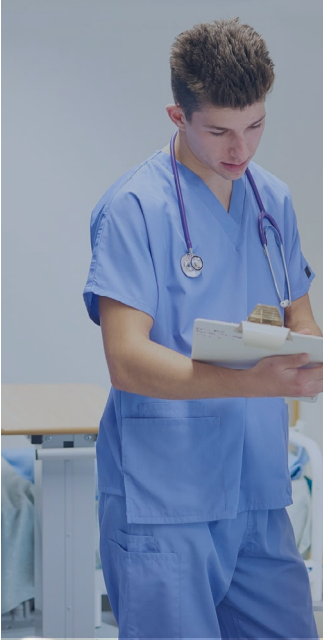




Medical
Schools
Council



Annual report on the Medical Licensing Assessment Applied Knowledge Test

Academic year 2024-25



Glossary

AKT	Applied Knowledge Test
CPSA	Clinical and Professional Skills Assessment
EB	Exam Board
EBE	Exam Board Executive
ECG	Exam Construction Group
EDI	Equity, Diversity & Inclusion
GMC	General Medical Council
IDG	Item Development Group
IWG	Item Writing Group
MLA	Medical Licensing Assessment
MS	Medical Schools
MSC	Medical Schools Council
MSCAA	Medical Schools Council Assessment Alliance
PG	Policy Group
RRT	Rapid Response Team
SBA	Single Best Answer
SG	Security Group
SSG	Standard Setting Group
SSP	Standard Setting Panel

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1. Executive summary

The Medical Licensing Assessment (MLA) comprises two components: an applied knowledge test (MLA AKT) and a clinical and professional skills assessment (MLA CPSA). Students graduating from UK medical schools from academic year 2024/25 onwards are required to pass the MLA as part of their degree programme before they can join the medical register.

This marks a significant change in UK medical education. This first report on the MLA AKT provides an overview of the examination, developments with the governance and delivery, the support available to staff and students, and a summary of the performance. It will form the basis for future annual reports on the process.

The report covers activities completed by the AKT groups in the last twelve months and so the updates will include both the delivery of the AKT in 2024-25 and work done to prepare for the AKT in 2025-26 as both processes run in parallel.

Medical schools, the UK Foundation Programme and the General Medical Council (GMC) are key stakeholders and contributors to the AKT. Their expertise, time, support and ideas have played a major role in shaping the design and development of the exam. Medical school staff serve on governance groups and participate in a variety of capacities, including writing and reviewing exam items; participating in standard-setting panels; and developing the policy framework. In the academic year 2024-25, 127 individuals from 44 medical schools across the UK participated in the development of the AKT in some capacity.

Between September 2024 and August 2025, over 10,000 students in the UK sat the AKT. All “main sit” examinations showed high internal consistency with Cronbach’s alpha above 0.8 and a mean pass rate at the end of the academic year of 98.3%.

The infographic in Appendix 1 illustrates the scale of the resources committed by the Medical Schools Council (MSC) and all UK medical schools to delivering the exam.

While this report provides a summary rather than a comprehensive account, it is important to recognise the substantial work undertaken behind the scenes and to acknowledge the significant contributions of all those involved in reaching this milestone.

On behalf of the AKT Exam Board, I commend this report to the AKT Board.

Professor Mark Gurnell

Chair, AKT Exam Board

2. Introduction and overview

The MLA tests the core knowledge, skills and behaviours of doctors who want to practise in the UK. It provides assurance that anyone who obtains a UK medical degree has shown that they can meet a common and consistent threshold for safe practice before they are licensed to work in the UK.

In June 2021, the GMC accepted a proposal for UK medical schools to work together, through the MSC, to set and deliver a national MLA AKT, with quality assurance and regulation by the GMC. All medical students graduating from UK universities will need to pass the MLA as part of their degree before they can join the medical register.

The GMC set out what medical schools need to do to achieve delivery of the MLA to the required standard and published a series of key requirements that must be met for the MLA AKT to be considered compliant. Whilst a number of the requirements focused on issues that schools are required to address on an individual basis, many necessitated a coordinated central response. The MSC submitted evidence and this was in turn confirmed by the GMC. Individual medical schools then used this central return in conjunction with locally developed documents to seek GMC approval.

Governance and school representation

The development of the AKT has involved more than 130 academics who lead undergraduate medical education in UK medical schools. They have been appointed to a series of operational groups, each with primary responsibility for one or more key steps in exam development and delivery, and with oversight by the AKT Exam Board.

- AKT Exam Board - responsible for developing and reviewing all processes of AKT exams and oversight of AKT operational groups.
- Item Development Group - responsible for the development of new, high-quality questions and the development and maintenance of core resources.

- Exam Construction Group - responsible for the development and oversight of the AKT sampling grid and exam construction.
- Standard Setting Group - responsible for determining the passing standard for the AKT.
- Policy Group - responsible for updating the AKT policy framework, oversight of its EDI action plan and equality analysis, and development of user guides and best practice events.

Figure 1 shows the operational groups established to oversee the introduction and ongoing delivery of the AKT. Cross-representation within these groups is central to ensuring timely, shared decision-making and each group reports to, and is represented on, the AKT Exam Board.

Observers from the GMC are invited to attend meetings, whilst each of the chairs serve as ex officio members of the other operational groups and Exam Board.

The Medical Schools Council Assessment Advisory Board (MSCAA Board) is not part of the AKT governance structure but is referenced in Figure 1 to show the dual reporting role of the Security Group.

