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 questions selected to ensure RCGP Curriculum coverage?

Up to and including July 2025, each AKT will include 200 questions testing a broad range of topics blueprinted across the breadth of the GP Curriculum. Each Curriculum Topic Guide has a subsection entitled 'Knowledge and Skills guide' where you will find very relevant AKT content. Each Knowledge and Skills guide is not an exhaustive list and should be used in conjunction with the rest of the GP Curriculum.

Careful examination 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 knowledge
  (disease factors, symptoms, investigations, management)
- 10% evidence-based practice
  (including evidence interpretation and the critical appraisal skills needed to interpret research data)
- 10% Primary care organisation and management issues
  (including administrative, ethical, regulatory and statutory frameworks)

Please note that if more recent, evidence-based national guidance becomes mainstream practice after any update of the GP Curriculum, then it is the more recent evidence which will be tested in the AKT exam.

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

All AKT questions are written by a team of GPs who are experienced item writers. 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-examination by an independent psychometric team. All the question performance statistics are scrutinised in detail and the results subsequently reviewed, within days of any AKT, by a group of trained examiners.

AKT General FAQs

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. Please also see FAQ 13 which outlines some of the quality controls which are in place.

The examinations 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 the AKT pages of our website and RCGP GP SelfTest.

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 up to the time of the examination and which applies across the UK. If new national guidance was released in the last few days before the examination, any differences will be dealt with during the standard setting process and marks adjusted accordingly to ensure fairness to all candidates.

This would apply to all topics that may be tested in all the categories of the AKT; clinical medicine, evidence-based practice as well as primary care, organisation and management 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 national clinical and medico-legal guidance. We also consider potential variation of guidance across the United Kingdom.

The AKT examiners are all working GPs and 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 antibiotic prescribing for example. 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, plus the underlying principles of, for example, capacity, consent and death certification.

6. Does the AKT consider 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 United Kingdom, so questions cannot be country-specific and can only include content that would apply across England, Northern Ireland, Scotland and Wales.

7. What reference ranges does the AKT 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 blood pressure or HbA$_{1c}$ targets, is important. Normal ranges will be given for almost all laboratory results reflecting how GPs receive test results in practice.

Normal ranges are not given for clinical examination findings.

The AKT is designed to test working knowledge and so we expect that candidates can deal with common results and a given normal range without immediate access to more detailed or local reference materials.

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

We expect candidates to be able to interpret risk and understand the sort of information to which working GPs are exposed on a regular basis. For example, locality or national benchmarking data, newspaper headlines about disease prevalence, or 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 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 examination, we do not think that candidates are unsuccessful due to 'not being good enough at statistics'. Of note, the data-interpretation section usually has equivalent mean scores to the other two AKT sections.

However, a 2019 cognitive interview study highlighted that international medical graduates may not realise why data interpretation is being tested. This might explain why international medical graduates with less undergraduate teaching of this subject can find this section of the AKT more challenging. Educational support is key and should not focus on very academic-based research or complex 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 cited example that GPs need to understand, but it is not the sole aspect for which GPs need a working knowledge.

We want GP Registrars, Trainers, and GP Educators to be well-informed about what is being tested. We trust that the 'How to prepare for the AKT' section on our website, including 'How trainers can help with AKT preparation', the 'Evidence and data-interpretation in the AKT' workbooks and video resources, help in this regard.

9. Why is the AKT a time-limited test?

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 '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 as well as being fair to candidates.

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

To ensure consistency between examinations we monitor the word count, individual item scenario lengths, 'readability' scores and omission rates. A previous external linguistic review highlighted that our IELTS score was lower (easier) than the profession requires.

Up to and including the July 2025 exam, the AKT will have 200 questions in a standard time of 190 minutes. 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 it would not be feasible to hold two examination 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 examinations and doubling the number of test centres required would be prohibitive.

From the October 2025 exam, the AKT will have 160 questions in a standard time of 160 minutes. Candidates sitting the AKT from October 2025 will experience a shorter examination but an increased amount of time available overall per item, a reduced total amount of time reading and processing information and an expected reduction in the already small number of candidates omitting to answer items near the end of the examination. This will be due to the small amount of extra time available overall, and a less tiring total examination length.

Questions can be flagged for review, so good examination 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 helps create adequate time to return to any problem questions before the end.

Please note that additional time may be granted for reasonable accommodations - please see our [webpage](#).

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

Many doctors regard their professional language as English especially as many medical schools internationally teach in English. A previous post-assessment questionnaire showed that 96.4% stated English to be the preferred language for reading and writing, yet we know the proportion taking the AKT who are international graduates is much higher.

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 was categorised as low. Repeat [Fairness Reviews](#) have been supportive of the fairness and validity of our questions.

Candidates sitting the AKT from October 2025 will experience a shorter examination but with a slight increase in the time available per item. We consider this an inclusive adjustment for candidates, irrespective of whether English is spoken as a first language, or whether there are differences in information processing between individual candidates.

11. It would surely help GP Registrars if the RCGP released examination 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 examination preparation material including example questions, as found within the AKT pages of the MRCGP website.

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

After the examination 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.

From October 2025 the exam will be 160 questions and there will be occasions where, as described above, a question may be suppressed meaning the score will be scaled out of 159. The standard required to pass the test will remain the same.

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 question usage. 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 in detail and, depending on their decision, questions which do not pass the quality control checks may either be:

- suppressed
- or 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.

January 2025
Published by the MRCGP AKT team
We welcome feedback on this document via exams@rcgp.org.uk