Feedback on the April 2015 MRCGP Applied Knowledge Test (AKT)

After each sitting of the exam, the AKT core group provides feedback on overall candidate performance via the College website and direct to educationalists 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 GP trainees themselves, and we welcome comments on the feedback, to the email address at the end of this report.

The AKT 24 exam was held on 29th April 2015, and taken by 1487 candidates.

Statistics

Scores in AKT 24 ranged from 89 to 184 out of 200 questions with a mean overall score of 72.9%.

The mean scores by subject area were:
- ‘Clinical medicine’ 74.0% (160 questions)
- ‘Evidence interpretation’ 76.5% (20 questions)
- ‘Organisational’ 60% (20 questions)

The pass mark for AKT 24 was set at 134 with pass rates as below:

Candidates (numbers) Pass rate

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<thead>
<tr>
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<th>Pass rate</th>
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<tr>
<td>All candidates (1487)</td>
<td>74.4%</td>
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<tr>
<td>ST2 first-time takers (1058)</td>
<td>81.8%</td>
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<tr>
<td>ST3 first-time takers (82)</td>
<td>74.4%</td>
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For the sake of transparency we also report the other key statistics from this test.

Reliability (Cronbach \( \alpha \) coefficient) = 0.89
Standard error of measurement = 5.59

Learning resources

1. Content Guide

As referred to in previous exam reports, the AKT content guide is available on the College website, and is updated each year for the start of the training year (current version August 2014). We would recommend that candidates and trainers use this document in the ways we described in the report following AKT 17.

2. Exam tutorial

The tutorial which begins each AKT in the exam centre, is now available on the AKT website. We strongly recommend that candidates work through this
tutorial on the website to maximise their familiarity on the day with the exam format, question types, and how to complete answers on the screen. It also shows how to mark questions for review and practising this will save time on the day. However, it is still important to view the tutorial on the day to ensure that candidates are familiar with the exam functionality.

Candidates will note from the online tutorial and also from the sample questions that the question stem frequently includes the phrase “Which is the SINGLE MOST likely ..?” referring to a list of options. When the question is about a single most likely diagnosis, candidates should bear in mind that the prevalence of a condition should be taken into account in identifying the correct answer, and that the correct answer may not necessarily be the most serious condition listed, if this is less common than an alternative.

3. AKT sample questions
Sample questions are available on the AKT section of the website and have recently been updated. Two versions are available, with and without answers, to allow candidates to test their knowledge. The format of questions is the same as that of the AKT, but the proportion of questions on individual topics is not representative of the test as there are only 50 questions.

4. Essential Knowledge resources
Candidates should consider looking at the Essential Knowledge Updates and Essential Knowledge Challenge sections of the RCGP website as part of their preparation for the AKT. This will familiarise them with updated guidance and emerging knowledge.

5. National guidance
National guidance such as NICE, SIGN and others are the established reference sources for many AKT questions. All the questions are checked to ensure that they apply across the UK and would not disadvantage candidates from any of the four Home Countries; the MRCGP is the licensing qualification to work anywhere in the UK.
We would also highlight the use of the BNF for guidance on prescribing, including the more general information in the opening chapters. This may be more accessible and obvious in the printed version. The GMC publication “Good Medical Practice” with its supporting guidance is also an important reference for the AKT exam.

Performance in key clinical areas- AKT 24
Providing feedback which is educationally useful but which does not undermine the security of test items is never easy. However we have highlighted general areas of good performance, as well as areas where there is room for improvement. Both Curriculum and Content Guide references are given.

Improvements
In AKT 24, candidates performed better than previously in management of childhood ENT problems, including where the appropriate response is that no action is required. (Curriculum statements 3.15 Care of people with ENT, oral and facial problems; 3.04 Care of children and young people, pps 14 and 45 Content guide). Candidates also performed better with regard to CVD risk assessment. (Curriculum statement 3.12 Cardiovascular health, p.9 Content guide).