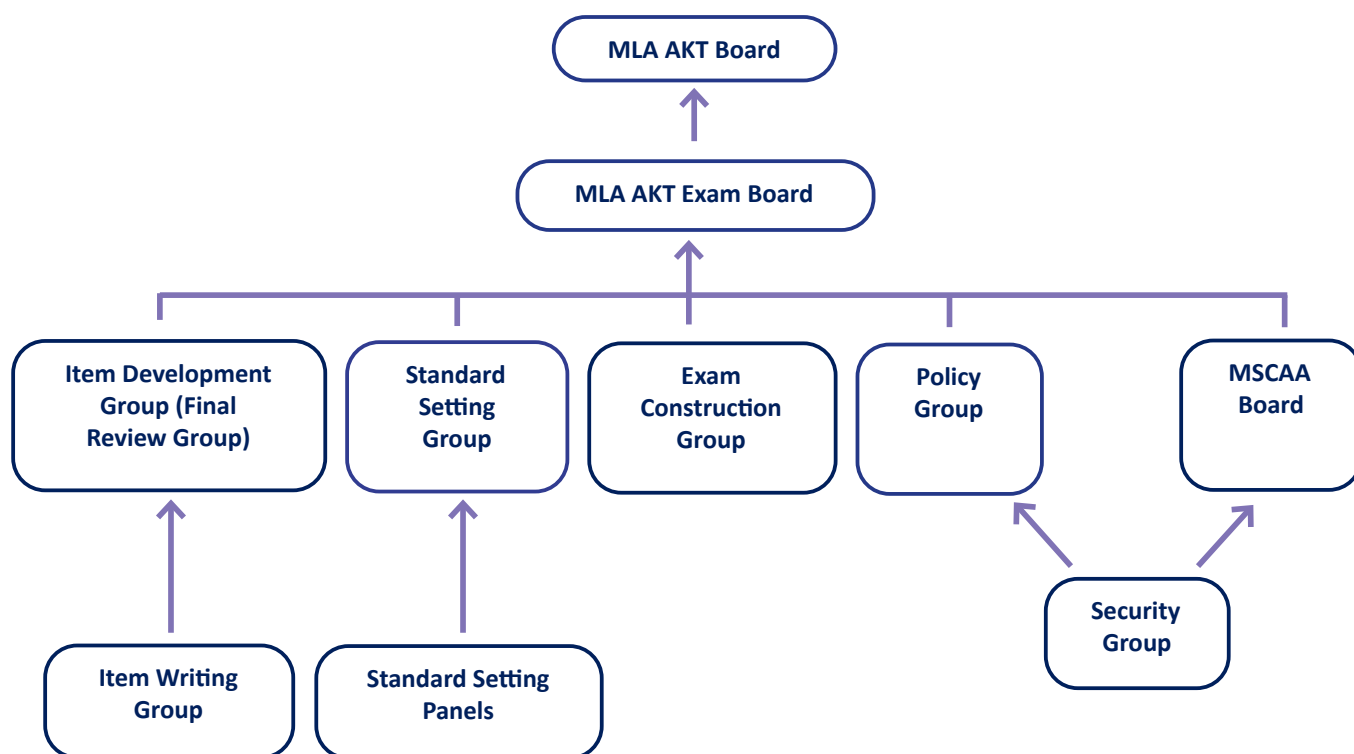


Fig. 1 Overview of key working groups/panels and lines of reporting for the AKT.

Piloting

The AKT is structured and delivered as follows:

Number of days	Delivery format	Exam format	Item format	Testing time per paper	Number of items per paper
2 consecutive days	Online	200-item exam comprised of two papers	Single Best Answer (SBA)	2 hours (standard time)	100-items

The MSC conducted a three-year pilot programme beginning in 2021/22 to prepare medical schools and their students for the first full diet in 2024/25. The pilots provided an opportunity to test and refine the delivery model and involved 27 schools and more than 15,000 students.

Importantly, psychometric analyses of data from the pilots showed strong evidence of a reliable assessment, with exam pass marks and pass rates in line with those traditionally observed in UK medical schools and consistent with anticipated standards for the AKT.

A major milestone was achieved with the first live delivery of the AKT taking place in June 2024 with over 1,500 students from penultimate year medical schools sitting the exam at the same time.

3. Student support

Handbook

In September 2024 MSC published a newly developed student handbook on the MSC website. The handbook provides students with a general overview of processes relating to the AKT with students directed to their medical school for more detailed information about the local delivery aspect of the AKT.

Practice materials for the AKT

To help students prepare, MSC produced a suite of practice materials and made these freely available to students on the MSC website. The practice materials include a 200-item practice exam (2 x 100 item papers) in pdf format with and without the answer options. Blueprinted to the MLA Content Map, the practice exam was designed to reflect the style and type of question that students will encounter in the AKT.

A series of short practice papers were also made available and reflect the style and type of questions that students will encounter in the exam. These shorter papers are not blueprinted to the MLA Content Map. Previously these short practice papers were mainly available in the platform to help staff prepare for online delivery and help students become familiar with the features of the platform. A decision was made by the AKT Exam Board that from September 2025, these papers will also be made available on the student pages of the MSC website so all students can have access. Over the summer these materials were reviewed by members of the governance groups to ensure that items remain current and reflect good practice. A small number of items were retired as a result.

Webinars

MSC hosted the latest in a series of webinars to help medical students understand the exam and what to expect with students invited to register and participate. This recent session offered an overview of the assessment and included a live Q&A with the Chairs of the AKT operational groups. The webinar was posted on the student pages of the MSC website.

4. Supporting the secure delivery of the AKT

The AKT is a collaborative effort involving all UK medical schools, with structures, procedures, policies, and processes coordinated through the MSC on their behalf. It has been designed with a view to exams and exam content being created centrally, with medical schools responsible for the local administration and delivery.

The exam is delivered on Exam-Write® a platform designed to support each stage of the assessment cycle and developed by experts across UK medical schools working with software developers and consultants.

Secure delivery

To ensure stability and reliability of the central platform during the AKT exam cycle, the MSC team enacted code freezes from January to June with a strict protocol and criteria for managing code changes. Any proposed changes had to meet one or more criteria and underwent a risk assessment to determine urgency and impact in order to reach a decision about deployment.

This helped ensure the smooth delivery of exams across the cycle.

All schools committed to delivering the exam in a secure and locked down virtual environment. At the start of the academic year the MSC team provided schools with the minimum specifications needed for online delivery and staff worked with their local IT teams and the MSC team to deploy and test appropriate software. The MSC team also issued further guidance to schools on invigilation and wearable technology.

Training and support for schools ahead of the exams

The MSC team delivered a virtual training session for schools at the start of the academic year which showed staff how to deliver the AKT in the platform. Bespoke training sessions were given to staff on request.

The team developed a suite of support materials including an Administrator Guide, Invigilator Guide, and Student Guide, and made these available to medical school staff.

Each school was assigned a member of the MSC team to support them and act as the main point of contact. Introductions were made at the start of the academic year and periodic check-ins were agreed between the school and MSC team member ahead of the exams.

A dedicated email address for medical school staff working on the AKT was frequently used for all AKT related enquiries. The vast majority received a response within 24 hours (on weekdays) if not sooner.

Support available on exam days

For both the first sit and resit, all central office staff working on the AKT, software developers, and members of the AKT Exam Board joined a virtual call for the duration of the sittings. This allowed information to be shared in real time and a consensus reached on any issues raised. This approach worked well with a number of issues resolved quickly and prevented further delays.

5. Policy Group and policy framework

Medical schools, through the MSC, have collaboratively developed a national policy framework to support the delivery of the AKT within medical schools. The framework consists of the following documents:

- Number of attempts
- Appeals and complaints
- Mitigating circumstances
- Reasonable adjustments
- Exam misconduct

These policies have been developed for the following key reasons.

