MCQ Assessment

ASSESSMENT PUBLIC REPORT

2026B

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) examination. It includes information on the conduct, outcome, statistics and commentary for the most this exam. Previous four public reports are available on the ACRRM website.

Introduction

The MCQ exam is a written assessment which assesses recall, reasoning and applied clinical knowledge. In particular it focuses on assessing the ability to manage patient 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's Rural Generalist Curriculum and is one of the summative assessments for Core Generalist Training.

The 2026B MCQ exam was held on 8 July 2026.

Overall Outcome

A total of 122 candidates sat the 2026B MCQ exam. 92 of the 122 candidates passed. The overall pass rate was 75.4%.

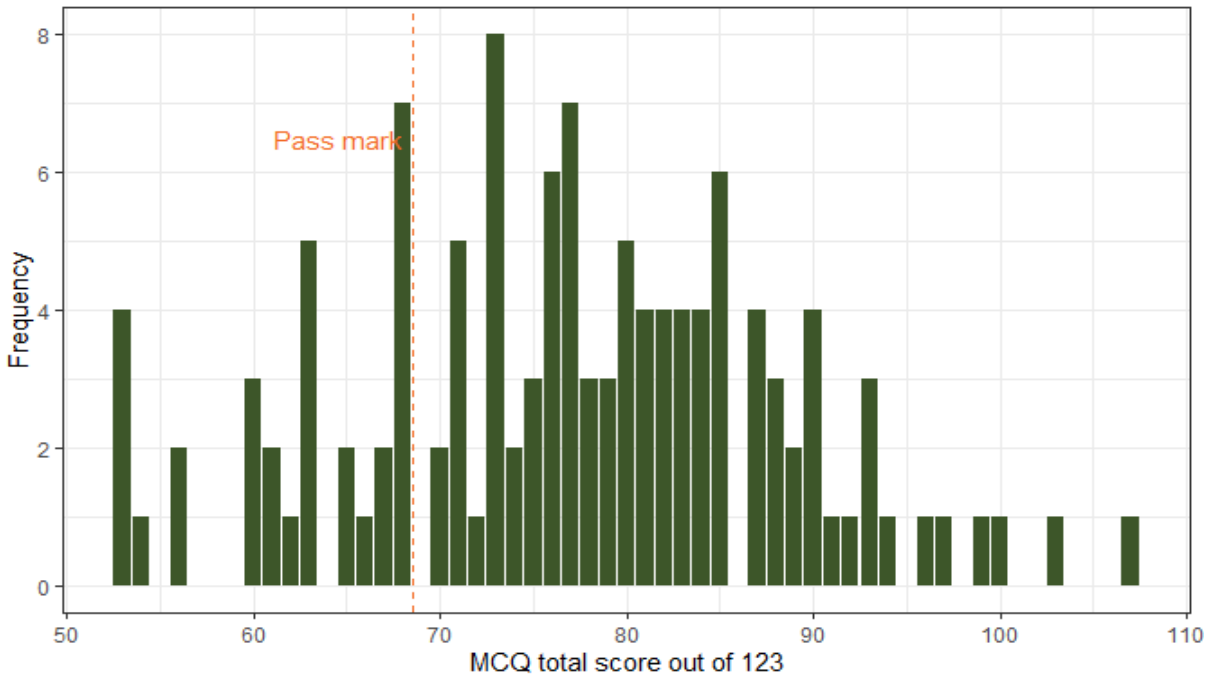
Assessment Statistics

All 125 questions were evaluated using psychometrics, resulting in 2 questions being identified as poor performing and hence removed. The Cohen cut score was recalculated and grades were calculated accordingly.

Below is a summary of the assessment statistics:

number of candidates	122	**mean**	76.98/123 (62.6%)	**standard error of measurement**	4.7/123 (3.8%)
number of questions	123	**median**	77/123 (62.6%)	**test reliability (Cronbach's Alpha)**	0.827
time allowed	3 hours*	**pass mark**	69/123 (56.1%)	**pass rate**	92/122 (75.4%)
minimum score	53/123 (43.1%)	**maximum score**	107/123 (87%)	**range of scores**	54/123 (43.9%)

**The total time allowed may vary under provision of the Special Consideration policy*



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.

