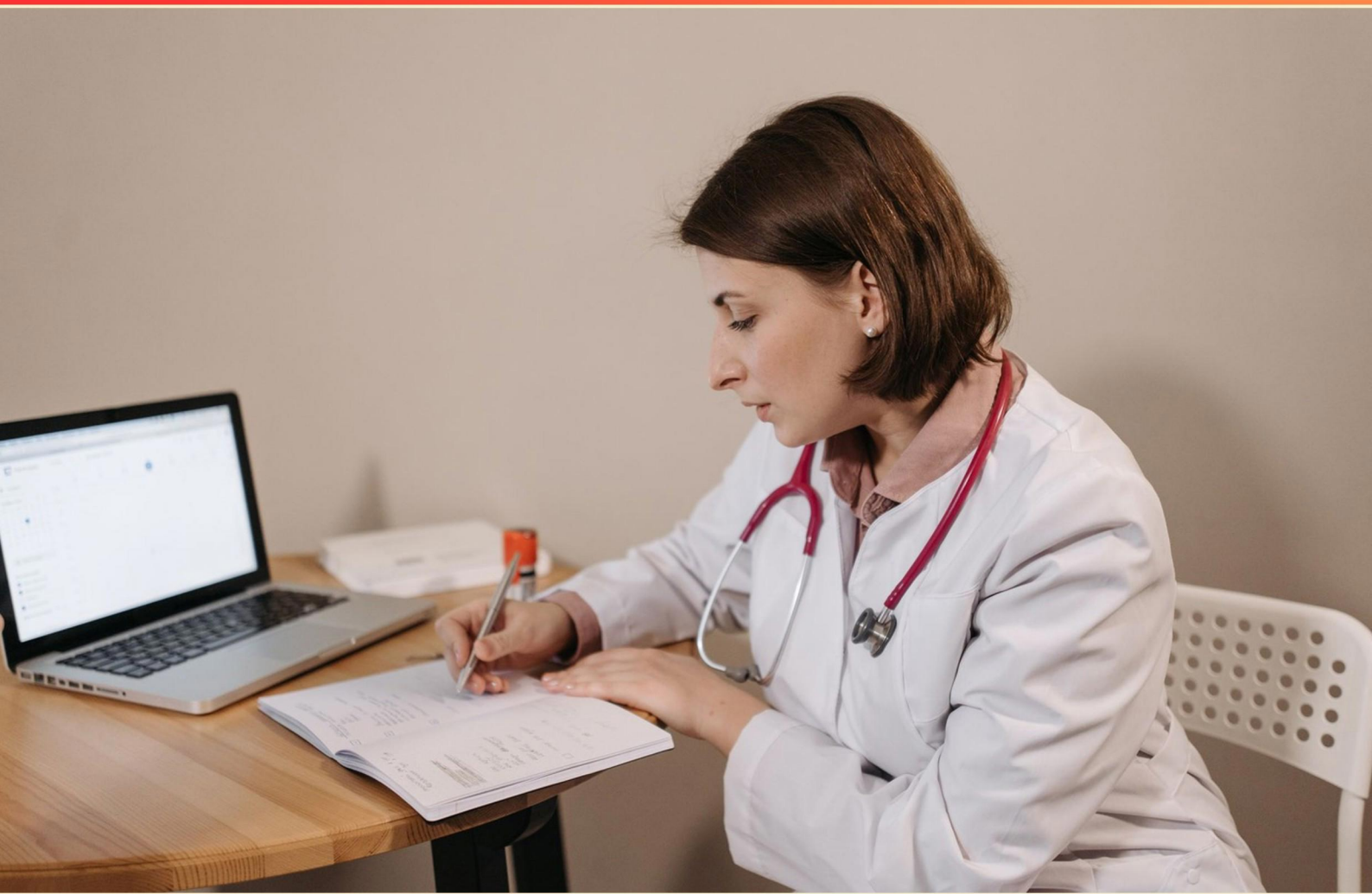


ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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