- To increase consistency between medical schools as to how issues such as reasonable adjustments and exam misconduct will be handled internally while acknowledging that individual decisions on these areas will need to be taken on a case-by-case basis.
- To ensure that students at all UK medical schools have an opportunity to demonstrate the standard of proficiency tested by the AKT.
- To help medical students understand the policies that will apply when they sit the AKT and how those policies relate to those set by their medical school.
- An overarching policy framework will contribute to the comparability of student experience between medical schools.

The framework was developed and is overseen by the AKT Policy Group. Over the last twelve months the Group has completed the following.

Reasonable Adjustments

An event focusing on reasonable adjustments brought together assessment and education leads from medical schools to consider the issue including how to discuss adjustments to assessments with disability support services, and recent research on the impact of extra time as a reasonable adjustment on exam performance.

Updates to the framework

The Number of Attempts policy has been updated to clarify that students are only allowed two actual sittings of the AKT in a year. This means a student cannot sit the AKT more than two times in circumstances where an earlier attempt was voided through mitigating circumstances or an appeal. This change was made for feasibility and security reasons and has been communicated to UK medical schools.

Mitigating circumstances / development of a 'Fit to Sit' policy

The Policy Group was given permission to investigate further with medical schools the idea of introducing a fit to sit policy for the AKT by the AKT Board in November 2024. A workshop was held with medical schools to consider the issue further. Attendees heard from medical schools that already have a fit to sit policy, had a chance to ask questions about the policy proposal, and discussed the opportunities and challenges of introducing a fit to sit policy.

Research commissioning on Equity, Diversity and Inclusion and item context

Following completion of the initial literature review by a team from the University of Plymouth, the Policy Group commissioned the second part of the programme of research to establish whether it is desirable to add more personal characteristics to SBA questions.

The specific research questions to be answered in this project are;

1. Do UK Medical Schools incorporate personal characteristics within item stems?

2. If included

- do these factors influence student performance?
- why and how does it influence student performance?

3. If not included why not?

An invitation to tender was put out to all UK medical schools to bid to undertake this research. The successful team brought together academics from University of Bristol, University of Birmingham, University of Manchester, University of Dundee and Kings College London.

Supporting medical schools

The Policy Group continues to support medical schools in running the AKT. Drop-in sessions were held for schools allowing them to raise any concerns or questions they might have about the process and to hear updates from the Policy Group Chair as to any issues or changes.

MSC is proactively supporting new medical schools to ensure they are well prepared for their students to sit the AKT. Representatives from new schools have attended MSC Assessment Alliance meetings giving them the opportunity to develop relationships with other assessment leads, hear presentations on best practice, and receive information about the design and delivery of the AKT. Additionally, the MSC Policy Group Chair meets with every new school a year before their first delivery of the assessment to ensure they are well prepared to deliver the exam and to address any concerns they might have.

6. Developing content and constructing the exams

Item development

Since 2003 UK medical schools, working collaboratively under the umbrella of MSC Assessment Alliance (MSCAA) have developed a large item bank of quality assured single best answer (SBA) questions.

Using the same platform assessment experts from a wide range of specialities in medical schools work together to write, review, and edit items. This model was refined and scaled up to ensure a sufficient number of quality assured items can be created for the AKT.

The Item Development Group (IDG), consisting of 22 members from 15 medical schools, is responsible for ensuring the continuous growth of the AKT item bank and that only high-quality items are available for exam construction.

The Item Writing Group (IWG) authors and reviews new questions for the AKT. The Group comprises 45 members drawn from 26 medical schools and covers the breadth of primary care and medical and surgical specialties. All members receive formal equality and diversity training specific to writing single best answer questions.

Together both groups provide expertise to cover the breadth of primary care and medical and surgical specialties. Where needed, additional input is sought from members of other operational groups which includes specialists from all disciplines.

Item writing and review meetings

There have been two in-person AKT authoring and review meetings in 2024/25. The format of these 3-day events was established early in the process and based on the format previously used by the MSCAA. IDG members also attended additional online events throughout the year to ensure outstanding item reviews were completed.

For in-person events, members worked to an agreed two-stage quality assurance process for authoring, reviewing, and approving AKT items (see Figure 2 below).

