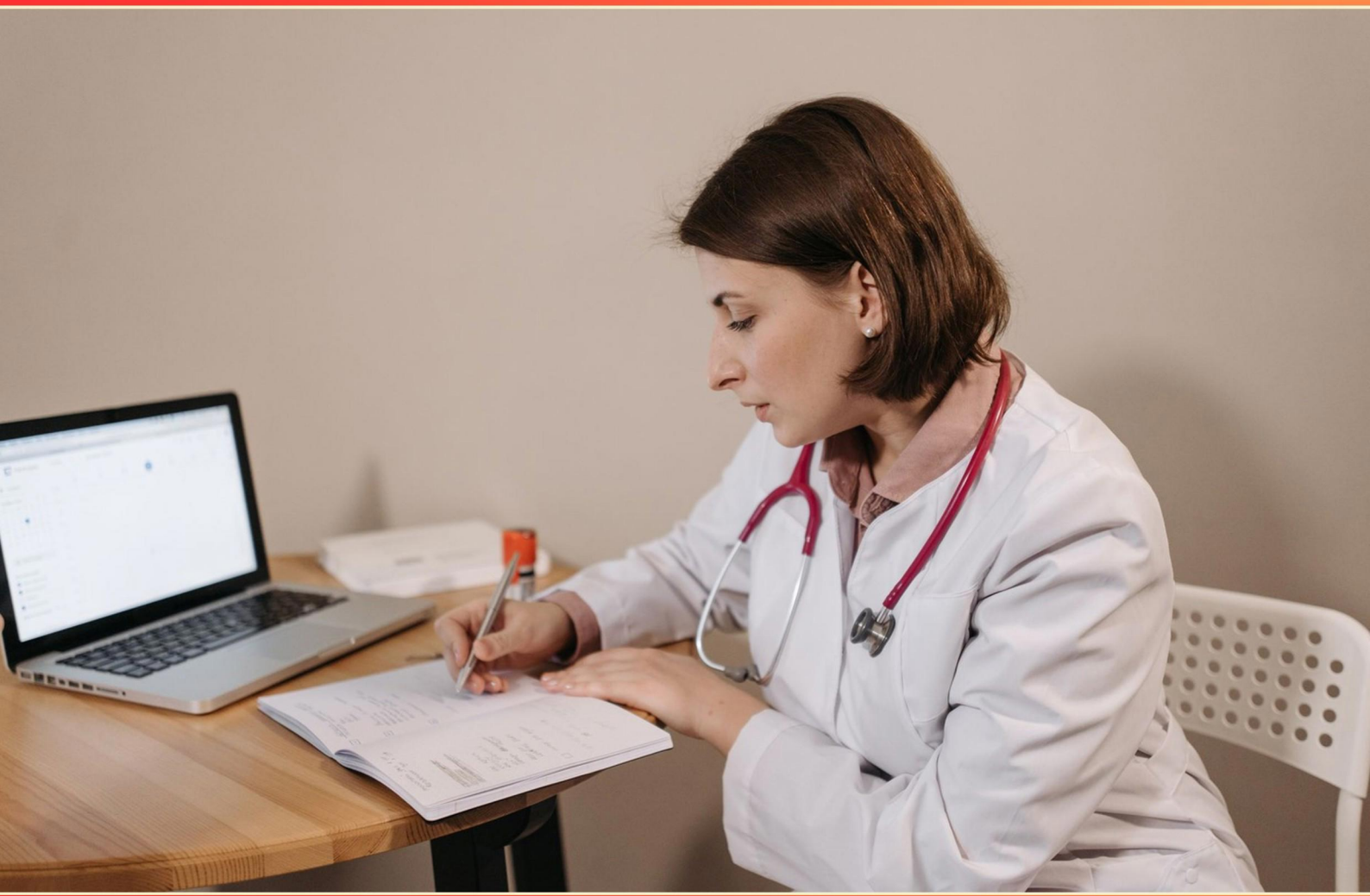
ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR 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.

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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!

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Questions

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1. During which trimester are iron requirements the highest?

A. First trimester

B. Second trimester

C. Third trimester

D. All trimesters equally

2. What is the first step in interpreting spirometry results?

A. Check for postbronchodilator reversibility in FEV1

B. Evaluate FVC levels

C. Assess FEV1/FVC ratios

D. Compare results with patient age

3. 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

4. What should be done if a patient's potassium level exceeds 6.5 mEq/L while on an ACE inhibitor?

A. Continue the ACE inhibitor

B. Monitor potassium levels closely

C. Cease ACE inhibitor and send to ED

D. Reduce the dose of ACE inhibitor

5. In terms of family history for premature cardiovascular disease, what is the age considered significant for a first-degree male relative?

A. 65 years

B. 55 years

C. 50 years

D. 60 years

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6. What is a critical aspect when recording ATSI status?