- 2026B Cronbach Alpha = 0.827 (consistent with previous exams)

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

- 2026B SEM = 4.7/123 = 3.8% (consistent with previous exams)

Conduct of the Exam

The 2026B MCQ exam was held on 8 July 2026 and was delivered online. A total of 122 candidates were registered for this exam and completed this attempt.

Candidates undertook the exam remotely in their own locations and chosen venues across Australia and internationally. In-person invigilators were used for this exam, appointed by the candidates as per the College requirements.

The MCQ exam is conducted over three (3) hours. For the second time, candidates were divided into groups with two (2) different start times. This approach was taken to increase support available and will be adopted as an official process for future MCQ exams. On the morning of the exam, prior to commencement, a nationwide Telco outage was identified by the College and monitored continuously. The Assessment team was in regular contact with candidates throughout the outage. Although service was restored later in the day, the commencement of the exam and the total time provided were not impacted. All candidates were able to commence and complete their exam.

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 Cohen standard setting method; therefore, the pass mark may vary between each exam depending on the difficulty of the questions and the cohort. 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.

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 an overview of the 2026B 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 2026B Exam	% Correct
Aboriginal and Torres Strait Islander Health (ATS)	Diagnosis of helminthiasis in Australia	64%
	Public health measures in treatment of impetigo	95%
	Recognition of symptoms of rheumatic fever	79%
Addictive Behaviours (ADD)	Management of alcohol withdrawal	63%
Adult Internal Medicine (AIM)	Management DVT	89%
	Appropriate investigation of a chronic cough	56%
	Ascites management in liver cirrhosis	68%
	CVS risk assessment and management	93%
	Diagnosis of a tremor	26%
	Diagnosis of rheumatological conditions	83%
	Evidence based investigation of hypertension in a young patient	83%
	Helicobacter pylori treatment	42%
	Management of Thyroid Goitre	36%
	Management of complex hypertension	48%
	Management of raised intracranial hypertension	87%
	Migraine prophylaxis	59%
	Prescribing in renal failure	52%
	Management of SIADH	74%
	Treatment of recurrent UTI	61%

Curriculum Learning Areas	Topics covered by questions on the 2026B Exam	% Correct
Aged Care (AGE)	Constipation management in patients with dementia	20%
	Deprescribing	25%
	Investigation of low back pain in elderly patient	51%
	Side effects of commonly prescribed drugs for elderly patients	47%
	Vaccination eligibility	74%
Anaesthetics (ANA)	Bradycardia and sedation	66%
	Management of post intubation complications	81%
	Sedation in Emergency Department paediatric patients	52%
Chronic Disease (CHRON)	Assessment of MAFLD	65%
	Denosumab administration and risks	44%
	Diabetes risk monitoring	72%
	Diagnosis of abnormal haematology results	76%
	Focused investigation for management of an ulcer	68%
	GLP-1 Indications	47%
	Investigations to confirm Disaccharide deficiency	20%
	Management of CKD	72%
	Management of COPD	62%
	Management of GORD	55%
	Management of severe adverse effect of medications	97%
	Monitoring in autoimmune disease	66%
	Spirometry interpretation	21%
Dermatology (DERM)	Breast feeding complications	71%
	Cryotherapy	18%
	Diagnosis of a blistering rash in an elderly patient	89%
	Diagnosis of a rash in a child with a fever	70%
	Diagnosis of a widespread rash in an adolescent	63%
	Management of chronic rash	51%
	Management of multiple skin abscesses	40%
	Prevention of solar keratoses	33%
	Treatment of a facial rash	76%
	Treatment of a widespread itchy rash in a child	86%
Emergency (EM)	Causes of collapse	95%
	Clinical assessment of a snake bite	56%
	Emergency Management of croup	76%
	Emergency management of asthma	73%
	Envenomation identification and treatment	66%
	Management of STEMI in a rural area	80%
	Management of a dog bite	97%
	Management of bradycardia	60%
	Management of hypotension in an emergency	61%
	Neonatal resuscitation	66%
	Pericarditis diagnosis and management	43%
	Tricyclic antidepressant toxicology	78%
Genetics (GEN)	Gene testing	79%
Mental Health (MH)	Diagnosis of psychosis	12%
	Evidenced treatment of anxiety	87%
	Management of insomnia	56%
	Support for patients with eating disorders	8%
	Switching antidepressants	24%
	Treatment of chronic depression	74%
	Treatment of first psychotic episode	49%
Musculoskeletal (MSK)	Appropriate prescribing of opioids	52%
	Diagnosis of forefoot pain	50%
	Diagnosis of knee pain in an adolescent	84%
	Focused investigation of a patient with back pain and red flags	92%
	Interpretation of clinical examination findings in a patient with back pain	70%