Informed by:
GMC Content Map
UK MLA AKT Sampling Grid

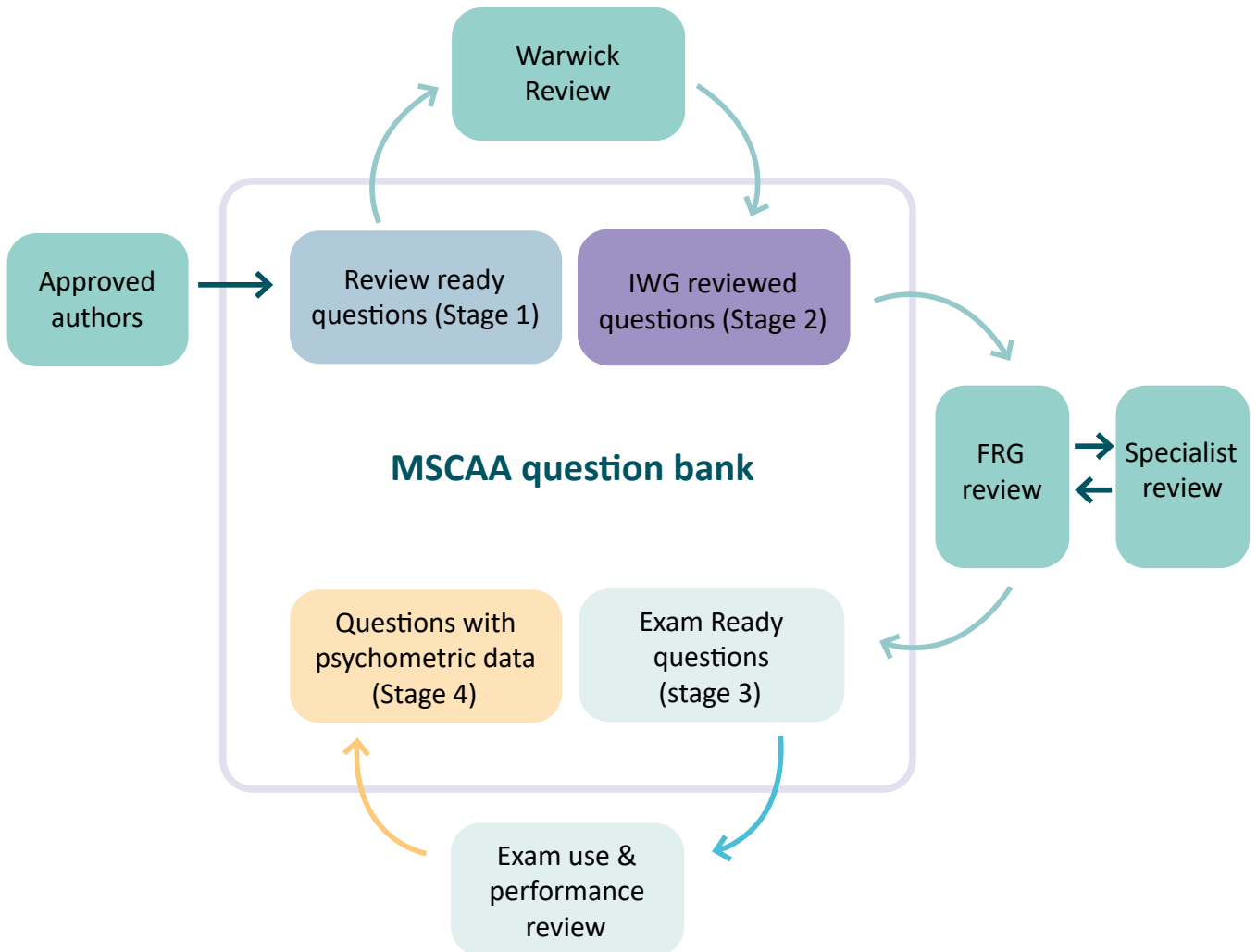


Fig. 2 Quality assurance process for items

Following their significant efforts 842 new items were added to the AKT question bank in the last 12 months.

Tagging items

Currently, the approximate number of questions tagged to primary and secondary care is shown below:

Care setting (MLA) tag	Number 2023	Number 2024	Number 2025
Primary/Community Care	1600	2100	2210
Secondary Care	1700	2400	2600

The approximate number of questions tagged to Areas of Applied Knowledge is shown below:

Areas of Applied Knowledge (MLA)	Number of items 2025
Diagnosis	1750
Management	2300
Medical/Lab science	780

There are now over 4,000 items in the AKT question bank. IDG anticipates increased workload due to the updated GMC Content Map published in 2025. This may require new tags and/or a change of current tags to ensure continued alignment.

Additional work

In addition to generating new questions for the bank, IDG held an item writing workshop in September for medical school staff with the view to helping staff improve the quality of their local item banks. A similar workshop was held in September 2024 and there are plans to explore how this may continue as an annual event in combination with the broader aims and work of the MSCAA.

Palliative care items have been reviewed in liaison with palliative care specialists from the operational groups to ensure they meet the current clinical best practice. A process to review items to ensure they adhere to newly published clinical guidelines has been agreed and will be implemented from October 2025 onwards. The style guide has been revised and published on Exam-Write®.

Exam construction

The Exam Construction Group (ECG) is responsible for generating exams for the AKT using questions from the AKT question bank and in line with the GMC Content Map.

Sampling grid and alignment with the MLA Content Map

The AKT sampling grid developed by the ECG is a key resource for the creation of exams as it sets out the proportion of test content to be drawn from different areas of clinical practice, applied knowledge and care settings. Its use ensures that each exam will have comparable content structure.

The sampling grid and weightings (the emphases on specific content areas) were developed in consultation with stakeholders from medical schools, the GMC, foundation schools, and other experts in medical education from across the UK to reflect the knowledge required to enter the Foundation Programme. Its design reflects the sampling strategies currently used by medical schools for their own applied knowledge tests.

The sampling grid is the basis of the algorithm that MSC has pioneered and uses to create summative exams automatically. The ECG provides feedback on the automated exam construction process including recommendations for any changes to the automated process.

In reviewing the exams, they also act as an additional layer of quality assurance for the currency of question content as well as feeding back to the IDG when gaps are identified in the item bank.

Exam review

Following automated construction of the exams, ECG members completed a manual review of the exams ahead of meeting. ECG members recorded comments and recommendations directly in the platform, including whether any items should be approved, rejected or flagged for discussion.

During the ECG meeting, members worked in smaller subgroups, with support from the MSC team, to review each exam. The process followed the agreed standard operating procedure and was completed to the expected timescale. The algorithm output for the 2025-26 exams showed that all exams met the parameters set for the number of items across the Areas of Clinical Practice.

7. Setting the standard

Current standard setting practice across UK medical schools involves criterion referencing. The most common method is Modified Angoff which is used to set the standard for the AKT.

The Standard Setting Group (SSG) consists of 17 members from 14 medical schools and is responsible for post exam analysis. The group developed a suite of standard operating procedures to ensure consistency in exam cycles. Along with the 30 members from the panels, it also sets the passing score for the AKT.

Post exam analysis

Across January-August 2025 the SSG carried out post exam analysis for each of the AKT exam dates. Following the agreed standard operating procedures, the post-hoc review of each exam was successfully completed within the required timescale, with final pass score recommendations made to the Exam Board for ratification.

The post-hoc exam review involved several steps including checks by the central team to exclude obvious data errors, followed by psychometric analyses using both Classical Test Theory and Item Response Theory, after which members of the SSG independently reappraised items flagged by the psychometricians.

Once an item's standard had been ratified by the Exam Board it was not reviewed or amended again in the post hoc review for any subsequent exam it appeared in.

At the conclusion of this process the SSG made recommendations to the Exam Board which included the final pass mark for the exam and recommendations of any modified standard changes or item removal. In this reporting period no items were removed following post exam analysis.

Comments on individual items, from the post-hoc process, were fed back to the IDG. SSG members noted that the process had worked well and so the same process will be followed for 2025-26.

Setting the pass mark for 2025-26

The standard setting panel met in the summer and dealt with all items for AKT exams for 2025-26. This provided an additional layer of quality assurance for the currency of question content as well as feeding back to the IDG.

Ahead of the panel meeting, SSG met to pre-review any items with national performance data, to determine if the standard remains appropriate. If no change was required, the item retained its standard and was not scored at panel. If the group considered the standard should be amended or reviewed, it was included in the items scored by panel members.

A significant number of items were standard set by each panel. Feedback from panel members was that the timing allocated for pre-scoring and for the actual panel meeting was sufficient and allowed for good quality discussion of items.

The performance between the different panels was comparable with evidence of additional convergence. If psychometric data from previous use in AKT or pilot exams was available, it was provided to help inform the Modified Angoff process.

The Modified Angoff process demonstrated good inter-panel consistency and alignment with prior pilot data, reinforcing confidence in the national standard.

