

# Royal Australian College of General Practitioners (RACGP) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. What is the recommended screening age for cardiovascular disease risk in the general population?**
  - A. 30-70 years**
  - B. 45-79 years**
  - C. 50-80 years**
  - D. 40-75 years**
- 2. What should be considered if a cat scratch disease does not resolve within a month?**
  - A. Immediate surgical intervention**
  - B. Azithromycin treatment**
  - C. Observation without treatment**
  - D. Referral to a specialist**
- 3. For uncomplicated tympanic membrane perforation, how should it be managed?**
  - A. Use antibiotics immediately**
  - B. Keep the ear dry and provide analgesia**
  - C. Perform an ear procedure**
  - D. Refer to an ENT specialist**
- 4. What is the common approach when initiating oral levothyroxine for full replacement?**
  - A. 25mcg, PO, daily**
  - B. 1.6mcg/kg, PO, daily**
  - C. 50mcg, PO, daily**
  - D. 100mcg, PO, daily**
- 5. What is a sign that a breastfed infant is feeding adequately?**
  - A. Infrequent wet nappies**
  - B. Weight gain of 150–200 g/week**
  - C. Excessive crying between feeds**
  - D. One stool movement every three days**

- 6. What is typically the first step in managing adrenal insufficiency in an acute setting?**
- A. ECG monitoring**
  - B. Immediate steroid administration**
  - C. Hydration with saline**
  - D. IV glucose administration**
- 7. What causes BPPV?**
- A. Vestibular neuritis**
  - B. Displacement of crystalline deposits (otoconia)**
  - C. Meniere's disease**
  - D. Vestibular migraine**
- 8. What is a surprising risk factor associated with corrected undescended testes?**
- A. Increased chance of fertility**
  - B. Increased risk of testicular cancer**
  - C. Improved hormone levels**
  - D. Higher likelihood of seminal fluid production**
- 9. Which of the following is an option for blood pressure assessment?**
- A. Home readings for 5 days**
  - B. 24-hour ambulatory BP monitor**
  - C. Single reading in the clinic**
  - D. Pharmacy readings once a week**
- 10. What LDL cholesterol target is recommended for individuals at very high risk?**
- A. 1.4**
  - B. 1.8**
  - C. 2.2**
  - D. 2.6**



## **Answers**

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1. B
2. B
3. B
4. B
5. B
6. B
7. B
8. B
9. B
10. A

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## **Explanations**

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**1. What is the recommended screening age for cardiovascular disease risk in the general population?**

- A. 30-70 years
- B. 45-79 years**
- C. 50-80 years
- D. 40-75 years

The recommended screening age for cardiovascular disease risk in the general population is typically between 45 and 79 years for men and 50 and 74 years for women, as per guidelines from national health organizations. This age range is selected based on evidence demonstrating that the prevalence of cardiovascular disease increases significantly in these age groups, and early identification of risk factors can lead to timely interventions, potentially reducing morbidity and mortality associated with cardiovascular conditions. Individuals in this age range are more likely to experience risk factors such as hypertension, diabetes, and high cholesterol, which are key contributors to cardiovascular events. Screening at these ages helps clinicians to assess individual risk profiles and implement preventative strategies or lifestyle modifications accordingly, which are crucial for improving outcomes. Other age ranges provided may not align with the recognized guidelines for high-risk screening, as addressing cardiovascular disease risk is most effective within the specified age brackets.

**2. What should be considered if a cat scratch disease does not resolve within a month?**

- A. Immediate surgical intervention
- B. Azithromycin treatment**
- C. Observation without treatment
- D. Referral to a specialist

When considering cat scratch disease that has not resolved within a month, the use of Azithromycin treatment is appropriate. Cat scratch disease, caused by *Bartonella henselae*, often presents with lymphadenopathy and can sometimes resolve on its own. However, if symptoms persist, particularly significant lymphadenopathy or systemic symptoms, antibiotic treatment may be indicated to help reduce the duration and severity of the illness. Azithromycin is an antibiotic that has been shown to be effective against *Bartonella* species in certain cases. It is particularly useful for patients who may be experiencing more severe manifestations or those at risk for complications. Waiting for spontaneous resolution or simply observing without treatment could lead to prolonged discomfort and potential complications, thus warranting the addition of Azithromycin to manage the situation effectively. Surgical intervention is generally reserved for very specific cases, such as when an abscess develops or there is a significant complication that necessitates drainage or removal. Referral to a specialist might be considered if the condition does not improve with standard treatment or if there are atypical features, but initial management can often be effectively handled in the primary care setting with Azithromycin.