**Areas causing difficulty for candidates**

Curriculum statement 2.02 Patient safety and quality of care (p.51 Content guide, Administration, ethical and regulatory frameworks)

Candidates should be more aware of their responsibility for minimising patient exposure to unnecessary investigations, especially those involving radiation.

Candidates also appeared unfamiliar with guidance regarding infection control including post-exposure prophylaxis, which could apply to situations involving patients or staff.

Curriculum statement 2.03 The GP in the wider professional environment (p.51 Content guide, Administration, ethical and regulatory frameworks)

Familiarity with “Fit notes” has improved, but candidates need to be aware of the large range of other forms with which GPs come into regular contact. There was a suggestion from some responses that claims for benefits at the end of life might be obstructed by lack of knowledge around consent issues.

Candidates need to be familiar with regulatory frameworks and guidance. Some of this applies to occupational groups eg those in the British Armed Forces.

Curriculum section 3- clinical statements, and 2.02 Patient safety and quality of care (Content guide, most sections of Clinical Medicine, including p.33 Pharmacotherapeutics)

We regularly feed back on issues concerning safe prescribing, including being aware of drug monitoring requirements. Candidates are encouraged to be familiar with monitoring requirements which are specific to individual drugs, and also to read the general advice about drug categories in the BNF (which may not be so obvious when using the online version of the BNF).

Curriculum statement 3.01 Healthy people: promoting health and preventing disease (Content guide, Clinical medicine and p.49 Research, statistics and epidemiology)

Items on immunisation were again not well answered. There have been a number of recent changes to immunisation programmes, with more changes on the horizon. Although GPs rarely administer vaccinations personally, it is important that they are
aware of new vaccines, and in particular indications and contraindications. We recommend that candidates regularly read the “Vaccine update” newsletter (see link https://www.gov.uk/government/collections/vaccine-update

Curriculum statement 3.04 Care of children and young people (p.45 Content guide, Children and young people)

We commonly feed back on difficulties with items concerning paediatrics. Again there seemed to be a lack of knowledge around normal childhood findings and knowing when to reassure parents rather than taking action.

Curriculum statement 3.05 Care of older adults (p.30 Content guide, Neurological problems)

Questions concerning management of dementia were not well answered. Dementia is an increasingly common condition attracting much political and other attention currently. Candidates are advised to review both NICE guidance on dementia, and the BNF for advice on prescribing in dementia.

Curriculum statement 3.14 Care of people who misuse drugs and alcohol (p.25 Content guide, Alcohol and substance misuse problems)

Candidates appear to be unfamiliar with some of the legal and other aspects around substance misuse. If the management of drug abuse does not occur in their daily practice, then candidates are encouraged to gain some experience and knowledge, particularly concerning prescribing, to equip them for working in any practice.

Curriculum statement 3.17 Care of people with metabolic problems (p.26 Content guide, metabolic and endocrine problems)

Diabetes and prediabetes are increasingly common, and we frequently feed back concerning lack of knowledge in these areas. Candidates should be familiar with NICE and other guidance around preventing diabetes, and in particular the place of medication, in order to avoid patients receiving drug therapy when this is not indicated. This is a rapidly evolving area and awareness of changes to guidance is important.

Overall feedback for 2014/15 (AKT 22-24)

We have noted room for improvement after each sitting of the AKT over the past year with regard to the following:

3.01 Healthy people
This includes issues such as screening, and in particular, vaccination.

3.04 Care of children and young people

Questions which candidates have found difficult include child development starting with normality, as well as acute and serious illness.

Other areas where we have noted room for improvement in two out of the past three AKT sittings are:

2.03 The GP in the wider professional environment
This covers a range of topics including certification and reports.

3.06 Women’s health
This includes issues such as contraception and antenatal care.

3.17 Care of people with metabolic problems
This mostly relates to questions concerning diabetes, particularly the Interpretation of test results, and management.

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

We are disappointed to note that there were incidents of misconduct during the AKT24 exam sitting and these will be dealt with in due course. Candidates should also follow the invigilators’ instructions, as they are acting on behalf of the RCGP in this situation.

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.

AKT Core group May 2015
Comments or questions can be sent to: exams@rcgp.org.uk