A. Ensure accuracy in practice software

B. Use subjective measurements

C. Minimize patient involvement

D. Rely on external databases

7. What is the recommended procedure and margin for excisional biopsy of a suspected melanoma?

A. Incisional biopsy with 1mm margins

B. Excisional biopsy with 2mm margins

C. Excisional biopsy with 4mm margins

D. Incisional biopsy with 2mm margins

8. What is the FEV1 percentage predicted considered below the lower limit of normal (LLN)?

A. 70%

B. 75%

C. 80%

D. 85%

9. What is the recommended vaccination schedule for Shingrix in adults aged 65?

A. 1 dose

B. 2 doses at 0 and 2-6 months

C. 3 doses at 0, 2, and 6 months

D. Annual vaccination

10. What is the recommended first-line analgesia for a patient with otitis media?

A. Paracetamol

B. Ibuprofen

C. Amoxycillin

D. Cefuroxime

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Answers

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

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Explanations

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1. During which trimester are iron requirements the highest?

A. First trimester

B. Second trimester

C. Third trimester

D. All trimesters equally

During pregnancy, iron requirements increase significantly due to the growing fetal needs, the expansion of maternal blood volume, and the increased demand for red blood cells. The highest iron requirements occur in the third trimester. In this stage of pregnancy, the fetus is growing rapidly, and the mother's body needs to supply adequate iron to support fetal development and prepare for childbirth. By the third trimester, the mother's blood volume has expanded dramatically, further increasing the need for iron to ensure both maternal and fetal iron stores are sufficient. It's also important to note that the body's ability to absorb iron from dietary sources increases during pregnancy, especially in the third trimester, in part to meet these heightened demands. In contrast, while iron requirements do increase in the first and second trimesters, they are not as pronounced as in the third trimester, where the most significant physiological changes and demands occur.

2. What is the first step in interpreting spirometry results?

A. Check for postbronchodilator reversibility in FEV1

B. Evaluate FVC levels

C. Assess FEV1/FVC ratios

D. Compare results with patient age

Interpreting spirometry results begins with assessing the FEV1/FVC ratio because it provides crucial information about the type of respiratory disease present. The FEV1 (Forced Expiratory Volume in one second) measures how much air a person can exhale during the first second of a forced breath, while FVC (Forced Vital Capacity) measures the total amount of air exhaled during the forced breath. The FEV1/FVC ratio is essential in differentiating between obstructive and restrictive lung diseases. In obstructive diseases, such as asthma and COPD, the FEV1 is significantly reduced compared to FVC, leading to a decreased FEV1/FVC ratio. Conversely, in restrictive disorders, both FEV1 and FVC are reduced, but the ratio may remain normal or elevated. Therefore, evaluating the FEV1/FVC ratio first allows the clinician to quickly categorize the nature of the lung problem and guide further steps in the evaluation and management. After determining the FEV1/FVC ratio, clinical interpretation can proceed by evaluating FVC levels for its significance and potential limitations, checking for bronchodilator reversibility to assess ongoing airway obstruction, and ultimately comparing the results against normative values considering the patient's age and other demographic

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3. 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.

4. What should be done if a patient's potassium level exceeds 6.5 mEq/L while on an ACE inhibitor?

A. Continue the ACE inhibitor

B. Monitor potassium levels closely

C. Cease ACE inhibitor and send to ED

D. Reduce the dose of ACE inhibitor

When a patient's potassium level exceeds 6.5 mEq/L, particularly in the context of being on an ACE inhibitor, immediate action is required due to the significant risk of life-threatening hyperkalemia. This condition can lead to severe cardiac complications, including arrhythmias, and necessitates prompt intervention. Ceasing the ACE inhibitor is critical as it can further exacerbate potassium retention. Additionally, sending the patient to the emergency department (ED) is warranted to ensure they receive appropriate monitoring and treatment, which may include the administration of calcium gluconate or sodium bicarbonate to stabilize cardiac function, as well as measures to lower serum potassium levels. Monitoring potassium levels closely or continuing the ACE inhibitor are not advisable in this situation because the high potassium level already indicates a physiological disturbance that needs intervention beyond observation. Reducing the dose of the ACE inhibitor may not be sufficient in cases of significant hyperkalemia; thus, the most appropriate action would be to stop the medication entirely and manage the electrolyte imbalance urgently.

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5. In terms of family history for premature cardiovascular disease, what is the age considered significant for a first-degree male relative?

A. 65 years

B. 55 years

C. 50 years

D. 60 years

The determination of a significant age for a first-degree male relative in the context of family history for premature cardiovascular disease is crucial for assessing an individual's risk profile. A age of 55 years is recognized as a threshold for males, as a family history of cardiovascular events occurring before this age suggests a higher genetic predisposition to such conditions. It prompts a more vigilant screening for cardiovascular risk factors in relatives, leading to earlier interventions and lifestyle modifications which can be pivotal in preventing disease progression. This benchmark is based on epidemiological studies that illustrate the correlation between family history at younger ages and an increased likelihood of cardiovascular events, therefore influencing clinical practice guidelines for cardiovascular risk assessment.

