disease
✓ Cervical screening
✓ Contraception
✓ Dysmenorrhoea
✓ Ectopic pregnancy
✓ Endometriosis
✓ Fibroids
✓ Gynaecological malignancies
✓ Hormone replacement therapy
✓ Infertility / subfertility
✓ Menopause
✓ Miscarriage and abortion
✓ Pregnancy-related illness (e.g., preeclampsia, placenta praevia, etc.)
✓ Urinary incontinence
✓ Vaginal and uterine prolapse

Men's Health
✓ Prostate disease – BPH, prostatitis, PSA
✓ Benign testicular conditions
✓ Erectile dysfunction
✓ Male infertility
✓ Paraphimosis and priapism
✓ Testicular and prostate cancer
✓ Testicular torsion
✓ Vasectomy

Sexual Health
✓ Ano-genital warts
✓ Bacterial vaginosis
✓ Candidiasis
✓ Chlamydia
✓ Gonorrhoea

Please note: This list is not exhaustive, and not just limited to these.

✓ Group B haemolytic streptococcus
✓ HIV/AIDS
✓ Reiter's syndrome
✓ Sexual dysfunction
✓ Syphilis
✓ Trichomonas vaginalis

Cancer and Palliative Care
✓ 2-week referral criteria for suspected cancers
✓ Pain management
✓ WHO pain ladder
✓ Syringe drivers
✓ Drug conversions – opioids
✓ Palliative symptom management
✓ Screening programmes for common cancers

Prescribing and Drug Safety
✓ Drug interactions and contraindications
✓ Drug side effects
✓ Drug monitoring for common and important drugs
✓ Over the counter (OTC) medications
✓ Selected List Scheme drugs

Eye Disease
✓ Blepharitis
✓ Cataract
✓ Conjunctivitis (infective and allergic)
✓ Corneal ulcers and keratitis
✓ Diplopia
✓ Dry eye syndrome
✓ Entropion and ectropion
✓ Episcleritis and scleritis
✓ Glaucoma
✓ Iritis and uveitis
✓ Myopia, hypermetropia, astigmatism
✓ Naso-lacrimal obstruction and dacryocystitis
✓ Optic disc atrophy
✓ Retinal detachment
✓ Retinopathy
✓ Strabismus
✓ Stye and chalazion
✓ Vitreous detachment / haemorrhage

Metabolic Problems
✓ Acromegaly
✓ Addison's disease
✓ Body mass index calculation
✓ Cushing's syndrome
✓ Chronic kidney disease and eGFR
✓ Diabetes insipidus
✓ Diabetes mellitus – Type 1 and 2
✓ Diabetic emergencies
✓ Hypoglycaemia
✓ Hyperglycaemic ketoacidosis
✓ Hyperglycaemic hyperosmolar non-ketotic coma

✓ Diabetic nutrition – glycaemic index
✓ Diabetic nutrition – glycaemic index
✓ Hyperlipidaemia
✓ Hyperuricaemia
✓ Impaired fasting glycaemia
✓ Impaired glucose tolerance
✓ Obesity
✓ Phaeochromocytoma
✓ Prolactinoma
✓ Thyroid disorders
✓ Thyroid emergencies – myxoedema coma and hyperthyroid crisis

Mental Health
✓ Acute psychosis / mania
✓ Alcohol and drug misuse
✓ Anxiety disorders
✓ Bipolar disorder
✓ Depression
✓ Eating disorders
✓ Mental Health Act
✓ Post-traumatic stress disorder
✓ Schizophrenia and other psychotic illnesses
✓ Self-harm
Learning Disability
✓ Autistic spectrum disorder
✓ Cerebral palsy
✓ Fragile X syndrome
✓ Risks associated with learning disability
✓ Trisomy 21 (Down syndrome)

Cardiovascular Problems
✓ Arrhythmias
✓ Cardiovascular disease risk assessment
✓ Coronary heart disease
✓ Angina
✓ Acute coronary syndromes
✓ Cardiac arrest
✓ Cardiomyopathy
✓ Cerebrovascular disease (stroke and TIA)
✓ Congenital heart disease
✓ Heart failure
✓ Hypertension
✓ Lipid management
✓ Peripheral vascular disease (arterial and venous)
✓ Thromboembolic disease (DVT and PE)
✓ Valve disease

Digestive Problems
✓ Acute abdominal conditions
✓ Appendicitis
✓ Cholecystitis
✓ Pancreatitis
✓ Coeliac disease
✓ Constipation
✓ Colorectal cancer
✓ Diverticulosis

Please note: This list is not exhaustive, and not just limited to these.