8. Performance metrics

This section summarises the results for the MLA AKT examinations from September 2024 to August 2025 and includes both students sitting the AKT in their final year in 2025, and students whose schools deliver the AKT in their penultimate year, June and August 2025.

It is important to note that the MLA AKT is pass/fail only.

Period	Academic year September 2024 to August 2025
Pass mark	Ranged from 115/200 to 117/200
Cronbach alpha	All “main sit” examinations showed high internal consistency with Cronbach’s alpha above 0.8
Number of schools	40
Number of students	10,437 (“main sit” only)
Pass rate	Pass rate at the end of August 2025 was 98.3%*

Table 1a: Results for the AKT examinations from September 2024 to August 2025.

***Excludes one penultimate year school that holds resits the following year.**

Overall, the data demonstrate strong exam reliability and consistent standards across sittings, with pass rates aligned to expectations for a criterion-referenced national assessment.

This table summarises the results for schools delivering the AKT in their penultimate year in June and August 2024 with their students due to graduate in 2025.

Period	June and August 2024
Pass mark	Ranged from 115/200 to 116/200
Cronbach alpha	All “main sit” examinations showed high internal consistency with Cronbach’s alpha above 0.8
Number of schools	8
Number of students	1,580 (“main sit” only)
Pass rate	Pass rate at the end of August 2024 was 96.4%*

Table 1b: Results for schools delivering the AKT in their penultimate year in June and August 2024.

* Includes ‘main sit’ only data for one penultimate year school with a resit in 2025.

9. Exam Board

The Exam Board provides leadership and oversight of the operational groups responsible for the delivery of the AKT. It has a dual function, acting as an Executive and separately, as an Exam Board receiving overall outcomes and psychometric analysis for each exam and ratifying the results.

The membership operates with 11 appointed medical school representatives, three psychometricians who work as part of the Standard Setting Group and Exam Board, and a GMC observer.

The Director and Assistant Director of assessment at MSC provide direct support to the Exam Board throughout the exam cycle.

Rapid Response Team and support on exam days

A subset of Exam Board members formed a 'Rapid Response Team' (RRT) for each AKT date, and joined a virtual call with the MSC team and software developers from the start of the exam until the last sitting had finished. This allowed RRT members to hear about issues as they arose and so make key decisions at speed and in real time.

Decisions taken by the RRT were logged and shared with the wider Exam Board to help build consistency.

The RRT dealt with a variety of issues on AKT exam dates and provided advice and guidance to both the MSC team, and in some cases directly to schools in order to find a resolution, which was achieved in all instances.

Ratification of the results

AKT exams were delivered on multiple dates across the 2024-25 academic year. Accordingly, the Exam Board held meetings to ratify results following the delivery of each exam and to the agreed timescale.

All results were released to the timeline agreed with schools.

Sharing good practice and building resilience

A thematic analysis of the major issues encountered in delivering the AKT was presented at the Assessment Alliance Reference Group meetings. Some of the schools offered to present on the problems they had encountered on the exam day and the actions they took. This worked well as it helped schools discuss prevention and response strategies.

Preparation for 2025/26

Exam Board members completed a 3-day residential meeting to review and approve all exams constructed for delivery in 2025/26.

10. Equity, Diversity and Inclusion

Executive summary

The AKT ran for the first time as a mandatory assessment in academic year 2024/2025. The MSC has committed to publishing annual data on AKT pass rates for different groups who share protected characteristics. Ahead of the implementation of the AKT an EDI Analysis was carried out. This analysis identified that it was probable there would be differences in performance on the AKT between groups that share protected characteristics; these are known as awarding gaps.

As the AKT was designed as a minimum competence standard exam, pass rate data rather than score are reported. The AKT had an overall pass rate of 98.3%. An awarding gap in pass rate was identified between students with disabilities and those without (3.1%). There was a difference in pass rate between Black British and White British students (3%). The pass rate of students in Asian British groups were lower than their White peers (2-2.3%)

The results show that there continues to be an unacceptable award gap in undergraduate medicine in the UK. We do not have evidence that the design or delivery of the AKT has made that award gap better or worse. The awarding gaps identified largely mirror results from previous published studies in the UK.

MSC is committed to both adhering to best practice in terms of EDI when delivering the AKT and supporting medical schools to reduce disadvantage for all groups who share protected characteristics within their own institutions. These data will be used as a benchmark to measure if interventions designed to reduce awarding gaps are working.

Background

The introduction of the AKT represents a step change in undergraduate medical education in the UK as it is the first time that students have taken a national exam that must be passed to graduate. Under equalities legislation in the UK, public bodies are required to carry out an EDI Analysis to assess how groups of individuals who share protected characteristics might be impacted, whenever a significant policy change such as the introduction of the AKT takes place. Ahead of the implementation of the AKT, MSC carried out such an [analysis](#).

The main issue highlighted was that there was likely to be differences in the performance on the exam between groups who share protected characteristics. This awarding gap has been well documented, particularly between people who are White and people who come from ethnically minoritised communities within the UK, with White medical students performing better on assessments than their minoritised peers. The differential in performance is a symptom of wider issues of discrimination within all levels of education in the UK and society itself.^{1,2}

In the EDI Analysis MSC made it clear that while every effort will be made to ensure the exam is designed and delivered in line with MSC's own guidance on EDI (Active inclusion, challenging exclusions in undergraduate medical education), it was likely that an awarding gap would be observed when the results of the AKT were analysed.

The causes of the awarding gap are complex and extend beyond the design of written assessments. Rather, they are rooted in the experiences that students from minoritised communities are exposed to during their time at medical school and within society as a **whole**.^{3,4} There is little evidence to suggest

1 Hope D, Dewar A, Hothersall EJ, et al Measuring differential attainment: a longitudinal analysis of assessment results for 1512 medical students at four Scottish medical schools *BMJ Open* 2021;11:e046056. doi: 10.1136/bmjopen-2020-046056

2 Woolf K, Potts HWW, McManus IC. Ethnicity and academic performance in UK trained doctors and medical students: systematic review and meta-analysis. *BMJ*. 2011;342.

3 Yeates, P., Woolf, K., Benbow, E. et al. A randomised trial of the influence of racial stereotype bias on examiners' scores, feedback and recollections in undergraduate clinical exams. *BMC Med* 15, 179 (2017).

4 Vaughan S, Sanders T, Crossley N, O'Neill P, Wass V. Bridging the gap: the roles of social capital and ethnicity in medical student achievement. *Med Educ*. 2015;49(1):114–23.

that the award gap can be closed through simple amendments to exams. Instead, the commonly held view is that educational bodies must work to improve the culture of the learning environment for students from minoritised groups. To address these wider issues MSC set up the MSC EDI Alliance which works with medical schools to embed good practice in EDI across the UK. Guidance from the group includes advice on how to decolonise curricula and how to support students from various faith backgrounds. Further guidance is being developed on supporting students who are LGBTQIA and on addressing racism in medical education.