**3. For uncomplicated tympanic membrane perforation, how should it be managed?**

- A. Use antibiotics immediately
- B. Keep the ear dry and provide analgesia**
- C. Perform an ear procedure
- D. Refer to an ENT specialist

Management of uncomplicated tympanic membrane perforation primarily focuses on promoting healing and preventing complications. Keeping the ear dry is crucial because moisture can lead to infections, which complicate the healing process and potentially worsen the perforation. This can be achieved by advising patients to avoid water exposure, such as swimming or submerging the ear in water during bathing. Providing analgesia addresses any discomfort that the patient may experience. Since a perforated tympanic membrane can cause pain, managing this pain appropriately is an essential component of care. In this context, the recommendation to use antibiotics immediately is not universally necessary for uncomplicated perforations, as many can resolve on their own without antimicrobial treatment. Similarly, performing an ear procedure or referring to an ENT specialist may not be indicated unless complications arise or the perforation does not heal with conservative management. Therefore, the most appropriate approach is to keep the ear dry and provide analgesia for symptom relief while allowing time for natural healing.

**4. What is the common approach when initiating oral levothyroxine for full replacement?**

- A. 25mcg, PO, daily
- B. 1.6mcg/kg, PO, daily**
- C. 50mcg, PO, daily
- D. 100mcg, PO, daily

When initiating oral levothyroxine for full replacement therapy, the common approach is to calculate the appropriate dose based on the patient's weight, specifically recommending a dose of approximately 1.6 micrograms per kilogram of body weight daily. This individualized dosing strategy ensures that the levothyroxine therapy is tailored to meet the unique needs of each patient, considering factors such as metabolic rate and body composition. Using a weight-based formula to determine the starting dose takes into account that the thyroid hormone replacement needs can vary significantly among individuals. This method is especially important in clinical practice because it allows for flexibility in dosing and can help to avoid potential adverse effects associated with under- or overtreatment that could occur if dosing were based solely on standard fixed amounts. Other approaches that suggest set doses, such as administering 25mcg, 50mcg, or 100mcg daily, do not consider the patient's individual weight or metabolism and may not provide adequate replacement or may lead to overdosing in lighter patients. Therefore, the weight-based approach is the established protocol for starting levothyroxine therapy.

**5. What is a sign that a breastfed infant is feeding adequately?**

- A. Infrequent wet nappies**
- B. Weight gain of 150–200 g/week**
- C. Excessive crying between feeds**
- D. One stool movement every three days**

A weight gain of 150–200 grams per week is an excellent indicator that a breastfed infant is feeding adequately. This range reflects healthy growth, ensuring that the infant is receiving enough calories and nutrients from breast milk. Consistent weight gain is crucial in the early stages of life, as it demonstrates that the baby is thriving and meeting developmental milestones. Infrequent wet nappies may indicate dehydration or inadequate fluid intake, which can be a concern during breastfeeding. On the other hand, excessive crying between feeds can point to hunger or discomfort, suggesting that the infant may not be feeding sufficiently. Similarly, a stool movement every three days is typically not a normal pattern for a breastfed infant, who often has more frequent bowel movements. Hence, excessive crying and infrequent stooling may signal issues related to feeding adequacy. In contrast, steady and appropriate weight gain, as indicated by the correct answer, is a key sign that a breastfed infant is feeding well.

**6. What is typically the first step in managing adrenal insufficiency in an acute setting?**

- A. ECG monitoring**
- B. Immediate steroid administration**
- C. Hydration with saline**
- D. IV glucose administration**

In the acute management of adrenal insufficiency, immediate steroid administration is crucial due to the role of cortisol in maintaining physiological functions, especially during times of stress. Adrenal insufficiency can lead to a critical lack of cortisol, precipitating an adrenal crisis, which is a life-threatening condition characterized by severe hypotension, altered mental status, and electrolyte imbalances. Administering steroids promptly helps restore important hormonal levels, thereby stabilizing the patient's condition. Hydrocortisone is typically the steroid of choice because it rapidly increases cortisol levels and mitigates the effects of the adrenal crisis. Alternative interventions, such as hydration with saline or glucose, may play supportive roles in managing symptoms and complications associated with adrenal crisis, but they do not address the underlying hormonal deficiency. Therefore, while they are important components of care, they do not take precedence over the urgent need for steroid administration in an acute setting. Additionally, ECG monitoring is not our first priority in the context of adrenal insufficiency; it might be relevant if there are arrhythmias caused by electrolyte imbalances, but it does not directly treat the adrenal insufficiency itself. Hence, immediate steroid administration is the most critical first step in this scenario.