✓ Gallstones
✓ Gastroenteritis
✓ GI cancers
✓ GORD - reflux
✓ Haemorrhoids
✓ Inflammatory bowel disease
✓ Irritable bowel syndrome
✓ Non-ulcer dyspepsia, gastritis, peptic ulceration

Drugs and Alcohol
✓ Alcohol-related emergencies
✓ Assessing alcohol intake – units
✓ National Clinical Guidelines - care of drug users
✓ Screening tools for alcohol dependence
✓ Testing in drug treatment
✓ Treatment of alcohol dependence

Neurological Problems
✓ Amyotrophic lateral sclerosis
✓ Bell's palsy
✓ Brain tumours
✓ Carpal tunnel syndrome
✓ Epilepsy
✓ Headache – BASH guidelines
✓ Huntington's disease
✓ Meningitis / encephalitis
✓ Multiple sclerosis
✓ Parkinson's disease
✓ Polyneuropathies
✓ Raised intracranial pressure
✓ Subarachnoid haemorrhage
✓ Temporal arteritis
✓ Trauma and concussion
✓ Trigeminal neuralgia
✓ Vertigo

Respiratory
✓ Asthma
✓ Atypical pneumonias
✓ Bronchiectasis
✓ Community-acquired pneumonia
✓ COPD
✓ Influenza (including avian flu and swine flu)
✓ Lung cancer
✓ Pneumothorax
✓ Smoking cessation
✓ Spirometry
✓ Tuberculosis
✓ Vaccination against respiratory illness

M**usculoskeletal Problems**
✓ Acute arthropathies
✓ Ankylosing spondylitis
✓ Back pain
✓ Cervicalgia
✓ Disease-modifying anti-rheumatic drugs
✓ Fibromyalgia
✓ Frozen shoulder
✓ Gout
✓ Indications for imaging
✓ Joint injections
✓ NSAIDs including monitoring
✓ Osteoarthritis
✓ Osteoporosis
✓ Polymyalgia rheumatica
✓ Rheumatoid arthritis
✓ Septic arthritis

Skin Disease
✓ Acne and rosacea
✓ Angioedema
✓ Discoid lupus
✓ Disorders of hair and nails
✓ Disseminated herpes simplex
✓ Drug eruptions
✓ Erythroderma
✓ Generalised pruritus
✓ Granuloma annulare
✓ Leg ulcers and lymphoedema
✓ Lichen planus
✓ Necrotising fasciitis
✓ Pemphigus and pemphigoid
✓ Psoriasis
✓ Scabies and head lice
✓ Skin infections (bacterial, viral, and fungal)
✓ Skin tumours (benign and malignant)
✓ Stevens-Johnson syndrome
✓ Toxic epidermal necrolysis
✓ Urticaria and vasculitis
✓ Vitiligo

Please note: This list is not exhaustive, and not just limited to these.

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MORE THAN JUST EXCELLENCE

FEELING OVERWHELMED FOR THE CCE?

Pass first time with GPIs 2 day CCE course

Key Theory for the CCE

- In-depth exploration of the RACGP marking criteria, examination format, and detailed feedback statements specific to the Australian context.

Consulting Skills

- Utilization of various models for the CCE, techniques, effective interview & communication strategies relevant to the CCE exam.

Common Reasons for Failure

- Identification of frequent pitfalls in the CCE and practical tips on how to avoid them, tailored for the Australian examination.

Best Practice Demonstrations

- Professional examples showcasing effective approaches to challenging scenarios, with a focus on Australian medical practice.

1 on 1 Full Mock $600

Sat & Sun 8 am- 5 pm. Total 16 hours

Money Back if not satisfied in the first 2 hours

Maximum of 5 participants per course to ensure ample opportunity for practice and personalized feedback. Learn from 8 Full Mock exams!

All course materials are provided and online mock exam conducted!

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$999

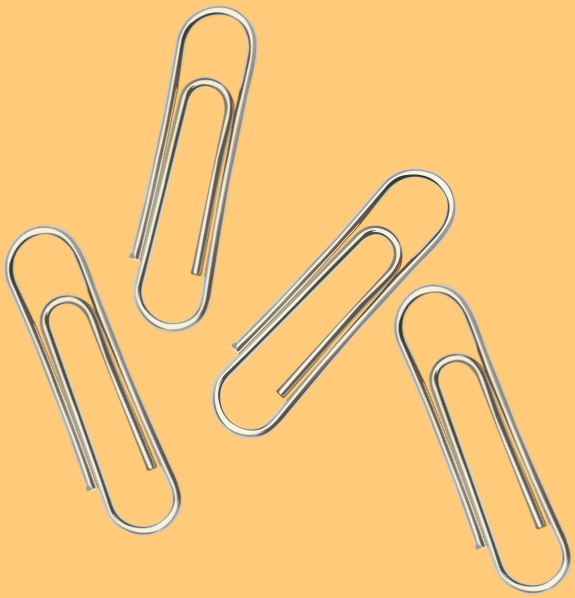
CCE EXAM OVERVIEW

The CCE exam is a rigorous assessment of readiness to practice independently and safely as a qualified GP, focusing on consulting skills, problem-solving, current clinical guidelines, ethics, holistic practice, and hands-on clinical abilities. This challenging exam is typically taken in the 3rd year, with up to four attempts allowed. 2 exam sessions are available throughout the year, held online.

