Feedback on the MRCGP Applied Knowledge Test (AKT)

AKT 35 - January 2019

After each sitting of the exam, the AKT core group provides feedback on overall candidate performance via the College 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 a description of the exam format and content as well as ‘frequently asked questions’ please see the weblinks throughout the AKT page of the MRCGP site.

Two common “FAQs” relate to how the AKT approaches differences across the UK and also differences between sets of national guidance on the same topic, eg asthma. We test in areas that are consistent across the UK, eg death certification, and not in areas where procedures vary. We are well aware of the existence of contrasting clinical guidelines and make accommodation for this.

The AKT 35 exam was held on 30th January 2019 and taken by 1258 candidates.

Statistics

Scores in AKT 35 ranged from 78 to 193 out of 200 questions with a mean overall score of 142.3 marks (71.16%).

The mean scores by subject area were:
● ‘Clinical medicine’ 70.9% (160 questions)
● ‘Evidence interpretation’ 70.1% (20 questions)
● ‘Organisational’ 74.1% (20 questions)

The pass mark for AKT 35 was set at 134 with pass rates as below:

<table>
<thead>
<tr>
<th>Candidates (numbers)</th>
<th>Pass rate</th>
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<tbody>
<tr>
<td>All candidates (838)</td>
<td>66.6%</td>
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<tr>
<td>UK first-time takers (583)</td>
<td>84.4%</td>
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Other key statistics from this test:

Reliability (Cronbach α coefficient) = 0.92
Standard error of measurement = 5.88 (2.94%)

Performance in key clinical areas - AKT 35

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. Both Curriculum and Content Guide references are given.
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Candidates are reminded 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 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.

Improvements

In AKT 35 candidates performed better than previously in questions related to –

- Drug dose calculations
  (2.02 Patient safety and quality of care, p.33 content guide).
  It is encouraging to see an improvement in this important area and we hope that this will be maintained. We will continue to ask about drug dose calculations in every AKT, and again remind candidates to do a reality check on their answers to this type of question.

- Data interpretation
  (2.03 The GP in the wider professional environment, p.47-50 content guide).
  We noted an improvement in this area in AKT 35 and this follows on from a better understanding of statistical concepts which was noted in AKT 34.

- Death certification
  (2.03 The GP in the wider professional environment, p.51 content guide).
  Candidates had better knowledge and understanding of this important legal area.

Areas causing difficulty for candidates

2.02 Patient safety and quality of care (p.33 content guide, Pharmaco-therapeutics)

We commonly feed back on medicines management issues, particularly with regard to safe prescribing. In AKT 35 there was a lack of awareness of important issues concerning drug prescribing in pregnancy, such as those highlighted by the MHRA. We encourage candidates to keep up to date with MHRA safety alerts. (See link https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency ).
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2.03 The GP in the wider professional environment (p.47 content guide, Research statistics and epidemiology)

Although candidates performed better in questions concerning data interpretation, as noted above, questions concerning qualitative research were not answered so well. We do not expect detailed knowledge of research design and methodology but we do expect candidates to have a general understanding of the principles of qualitative research, so that, for example, a study could be explained to a patient if necessary.

3.03 Care of acutely ill people (clinical sections of content guide)

Candidates lacked knowledge about management, including drug treatment, of acute and potentially life-threatening situations. We strongly encourage candidates to be very familiar with this vital information.

3.09 End of life care (p.32 content guide)

As with several of the examples above, this concerns appropriate use of medicines. There was a lack of knowledge about drugs used to treat specific end of life symptoms. Although many of these drugs may be initiated by specialist teams, GPs will often be asked to continue the prescription and need to be aware of the indications for the particular drugs. The BNF is a helpful resource in this respect.

3.10 Care of people with mental health problems (p.24 content guide)

Mental health problems can present in a range of ways, including with predominantly physical symptoms. Candidates had difficulty with questions describing patterns of symptoms relating to an underlying mental health diagnosis.

3.15 Care of people with ENT, oral and facial problems (p.14 content guide)

While some oral problems may present initially to dentists, many do not. In AKT 35, candidates had some difficulty with diagnosis and management of common oral problems.

Overall feedback for past 12 months (AKT 33-35)

We have noted room for improvement in each of the past three sittings of the AKT exam in:

2.02 Patient safety and quality of care

This is a very broad heading, which is one of the reasons why this curriculum area regularly features in our feedback. Commonly, issues relate to prescribing, in particular drug dose calculations, monitoring requirements for medications and adverse reactions or contraindications of drugs.

However, this curriculum area also embraces topics such as health and safety in the workplace, which is outlined further under the “administration” section of the content guide (see national regulations/ contractual and legal frameworks).
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In two of the past three sittings there has been room for improvement in:

3.15 Care of people with ENT, oral and facial problems
The examples here were diagnosis of oral problems and management of hearing loss.

We hope that candidates will not overlook these and other important areas in their exam preparation, guided by the curriculum and the content guide.

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 AKT and CSA 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 2019
Comments or questions can be sent to: exams@rcgp.org.uk