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 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. We test understanding in areas where there is consistency about the principles across the UK, e.g. death certification, but not on the procedural differences. We are well aware that contrasting guidelines currently exist in a number of clinical areas, and that one national guideline does not automatically “trump” another. This is taken into account when writing, updating and selecting our questions and we recommend that candidates are aware of the areas of consensus and the areas of discrepancy between major guidelines.

The AKT 37 exam was held on 30th October 2019 and taken by 1517 candidates.

Statistics

Scores in AKT 37 ranged from 79 to 188 out of 199 questions, with a mean overall score of 142.43 marks (71.57%). The pass mark for AKT 37 was set at 136, so on this occasion is 136/199 or 68.34 %. Pass rates are shown below

The mean scores by subject area were:

- ‘Clinical medicine’ 71.26% (160 questions)
- ‘Evidence interpretation’ 75.37% (20 questions)
- ‘Organisational’ 70.25% (19 questions)

After reviewing question performance, one of the 200 questions was suppressed from the final scoring total.

Candidates (numbers) Pass rate

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<tbody>
<tr>
<td>All candidates</td>
<td>66.7%</td>
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<tr>
<td>UK first-time</td>
<td>84.1%</td>
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Other key statistics from this test:

Reliability (Cronbach α coefficient) = 0.91
Standard error of measurement = 5.76 (2.9%)
Performance in key clinical areas – AKT 37

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, and the previous AKT Content Guide has now been subsumed into the Topic Guides of the new curriculum. Many topics appear in a number of places throughout the curriculum - not all page references are given.

We remind candidates again 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.

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.

Improvements

In AKT 37 candidates performed better than previously in questions related to:

- Prescribing in palliative care. (Curriculum Topic Guides, People at the End-of-Life, p.98). As we commented after AKT 36, the appropriate and safe use of medicines is widely tested in AKT and it is encouraging to see this improvement.

- Awareness of some statistical concepts. (Curriculum Topic Guides, Evidence Based Practice, Research and Sharing Knowledge, p.20). However, as noted below, this improvement did not apply in all areas related to evidence interpretation.

- Knowledge of child development and childhood behavioural problems. (Curriculum Topic Guides, Children and Young People, p.58). We commonly feed back on child health and it was encouraging to see some improvement in this specific area.
Feedback on the MRCGP Applied Knowledge Test (AKT)
October 2019, AKT 37

- Improvements were noted with regard to questions concerning menstrual problems and sexual health. (Curriculum Topic Guides Gynaecology p.168, Sexual health p.268).

Areas causing difficulty for candidates

Being a General Practitioner, various sections including - Area of capability: knowing yourself and relating to others, p.36

Candidates had limited knowledge of ethical concepts and their application, particularly at the end of life. Being able to identify and analyse ethical issues across the whole breadth of GP practice is an essential skill.

Curriculum Topic Guides, Improving quality, safety and prescribing, p.29, (also in Being a General Practitioner)

This is an area on which we commonly provide feedback. In AKT 37 there were difficulties concerning safe monitoring of long-term medications, and the requirements related to potential drug interactions when additional medications are introduced. Although some types of medication, eg warfarin, may be less commonly used since the introduction of DOACs, candidates are reminded not to overlook their ongoing usage.

There were also difficulties concerning the correct format for prescriptions of some disease modifying agents.

Curriculum Topic Guides, Evidence-based practice, research and sharing knowledge, p.23

Candidates had difficulty with understanding some statistical concepts, such as relative and absolute risk. An ability to interpret and explain risk to patients is an important part of the GP role, for example in relation to medication benefits and harms.

Curriculum Topic Guides, Leadership and management, p.43, (also various sections in Being a General Practitioner, including Area of capability: working well in organisations and systems of care, p.70).

The GP workplace can pose health and safety risks to clinicians, non-clinicians and patients. GPs have a responsibility to minimise these risks and deal with untoward events appropriately, according to clear protocols, should they occur. Candidates had problems with items related to important requirements for dealing with relatively common incidents.
Feedback on the MRCGP Applied Knowledge Test (AKT)
October 2019, AKT 37

Curriculum Topic Guides, Children and Young People, p.58
This is a frequent area of feedback, and clearly a common area also of clinical practice. In AKT 37, the difficulties related to investigation and prescribing for some common childhood infections. Candidates may find a review of recent national antibiotic guidance helpful, and should be aware of differences in prescribing relating to age.

Curriculum Topic Guides, Eyes and Vision, p.142
We have previously fed back on candidate performance with regard to items testing about eye conditions, and in AKT 37 candidates again had difficulty with management of common eye problems. We expect candidates to be familiar with treatments that are initiated in primary care, and to know when to refer to secondary care for treatments not generally initiated in primary care. We also expect candidates to be able to recognise common abnormalities of the fundus, and we will continue to test on these.

Curriculum Topic Guides, Mental health, p.205
Candidates will be aware from their daily practice of patients presenting with symptoms which may be indicative of underlying neurological disease, but often are not, eg weakness, paraesthesiae. In AKT 37, candidates found items describing symptoms such as these difficult, and are reminded to consider simple anatomy, which may help in the decision as to whether a neurological rather than a non-neurological (eg mental health) diagnosis is more likely.

Curriculum Topic Guides, Respiratory health, p.260
Candidates lacked awareness of appropriate investigations which might be required for respiratory conditions or symptoms where there is a possibility of underlying systemic disease. The features of multisystem disease may primarily present with symptoms from one body system, such as respiratory.

Past 12 months (AKTs 35-37)
We have noted room for improvement in all of the past three sittings of the AKT exam in:

Being a GP- a very broad area, previously encompassed within The GP in the wider professional environment. In AKT 37, the area of difficulty was ethics (Area of capability: knowing yourself and relating to others). Other previously “professional environment” issues (evidence-based practice and leadership) are now covered in new, separate areas of the curriculum.
Several areas have featured twice in the last three feedback reports:

**Improving quality, safety and prescribing**

There is often room for doing better with regard to candidates’ knowledge of safe prescribing and medicines management. A recent review (not yet published) has highlighted that approximately 25% of questions within the AKT clearly require therapeutics knowledge. The BNF remains an essential revision aid for all candidates.

**Children and young people**

**Mental health**

**Respiratory health**

These included areas such as childhood infections, recognition of “normality” in childhood, asthma/COPD and recognition of symptoms related to mental health.

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.

**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**

**November 2019**

Comments or questions can be sent to: exams@rcgp.org.uk