CCE Marking Structure

Each CCE case evaluates various aspects from all of the core domains in the curriculum. Each cade and discussion has different marking criteria set by the college. It is expected a fellow to be adept in all facets of the curriculum.

The exam follows a simulated clinic format with nine clinical cases – four case discussions and five clinical encounters. Each case begins with a 5-minute reading period to review the notes provided . Four cases are in the format of a case discussion that involves a candidate discussing a case with the examiner. Five cases are clinical encounters where the candidate directly interacts with a role-player while the examiner observes and assesses.



EFFECTIVE CCE PREPARATION

Take advantage of our popular 1 on 1 CCE mock test or tutoring for just $200 with 25+ years experienced medical educators

The RACGP Clinical Competency Exam (CCE) assesses candidates' readiness for independent general practice. Understanding the exam format is crucial for effective preparation. Here’s an overview of the CCE structure and key points to consider: Exam Structure

- The CCE consists of nine cases, divided into two formats: Case Discussions Four cases involve discussing a clinical scenario with an examiner.
- These assess clinical reasoning and decision-making skills.
- Clinical Encounters Five cases involve direct interaction with a role-player.
- These evaluate communication skills and patient management.

Each case lasts 15 minutes, with an additional 5 minutes of reading time. Exam Delivery

- The CCE is conducted online, allowing candidates to participate from various locations: The exam takes place over two consecutive weekends.
- Each session lasts up to three hours.
- Candidates receive specific exam days and times.

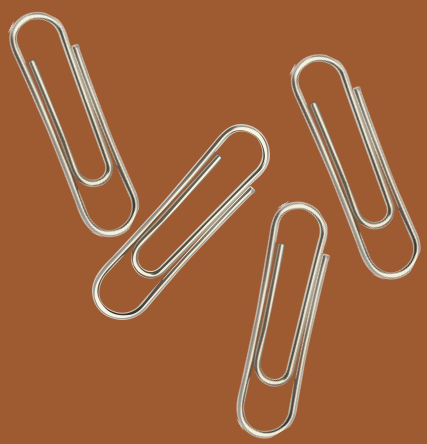
Key Competencies Assessed

- The CCE evaluates candidates across several domains: History-taking
- Physical examination (described verbally)
- Investigations
- Diagnosis formulation
- Management planning
- Communication skills
- Professional attitudes

Preparation Strategies

- To excel in the CCE format, consider the following approaches: Practice with Online Tools: Familiarize yourself with the platform used for the exam, including navigation features.
- Time Management: Practice completing tasks within the 15-minute timeframe for each case.
- Read Instructions Carefully: Pay close attention to the specific tasks required in each case to maximize your efficiency.
- Structured Approach: Develop a systematic method for history-taking, examinations, and management plans.
- Whole-Patient Approach: Demonstrate a biopsychosocial framework in your patient interactions.
- Ethical and Medico-Legal Knowledge: Review these topics as they are frequently assessed.
- Use Reading Time Wisely: Plan your approach during the 5-minute reading period.
- Practice Cases: Utilize available resources and practice scenarios to enhance your skills.

By understanding the CCE format and focusing your preparation on these key areas, you can approach the exam with confidence and demonstrate your readiness for independent general practice.



CORE CASES FOR CCE REVIEW

Each sitting of the RACGP Clinical Competency Exam (CCE) is designed to assess a broad spectrum of clinical scenarios across diverse case types—acute and chronic illnesses, cases that incorporate social and psychological factors, as well as scenarios addressing ethical and medicolegal considerations. Every exam includes at least one paediatric case and a minimum of two cases that evaluate safe prescribing practices. With a large database of cases available for the CCE, preparing for every potential scenario is unrealistic. However, there are key cases within each clinical area that are more commonly tested or are particularly important. Reviewing core topics can help you target your preparation. To assist, we've included a full sample case from the GP Institutes online CCE preparation package for you to practice and refine your approach. Here are some examples:

Cardiovascular

- ✓ Acute angina
- ✓ Worsening chronic heart failure
- ✓ Cardiovascular risk screening
- ✓ Palpitations
- ✓ Recent stroke – psychological impact
- ✓ TIA – risk assessment
- ✓ Hypertension management

Respiratory

- ✓ Chest infection in asthmatic patient
- ✓ URTI – demanding antibiotics
- ✓ Worsening COPD
- ✓ Poorly controlled asthmatic
- ✓ Newly diagnosed asthmatic – peak flow monitoring
- ✓ Smoking cessation
- ✓ Haemoptysis – possible lung cancer
- ✓ Dyspnoea of unknown cause

Neurology

- ✓ Forgetfulness / dementia
- ✓ Parkinson's
- ✓ Brain tumour
- ✓ Sudden onset headache
- ✓ Migraine management
- ✓ Pseudo-seizures
- ✓ Seizure – first presentation
- ✓ Frequent falls – patient living alone

Musculoskeletal

- ✓ Back pain – demanding investigations
- ✓ Back pain – cauda equina
- ✓ Septic arthritis
- ✓ Osteoarthritis
- ✓ Rheumatoid – managing symptoms
- ✓ Frozen shoulder
- ✓ Ankylosing spondylitis
- ✓ Carpal tunnel syndrome

Endocrine / Metabolic

- ✓ Newly diagnosed Type 2 diabetic
- ✓ Poorly controlled diabetic
- ✓ Group 2 driver on insulin – refusing to stop driving
- ✓ Hyperthyroidism
- ✓ Hypothyroidism low mood
- ✓ Obesity

Psychiatry

- ✓ Schizophrenia with depression
- ✓ New onset depression
- ✓ Low mood associated with chronic illness
- ✓ Post-traumatic stress disorder
- ✓ Reactive depression
- ✓ Suicidal patient
- ✓ Young student with eating disorder

Please note: This list is not exhaustive, and not just limited to these.

Cancer / Palliative Care
✓ Pain management – palliative patient
✓ Symptom control – nausea
✓ Discussing diagnoses – breaking bad news
✓ Chemotherapy side effects

Eye Disease
✓ Sudden loss of vision
✓ Painful red eye
✓ Acute glaucoma
✓ Cataracts – worsening vision
✓ Double vision

ENT
✓ Ménière's – with drop attacks at work
✓ Otitis media – requesting antibiotics
✓ Recurrent tonsillitis
✓ Hearing loss – work-related
✓ Dysphagia

Skin Disorders
✓ Severe uncontrolled acne
✓ Psoriasis
✓ Pigmented lesion with rapid growth
✓ Poorly controlled eczema in a child
✓ Itchy skin
✓ Dermatitis related to work environment

Child Health
✓ Parent worried about ADHD
✓ Parent requesting separate jabs for MMR
✓ Bed wetting
✓ Child refusing to go to school
✓ Childhood constipation

Men's Health
✓ Haematuria
✓ Testicular torsion
✓ Healthy patient requesting PSA test
✓ Erectile dysfunction
✓ Athlete using steroids – side effects
✓ Young patient requesting vasectomy

Women's Health
✓ Infertility
✓ Miscarriage
✓ Postnatal depression
✓ Breast lump – worried about cancer
✓ Patient missed cervical screening
✓ HRT options – symptomatic patient
✓ Contraception in a teenager
✓ Urinary incontinence – embarrassed patient
✓ Ruptured ectopic pregnancy
✓ Antenatal appointment – anomaly testing

Sexual Health
✓ Patient with HIV – does not plan to tell his wife
✓ Pelvic inflammatory disease
✓ STI screening
✓ Emergency contraception request

Renal / Urology
✓ Chronic kidney disease – worsening eGFR
✓ Recurrent UTIs
✓ Bladder cancer in a young man
✓ Circumcision request

Gastro-Intestinal
✓ Irritable bowel syndrome
✓ Inflammatory bowel – flare-up
✓ Dyspepsia – suspicious endoscopy result
✓ Malaena
✓ Food poisoning
✓ Rectal bleeding – investigation

Infectious Diseases
✓ Malaria prophylaxis
✓ Notifiable disease – patient requesting confidentiality
✓ Chicken pox exposure in pregnancy
✓ Antibiotic request for viral illness

Miscellaneous
✓ Healthy patient requesting a sick note
✓ Child requesting treatment without parental knowledge
✓ Patient requesting access to partner's notes
✓ Patient angry about care from another doctor
✓ Allergic reaction to drug
✓ Request for homeopathic treatment
✓ Insomnia – request for sleeping tablets
✓ Heavy drinking with social issues
✓ Request for diazepam – patient taking heroin
✓ Request for fitness to fly certificate – multiple medical problems

Please note: This list is not exhaustive, and not just limited to these.

