

MCQ Assessment

ASSESSMENT PUBLIC REPORT

2025A

Purpose

This public report provides information for candidates, supervisors, educators and training organisations 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. The assessment aims to cover all domains of rural and remote practice and is one of the summative assessments for CGT.

The 2025A MCQ was held on 5 February 2025.

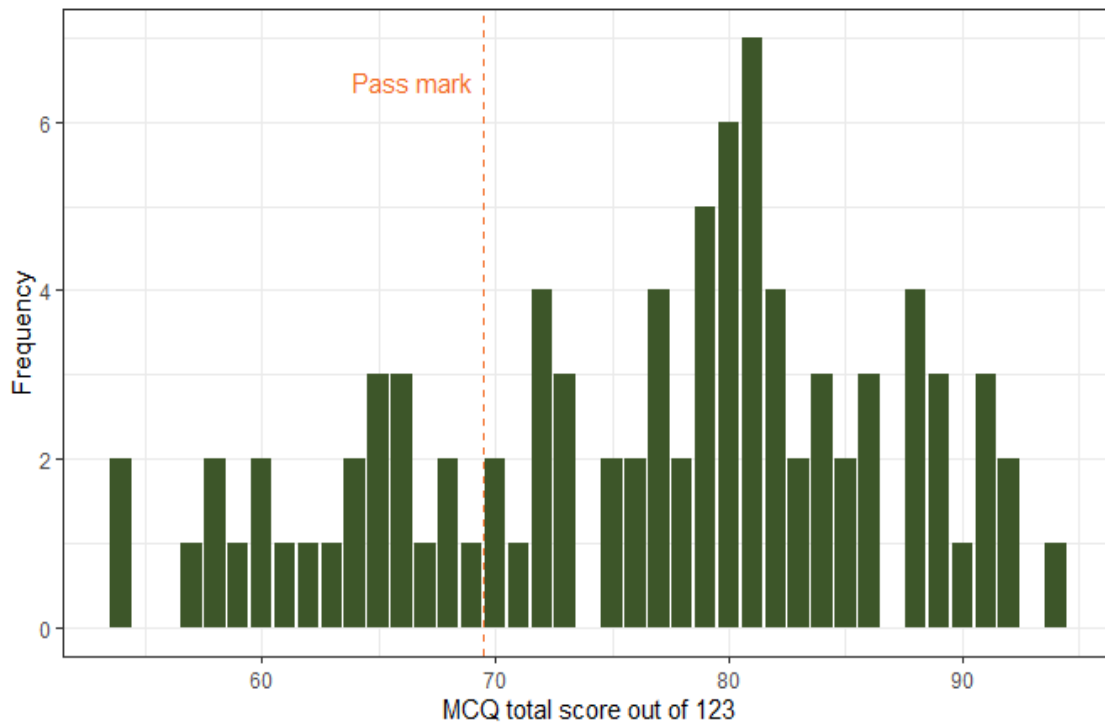
Overall Outcome

A total of 89 candidates sat the 2025A MCQ exam. 66 of the 89 candidates passed. The overall pass rate was 74.2%.

Assessment Statistics

All 125 questions were evaluated using psychometrics, resulting in 2 questions being identified as poor performing and hence removed. The Angoff cut score was recalculated and grades were calculated accordingly. Below is a summary of the assessment statistics:

number of candidates	89	mean	76.39/123 (62.1%)	standard error of measurement	4.77/123 (3.9%)
number of questions	123	median	79/123 (64.2%)	test reliability (Cronbach's Alpha)	0.772
time allowed	3 hours	pass mark	70/123 (56.9%)	pass rate	66/89 (74.2%)
minimum score	54/123 (43.9%)	maximum score	94/123 (76.4%)	range of scores	40/123 (32.5%)



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.

2025A Cronbach Alpha = 0.772 (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.

2025A SEM = $4.77/123 = 3.9\%$ (consistent with previous exams)

Conduct of the Exam

The 2025A exam was held on 5 February 2025 and was delivered in pencil and paper format. A total of 89 candidates were registered for this exam and completed this attempt.

Candidates based in Australia, and remotely around the world undertook the exam remotely in their own locations rather than central exam centres.

Venues and invigilators were required to be officially approved by ACRRM and met the standards required for MCQ exams.

