

## Feedback on the MRCGP Applied Knowledge Test (AKT) January 2021, AKT 41

After each sitting of the exam, the AKT core group provides feedback on overall candidate performance via the RCGP website and direct to educators via Deaneries/LETBs. We also highlight areas of general interest related to the exam. We hope that this feedback is helpful to all those involved in education and training, particularly AiTs themselves, and we welcome comments on the feedback to the email address at the end of this report.

For important general information about how to prepare for the AKT exam, including specifically how trainers can better help AiTs, descriptions of the exam format and content, as well as 'frequently asked questions', please see the weblinks throughout the AKT page of the MRCGP site.

We realise that there are areas throughout the curriculum with which some candidates are less familiar or experienced than others. This may be due to differences in undergraduate or postgraduate training and the many varieties of clinical experience. We encourage candidates who are in this position, for example, around women's health issues, evidence-based practice, general practice organisation and management, or any other topic, to identify these as learning needs where specific training or updating may be required.

The AKT 41 exam was held on 27<sup>th</sup> January 2021 and taken by 1651 candidates.

### Statistics

Scores in AKT 41 ranged from 56 to 194 out of 200 questions, with a mean overall score of 146.8 marks (73.40%).

The mean scores by subject area were:

- 'Clinical knowledge' 72.83% (160 questions)
- 'Evidence-based practice' 77.13% (20 questions)
- 'Organisation and management' 74.17% (20 questions)

The pass mark for AKT 41 was set at **138**

Pass rates are shown below:

<b>Candidates (numbers)</b>	<b>Pass rate</b>
All candidates (1651)	68.30%
UK first-time takers (807)	86.90%

Other key statistics from this test:

Reliability (Cronbach  $\alpha$  coefficient) = 0.93  
Standard error of measurement = 5.73 (2.87%)

## Performance in key clinical areas – AKT 41

Providing feedback which is educationally useful but which does not undermine the security of test questions is never easy. We have highlighted below general areas of good performance, as well as areas where there is room for improvement. Comments are referenced to the 2019 RCGP curriculum. Please note that the previous AKT Content Guide has now been subsumed into the Topic Guides of the new curriculum. Many topics appear in several places throughout the curriculum and we have not listed all of these.

We remind candidates that the AKT tests for appropriate and cost-effective management, so sometimes the correct answer is **not** to investigate, prescribe or refer. Candidates find this option a difficult one to choose, as is sometimes the case in clinical practice.

Some questions may relate to clinical situations such as management of mildly abnormal blood test results. As described above, it may be that significant additional testing is not required and this may be the correct answer option.

We will ask about abnormal examination findings, including significant retinal examination findings. This question format will generally be photographs. We may also ask about normal findings, and some of these will be illustrated by photographs without any abnormality.

We may ask about investigations commonly undertaken in secondary care after patients are referred, for example, for investigation of suspected cancer. We do not expect candidates to have detailed knowledge of these investigations, but we would expect that candidates have sufficient awareness to be able to respond to patient queries about possible further tests, when a referral is discussed and agreed.

We also remind candidates that drug choices should be those that reflect evidence-based, widespread and accepted practice in primary care, and not those that a secondary care doctor with specialist skills and experience might sometimes make. There may be questions involving drug dose and volume calculations, where the maths will not be complicated. Again we ask, please, reality-check your answer, especially with regard to the volume to be administered. We receive answers to these calculations which are quite clearly wrong and by dangerously large amounts.

With regard to non-clinical areas of the exam, most candidates do well in questions on data interpretation and general practice administration. We use a range of resources to test data interpretation, including the types of graphs and tables regularly sent to practices from local primary care organisations and health boards. We would encourage all candidates, and in particular those who may feel they have gaps in their knowledge in this area, or whose training has not included data interpretation, to use the following 2019 resource produced by the AKT group:

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/-/media/B4406D5D2E9A492B86AD74BC3FEFD08B>.

Training requirements for child and adult safeguarding are detailed elsewhere (<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/cpr-aed-and-child-safeguarding/child-and-adult-safeguarding.aspx>). Safeguarding issues will be tested in the AKT exam and candidates are reminded to regularly engage in participatory and non-participatory learning activities.

The GP curriculum gives further guidance with regard to professional and administration topics, and GP trainers can provide useful help to candidates by sharing the content of their administrative workload with trainees, many of whom may be unfamiliar with the range of administrative tasks with which GPs engage.