The EDI analysis also identified a number of actions MSC could take to reduce the risk that that AKT would exacerbate the awarding gap. Actions taken by the MSC include:

- Bespoke, assessment focused EDI training provided to all individuals involved in the design and delivery of the AKT. This training is provided either in person or on a video call; active participation is required.
- Guidance for item writers on how to write items that do not stereotype individuals who share protected characteristics.
- Increasing the diversity of images, particularly of skin, used in AKT items.
- Following best practice in inclusive recruitment to the governance and operational groups that support the AKT.

The analysis also stated that identification and measurement of award gaps is an important step in seeking to address the issue. MSC committed to collecting demographic data from medical students and publishing the data on performance at the end of each exam cycle. This report sets out how these data were collected and the results from the first live cycle of the AKT in 2024-25.

Data collection

MSC, on behalf of medical schools chose to collect these data directly from students rather than using existing data sources because it wanted students to be active partners in the development and improvement of medical education in the UK.

MSC engaged extensively with medical students to ensure they understood that these data were being collected to drive improvements in medical education and not to stereotype or make adverse inferences about students from any particular group. Using a questionnaire, MSC collected the following data directly from students when they registered on the Exam-write® platform for the AKT.

- Year of birth
- Gender Identity
- Sex
- Sexual orientation
- Ethnicity
- Disabilities
- Religion or belief
- English proficiency
- Caring responsibility
- Marital status
- School type
- Self-declared socio-economic status

The questionnaire appeared on the student's dashboard every time they logged in, allowing the student the opportunity to amend or update their responses. Completion of the questionnaire was mandatory although students had the option to select 'prefer not to say' for each question.

One week before their AKT date, the questionnaire was moved from the landing page to their account settings. If the student did not complete the questionnaire before the sitting, they had to submit a response before they could access their results on the platform. The response rate was lower in schools that released results to students using a system other than through the Exam-write® platform.

Analysis of EDI questionnaire responses and AKT performance metrics

10,437 students sat the AKT in time frame of this analysis, and every student was given an opportunity to answer the questionnaire. This analysis considers the performance of students on the most recent AKT exam that they sat. As the AKT was designed as a minimum competence standard exam, only pass/fail data and not student scores were analysed. Students who resat in year had their most recent result included in the analysis. Therefore, students recorded as failing are those who did not progress to the final year or graduate.

In line with established HESA practice⁵, data have been suppressed when the number of students in any sub-category is under 20 to ensure students are not identifiable. Such instances are flagged in the narrative. It is hoped that in future, reporting of these sub-categories will be possible through aggregation of several years of data.

5 www.hesa.ac.uk/about/regulation/data-protection/rounding-and-suppression-anonymise-statistics

Ethnicity

Ethnicity categories were those used in the UK Government Census.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Ethnicity	Asian/Asian British - Bangladeshi	159	1.5	154	96.9	98.3
	Asian/Asian British - Indian	1112	10.7	1081	97.2	98.3
	Asian/Asian British - Pakistan	582	5.6	570	97.9	98.3
	Any other Asian background	564	5.4	544	96.5	98.3
	Black or Black British - African	397	3.8	382	96.2	98.3
	Black or Black British - Caribbean	35	0.3	34	97.1	98.3
	Any other Black / African / Caribbean background	22	0.2	21	95.5	98.3
	Mixed or from multiple ethnic background - White and Asian	209	2.0	209	100.0	98.3
	Mixed or from multiple ethnic background - White and Black Caribbean	28	0.3	28	100.0	98.3
	Mixed or from multiple ethnic background - Black	46	0.4	46	100.0	98.3
	Other mixed / multiple ethnic background	123	1.2	120	97.6	98.3
	White – English/Welsh/Scottish/Northern Irish/British Irish	3674	35.2	3646	99.2	98.3
	Any other white background	522	5.0	516	98.9	98.3
	Chinese	361	3.5	355	98.3	98.3
	Arab	274	2.6	269	98.2	98.3
	Gypsy or Traveller	-	-	-	-	-
	Irish Traveller	-	-	-	-	-
	Other ethnic background	127	1.2	125	98.4	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1503	14.4	1467	97.6	98.3
Total		10437				

Ethnicity-related award gaps are well documented in UK higher education and medical assessments. The AKT results follow this established pattern.

The groups with the highest pass rates were those who from a mixed or dual heritage background. Those coming from a mixed Asian and White, Black African and White, and White and Black Caribbean background had a 100% pass rate. It should be noted that the numbers of students in these categories were small.

Whilst the pass rate of students in the broader Asian British group was lower than their White peers this was most pronounced in students from a British Bangladeshi background (96.9% vs 99.2%). There was also a difference in pass rate between Black students from both a Black British African and a Black British Caribbean background, and White British students of approximately 3%.

A gap of 0.9% and 1% respectively was observed between the pass rate of students from a Chinese and Arab background and students from a White British Background.

Disability

Students were asked to say whether they considered themselves to have a disability or not. Next year MSC will ask students to provide more information as to the nature of their disability by selecting an option from a drop-down menu. The pass rate of students indicating they had a disability was 3.1% lower than that of non-disabled students.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Disability	No	7363	70.6	7261	98.6	98.3
	Yes	583	5.6	557	95.5	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1799	17.2	1756	97.6	98.3
	Total	10437				

Age

Students were asked to share their date of birth. From this, their age on entry to medical school was calculated. A number of students did this incorrectly and were therefore included in the unknown category. In 2026 students will be asked to give their age in years.

There was a difference of 1.1% in the pass rate between those starting medical school under the age of 21 and those that entered medical school after the age of 21.