Sample CCE case

We have inlcuded a detaile sample CCE case for you to practice in a study group. You can access 300+ high quality CCE cases at https://gpinstitute.com.au

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Sample CSA case

Instructions for the doctor. Take a history from Michael. A clinical assessment and further investigations will be available to you on request. Then outline the most likely diagnosis, discuss and explain the management plan with him. Michael Thompson is a 52-year-old man who presents to you with fatigue and abdominal discomfort. He has come to the clinic alone, feeling overwhelmed and concerned about his health.

The following information is on his summary sheet: Past medical history : Hypertension, poorly controlled; History of depression treated intermittently.
Medications: Lisinopril for hypertension.
Sertraline for depression
Allergies: No known drug allergies
Immunisations: Up to date, including hepatitis A and B vaccines
Social history: Lives alone, has been employed as a mechanic, and reports drinking alcohol daily for the past 20 years. He often consumes a bottle of wine or more in a day and has noticed increasing difficulty in cutting back. Michael occasionally misses work due to hangovers and has strained relationships with family and friends.

Please review the information given and follow the instructions given. Additional information may or may not be given by the patient or the instructor as requested by the examining candidate. The patient has been specifically instructed to give the examining candidate information only on request by the candidate. If no specific instructions has not been given, then proceed as per you would in your everyday practice.

Instructions for the patient: Michael Thompson

You are 52 years old and have been feeling increasingly tired and unwell for several months. You often wake up with a hangover and experience shaking hands if you don't drink in the morning. You are embarrassed about your drinking habits but are seeking help because you are worried about your health. You hope the doctor can provide support and a plan to get your life back on track.

The following information is on your summary sheet:
Past medical history: Hypertension, poorly controlled, History of depression treated intermittently

Medications: Lisinopril for hypertension, Sertraline for depression
Allergies: No known drug allergies.
Immunisations: Up to date, including hepatitis A and B vaccines
Social history
Lives alone, has been employed as a mechanic, and reports drinking alcohol daily for the past 20 years. He often consumes a bottle of wine or more in a day and has noticed increasing difficulty in cutting back. Michael occasionally misses work due to hangovers and has strained relationships with family and friends.

Examination Findings
If the doctor asks to examine the relevant areas, provide these findings:
BP 150/80
Pulse 80, sinus rhythm, no neurological abnormalities, Cranial nerves intact
no bruit.

Examiners marking sheet:

Competency at Fellowship Level	Competency NOT demonstrated	Competency NOT CLEARLY demonstrated	Competency SATISFACTORILY demonstrated	Competency FULLY demonstrated
1. Communication and Consultation Skills				
7. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours	☐	☐	☐	☐
2. Information Gathering and Interpretation				
4. Physical examination findings are detected accurately and interpreted correctly	☐	☐	☐	☐
6. Interprets investigations in the context of the patient's presentation	☐	☐	☐	☐
3. Diagnosis, Decision Making and Reasoning				
1. Integrates and synthesises knowledge to make decisions in complex clinical situations	☐	☐	☐	☐
3. Demonstrates diagnostic accuracy: the direction of reasoning was appropriate and accurate	☐	☐	☐	☐
5. Articulates an appropriate problem definition	☐	☐	☐	☐
4. Clinical Management and Therapeutic Reasoning				
2. Rational prescribing is undertaken	☐	☐	☐	☐
4. Outlines and justifies the therapeutic options selected, basing this on the patient's needs and the problem list identified	☐	☐	☐	☐
6. non-pharmacological therapies are offered and discussed	☐	☐	☐	☐
7. A patient-centered and comprehensive management plan is developed	☐	☐	☐	☐
5. Preventive and Population Health				
1. Implements screening and prevention strategies to	☐	☐	☐	☐

The above are the minimum domain requirements for a fellow to demonstrate in the exam as applied appropriately to every individual case . The marking sheets are different for each case. Assessing different areas. Examiners are also expected to note down pitfalls and comment on each candidates performance.

improve outcomes for individuals at risk of common causes of morbidity and mortality				
2. Uses planned and opportunistic approaches to provide screening, preventative care and health promotion activities	☐	☐	☐	☐
7. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours	☐	☐	☐	☐

EXAMINER'S OVERALL RATING OF CANDIDATE				
☐ CLEARLY BELOW STANDARD	☐ BELOW EXPECTED STANDARD	☐ BORDERLINE	☐ AT EXPECTED STANDARD	☐ ABOVE STANDARD