6. What is a critical aspect when recording ATSI status?

A. Ensure accuracy in practice software

B. Use subjective measurements

C. Minimize patient involvement

D. Rely on external databases

Recording the Aboriginal and Torres Strait Islander (ATSI) status with accuracy is paramount for several reasons. Firstly, it ensures that health data is reflective of the true demographics of the patient population, which can significantly impact public health strategies, funding allocations, and the delivery of culturally appropriate care. Accurate documentation allows healthcare providers to address the specific health needs of Aboriginal and Torres Strait Islander peoples, who may face unique health challenges and disparities. Moreover, precise recording fosters trust between healthcare providers and Indigenous communities, as it shows respect for their identity and cultural significance. Engaging patients in this process also encourages their self-identification, which can be crucial in enhancing their involvement in their healthcare journey. While other options may seem relevant in different contexts, they do not capture the essence of why accurately recording ATSI status is significant in clinical practice. For example, subjective measurements could introduce bias, minimizing patient involvement may alienate them, and relying solely on external databases could lead to incomplete or outdated information. Therefore, ensuring accuracy directly aligns with the ethical and professional standards in healthcare relating to ATSI status.

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7. What is the recommended procedure and margin for excisional biopsy of a suspected melanoma?

A. Incisional biopsy with 1mm margins

B. Excisional biopsy with 2mm margins

C. Excisional biopsy with 4mm margins

D. Incisional biopsy with 2mm margins

The recommended procedure for a suspected melanoma is an excisional biopsy that allows for complete removal of the lesion with appropriate margins. The guideline typically suggests a margin of 2mm for the biopsy. This approach is vital as it not only aids in accurate histopathological assessment but also minimizes the risk of residual melanoma at the surgical site. A margin of 2mm is considered sufficient to reduce the chances of leaving behind malignant cells, which can complicate treatment and prognosis. Excisional biopsy is preferred over incisional biopsy in cases of suspected melanoma, as it provides a clear view of the lesion's characteristics and ensures comprehensive sampling of the surrounding skin. Moreover, obtaining a sufficient margin is crucial for both diagnostic purposes and potential curative treatment, which is essential given the aggressive nature of melanoma if not adequately addressed. Using incisional biopsy, regardless of the margin size, does not allow for complete removal of the tumor, thus potentially leaving viable cancerous cells behind and complicating future treatment strategies.

8. What is the FEV1 percentage predicted considered below the lower limit of normal (LLN)?

A. 70%

B. 75%

C. 80%

D. 85%

The percentage of FEV1 (Forced Expiratory Volume in one second) considered below the lower limit of normal (LLN) is typically set at 80% of the predicted value. This threshold is important in the context of evaluating lung function and diagnosing conditions such as obstructive and restrictive lung diseases. A value below 80% indicates a significant deviation from what is statistically expected for a healthy individual of the same age, sex, height, and ethnicity. When interpreting pulmonary function tests, values below this LLN can warrant further investigation into a patient's respiratory health. The use of 80% as a threshold aligns with established guidelines and clinical practice in assessing airflow limitation and guiding treatment decisions. Recognizing this value helps clinicians differentiate between normal lung function and potential pathological conditions.

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9. What is the recommended vaccination schedule for Shingrix in adults aged 65?

A. 1 dose

B. 2 doses at 0 and 2-6 months

C. 3 doses at 0, 2, and 6 months

D. Annual vaccination

The recommended vaccination schedule for Shingrix, which is a vaccine for the prevention of shingles, includes administering two doses to adults aged 65 and older. The first dose is given at a designated starting point, referred to as "0," and the second dose is administered between 2 to 6 months later. This two-dose schedule is effective in establishing a strong immune response against the varicella-zoster virus, which causes shingles. This approach contrasts with some other vaccination protocols for certain conditions that may require only a single dose or a different number of doses. For instance, Shingrix's two-dose regimen is specifically designed to enhance immunogenicity and durability of protection in older adults, a population that is at higher risk for severe complications from shingles. The other potential options do not align with the established guidelines for Shingrix. A single dose would not provide adequate protection, while three doses are not recommended for this vaccine in adults, and an annual vaccination is unnecessary for Shingrix, as the vaccine is intended for long-lasting immunity. Adhering to the two-dose schedule is vital for effective prevention of shingles and its associated complications.

10. What is the recommended first-line analgesia for a patient with otitis media?

A. Paracetamol

B. Ibuprofen

C. Amoxycillin

D. Cefuroxime

The recommended first-line analgesia for a patient with otitis media is paracetamol. Paracetamol is widely recognized for its efficacy in managing pain and fever, making it particularly useful in treating the discomfort associated with otitis media. This condition can cause significant pain and discomfort due to inflammation and fluid buildup in the middle ear, and effective analgesia is vital for patient comfort. Paracetamol is preferred as it has a favorable safety profile, is well-tolerated, and is suitable for use in both adults and children. It can be easily administered in liquid form for younger patients, ensuring that pain relief is accessible. When considering treatment for otitis media, addressing pain symptoms effectively can enhance the overall treatment experience. Other options like ibuprofen are also effective analgesics and anti-inflammatory agents, but paracetamol is often recommended first because of its ease of use, tolerability, and less potential for gastrointestinal side effects compared to NSAIDs like ibuprofen. Antibiotics such as amoxycillin and cefuroxime are not first-line for pain relief; they target the underlying bacterial infection in cases of bacterial otitis media rather than alleviating pain directly.

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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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