Category	Sub Category (age on entry to medical school)	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Birth Year	Under 21	4947	47.4	4884	98.7	98.3
	Over 21	3522	33.8	3438	97.6	98.3
	Unknown	1968	18.9	1935	98.4	98.3
	Total	10437				

Gender Identity

The difference in pass rate between people who identify as male and female was 0.1%. The difference in pass rate between people who identify as women and people who identify as non-binary was 2.7%. The number of students stating that they self-define their gender was under 20 students and therefore these data were suppressed.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Gender Identity	Woman	5451	52.2	5362	98.4	98.3
	Man	2897	27.8	2847	98.3	98.3
	Non-Binary/ Genderqueer	46	0.44	44	95.7	98.3
	I self-define	-	-	-	-	98.3
	Missing	692	6.6	685	98.9	
	Prefer not to say	1345	12.8	1316	97.8	
	Total	10437				

Sex

Students were asked if their gender identity matched their sex as registered at birth. The pass rate of students who responded that their gender identity was the same as their sex registered at birth was 2.7% higher than those whose gender identity was different to their sex registered at birth.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
	No	68	0.7	65	95.6	98.3
	Yes	8303	79.6	8164	98.3	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1374	13.2	1345	97.9	98.3
	Total	10437				

Sexual orientation

The pass rate in students who responded that they were straight/heterosexual, a gay man or woman, or bisexual was similar. The pass rate of those indicating they had another sexual orientation was approximately 2% lower.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Sexual Orientation	Straight / heterosexual	6932	66.4	6817	98.3	98.3
	Gay man or gay woman / lesbian	316	3.0	311	98.4	98.3
	Bisexual	557	5.3	547	98.2	98.3
	Any other sexual orientation	56	0.5	54	96.4	98.3
	Prefer to self-describe	50	0.5	49	98.0	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1834	17.6	1796	97.9	98.3
	Total	10437				

Religion or belief

The pass rates in the three sub-categories with the largest number of respondents ('none', Christian and Muslim) were 99.0%, 98.1% and 97.6% respectively.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %	
Religion	None	3155	30.2	3124	99.0	98.3	
	Buddhist	179	1.7	177	98.9	98.3	
	Christian	2109	20.2	2070	98.2	98.3	
	Hindu	646	6.2	628	97.2	98.3	
	Jewish	86	0.8	86	100.0	98.3	
	Muslim	1354	13.0	1322	97.6	98.3	
	Sikh	136	1.3	133	97.8	98.3	
	Spiritual	107	1.0	105	98.1	98.3	
	Other religion or belief	71	0.7	69	97.2	98.3	
	Missing	692	6.6	685	99.0	98.3	
	Prefer not to say	1902	18.2	1860	97.8	98.3	
	Total		10437				

English proficiency

Students were asked to state their proficiency in English.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
English Proficiency	English as Additional Language	556	5.3	540	97.1	98.3
	Multilingual including English	1661	15.9	1621	97.6	98.3
	English is my first language	6066	58.1	5984	98.7	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1462	14.0	1429	97.7	98.3
	Total		10437			

MSC has decided that next year this question will be changed to mirror the question in the UK census which asks if English is a person's main language. If the answer is 'no' respondents are then asked to rate their proficiency in English. There was a difference in pass rate of 1.6% between students who had English as their first language and those who had English as an additional language.

Caring responsibility

No data is presented due to a reporting issue. Next year this question will be in a simple yes, no or prefer not say format.

Marital status

Students were asked to declare their marital and civil partnership status. The pass rate was 1.9% lower in married students, than in those who had never married or registered in a civil partnership. The number of responses in all other sub-categories were too low to report.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Married Status	Never married and never registered in civil partnership	7814	74.9	7692	98.4	98.3
	Married	201	1.9	194	96.5	98.3
	In a registered civil partnership	-	-	-	-	-
	Separated, but still legally married	-	-	-	-	-
	Separated, but still legally in a civil partnership	-	-	-	-	-
	Divorced	-	-	-	-	-
	Formerly in a civil partnership, which is now legally dissolved	-	-	-	-	-
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1711	16.4	1670	97.6	98.3
	Total		10437			

School type

Students were asked to select which type of secondary school they went to. MSC will change this question next year to differentiate schools that select by faith or other means but are still state-funded, and state-funded schools that select on academic grounds. Descriptions like grammar and comprehensive school will be added to avoid potential ambiguity.

Pass rates were similar amongst students who attended different types of schools.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
School Type	A state run or state funded school – nonselective	3971	38.1	3919	98.7	98.3
	Independent or fee paying school	2144	20.5	2106	98.2	98.3
	State run or state funded school – selective on academic, faith or other grounds	1679	16.1	1646	98.0	98.3
	Don't know	161	1.5	155	96.3	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1790	17.2	1748	97.7	98.3
	Total	10437				

Self-declared socio-economic status

(a) Free School Meals

The pass rate was 0.9% lower amongst those who were eligible for free school meals than those who were not.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Free School Meals	No	6518	62.5	6426	98.6	98.3
	Yes	1029	9.9	1005	97.7	98.3
	Don't know	511	4.9	497	97.3	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1687	16.2	1646	97.6	98.3
	Total		10437			

(b) Income Support

Students were asked if their household received income support at any point during their school years. The pass rate was 0.8% lower amongst students from families receiving income support than amongst those who did not.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Income Support	No	5759	52.2	5682	98.7	98.3
	Yes	1230	27.8	1204	97.9	98.3
	Don't know	1036	0.4	1009	97.4	98.3
	Missing	692	0.1	685	99.0	98.3
	Prefer not to say	1720	6.6	1679	97.6	98.3
	Total		10437			

(c) Parent Degree

Students were asked if either of their parents had a degree. The pass rate amongst students who had a parent with a degree was 0.7% higher than amongst those who did not have a degree.

Category	Sub-category	No. in sub category	% in sub category	No. passed	% pass rate	overall cohort pass rate %
Parent Degree	No	2137	20.5	2092	97.9	98.3
	Yes	5759	55.2	5679	98.6	98.3
	Don't know	205	2.0	196	95.6	98.3
	Missing	692	6.6	685	99.0	98.3
	Prefer not to say	1644	15.8	1607	97.8	98.3
	Total		10437			

Conclusions

The AKT achieved a 98.3% national pass rate, and award gaps were small in absolute terms and consistent with longstanding national patterns in medical education. As anticipated by the Equality Analysis carried out before the implementation of the exam, awarding gaps have been identified amongst groups of people who share protected characteristics. Similar gaps have been identified across the education system as a whole, and previously within medical education in both postgraduate and undergraduate assessments.

The key question is whether the implementation of the AKT has made these gaps worse. Direct comparison with what was in place before the AKT, that is final knowledge tests set by individual universities, is impossible due to the many variations between such assessments. However, it is helpful to compare the results of this analysis with the published literature on the award gap in undergraduate medicine in the UK.

Similar gaps in both the direction and scale of the awarding gap identified in this analysis have been reported in other studies. Work by Brown et al identified a similar awarding gap between White students and students from minoritised ethnic groups within UK medical schools. They also found that the size of the gap differed between groups sharing different ethnic backgrounds⁶. Curtis and Smith⁷ found that students who studied on a standard entry medical course had higher scores on the Prescribing Safety Assessment (PSA) than those who studied on a gateway course for widening participation. This aligns with our findings of lower pass rates amongst students eligible for free school meals, those whose family was in receipt of income support, or those whose parents did not have a degree.

