

MCQ Assessment

ASSESSMENT PUBLIC REPORT

2026A

Purpose

This public report provides information for candidates, supervisors, educators, training organisations, communities and external stakeholders and is produced following each Multiple Choice Question (MCQ) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Past public reports are available on the [ACRRM website](#).

Introduction

The MCQ is a written assessment which assesses recall, reasoning and applied clinical knowledge. In particular it focuses on assessing the ability to manage medical care in a rural or remote environment across all contexts of the Rural Generalist scope of practice. The assessment aims to cover all domains of rural and remote practice as described in the ACRRM curriculum and is one of the summative assessments for CGT.

The 2026A MCQ was held on 11 February 2026.

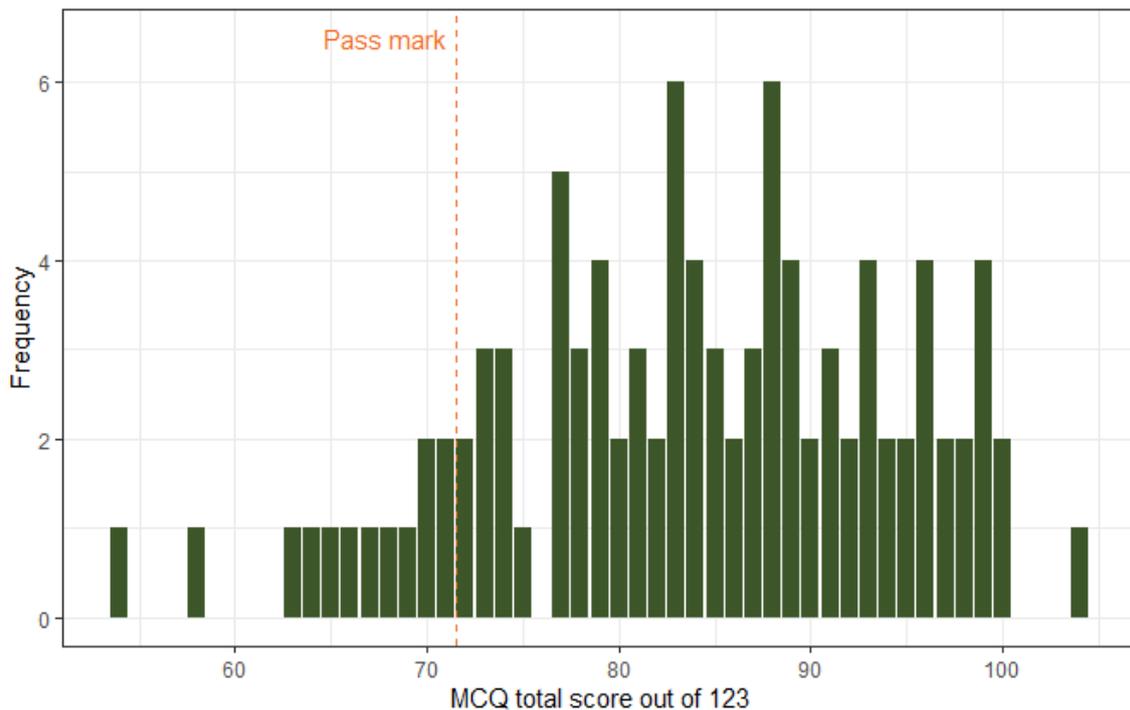
Overall Outcome

A total of 99 candidates sat the 2026A MCQ exam. 86 of the 99 candidates passed. The overall pass rate was 86.9%.

Assessment Statistics

All 125 questions were evaluated using psychometrics, with 2 questions being identified as having transcription errors that effected the ability of candidates to identify the correct answer these questions were removed from the final exam score. Below is a summary of the assessment statistics:

number of candidates	99	mean	83.69/123 (68%)	standard error of measurement	4.63/123 (3.8%)
number of questions	123	median	84/123 (68.3%)	test reliability (Cronbach's Alpha)	0.802
time allowed	3 hours	pass mark	72/123 (58.5%)	pass rate	86/99 (86.9%)
minimum score	54/123 (43.9%)	maximum score	104/123 (84.6%)	range of scores	50/123 (40.7%)



Cronbach Alpha (desirable if in the range 0.7-0.9) is the measurement of reliability and internal consistency, the effect of measurement error on the observed score of a student cohort rather than on an individual student.

- 2026A Cronbach Alpha = 0.802 (consistent with previous exams)

Standard error of measurement (SEM; smaller = better) is a measure of the “spread” of scores within a student had that had been tested repeatedly; the effect of measurement error on the observed score of an individual student.

- 2026A SEM = $4.63/123 = 3.8\%$ (consistent with previous exams)

Conduct of the Exam

The 2026A exam was held on 11 February 2026 and was delivered online. A total of 99 candidates were registered for this exam and completed this attempt.