The examination is conducted over three hours and 125 multiple choice questions are presented. There are no negative marks for incorrect answers.

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 Modified Angoff method; therefore, the pass mark varies between each exam depending on the difficulty of the questions. Standard post-examination analysis is performed to identify and manage statistically poorly performing questions.

Curriculum Blueprint

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 2025A 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.

In referring to the table below, it is important to note that most questions will cover several curriculum areas, as such each question below has been allocated to the main curriculum learning area. For example, some anaesthetic questions will be covered under Emergency and Surgery curriculum learning areas.

Curriculum Learning Areas	Topics covered by questions on the 2025A Exam	% Correct
Aboriginal and Torres Strait Islander Health (ATS)	Antibiotic prophylaxis in dental procedures	47%
	Investigations indicated in Health Checks in Aboriginal and Torres Strait Islander patients	67%
	Management of Iron deficiency in Aboriginal and Torres strait islander children	7%
	STI testing in asymptomatic aboriginal patients	93%
Academic Practice (ACAD)	Design of a research project in GP	66%
	Standards of care in General Practice	12%
Addictive Behaviours (ADD)	Management of alcohol addiction	52%
	Management of cannabis withdrawal	76%
Adult Internal Medicine (AIM)	48-year-old male with mild epigastric pain and lethargy	55%
	Management of a cat bite	45%
	Diagnosis in a patient with visual field defects	79%
	Diagnosis of a tremor	78%
	Diagnosis of anaemia and peripheral neuropathy	91%
Adult Internal Medicine (AIM)	Diagnosis of irritable bowel disease	44%
	Management of eosinophilic oesophagitis	44%

Adult Internal Medicine (AIM)	Evidence based investigation of abnormal thyroid function tests	70%
	Follow up investigations in a patient with diabetes	62%
	Investigation of an abnormality found on chest x ray	22%
	Investigations in abnormal LFT	56%
	Investigations in primary hypertension	87%
	Management of acute heart failure	72%
	Management of ascites in the emergency setting	82%
	Management of cardiac arrhythmia	63%
	Management of diverticulitis	69%
	Management of hypothyroidism	56%
	Management of post herpetic neuralgia	61%
	Management of tachyarrhythmia in emergency setting	97%
	Post measles contact prophylaxis	24%
	Prescribing of oral hypoglycaemic agents	53%
	Stopping anticoagulants prior to surgery	56%
	Therapeutic guidelines Australia CAP tropical	89%
Treatment of migraine with aura	82%	
Aged Care (AGE)	Appropriate investigation of raised liver function tests	49%
	Assessment and interpretation of an audiogram	60%
	Diagnosis of lateral hip pain	81%
	Evidence based investigation in a patient with CKD	33%
	Evidence based investigation of back pain	52%
	Evidence based investigation in a patient with collapse	92%
	Management of elevated INR in the community	88%
	Management of secondary hypertension	71%
	Management of suspected UTI in an aged care facility	58%
Anaesthetics (ANA)	Management of airway complications	56%
Chronic Disease (CHRON)	Anticoagulant therapy in patients who have AF in prevention of CVA	85%
	Appropriate investigation of a patient with abdominal bloating	25%
	Evidence based Investigations in a patient with a moderate CVS risk	87%

Chronic Disease (CHRON)	Investigations in a patient with a microcytic anaemia	84%
	Management of COPD	56%
	Management of side effects of statins	15%
	Referral pathways for unexplained symptoms	9%
Dermatology (DERM)	Diagnosis and treatment of occupational skin diseases	76%
	Diagnosis of erythematous skin lesion	79%
	Diagnosis of penile swelling	88%
	Diagnosis of rash with an itch	92%
	Identification and Treatment of pityriasis versicolour	88%
	Management of Actinic keratoses	34%
	Management of mild acne	30%
	Management of post herpetic neuralgia	56%
Emergency (EM)	Diagnosis of a paediatric rash	48%
	Acute management of cardiac event	52%
	Diagnosis of collapse in emergency setting	53%
	Diagnosis of cyanosis in a newborn	99%
	Emergency treatment of Priapism	67%
	Management of acute epiglottitis	55%
	Management of complications of pneumonia	93%
	Management of ear injury	35%
	Management of sepsis	79%
	Management of severe anaphylaxis to blood products	25%
Diagnosis of organophosphate poisoning	87%	
Mental Health (MH)	Changing antidepressants	63%
	Management of PTSD in the community	51%
	Management of anxiety in a young person	67%
	Management of lithium toxicity	84%
	Management of online gambling addiction	88%
Musculoskeletal (MSK)	Diagnosis of muscle wasting of the hand	62%
	Evidenced based investigation of a patient with shoulder pain and stiffness	57%
	Gout Management	82%
	Management chronic shoulder pain	73%

