MRCGP is an integrated assessment system, success in which confirms that a doctor has satisfactorily completed specialty training for general practice and is competent to enter independent practice in the United Kingdom without further supervision. Satisfactory completion of the MRCGP is a pre-requisite for the issue of a certificate of completion of training (CCT) by the General Medical Council and full Membership of the RCGP.

The MRCGP exam consists of a tripos of assessments. There are two exam-based components: the Clinical Skills Assessment (CSA) and Applied Knowledge Test (AKT). It is for these two components that candidates often seek reasonable adjustments for an underlying disability. In order for you to be able to tailor your recommendations to the demands of the assessments we would appreciate it if you could take the time to read this short guide, which will hopefully increase your understanding of what they involve.

**Clinical Skills Assessment**

This involves a simulated surgery of 13 GP consultations, each of 10 minutes duration with a two-minute gap between the consultations. There is also a 20-minute coffee break after seven consultations.

The candidates are given a 20-minute briefing on what to expect and are then given a minimum of 10 minutes before the first consultation to read through the paperwork, which is provided on an iPad. There are usually fewer than 10 lines of information for each case. The candidate will also have access to a print copy of the British National Formulary (BNF) and the BNF for Children, in which they are allowed to highlight particular areas with coloured index slips, but not to annotate the actual copy.

Many of the candidates are already very familiar with the format of the exam and what is expected of them, as this information is freely available on RCGP approved DVDs and from Deanery courses.

Each case will involve a simulated consultation with a role player. It will involve taking a history and may also involve interpreting small amounts of written information and physical examination. Sometimes, instead of being expected to actually examine the patient, the findings will be given to the candidate either verbally or on a typed laminated card. The candidate may have to write a blood request or prescription but will not be expected to complete any other written record.

13 individuals will assess the candidate as a different examiner marks each case.

The exam is quite time pressured for all candidates and having just 10 minutes for each consultation is deliberate as this is what will be expected of them as qualified GPs. In this respect it is no more challenging than everyday general practice; indeed, probably less so as in the course of their normal work GPs are also expected to keep accurate medical records and may consult with between 15 and 18 patients in succession.

Examples of reasonable adjustments that have been made:
• Providing extra time to read the initial paperwork for candidates with Specific Learning Difficulties (SpLD)
• Providing the written information in paper form rather than via ipads for candidates with SpLD.
• Adding in an additional break for individuals who have fatigue
• Special seating for individuals with back problems
• Providing additional heating for individuals with Raynaud’s syndrome
• Providing an assistant to help with physical examination for a candidate who utilised this in their everyday practice

Applied Knowledge Test

This is a multiple-choice examination that tests the candidates’ knowledge and is normally taken prior to the Clinical Skills Assessment. It is computer-delivered in Pearson Vue professional testing centres across the country. The exam contains 200 questions and the current time allocation is 3 hours and 10 minutes.

There are a number of different formats to the questions:
• Single Best Answer (SBA)
• Extended Matching Questions (EMQ)
• Table/Algorithm
• Picture/Video Format
• Drag and drop
• Data interpretation
• Free text
• Rank ordering

You can find examples of these in the online AKT tutorial. This 10-minute tutorial is shown to candidates at the start of their examination. It is also freely available to candidates for them to access in advance of taking the examination and you can find it at https://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-applied-knowledge-test-akt.aspx.

Some of the questions will involve interpreting information that will be displayed in a similar format to that seen regularly in common medical journals. Some may also require some simple arithmetical calculations.

Examples of reasonable adjustments that are made:

• Providing extra time for candidates with specific learning difficulties (SpLDs) and being specific about the extra time allowance is very helpful. If a diagnosis of dyslexia is made without a specific time requirement, 25% additional time is usually added.
• Changing the font size and colour contrasts for candidates with visual impairments or SpLD (although this may result in the candidate having to scroll through screens to access information)
• Additional rest breaks for candidates

Three questions that are commonly raised with regard to reasonable adjustments are the provision of a paper version of the test, the provision of extra time for candidates for whom English is an additional language and the use of text to speech software. To address these issues in turn:
1. The provision of a paper test would be technically very challenging, as some question formats are specifically designed for computer delivery and marking. It should also be remembered that GPs are required to use computer based medical records on a daily basis and so a candidate who suggested that they would require a paper version would need to be able to demonstrate what adjustments had been made for them in the workplace to accommodate this.

2. Candidates with a specific learning disability are entitled to additional time in the examination, provided that they submit a report from an educational/chartered psychologist or an appropriately qualified specialist teacher (PATOSS) which endorses this. This assessment needs to be in English and be undertaken post 16 years of age. If it involves a candidate for whom English is an additional language then you, as the assessor, need to include details of your experience in assessing individuals with this characteristic. If one of your recommendations is for additional time then it needs to be clear that this is due to the candidate’s underlying disability (as defined by the Equality Act 2010) rather than simply being a consequence of them working in their non-native tongue.

3. The use of text to speech software is not an adjustment that can be made due to practical reasons. The complexity of the different types of questions, including the use of pictures and graphs, the use of medical terminology and the security considerations of Pearson Vue centres in allowing additional software to be added to their computer systems mean that the RCGP is unable to offer this as a reasonable adjustment. In exceptional circumstances the use of a reader may be available. However, this would require the candidate to demonstrate a genuine need and in this regard we would expect that they could demonstrate the regular use of an adjustment of this kind, or a comparable adaptation, within their workplace.

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