Curriculum Learning Areas	Topics covered by questions on the 2026B Exam	% Correct
Musculoskeletal (MSK)	Interpretation of findings of a knee aspirate	99%
	Management of elbow pain	44%
	Management of gout	98%
	Treatment of acute shoulder injuries	66%
Obstetrics and Gynaecology (O&G)	Androgen insensitivity	44%
	Focused investigation in amenorrhoea	78%
	Follow up abnormal antenatal screening	30%
	Management of menopause symptoms	42%
	Management of reduced foetal movements	79%
	Management of rhesus disease	80%
	Management of shoulder dystocia	82%
	Management of thyroid disease in the perinatal period	60%
	Management of abnormal CST	94%
	Medical termination of pregnancy	41%
	Pre-eclampsia	93%
	RSV immunisation in pregnancy	57%
	Risk reduction to prevent ovarian cancer	23%
Ophthalmology (OPH)	Management of corneal foreign body	51%
	Management of eye discharge neonate	97%
	Management of eyelid conditions	88%
Oral Health (ORAL)	Aphthous mouth ulcers management	37%
	Management of tongue abnormalities	52%
Paediatrics (PAED)	Clinical features of testicular torsion	88%
	Clinical findings in nephrotic syndrome	75%
	Diagnosis of a facial rash in a newborn	35%
	Management of Bronchiolitis	75%
	Management of a child with a limp	21%
	Management of penile abnormalities in a child	38%
	Prevention of allergies in infancy	87%
Palliative Care (PALL)	Management of agitation in palliative care	59%
	Management of shortness of breath in palliative care	46%
	Nausea at end of life	52%
	Opioid toxicity in palliative care	69%
	Pain management end of life care	78%
Sexual Health (SEXH)	Management of abnormal syphilis serology	80%
	Management of abnormal vaginal discharge	59%
	Management of perianal warts	77%
	Management of premature ejaculation	68%
Surgery (SURG)	Choosing wounds dressings	21%
	Diagnosis of Meniere's disease	93%
	Diagnosis of abdominal pain in elderly patient	75%
	Diagnosis of chronic abdominal pain	84%
	Driving advice after surgery	49%
	Follow up of diverticulitis	74%
	Management of a new breast symptom	22%
	Management of complicated otitis media	57%
	Management of urinary incontinence	59%
	Renal obstruction management	96%

Candidate and Educator guidance

The commentary below is intended to assist candidates, future candidates and educators in identifying common strengths and areas for development observed across the cohort. Individual candidate feedback should be considered alongside the themes outlined below.

Overall, candidate performance demonstrated strengths in acute clinical care, emergency medicine, musculoskeletal diagnosis and preventive health. Questions relating to the recognition and management of time-critical presentations,

emergency decision-making, acute cardiovascular presentations, musculoskeletal assessment and common preventive health interventions achieved some of the highest levels of candidate success. These findings suggest that candidates were generally well prepared to identify serious illness and apply evidence-based management in acute and high-risk clinical situations commonly encountered in rural generalist practice.

The strongest performances were seen in topics such as emergency management, recognition of serious pathology, preventive care interventions, acute surgical presentations and musculoskeletal diagnosis. Candidates generally demonstrated confidence in identifying red flags, determining appropriate escalation of care and selecting safe management pathways for urgent presentations.