Musculoskeletal (MSK)	Management of acute low back pain	64%
	Management of fracture of thumb in rural area	40%
	Management of fractured ankle	48%
	Management of patellar injury	51%
	Management of severe arthritis hands	69%
	Management of tennis elbow	75%
	Diagnosis of SUFE	94%
Obstetrics and Gynaecology (O&G)	Investigation of a patient with breast pain	35%
	CST after hysterectomy	40%
	Interpretation of foetal growth parameters	92%
	Management of genital lesion	81%
	Investigation of incontinence	61%
	Management of candidiasis	63%
	Management of contraception in perimenopause	64%
	Management of post-partum haemorrhage	76%
	Medications advised in breast feeding	84%
	Menopause management	39%
	Mirena contraception indications	39%
	Management post coital bleeding	69%
	Management of threatened miscarriage	63%
Ophthalmology (OPH)	Diagnosis of retinoblastoma	71%
	Treatment of common eyelid conditions	99%
	Treatment of foreign body on an eye	71%
Oral Health (ORAL)	Antibiotic prophylaxis in dental procedures	36%
	Management of bleeding gums in pregnancy	22%
Paediatrics (PAED)	Management of febrile child	31%
	Diagnosis of ankle pain in childhood	80%
	Diagnosis of central abdominal pain in a child/ Child Health	83%
	Diagnosis of intermittent abdominal pain in a child	81%
	Investigation of unilateral nasal discharge in a child	29%
	Management of acute viral infection child	85%
	Management of labial adhesions	74%
	Management of vasculitic childhood rash	75%

Paediatrics (PAED)	Management of brief result unexplained event	45%
	Management severe pyloric stenosis	69%
	Treatment of impetigo in Aboriginal patients living in remote Australia	87%
Palliative Care (PALL)	Management of haemoptysis in palliative care	33%
	Management of lymphoedema	57%
	Management of obstruction in a palliative care patient	46%
	Management of weight loss in a palliative care patient	38%
Population Health (POP)	PBS prescribing	56%
	Screening in old age	71%
Professional (PRO)	Ownership of medical records	54%
Sexual Health (SEXH)	Investigation of irregular PV bleeding	49%
Surgery (SURG)	Management of anal pain	53%
	Investigation of obstructive urinary symptoms	48%
	Investigation of scrotal mass	8%

Candidates and Educators guidance

The Multiple-Choice Question Familiarisation Activity (MCQFA) is now available all year round and provides the opportunity to become familiar with the format of questions used in an actual MCQ assessment in addition to the online exam platform. Candidates can complete the activity over a number of hours; however, it is suggested that candidates attempt the MCQFA under ‘simulated assessment conditions’ and without accessing additional resources or support. The questions appearing in the MCQFA have previously appeared on summative MCQ exams. The MCQFA now more closely resembles a summative MCQ examination, with respect to the level of difficulty and content assessed. The College plans to review its content in lead up to the next MCQ exams.

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.

For a list of advised resources please refer to page 27 of the [Handbook for Fellowship Assessment](#).

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 of candidates from the 2025A cohort, the following themes were identified:

- A challenging but fair exam and highly reflective of the complex and varied scenarios that a rural generalist encounters.
- The questions tested a broad range of knowledge and coverage of the curriculum and were set at the appropriate level of difficulty.

- The information provided by ACRRM was timely and clear, including understanding the process for locating an appropriate venue and invigilator.
- The information and Q&A sessions are useful to understand the format of the exam and delivery on the day.
- Invigilators are strongly supported and equipped with the necessary information to assist with the assessment requirements.
- Preparation tools were useful in the preparation for the exam, including the demo exam available on the College website.
- The public report is helpful in providing insight into understanding previous pass marks and results, topics covered and percentage pass rates.

Acknowledgements

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