Feedback on the MRCGP Applied Knowledge Test (AKT)
AKT 34 - October 2018

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. 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, e.g. asthma. We test in areas that are consistent across the UK, e.g. 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 34 exam was held on 31st October 2018 and taken by 1483 candidates.

Statistics

Scores in AKT 34 ranged from 77 to 192 out of 200 questions with an overall mean score of 144.8 (72%).

The mean scores by subject area were:
- ‘Clinical medicine’ 72.6% (160 questions)
- ‘Evidence interpretation’ 76.1% (20 questions)
- ‘Organisational’ 67.2% (20 questions)

The pass mark for AKT 34 was set at 135 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 (1483)</td>
<td>70.7%</td>
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<tr>
<td>UK first-time takers (768)</td>
<td>85.7%</td>
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Other key statistics from this test:

- Reliability (Cronbach α coefficient) = 0.91
- Standard error of measurement = 5.72 (2.86%)

Performance in key clinical areas- AKT 34

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.
Candidates are reminded that the AKT tests for appropriate and cost-effective management, so sometimes the correct answer is not to investigate or not to 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 34 candidates performed better than previously in questions related to –

- Sexually transmitted infections, in particular with regard to diagnosis (3.06/7 Women’s health/Men’s health, p.37 content guide).
- Drug misuse, including recognition of symptoms caused by abuse of various substances (3.14 Care of people who misuse drugs and alcohol, p.25 content guide).
- Clinical medicine overall (3.01-3.21 clinical modules, section 1 content guide). Candidates showed good familiarity with national guidelines on a range of topics. As mentioned above, we will not ask about areas where there are differences in recommendations between guidelines, but only where this is consensus.

**Areas causing difficulty for candidates**

Clinical modules- including Women’s health/Men’s health/Cardiovascular health (section 1 content guide)

The AKT tests application of knowledge and higher order problem solving skills. Candidates had difficulty at times with questions that required not only diagnostic awareness but integration of this with knowledge of aetiology, and appropriate investigation. Cancer is an example, and also cardiovascular disease.

2.01 The GP consultation in practice (p.46 content guide, Research, statistics and epidemiology)

In our last feedback, we noted that there had been in improvement in the area of research and statistics. Communication with the patient around risk is an important part of the GP consultation. In AKT 34, candidates had difficulty with questions concerning risk assessment and use of associated tools.
2.02 Patient safety and quality of care (p.33 content guide, Pharmaco-therapeutics, p. 51 content guide, Administration, ethical and regulatory frameworks)

We commonly feedback on medicines management issues, and we test in a wide range of areas, outlined in the content guide. In AKT 34, candidates had difficulty with knowledge around drug interactions, and candidates continue to have difficulty with drug dose calculations. We will test drug dose calculations in every AKT, and again remind candidates to do a reality check on their answer.

Also in relation to safety, GPs are asked to take on a wide range of responsibilities beyond direct patient clinical care. This includes issues related to health and safety in the workplace. In AKT 34, candidates had difficulty with common and important procedures which need to be implemented for staff and patient safety, for example when an untoward incident has occurred.

2.04 Enhancing professional knowledge (p.45 content guide, Research, statistics and epidemiology)

In AKT 33, there was an improvement in understanding of common statistical terms. However, this does not seem to have been maintained into AKT 34. We do not expect candidates to have detailed knowledge, but we expect a basic understanding of concepts and terms commonly used in research, which, for example, might need explaining to patients.

3.04 Care of children and young people (p.43 content guide)

After AKT 33, we fed back that knowledge around childhood infections was patchy. This continues to be the case and was noted in relation to common neonatal infections.

3.17 Care of people with metabolic problems (p.27 content guide)

We will test knowledge concerning some rare conditions, for example endocrine conditions, and particularly if failure to diagnose or treat promptly may have serious consequences. Candidates had difficulty with questions relating to some endocrine conditions, and a lack of awareness that some symptoms might have non-endocrine explanations.

3.19 Respiratory health (p.36 content guide)

Although candidates were generally familiar with guidelines for management of common respiratory conditions, they were less aware of risks of some commonly used treatments.

3.20 Care of people with musculoskeletal problems (p.29 content guide)

Rheumatological presentations in general practice are very common. Candidates had difficulty with differential diagnosis of several frequently encountered presentations.
Overall feedback for past 12 months (AKT 32-34)

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).

Overall, we have fed back on a wide range of clinical areas.

We hope that candidates will not overlook these and other common and 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 November 2018
Comments or questions can be sent to: exams@rcgp.org.uk