Candidates undertook the exam remotely in their own locations. It was intended that a remote proctoring solution be used for the exam.

The MCQ exam is conducted over three (3) hours. For the first time, candidates were divided into groups with two (2) different start times. This approach was taken to increase support available. Prior to the commencement of the exam, an incident was identified by the College on the day of the exam and resolved as soon as practicable. As a result, the start of the examination was delayed by approximately 30 minutes but did not impact on the total time provided. All candidates were able to commence and complete their exam. The incident was taken into consideration in the review of results and determination of exam outcomes.

Questions mostly consist of a clinical case presentation, a brief targeted lead-in question and four options from which candidates are required to choose the single best option. The stem of the clinical case may include text and images. Sample questions may be found on the ACRRM website.

Further information may be found in the [Handbook for Fellowship Assessment](#).

Overview Grading and Scoring

The pass mark is set using the verified standard setting method; therefore, the pass mark may vary between each exam depending on the difficulty of the questions. Standard post-examination analysis is performed to identify and manage statistically poorly performing questions. There are no negative marks for incorrect answers. Standard post-examination analysis is performed to identify and manage statistically poorly performing questions.

Curriculum Blueprint

The assessment covers a range of primary care, acute care, community and hospital presentations. The patients represented include all genders, indigenous and non-indigenous patients and all age groups. The assessment samples content from the curriculum domains and learning areas. The approximate frequency of questions for learning areas appearing in an assessment is outlined on page 26 of the [Handbook for Fellowship Assessment](#).

The ACRRM Domains:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual, and professional framework
8. Provide safe medical care while working in geographic and professional isolation

The table below provides a brief overview of the 2026A questions and percentage of candidates who passed the question. Note the exam composition, the domains of the curriculum assessed and percentage of candidates who passed the question may vary between exams.

Curriculum Learning Areas	Topics covered by questions on the 2026A Exam	% Correct
Aboriginal and Torres Strait Islander Health (ATSI)	Initial Investigation of a patient at risk of rheumatic heart disease	79%
	Management of acute otitis media in an aboriginal child	58%
	Management of conjunctivitis in a neonate	76%
	Management of impetigo	93%
Academic Practice (ACAD)	Interpretation of statistical terms in a research project	97%
Addictive Behaviours (ADD)	Management of alcohol withdrawal in the community	73%
	Management of long term alcohol addiction	91%
	Side effects of medicinal cannabis	43%
Adult Internal Medicine (AIM)	Assessment of a patient with a CVA	69%
	Complications of Grave's disease	57%
	Evidence based investigation of a tremor	98%

Adult Internal Medicine (AIM)	Interpretation of raised ferritin	65%
	Management of CKD	85%
	Management of atrial fibrillation	64%
	Management of congestive cardiac failure	69%
	Management of hyponatremia	90%
	Management of severe Inflammatory bowel disease	69%
	Management of sick days in Addison's disease	92%
	Management of side effects of iron infusions	56%
Aged Care (AGE)	Management of delirium	67%
	Pharmaceutical Management of dementia	59%
	Treatment of recurrent UTI	67%
Anaesthetics (ANA)	Airway Assessment 1	72%
	Capnography 1	55%
	Procedural Sedation Monitoring 1	97%
	Bier's block complications	97%
Chronic Disease (CHRON)	Assessment of OSA	93%
	Bowel screening advice to a middle-aged male	59%
	Describing PPI	14%
	Dietary advice in a patient with low vitamin D	71%
	Efficacy of Lipid lowering medications	57%
	Follow up of coeliac disease	71%
	Glucose monitoring in type II diabetes	77%
	Management acute asthma flare in an adolescent	54%
	Management of hypertension	92%
	Management of side effects of drugs used to treat diabetes	87%
Weight loss drugs benefits	36%	
Collaborator (COL)	Mandatory reporting responsibilities	90%
Communicator (COM)	Completion of a death certificate	51%
	Evidence based haematological test	97%
Dermatology (DERM)	Diagnosis of bleeding skin lesion	86%
	Efficacy of treatment for actinic keratoses	81%
	Management of a non- healing ulcer	91%
	Management of facial rash	59%
	Management of pityriasis rosea	60%
	Management of psoriasis	84%
	Management of tinea corporis	63%
	Treatment of a chronic facial rash	62%
	Treatment of high-risk squamous cell carcinoma	13%
Emergency (EM)	Acute assessment of Respiratory distress in a remote region	41%
	Diagnosis and management of hyperkalaemia	57%
	ECG interpretation in a patient presenting with chest pain	58%
	Interpretation of CT scan brain	82%
	Investigations in the unwell child with a rash	80%
	Management of Bradycardia post thrombolysis	51%