1. Deliver culturally safe care
1.4.1.Integrate cultural perspectives, beliefs and impacts of historical events into provision of culturally safe care to Aboriginal and Torres Strait Islander peoples
1.4.2.Integrate cultural perspectives and beliefs into provision of culturally safe care in all cross-cultural consultations

2. Provide person-centred and comprehensive care, using a biopsychosocial approach
2.4.1.Acknowledge patients' experiences and perspectives and integrate these into management plans

3. Manage consultations and communicate effectively with patients, families and carers
3.4.1.Establish a therapeutic relationship and use situational awareness in patient encounters that are challenging
3.4.2.Proactively use resources to minimise communication barriers
3.4.3.Effectively prioritise and set reasonable expectations for the consultation.
3.4.4.Use shared decision making to align patient, family and carer values, goals and preferences to develop a personalised plan
3.4.5.Explain relevant evidence to patients to support informed decisions

4. Collaborate and coordinate care (within healthcare teams and with other professional stakeholders)
4.4.1.Provide continuity and effectively collaborate with healthcare teams to lead and coordinate recommendations

5. Identify and manage uncertainty and acute and undifferentiated presentations (across the lifespan and appropriate to context)
5.4.1.Manage urgent and emergent situations and coordinate appropriate diagnostic strategies
5.4.2.Reappraise diagnoses over time to minimise clinical reasoning errors
5.4.3.Appropriately manage patients with complex acute conditions
5.4.4.Manage uncertainty and ongoing undifferentiated conditions

6. Manage individuals with chronic and complex conditions, providing continuity of care (across the lifespan and appropriate to context)
6.4.1.Deliver appropriate surveillance of chronic conditions and impacts of comorbidities
6.4.2.Adapt communication strategies and provide patients with appropriate resources to optimise self-management
6.4.3.Provide continuity and establish appropriate models and goals of care with patients and their families

7. Promote health and deliver preventive care (across the lifespan and appropriate to context)
7.4.1.Integrate understanding of stages of change and harm minimisation into patient care
7.4.2.Use a range of strategies and resources to provide health education about normal life stages

8. Rationally and responsibly use the healthcare system
8.4.1.Maintain knowledge of relevant government-funded programs and access appropriately

9. Identify and address contributors to health inequity and advocate for care access
9.4.1.Identify strategies to improve health equity in the local community
9.4.2.Identify and manage emerging public health risks in the local community
9.4.3.Advocate for barriers to access to local community care to be addressed

10. Maintain legal and duty of care responsibilities
10.4.1.Counsel individuals and their families or carers impacted by notifications or reporting, about your responsibilities and their rights within legal frameworks
10.4.2.Assess and provide safe management of individuals who refuse or withdraw consent for treatment
10.4.3.Synthesise clinical information for accurate medico-legal reporting

11. Demonstrate professional and ethical conduct
11.4.1.Access resources and support to resolve ethical issues
11.4.2.Identify and ethically support colleagues in difficulty
11.4.3.Mentor colleagues and develop skills in debriefing after distressing experiences

12. Use self-reflection to deliver quality care and to enhance and maintain self-care practices
12.4.1.Regularly reflect on professionalism and ethical conduct and integrate into ongoing learning strategies
12.4.2.Implement an ongoing plan to overcome professional isolation

13. Engage in reflective practice and ongoing learning
13.4.1.Identify gaps in practice relevant to community needs and develop strategies to address these.
13.4.2.Undertake regular reflective practice to improve cultural safety skills over time

14. Integrate best available scientific evidence, teaching and research into practice
14.4.1.Apply critical appraisal skills to research evidence to inform clinical practice
14.4.2.Pose clinical questions that warrant being addressed with formal research

15. Display commitment to practice quality and safety
15.4.1.Participate in and/or lead review of critical incidents and near misses and support quality clinical governance in own practice
15.4.2.Use practice systems effectively to share responsibility for safe clinical care, such as through effective handover, follow-up, recalls and reminders
15.4.3.Identify and lead quality improvement initiatives and/or participate in research to promote quality and safe practice
15.4.4.Ensure the work environment is safe and supported
15.4.5.Describe the management of a general practice as an ethical and legal business

The above are the minimum domain requirements for a fellow to demonstrate in the exam as applied appropriately to every individual case . The marking sheets are different for each case. Assessing different areas. Examiners are also expected to note down pitfalls and comment on each candidates performance.

