AKT General FAQs

For more information please refer to the various sections on the MRCGP AKT exam website http://www.rcgp.org.uk

1. How are AKT questions selected to ensure RCGP Curriculum coverage?

Each AKT includes 200 questions testing a broad range of topics blueprinted across the breadth of the 2019 GP Curriculum. Each Curriculum Topic Guide has a subsection entitled 'Knowledge and Skills guide' where you will find the updated equivalent sections from our previously published AKT Content Guide. Each Knowledge and Skills guide is not an exhaustive list and should be used in conjunction with the rest of the GP Curriculum.

Careful exam construction ensures wide coverage of the curriculum. Questions are chosen based on validity, fairness and reliability as well as the relevance to general practice, disease prevalence and importance of rare conditions. The content of each AKT is always in the following proportions with a balance of question formats:

- 80% Clinical Medicine
  (disease factors, symptoms, investigations, management)
- 10% Evidence interpretation
  (critical appraisal, evidence-based practice, research)
- 10% Organisational
  (GP administration, legal + ethical issues, health informatics)

Please note that if more recent, evidence-based guidance becomes mainstream practice subsequent to the last update of the GP Curriculum, then this will be tested in the AKT exam.

2. How will the RCGP respond if an AKT question is deemed to be ambiguous or unfair?

Please also see FAQ 13 which outlines some of the quality controls which are in place. All AKT questions are written by a team of experienced item writers who are all GPs. The RCGP welcomes feedback after each AKT, but will not comment on individual questions for test security reasons. The overall content of the AKT and the performance of every question is statistically analysed post-test by an independent psychometric team. All the question performance statistics are scrutinised in great detail and the results subsequently reviewed, within days of any AKT, by a group of trained examiners.

Any feedback is taken into consideration during the post-examination process. If any ambiguities are identified these will be dealt with during the standard setting process and marks adjusted accordingly to ensure fairness to all candidates.

The exam team publish general feedback after every AKT to help all prospective candidates.

3. Which commercial revision questions does the RCGP recommend for AKT preparation?

The RCGP does not provide material to any of the commercial question banks. These may be of a completely different content and question style to those that feature in AKTs. We do not endorse or accredit any commercial revision material, but we recognise that, whichever revision material is accessed, it may be useful as part of a learning needs assessment.

Please refer to our 'How to Prepare for the AKT' guide and other information on our AKT exam website.

4. How does the RCGP ensure that the AKT questions are based on the very latest evidence?

All AKT questions are checked and referenced to national guidance that is current at the time of the exam and this applies across the UK.

This would apply to all topics that may be tested in all the categories of the AKT; clinical medicine, evidence interpretation and general practice administrative issues.

5. How does the AKT test on topics where national guidelines conflict?

All AKT questions are derived from, and referenced to, the most recent clinical and medico-legal UK guidance. We also take into account potential variation of guidance across the UK.

The AKT examiners are all working GPs and are very aware of the challenges clinicians face when trying to implement guideline-based decisions in the workplace. We know that GPs will be following different guidelines across the UK, such as, death certification regulations and the management of asthma or COPD. Guidelines from one national organisation do not automatically supersede the contrasting guidance of another.

We recommend that candidates are aware of the areas of consensus and the areas of discrepancy between major guidelines.

6. Does the AKT take into account variation across the four Home Nations of the UK as regards clinical practice, legal frameworks and national guidelines?

The MCRGP licenses a doctor to work as a GP anywhere in the UK, so questions cannot be country-specific and can only include content that would apply across the UK.

7. What reference ranges does the AKT use/provide/expect candidates to know?

Recognising significantly abnormal results is a core GP skill. Understanding and being aware of normal reference ranges for very common results, such as a full blood count, renal and liver function is no different from being aware of target ranges for BP or HbA_{1c}. The AKT is designed to test working knowledge and so we expect that candidates can deal with common results without immediate access to reference materials.

Reference ranges will be given for results that are less frequently seen or may vary between laboratories, such as a troponin level.

8. Why does the AKT test an understanding of 'statistics'?

We want candidates to be able to interpret the sort of information to which working GPs are exposed on a regular basis. That might be the circulation of locality or national benchmarking data, newspaper headlines about disease prevalence or the central tenet of primary care, namely risk communication, as well as understanding whether a drug sponsored advert or recently published research article is relevant to the patient in front of them.

To this end we are keen to move away from the use of the word 'statistics' and we consider the name 'evidence-interpretation (or 'data-interpretation') a more accurate descriptor for this section of the AKT.

Since data-interpretation is only 10% of the exam, we do not think that candidates are unsuccessful due to 'not being good enough at statistics'. Of note, the data-interpretation section usually has the highest mean scores of the three AKT sections.

A recent 2019 cognitive interview study (see AKT website, section 'AKT reviews') highlighted that international medical graduates may not realise why data interpretation is being tested. Educational support is key and should not focus on very academic-based research or erudite statistical calculations which are not directly relevant working GPs.

Stakeholder discussion groups have given clear affirmation that data interpretation should be tested within the MRCGP, and specifically within the AKT. Risk communication was the most commonly cited example that GPs need to understand, but it was by no means felt to be the sole aspect for which GPs need a working knowledge.