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- 1. Which of the following is NOT a criterion for diagnosing PTSD?**
 - A. Persistent re-experience of the event
 - B. Avoidance of reminders of the event
 - C. Increased appetite and weight gain
 - D. Negative alterations in cognition and mood
- 2. Which medication is indicated for lifelong replacement therapy in adrenal insufficiency?**
 - A. Dexamethasone
 - B. Hydrocortisone
 - C. Fludrocortisone
 - D. Prednisolone
- 3. What factor is NOT a risk factor for ADHD?**
 - A. Family history of ADHD
 - B. High birth weight
 - C. Pre-natal exposure to drugs
 - D. Being in foster care
- 4. What action should be taken if suspicious cervical abnormalities are found during an examination?**
 - A. Schedule a follow-up in 6 months
 - B. Collect a cervical sample for co-testing
 - C. Provide reassurance and discharge
 - D. Immediate surgical intervention
- 5. In the Rinne Test, what indicates normal hearing?**
 - A. Bone conduction is less than air conduction
 - B. Air conduction is equal to bone conduction
 - C. Bone conduction is greater than air conduction
 - D. Patient reports hearing nothing

- 6. 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
- 7. Where is the aortic stenosis murmur best auscultated?**
- A. Left sternal border, 4th intercostal space
 - B. Right of the sternum, 2nd intercostal space
 - C. Left axilla
 - D. Over the apex of the heart
- 8. Which symptom is commonly associated with adrenal insufficiency?**
- A. Weight gain
 - B. Increased blood pressure
 - C. Skin hyper-pigmentation
 - D. Thickening of hair
- 9. What is a recognized cause of early pregnancy bleeding?**
- A. Fibroids
 - B. Ectopic pregnancy
 - C. Menstrual irregularities
 - D. Hormonal changes
- 10. What is one of the diagnostic criteria for Restless Legs Syndrome?**
- A. An uncontrollable urge to move one's legs, accompanied by pleasurable sensations
 - B. Symptoms peak during daytime
 - C. Begins with movement or activity
 - D. Relieved by rest

Answers

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

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Explanations

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1. Which of the following is NOT a criterion for diagnosing PTSD?

- A. Persistent re-experience of the event
- B. Avoidance of reminders of the event
- C. Increased appetite and weight gain**
- D. Negative alterations in cognition and mood

In the context of diagnosing Post-Traumatic Stress Disorder (PTSD), the criteria outlined in the DSM-5 include specific symptoms that must be present for a diagnosis. The persistent re-experience of the traumatic event, avoidance of reminders of the event, and negative alterations in cognition and mood are all established criteria for PTSD. The first criterion, persistent re-experience, involves symptoms such as intrusive thoughts, nightmares, or flashbacks related to the trauma. This reflects the continuous impact of the traumatic event on the individual's psyche, a key feature of PTSD. Avoidance is another significant criterion where individuals steer clear of reminders or conversations about the trauma, as a coping mechanism to reduce distress. This symptom is essential for diagnosing PTSD, as it indicates the person's struggle to manage their emotional response to the trauma. Negative alterations in cognition and mood pertain to changes in the way individuals perceive themselves and others after the trauma. This includes feelings of despair, detachment from others, or distorted blame related to the traumatic experience, all vital for the diagnosis. In contrast, increased appetite and weight gain are not associated with the diagnostic criteria for PTSD. Instead, symptoms related to changes in appetite are generally linked to other disorders or may occur as a secondary effect of anxiety.

2. Which medication is indicated for lifelong replacement therapy in adrenal insufficiency?

- A. Dexamethasone
- B. Hydrocortisone**
- C. Fludrocortisone
- D. Prednisolone

Hydrocortisone is the standard medication indicated for lifelong replacement therapy in individuals with adrenal insufficiency. This condition results from the adrenal glands being unable to produce sufficient amounts of cortisol, a vital hormone that plays a crucial role in the body's response to stress, metabolism, and regulation of blood pressure. Hydrocortisone mimics the effects of cortisol in the body and helps manage the symptoms associated with adrenal insufficiency, such as fatigue, weakness, and weight loss. The goal of replacement therapy is to restore normal levels of cortisol, thereby supporting overall health and preventing an adrenal crisis, which can occur during times of stress or illness if cortisol levels are too low. Other medications listed, such as dexamethasone and prednisolone, are corticosteroids but are typically used for their anti-inflammatory properties rather than as replacement therapy. While fludrocortisone is a mineralocorticoid used to treat conditions related to aldosterone deficiency (which may be a component of adrenal insufficiency), it does not replace cortisol. Therefore, hydrocortisone is the most appropriate choice for managing adrenal insufficiency effectively over a lifetime.