Flash cards sorted as per RACGP college domains

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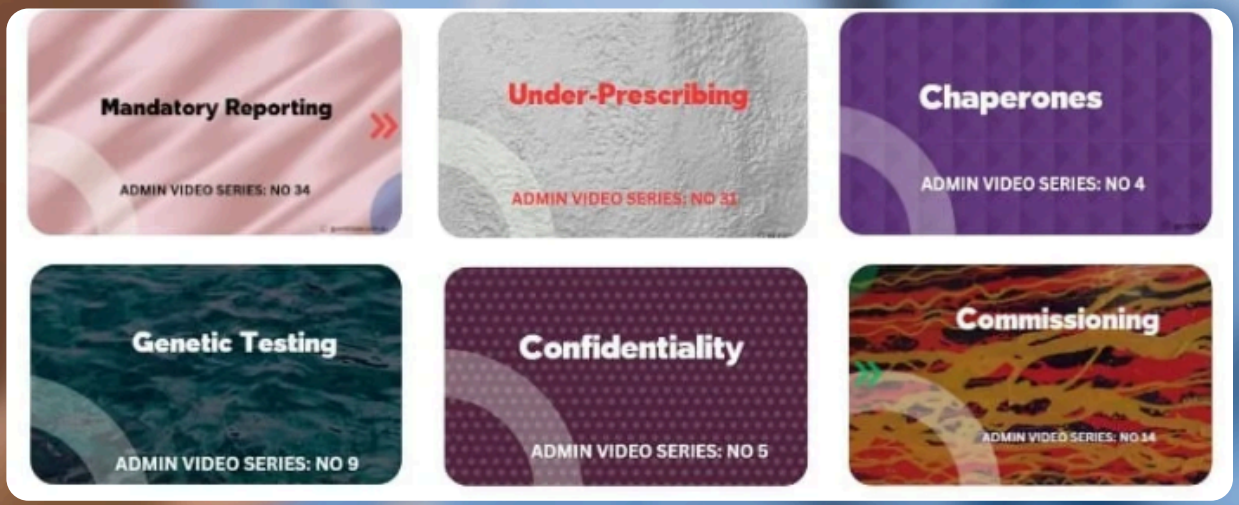
Example screen shot depicting Video tutorials available for members



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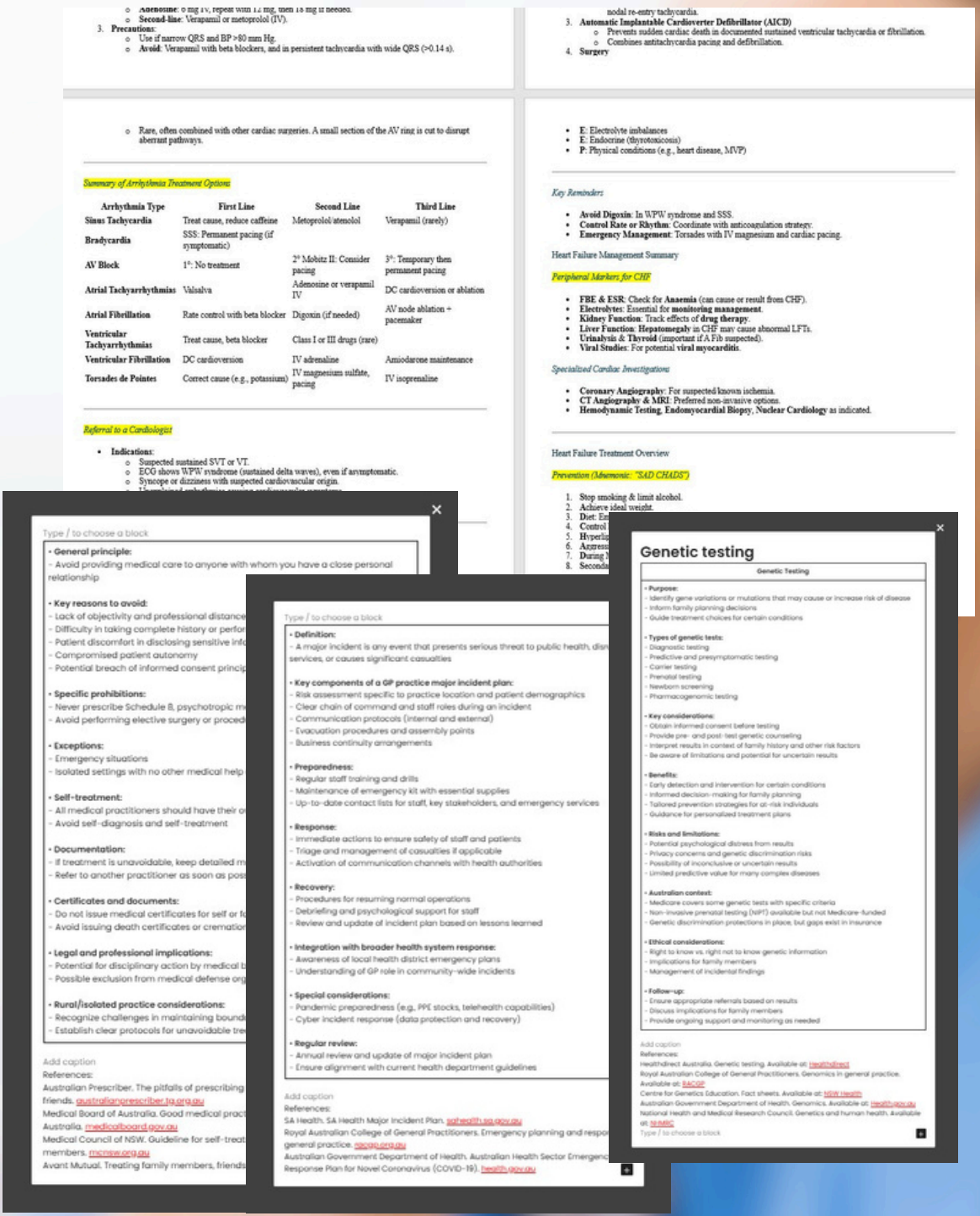