Emergency (EM)	Management of a vasovagal attack	55%
	Management of blunt force trauma to chest	85%
	Management of sepsis and meningitis	87%
	Management of severe burn	90%
	Recognition of seriously ill child	34%
	Treatment of an animal bite	91%
	Treatment of jellyfish stings	69%
	Treatment of status epilepticus	43%
Genetics (GEN)	Referral for appropriate focused genetic testing	83%
	Referral pathways for child at risk of complications of a genetic disorder	82%
Mental Health (MH)	Diagnosis of mental health disorder in adolescent	62%
	Evidence based treatment of depression	53%
	Management of PTSD	58%
	Management of complications of lithium	86%
	Management of personality disorders	66%
Musculoskeletal (MSK)	Diagnosis of Ankylosing Spondylitis	69%
	Diagnosis of calf pain in an athlete	60%
	Diagnosis of joint pain	78%
	Management of De Quervain's Tenosynovitis	49%
	Management of Paget's disease	62%
	Management of a limp in an adolescent	87%
	Management of acute gout	77%
	Management of knee osteoarthritis	43%
	Lunate Dislocation	56%
	Pain relief in reactive arthritis	63%
Obstetrics and Gynaecology (O&G)	Management of adenomyosis	92%
	Management of bleeding in early pregnancy	6%
	Management of breast engorgement	88%
	Management of complications of the oral contraceptive pill	83%
	Management of gestational diabetes	48%
	Management of menorrhagia	64%
	Management of perimenopause	17%
	Management of post-partum complications	81%
	Management of premenstrual syndrome	79%
	Management of vaginal discomfort	63%
	Menopause replacement therapy in a patient with breast cancer	42%
	Recognition of complications of pre-eclampsia	91%
	Side effects of IUD contraceptive method	98%
	Treatment of recurrent miscarriage	61%
	Treatment of vulval lichen sclerosis	92%
Occupational Health (OCC)	Management of altitude sickness	63%
	Occupational fitness to drive	67%

Ophthalmology (OPH)	Investigations in a patient with decreased visual acuity	77%
	Management of temporal arteritis	40%
	Management of a red eye	71%
Oral Health (ORAL)	Antibiotic prophylaxis for dental procedures	83%
	Management of dental pain	61%
Paediatrics (PAED)	Complications of childhood viral infections	89%
	Diagnosis of foot pain in an adolescent	75%
	Management of childhood constipation	75%
	Management of childhood enuresis	76%
	Management of croup	53%
	Management of dehydration in a child	54%
	Management of undescended testes	83%
Palliative Care (PALL)	Confirmation of life extinct	94%
	Management of constipation	62%
	Management of end stage COPD	76%
	End stage heart failure	77%
	Pain management in palliative care in a patient with CKD	25%
Professional (PRO)	Workcover notification	59%
Sexual Health (SEXH)	STI Screening	47%
Surgery (SURG)	Diagnosis of abdominal pain in an elderly patient	53%
	Investigation for tinnitus	77%
	Management of incontinence	20%
	Management of a scrotal swelling	38%
	Management of chronic diarrhoea	66%
	Management of premature ejaculation	95%
	Renal stone	86%

Candidates and Educators guidance

The commentary is provided to assist candidates in preparation for this exam and educators who are supporting candidates. Brief individualised feedback (coaching reports) is routinely provided.

All enrolled MCQ candidates receive access to the 125 question Multiple Choice Question Familiarisation Activity (MCQFA) approximately one month prior to the MCQ exam.

The MCQFA was last updated in December 2019 and now contains references and rationale for correct and incorrect answer options. The questions appearing in the MCQFA have previously appeared on summative MCQ exams. The 125 MCQFA now more closely resembles a summative MCQ examination, with respect to the level of difficulty and content assessed.

In addition, ACRRM's "Introduction to MCQ Assessment" online module on Canvas, available all year round to people with access to ACRRM's online learning portal, was first made available in January 2020. This module gives insight into how an exam is assembled, how individual questions are structured, and offers guidelines to developing practice MCQs.

Evaluation

Following the assessment, candidates are encouraged to provide feedback via an online survey. Feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate and examiner experience for future assessments.

Based on feedback received from the 47 out of 99 candidates from the 2026A cohort, the following themes were identified:

- The ability to sit the exam at home and not have to find an invigilator was beneficial.
- The enrolment process was easy and timely.
- The information and briefing session was useful and helped understand the exam delivery.
- Preparation tools assisted in the preparation for the exam.
- The College should consider making more resources available.
- Half of the respondents believed the questions represented a broad coverage of the curriculum and were set at the appropriate level of difficulty.

Acknowledgements

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