6 Brown C, Goss C, Sam AH Is the awarding gap at UK medical schools influenced by ethnicity and medical school attended? A retrospective cohort study *BMJ Open* 2023;13:e075945. doi: 10.1136/bmjopen-2023-075945.

7 Curtis, S., Smith, D. A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses. *BMC Med Educ* 20, 4 (2020). <https://doi.org/10.1186/s12909-019-1918-y>.

Ellis et al⁸ studied award gaps in UK postgraduate medical examinations. They found that ‘Multivariate regression models revealed that place of primary qualification, gender, age, ethnicity, religion, sexual orientation, disability ... were all statistically significant independent predictors of success or failure in written and clinical examinations. The strongest independent predictors of failing written and clinical examinations were being an IMG, being from a minority ethnic background and having a registered disability.’ Our analysis describes similar gaps existing in relation to age, ethnicity religion and disability.

These findings provide no evidence that the AKT has introduced new structural disadvantages. Rather, the exam has revealed existing patterns of inequality that mirror those seen across UK medical education. The MSC remains firmly committed to tackling the structural inequalities and discrimination that drive these differences, and to working with medical schools to create a fairer, more inclusive learning and assessment environment.

8 Ellis, Ricky & Knapton, Andy & Cannon, Jane & Lee, Aj & Cleland, Jennifer. (2025). A multi-variate analysis to identify the relationship between sociodemographic differences and examination performance in UK postgraduate medical examinations. *Journal of the Royal Society of Medicine*. 10.1177/01410768251380980.

How will this survey and these data be used to drive positive change in our medical schools?

Instrument for new research

The AKT demographic survey offers a unique opportunity to collect novel and meaningful data at scale; previously unrecorded metrics such as whether English proficiency, or other markers of deprivation can be investigated.

Investigation of intersectionality

The large number of students taking the exam will, in time, permit useful analysis of intersectionality - the inter-play of protected characteristics on performance. For example, researchers will be able to identify if students from ethnic minorities perform better or worse if they come from a lower socio-economic background.

Benchmarking

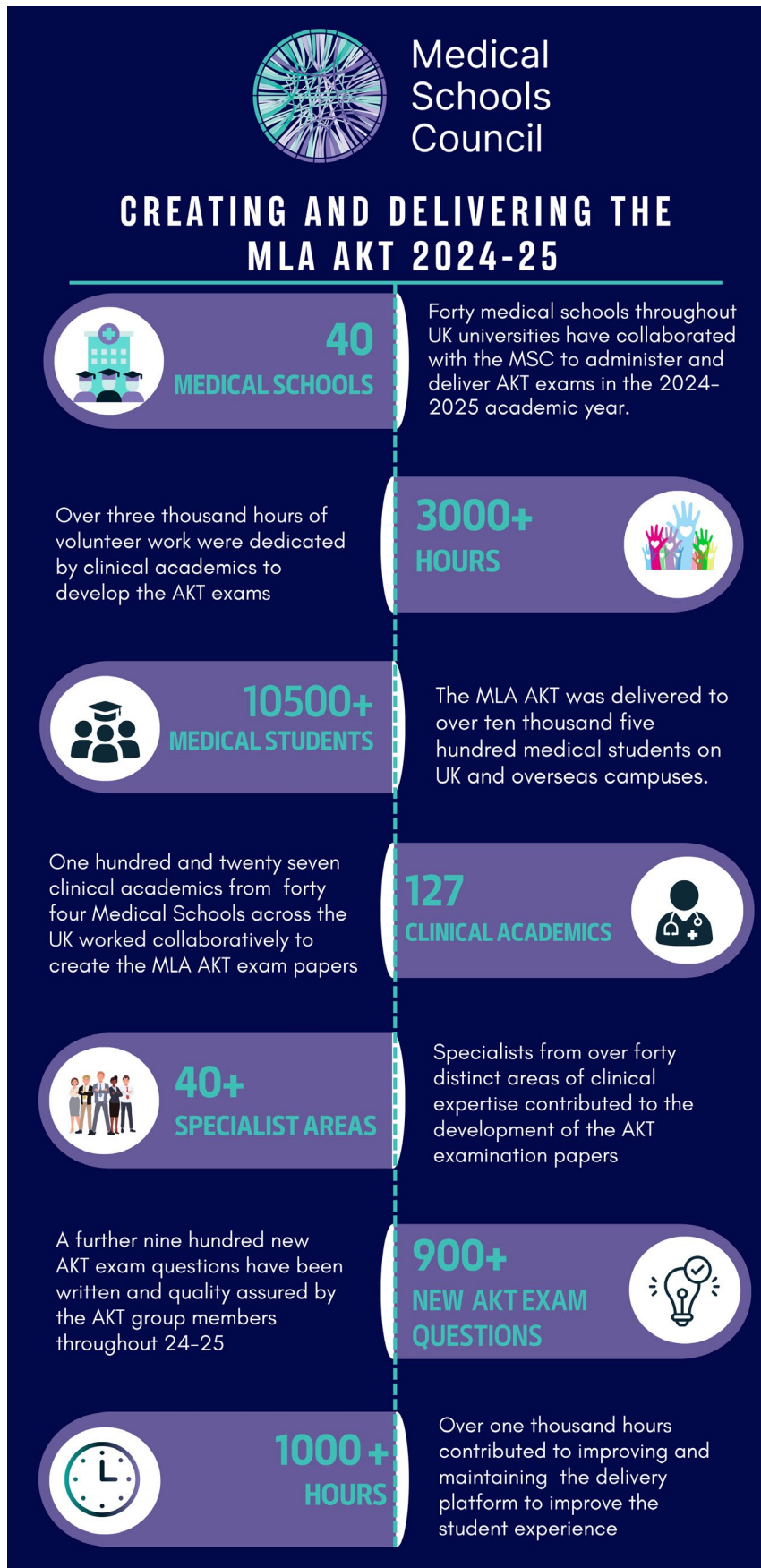
These data will provide a yearly benchmark to reliably measure the award gap at a national level. Medical schools will be informed of their own awarding gaps.

Data for individual schools

Each medical school will receive a data set identical to the one above so that they can monitor their own awarding gap on an ongoing basis and take steps to narrow it.

The AKT cannot, in itself, be the means by which we eliminate the awarding gap in UK undergraduate medical education. However, the data provided by the associated demographic survey should be used to inform the institutional and cultural change required to eliminate such gaps.

Appendix 1: Creating and delivering the MLA AKT 2024-25



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