Several themes emerged as opportunities for further development across the cohort. The lowest-performing questions were concentrated within mental health, aged care, prescribing and medication management, respiratory diagnostics, and selected areas of women's health and preventive care. Difficulties were particularly evident in areas requiring interpretation of clinical data, application of contemporary guidelines, medication selection and monitoring, and management of complex patients with multiple competing clinical considerations.

Mental health was a notable area of challenge. Lower performance was observed in questions related to psychosis, eating disorders, antidepressant management and ongoing mental health care. These findings suggest that candidates may benefit from greater exposure to diagnostic formulation, risk assessment, psychopharmacology and evidence-based management of complex mental health presentations.

Aged care and prescribing were also recurring areas of difficulty. Questions relating to deprescribing, medication adverse effects, polypharmacy, prescribing in patients with comorbidities, and management of older patients achieved lower levels of success than many other curriculum areas. Given the prevalence of multimorbidity and medication-related harm in rural practice, candidates should ensure they are confident in applying prescribing principles across a range of clinical settings.

Candidates also experienced difficulty with interpretation-based questions, including spirometry interpretation, investigation selection and application of screening and prevention recommendations. These findings reinforce the importance of understanding the rationale underpinning clinical decisions rather than relying solely on factual recall or pattern recognition. Fellowship-level practice requires the ability to interpret information, integrate multiple sources of evidence and select the most appropriate management strategy for the individual patient.

Performance in selected women's health and preventive care topics was variable. While candidates generally performed well in many reproductive and antenatal care topics, lower performance was observed in areas involving preventive decision-making, risk reduction strategies and follow-up of abnormal screening results. Candidates should ensure they maintain familiarity with current guidelines and recommendations across the breadth of women's health practice.

The MCQ examination is designed to sample knowledge across the full breadth of the ACRRM Rural Generalist Curriculum. The strongest candidates typically demonstrated consistent performance across multiple curriculum areas rather than relying on expertise within a limited number of clinical domains. Preparation should therefore focus on developing broad, integrated clinical knowledge and applying evidence-based decision-making across the diverse scope of rural generalist practice.

Candidate Preparation Resources

ACRRM provides a range of resources to support candidates preparing for the MCQ assessment.

All enrolled MCQ candidates have access to the Multiple-Choice Question Familiarisation Activity (MCQFA). The MCQFA was updated in 2026 and now contains an expanded question bank together with references and rationale for both correct and incorrect answer options. The questions included in the MCQFA are drawn from previously used examination material and are intended to familiarise candidates with the style, structure and standard of questions used in the assessment. While the activity more closely reflects the level of difficulty and content sampled in the examination, some questions require updating to align with current terminology and contemporary clinical practice. A further review of the MCQFA is planned to ensure continued alignment with the Fellowship assessment standard.

In addition, ACRRM provides the Introduction to MCQ Assessment online module through the Canvas learning platform. Available year-round to users with access to ACRRM's online learning portal, the module explains how MCQ examinations are developed, how questions are constructed and reviewed, and provides guidance on developing and reviewing practice MCQs.

Survey Feedback

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

Based on feedback of candidates from the 2026B cohort, the following themes were identified:

- The information provided by ACRRM was timely and clear, including understanding the process for locating an appropriate venue and invigilator.
- The ability to sit the exam close to home was beneficial to candidates.
- Ease of enrolment process and provision of sufficient information to make an informed decision to enrol.
- The information and Q&A sessions were found to be very useful to understand the online delivery.
- Invigilators are strongly supported and equipped with the necessary information necessary to assist with the assessment requirements.
- The MCQFA does not reflect the same standard as the exam and as result.
- The questions ensured a broad coverage of the curriculum and was set at the appropriate level of difficulty

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the MCQ assessment. ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. The Assessment team is committed to reviewing the resources available, including ensure the MCQFA questions following feedback in this assessment.

Acknowledgements

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The College would also like to thank the Registrars who participated and the Educators who assisted in preparing them for this assessment.