We will continue to test on new and emerging knowledge relevant to primary care, and that includes areas such as COVID-19.

The vast majority of candidates answer every question in the AKT exam. We hope that candidates have a good level of knowledge and are able to apply this knowledge confidently when selecting answers. However, there is no negative marking in the AKT exam and marks are not deducted if the chosen answer option is wrong.

## **Improvements**

In AKT 41, candidates performed better than previously in questions related to:

- Drug dose calculations. (Professional Topic Guide, Improving Quality, Safety and Prescribing). This was a welcome improvement in an area where we often note difficulties.
- Management of acute chest pain and management of anaphylaxis. (Professional Topic Guide, Urgent and Unscheduled Care)
- Depression and anxiety. (Clinical Topic Guide, Mental Health)
- Contraception. (Clinical Topic Guide, Sexual Health). The improvement noted after AKT 40 was patchy but there is now a more overall improvement, including, for example, better knowledge of UKMEC.

## **Areas causing difficulty for candidates**

### **Leadership and Management (Professional Topic)**

In AKT 40, candidates had difficulty with pre-employment vaccination requirements, and knowledge had not improved in AKT 41. GPs have responsibilities for the health and safety of staff whom they employ, and this includes some vaccinations. We stated after AKT 38 that we expect candidates to have a broad overview of childhood immunisations, but we do not require very detailed knowledge, for example, of infant schedules. We similarly expect candidates to be familiar with general requirements and recommendations for adult vaccinations, including pre-employment.

Also under the Leadership and Management heading, candidates had difficulty with regard to issues concerning confidentiality, in relation to information governance and

data protection. The GMC provides detailed information on their website to guide practitioners in this important area.

### **Children and Young People (Life Stages Topic)**

Candidates found difficulty with consent and capacity issues in relation to children. These are areas which GPs are required to consider on a daily basis in their clinical practice and with which candidates should be very familiar. Again, the GMC provides extensive guidance in this area on their website.

There was room for improvement in candidate knowledge around child development. Although health visitors may undertake most developmental assessments, it is important that GPs can identify possible problems.

### **Gynaecology and Breast (Clinical Topic)**

After AKT 40, we fed back on lack of knowledge around HRT. In AKT 41, candidates had difficulty with questions concerning the management of common gynaecological problems such as irregular periods. Again, we strongly encourage candidates who have had less clinical experience around women's health issues, to identify these as learning needs where specific training or updating may be required.

### **Mental Health (Clinical Topic)**

We noted after AKT 40 that candidates had difficulty identifying situations which might indicate non-accidental injury in children. In AKT 41, candidates again had difficulty with safeguarding, including domestic abuse and adult safeguarding issues. GPs have a very important role in child and adult safeguarding, and we have provided a link in this report (above) to resources and requirements for the MRCGP.

### **Neurology (Clinical Topic)**

Patients presenting with neurological symptoms are very common in general practice. Candidates should have a good awareness and understanding of commonly presenting neurological symptoms and signs such as numbness, speech abnormalities and movement problems. In AKT 41, candidates found questions in these areas challenging.

### **Past 12 months (AKTs 39-41)**

We have highlighted a need for improvement in two of the past three sittings of the AKT exam regarding:

#### **Leadership and Management**

Issues on which we have fed back include staff vaccinations and data protection.

#### **Children and Young People**

The feedback has centred on safeguarding issues.

## **Gynaecology and breast**

HRT and management of irregular periods were the areas of difficulty.

We hope that candidates will not overlook these and other important areas in their exam preparation, guided by the GP Curriculum, particularly the Knowledge and Skills sections within each Topic Guide.

We will shortly be publishing on the AKT website a summary of feedback over the last five years. This will allow candidates to have an “at a glance” overview of areas where there is room for improvement, without the need to go back over 15 separate archived AKT reports.

## **Misconduct**

Although misconduct in professional examinations is rare, we would warn candidates that it is taken very seriously and a full investigation of any allegation will be undertaken, including reviewing CCTV footage taken in the test centres.

The MRCGP examination regulations and the code of conduct for the AKT and RCA assessments give detailed information about misconduct, including the possible penalties for misconduct, in the expectation that candidates will exercise an approach consistent with standards expected by the General Medical Council.  
[Regulations for Doctors Training for a CCT in General Practice](#)

**AKT Core Group February 2021**  
**Comments or questions to [exams@rcgp.org.uk](mailto:exams@rcgp.org.uk)**