We want Trainees, Trainers, and GP Educators to be well-informed about what is being tested and we trust that our AKT website articles* including 'How trainers can help with AKT preparation' and the 'Evidence and data-interpretation in the AKT' workbooks help in this regard.

* Please see the 'How to prepare for the AKT' section on our website https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-applied-knowledge-test-akt.aspx

9. Why is the AKT a time-limited test (of 190 minutes)?

GPs all work in a time-pressured environment, but we fully recognise that the AKT is not a test itself of speededness. However, the design was carefully considered and agreed with the regulatory body (the GMC) and is broadly in alignment with other postgraduate royal college and international licensing exams.

We have given serious consideration to test time in the past and continue to take this matter seriously. We cannot extend test time further without major consequences to test centres and all candidates. If test time were longer than at present (including the standard 25% additional time for candidates with SpLD, as well as exceptionally much longer test time for candidates with significant disabilities) then rest breaks would be needed and it would not be feasible to hold two exam sittings per day. The consequence of this would be having to hold different tests on different (long) days and the cost to candidates of creating additional tests and doubling the number of test centres required would be prohibitive.

We have clear, independent, expert reviews and matching international evidence confirming that, for a test to be reliable, it requires enough data points. The logical conclusion from most psychometricians is that 'ever more questions = better reliability'. This is important as we need to be as sure as we can be that the cut-score is appropriately safe for patients first and foremost as well as being fair to candidates. It would be unwise of us to ask a lot less questions, have a less reliable cut-score and then potentially pass doctors who are not at the required standard but who would be being permitted to practice independently.

Questions can be flagged for review, so good exam technique when faced with a challenging question is to mark your 'gut instinct' best answer but flag the question for review and move on, rather than spending lots of time agonising over a decision. This should create enough time to return to any problem questions before the end.

In 2014, with agreement of the GMC, total test time was increased by 10 minutes. We are pleased to report that since then very few individuals fail to answer all 200 questions within the available 190 minutes.

We also monitor the word count and 'readability' scores, and previously had an external linguistic review which highlighted that our IELTS score was lower (easier) than the profession requires.

Please note that additional time may be granted for reasonable accommodations - please see our webpage: https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-equality-and-diversity.aspx

10. Why is there no additional time for candidates whose first language is not English?

We are not aware of any other national medical licensing assessment that allows additional time for candidates whose first language is not English and we would question the patient safety aspect of doing so. We would not expect ourselves to be granted extra time if we took a test when applying to become a doctor in a non-English speaking country.

The issue is not as clear-cut as it first seems because a 2017 post-assessment questionnaire (see AKT website, section 'AKT reviews') showed that 96.4% stated that English is their preferred language for reading and writing (yet we know the proportion taking the AKT who are international graduates is much higher). Many doctors regard their professional language as English especially as many medical schools internationally teach in English.

We use little technical language, maintain a careful consideration as to the use of language that would be unfair to international graduates, are conscious of the British Dyslexia Association writing guidance and have already highlighted in FAQ 9 that our IELTS score is low. A 2013 Fairness Review was supportive of the fairness and validity of our questions (see AKT website, section 'AKT reviews').

The exam team cannot comment on individual questions for test security reasons, but the performance of every question, including varied spellings contained within free text answers, is statistically analysed. All candidates' answers are checked carefully, including the free text questions.

Please note that any incorrect spelling of drug names will not be awarded a mark.

11. It would surely help GP registrars if the RCGP would release exam answers after any AKT?

For reasons of test security, the answers are never released. For feedback on areas that many candidates find difficult, we would suggest that you specifically look at the

AKT Summary Reports as well as the wide range of exam preparation material including example questions, as found on the MRCGP AKT website.

12. Why is the AKT score sometimes given out of 198 or 199, rather than 200?

After the exam all the individual question performance statistics are checked to ensure reliability and fairness. Very occasionally current guidance may have changed since the paper has been set, or a new question may not have performed as expected, and in those circumstances the question may be suppressed.

This has occasionally happened due to the suppression of one or occasionally two of the 200 items. The standard remains the same by scaling the score out of, for example, 199 rather than 200.

13. What quality control procedures do you have?

Before questions are used in the AKT, they are scrutinised for accuracy and checked for ambiguities, but sometimes guidelines and evidence change shortly before questions are used. The quality control check ensures that these rare occurrences are identified and dealt with.

After each session of the AKT the performance of each question is reviewed by an independent psychometric team who ask the examiners to review any questions which fall outside agreed parameters. Those questions are discussed by the examiners under ‘examination conditions’; that is to say they do so without being privy to the intended correct answer. Depending on their decision, questions which do not pass the quality control checks may be suppressed.

An alternative to suppressing a question might be to accept two different answers as correct rather than accepting a given single correct answer key.

Any questions which are regarded as having suboptimal performance data are automatically either edited and updated before further use or made obsolete.

The AKT examiners are all working GPs from across the UK. They have to demonstrate high quality question writing, in line with international best practice for single best answer question construction.

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We welcome feedback on this document via exams@rcgp.org.uk