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Example screen shot depicting FREE Daily Planners available for members and non- members

Institute 120 Day AKT Programme Planner Exam Date:

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Date	Section	Topics to cover	Possible resources
Day 1 120 days to go	Cardiovascular Part 1	Angina | MI	GPI Q Bank– Cardiology. Audiobook – Cardiology. Flash Cards
Day 2 119 days to go	Neurology Part 1	Epilepsy | Parkinson's Disease	GPI Q Bank– Neurology. Audiobook – Neurology. Flash Cards
Day 3 118 days to go	Musculoskeletal Part 1	Osteoarthritis | Rheumatoid Arthritis	GPI Q Bank– Musculoskeletal. Audiobook – Musculoskeletal. Flash Cards
Day 4 117 days to go	ENT Part 1	Sore throat | Tonsillitis | Laryngitis | ENT 2-week referral	GPI Q Bank– ENT. Audiobook – ENT. Flash Cards
Day 5 116 days to go	Cardiovascular Part 2	Heart Failure | congenital heart disease	GPI Q Bank– Cardiology. Audiobook – Cardiology. Flash Cards
Day 6 115 days to go	Respiratory Part 1	COPD | Spirometry | Smoking cessation	GPI Q Bank– Respiratory. Audiobook – Respiratory. Flash Cards
Day 7 114 days to go	Gastroenterology Part 1	Dyspepsia | H Pylori | Peptic Ulcers | GORD	GPI Q Bank– Gastroenterology. Audiobook – Gastroenterology. Flash Cards
Day 8 113 days to go	Addiction Medicine Part 1	Alcohol | Addiction Medicine (e.g., opiates, cannabis)	GPI Q Bank– Addiction Medicine. Audiobook – Addiction Medicine. Flash Cards
Day 9 112 days to go	Gastroenterology Part 2	Lower GI Cancer including referral	GPI Q Bank– Gastroenterology. Audiobook – Gastroenterology. Flash Cards
Day 10 111 days to go	Statistics Part 1	Graphs 1 - Bar chart | Histogram | Box Plot | Scatter plot | L'abbé plot	statistics GPI Q Bank – Graphs statistics Audiobook – Graphs
Day 11 110 days to go	Immunology Part 1	Allergy | Anaphylaxis | Intolerance	GPI Q Bank– Immunology. Audiobook – Immunology. Flash Cards
Day 12 109 days to go	ENT Part 2	Hyperthyroidism | Thyroid cancer | Goitre	GPI Q Bank– ENT. Audiobook – ENT. Flash Cards
Day 13 108 days to go	Psychiatry Part 1	Depression | Postnatal Depression	GPI Q Bank– Psychiatry. Audiobook – Psychiatry. Flash Cards
Day 14 107 days to go	Catch-up Day Part 1	Complete any missed days above Review material from days 120 → 108	Consider taking a Mock Exam
Day 15 106 days to go	Ophthalmology Part 1	Acute Eye problems: Glaucoma | Uveitis | Artery/Vein occlusion | Flashes/Floaters	GPI Q Bank– Ophthalmology . Audiobook – Ophthalmology
Day 16 105 days to go	Renal Part 1	Acute Kidney Injury | Chronic Kidney Disease	GPI Q Bank– Renal. Audiobook – Renal. Flash Cards
Day 17 104 days to go	Respiratory Part 2	Pneumothorax | Pleural Effusion	GPI Q Bank– Respiratory. Audiobook – Respiratory. Flash Cards

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