## 7. What causes BPPV?

- A. Vestibular neuritis
- B. Displacement of crystalline deposits (otoconia)**
- C. Meniere's disease
- D. Vestibular migraine

Benign Paroxysmal Positional Vertigo (BPPV) is primarily caused by the displacement of small calcium carbonate crystals, known as otoconia, from the utricle into one of the semicircular canals of the inner ear. This displacement disrupts the normal fluid movement within the canals that helps to maintain balance, leading to episodes of vertigo triggered by changes in head position. When a person with BPPV turns their head or changes their position, the displaced otoconia cause abnormal stimulation of the hair cells in the semicircular canals. This results in a false sense of spinning or movement, which is experienced as vertigo. The episodes are often brief but can be quite intense and are characteristically brought on by certain head movements, such as rolling over in bed or looking up. Other conditions like vestibular neuritis, Meniere's disease, and vestibular migraine, though they affect the vestibular system, have different mechanisms and causes. Vestibular neuritis usually results from a viral infection, Meniere's disease is associated with fluid accumulation in the inner ear, and vestibular migraine combines symptoms of migraine with vestibular symptoms rather than the mechanical dislodgement of otoconia characteristic of BPPV. Thus

## 8. What is a surprising risk factor associated with corrected undescended testes?

- A. Increased chance of fertility
- B. Increased risk of testicular cancer**
- C. Improved hormone levels
- D. Higher likelihood of seminal fluid production

The association between corrected undescended testes and an increased risk of testicular cancer is well established in the medical literature. Males with a history of cryptorchidism, even after surgical correction through orchidopexy, have been shown to have a significantly higher risk of developing testicular tumors compared to those with normal testicular descent. This is believed to be due to a combination of factors including hormonal abnormalities, changes in the testicular microenvironment, and possibly genetic predispositions that influence both the undescended condition and the risk of oncogenesis. Crucially, while surgical correction may improve fertility outcomes and testosterone levels, the underlying risk remains elevated for testicular cancer, making surveillance and awareness vital for those affected. Therefore, the assertion that this condition contributes to a heightened risk of cancer aligns with current research findings and clinical recommendations for follow-up in these patients.

**9. Which of the following is an option for blood pressure assessment?**

- A. Home readings for 5 days**
- B. 24-hour ambulatory BP monitor**
- C. Single reading in the clinic**
- D. Pharmacy readings once a week**

A 24-hour ambulatory blood pressure monitor is a reliable and comprehensive method for assessing blood pressure over an extended period. This technique offers several benefits that make it particularly advantageous for accurate diagnosis and management of hypertension. Firstly, the 24-hour ambulatory method captures blood pressure readings at regular intervals throughout the day and night, providing a more holistic view of an individual's blood pressure variations. This is significant because blood pressure can fluctuate due to various factors such as activity, stress, sleep, and even the white coat syndrome, whereby patients exhibit elevated readings in a clinical setting due to anxiety. Secondly, this method helps in identifying patterns such as morning hypertension or nocturnal dipping, which can inform treatment decisions. It also reduces the likelihood of misdiagnosis, ensuring that transient spikes or atypical readings from a single measurement do not lead to unnecessary treatment. In contrast, home readings for 5 days may provide some insight into a patient's blood pressure control but might not capture the complete picture or fluctuations that 24-hour monitoring would. A single reading in the clinic could easily lead to misleading results, while pharmacy readings once a week lack the continuous data necessary for effective assessment. Hence, the 24-hour ambulatory blood pressure monitor stands out as the most effective option for

**10. What LDL cholesterol target is recommended for individuals at very high risk?**

- A. 1.4**
- B. 1.8**
- C. 2.2**
- D. 2.6**

For individuals at very high risk of cardiovascular disease, the recommended target for low-density lipoprotein (LDL) cholesterol is indeed set at 1.4 mmol/L. This target is based on guidelines which emphasize aggressive management of lipid levels to reduce the risk of heart attacks and strokes. Very high-risk individuals typically include those with established cardiovascular disease, diabetes with complications, or those with multiple risk factors that significantly elevate their risk. Achieving this target involves lifestyle interventions and often pharmacological therapy, such as statins, which are effective in lowering LDL cholesterol levels. Maintaining LDL levels at or below this threshold is critical for minimizing the likelihood of cardiovascular events and optimizing patient outcomes. While other targets, such as 1.8, 2.2, or 2.6 mmol/L may be recommended for lower-risk populations or varying levels of risk, the more stringent goal of 1.4 mmol/L reflects the need for more aggressive treatment in individuals classified as very high risk. Consequently, focusing on achieving this lower target can significantly improve long-term cardiovascular health for these patients.



## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://racgp.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**