3. What factor is NOT a risk factor for ADHD?

- A. Family history of ADHD
- B. High birth weight**
- C. Pre-natal exposure to drugs
- D. Being in foster care

High birth weight is not considered a risk factor for ADHD. Research has identified various factors that may contribute to the development of ADHD, including genetic predisposition (evidenced by family history), prenatal exposures (such as drugs, alcohol, or environmental toxins), and experiences such as being in foster care or other forms of unstable living situations. Family history plays a significant role since ADHD tends to run in families, suggesting a strong genetic component. Pre-natal exposure to drugs can adversely affect brain development, leading to an increased risk of behavioral and attention difficulties. Similarly, unstable living conditions associated with foster care can create environmental stressors that may influence the development of ADHD symptoms. In contrast, high birth weight is generally not linked to an increased risk of ADHD. Some studies suggest that low birth weight is more commonly associated with developmental issues, but high birth weight does not carry the same association with ADHD, making it an atypical risk factor in this context.

4. What action should be taken if suspicious cervical abnormalities are found during an examination?

- A. Schedule a follow-up in 6 months
- B. Collect a cervical sample for co-testing**
- C. Provide reassurance and discharge
- D. Immediate surgical intervention

When suspicious cervical abnormalities are identified during an examination, the appropriate action is to collect a cervical sample for co-testing. This process helps to further evaluate the abnormal findings by determining if there are any underlying issues, such as high-risk HPV (human papillomavirus) involvement, which can significantly inform the management approach. Co-testing usually involves performing both a Pap smear and an HPV test. This method is essential because it allows healthcare providers to assess the potential risk of cervical cancer more accurately. By gathering more information through this testing, practitioners can make informed decisions regarding the necessary follow-up care or interventions that may be required based on the results. Scheduling a follow-up in 6 months may not adequately address the immediate concern of the suspicious findings, as it delays further evaluation and could miss timely interventions. Providing reassurance and discharging the patient without further investigation would overlook the significance of the abnormalities and potentially compromise patient safety. Immediate surgical intervention might be too aggressive without thorough testing to confirm the nature and severity of the abnormalities, as it carries risks and may not be necessary if the abnormalities are benign. In summary, collecting a cervical sample for co-testing allows for a more comprehensive assessment, ensuring that any potential risk factors are identified and managed appropriately.

5. In the Rinne Test, what indicates normal hearing?

- A. Bone conduction is less than air conduction**
- B. Air conduction is equal to bone conduction
- C. Bone conduction is greater than air conduction
- D. Patient reports hearing nothing

In the Rinne Test, normal hearing is indicated when bone conduction is less than air conduction. This means that when sound is transmitted through the air, it is heard better than when it is transmitted through the bone, which is a sign of healthy auditory function. In a person with normal hearing, the air conduction pathway is typically more efficient and allows individuals to hear sounds more clearly because of the way sound waves travel through the ear canal and strike the eardrum compared to the bone conduction route, which bypasses the outer and middle ear structures. When analyzing the other choices, if air conduction is equal to bone conduction, or if bone conduction is greater than air conduction, this could indicate the presence of conductive hearing loss or other abnormalities in the ear structure. A report of hearing nothing suggests severe impairment or a failure in both conduction pathways, which also does not represent normal hearing. Thus, the condition where bone conduction is less than air conduction uniquely denotes a normal auditory function, aligning with classical audiological principles.

6. 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.

7. Where is the aortic stenosis murmur best auscultated?

- A. Left sternal border, 4th intercostal space
- B. Right of the sternum, 2nd intercostal space**
- C. Left axilla
- D. Over the apex of the heart

The aortic stenosis murmur is best auscultated at the right of the sternum, specifically in the second intercostal space. This location corresponds to the area where the aortic valve is situated in relation to the chest wall. When the aortic valve becomes narrowed, the turbulent blood flow from the left ventricle into the aorta produces a characteristic systolic ejection murmur, which is best heard in this position. Auscultation at this site allows optimal transmission of the sound generated by the left ventricular outflow tract and the resulting turbulence as blood flows through the narrowed valve. This characteristic sound typically has a "crescendo-decrescendo" shape and is best observed during systole. In contrast, other locations mentioned are not optimal for auscultating the murmur of aortic stenosis. The left sternal border or the apex may be associated with different heart sounds or murmurs, while the left axilla might be involved in assessing regurgitant flow rather than the stenotic sound. Thus, knowing the auscultation points is crucial for accurate diagnosis in relation to heart conditions such as aortic stenosis.

8. Which symptom is commonly associated with adrenal insufficiency?

- A. Weight gain
- B. Increased blood pressure
- C. Skin hyper-pigmentation**
- D. Thickening of hair

Skin hyper-pigmentation is a symptom commonly associated with adrenal insufficiency, particularly in conditions such as Addison's disease. This arises from an increase in adrenocorticotrophic hormone (ACTH) levels due to low cortisol production by the adrenal glands. The excess ACTH can stimulate melanocytes, the cells responsible for producing melanin, leading to darker skin patches, particularly in sun-exposed areas and on scars or mucous membranes. In contrast, weight gain and increased blood pressure are typically not symptoms of adrenal insufficiency; they are more commonly associated with conditions like Cushing's syndrome, where there is an excess of cortisol. Thickening of hair is also not a primary symptom of adrenal insufficiency and doesn't correlate with the hormone levels involved in this condition. Therefore, skin hyper-pigmentation stands out as the hallmark symptom linked to adrenal insufficiency.

9. What is a recognized cause of early pregnancy bleeding?

- A. Fibroids
- B. Ectopic pregnancy**
- C. Menstrual irregularities
- D. Hormonal changes

Early pregnancy bleeding can occur for various reasons, and one recognized cause is an ectopic pregnancy. An ectopic pregnancy happens when the fertilized egg implants outside the uterus, most commonly in a fallopian tube. This condition is significant because it can lead to considerable complications, including tube rupture and internal bleeding, posing a risk to the woman's health. Symptoms of ectopic pregnancy often include abnormal bleeding and abdominal pain, making it essential for healthcare providers to consider this diagnosis when a patient presents with early pregnancy bleeding. Immediate medical evaluation is necessary to ensure appropriate management and follow-up. Other causes of early pregnancy bleeding, while relevant, do not hold the same immediate risk as ectopic pregnancy in terms of potential complications. This understanding highlights the importance of recognizing ectopic pregnancy as a critical consideration in cases of early pregnancy bleeding.

10. What is one of the diagnostic criteria for Restless Legs Syndrome?

- A. An uncontrollable urge to move one's legs, accompanied by pleasurable sensations
- B. Symptoms peak during daytime
- C. Begins with movement or activity
- D. Relieved by rest

One of the diagnostic criteria for Restless Legs Syndrome (RLS) is the presence of an uncontrollable urge to move one's legs, often accompanied by uncomfortable or pleasurable sensations. This urge is typically triggered by rest or inactivity, and individuals experience a compelling need to move their legs in order to alleviate this discomfort. The sensations can vary from person to person and may include feelings such as tingling, crawling, or aching, which are primarily felt when sitting or lying down. In the context of diagnosing RLS, this criterion is essential because it encapsulates the fundamental experience of those affected by the condition. Unlike other symptoms that might emerge at different times of day or during various activities, the uncontrollable urge specific to inactivity is a characteristic that differentiates RLS from other movement disorders. The other potential diagnostic criteria focus on aspects such as the timing of the symptoms in relation to activity and rest. However, these are subsequent considerations to understand the overall pattern of the disorder rather than the primary defining feature. Hence, the urge to move and the associated sensations are central to identifying RLS.

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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.

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!

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