Feedback on the January 2016 MRCGP Applied Knowledge Test (AKT 26)

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 GP trainees themselves, and we welcome comments on the feedback to the email address at the end of this report.

**UK and devolved Home nations**

As a general point, we would like to reassure candidates that questions are carefully constructed and checked at each time of use, to ensure that they are applicable across the UK and encompass clinical and organisational guidance for all four home nations.

The AKT 26 exam was held on 27th January 2016 and taken by 1086 candidates.

**Statistics**

Scores in AKT 26 ranged from 81 to 194 out of 200 questions with a mean overall score of 76.1%.

The mean scores by subject area were:
- ‘Clinical medicine’ 75.3% (160 questions)
- ‘Evidence interpretation’ 83.6% (20 questions)
- ‘Organisational’ 75.6% (20 questions)

The pass mark for AKT 26 was set at 141 with pass rates as below:

<table>
<thead>
<tr>
<th>Candidates (numbers)</th>
<th>Pass rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All candidates (1086)</td>
<td>73.8%</td>
</tr>
<tr>
<td>ST2 first-time takers (769)</td>
<td>81.0%</td>
</tr>
<tr>
<td>ST3 first-time takers (76)</td>
<td>61.8%</td>
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Other key statistics from this test:

- Reliability (Cronbach α coefficient) = 0.92
- Standard error of measurement = 5.40

**Learning resources**

1. MRCGP AKT website

   A. Content Guide

   As referred to in previous exam reports, the [AKT content guide](#) is available on the College website (current version August 2014). We would recommend that candidates and trainers use this document in the ways we described in the [January 2013 AKT Feedback Report](#).
B. 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.

SINGLE MOST likely
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 consider the prevalence of a condition when identifying the correct answer. The most serious condition listed may not necessarily be the correct answer if this is less common as it will not be the MOST likely.

Option lists
All the AKT question formats, apart from the free text, require the candidate to identify the best answer(s) from a list of plausible alternatives, using all of the information in the question. There may be other answers which are not included in the option list, but the candidate should focus on the best available answer for the specific question asked, in other words focus on the options given, and not what is absent.

C. 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.

D. Innovait AKT Podcast
This podcast features interviews with GP trainees who have recently taken the AKT, an examiner and the Deputy Lead for the AKT and provides useful tips on revision and preparation.

E. Preparing to take the AKT
This is a concise guide for trainees preparing to take the AKT and contains a clear overview of what is required.

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

3. National guidance
National guidance such as NICE, SIGN and others are the established reference sources for many AKT questions. As stated earlier, 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 26**

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 26, candidates performed better than previously in

- management of hypertension (Curriculum statement 3.12 Cardiovascular health, p.9 Content guide)

- awareness of childhood immunisation schedules (Curriculum statement 3.04 Care of children and young people, p.45 Content guide). Candidates are reminded to keep these schedules under review to avoid overlooking the regular changes which have been occurring to these recently.

- cancer detection, such as after DVT (includes most of the clinical sections of the curriculum and Content guide)

- death certification (Curriculum statement 2.03 The GP in the wider professional environment, p. 51 Content guide, Administration, ethical and regulatory frameworks). We are aware that there is variation between the UK nations with regard to certification regulations and we again reassure candidates that all questions take this into account.

- there was continued improvement in interpretation of statistical concepts such as risk reduction and relative risk (Curriculum statement 2.04 Enhancing professional knowledge, p. 47 Content guide, Research, statistics and epidemiology)
Areas causing difficulty for candidates

Curriculum statement 2.02 Patient safety and quality of care (p.33 Content guide, Pharmaco-therapeutics, and p. 51, Administration, ethical and regulatory frameworks)

We regularly feed back on issues concerning safe prescribing, particularly where the clinical situation is complex, although we had noted an improvement in AKT 25. In AKT 26, candidates found a scenario difficult which involved a patient with acute gout, who was also on a range of medication to treat long term conditions. In particular there was a lack of awareness of drug interactions.

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

There are some areas of practice to which trainees may only rarely be exposed, and these include administrative tasks such as completion of personal medical attendant reports. Nevertheless, provision of a range of reports is a core part of GP workload. There was also a lack of familiarity with the requirements for notification of certain infectious diseases. More generally, candidates are reminded to keep up to date with identification and management of new or evolving infectious diseases, where these are relevant to the UK.

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

We commonly feed back on difficulties with paediatric questions. Again there seemed to be a lack of knowledge around minor but not uncommon conditions such as mild labial adhesions, which may not require significant intervention by the GP. Candidates should continue to give particular attention to this curriculum area in their exam preparation.

Curriculum statement 3.06 Women’s health (p.40 Content guide)

Candidates found difficulty with the medical management of stress incontinence, and also with management issues around contraception, including serious adverse effects. Women’s health has not appeared as an area for improvement after either AKT 24 or 25 so we hope that candidates will continue to focus attention on this area in their preparation.

Curriculum statement 3.16 Care of people with eye problems (p.16 Content guide)

Trainees often find the diagnosis and management of eye problems difficult in practice. This was the case in AKT 26. Candidates should be aware of the presentation and management of common eye conditions such as macular degeneration.

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

We often note difficulties with questions concerning management of diabetes. In AKT 26, candidates struggled with common problems concerning insulin administration and dosages, and advice to patients about managing regimens such as basal-bolus.
Even if this work is often handled by nurses on a day-to-day basis, GPs should be familiar with the management of common long-term conditions such as diabetes, to be able to give safe advice.

**Curriculum statement 3.18 Care of people with neurological problems (p.30 Content guide)**

Candidates found difficulty with management of Parkinson’s disease. Although care may be led by a specialist, GPs will commonly be involved in providing advice and support for a range of difficulties which patients with PD experience.

**Curriculum statement 3.21 Care of people with skin problems (p.43 Content guide)**

In this case there was a lack of familiarity of treatment of a common skin condition—specifically guttate psoriasis.

**Overall feedback for past 12 months (AKT 24-26)**

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

2.02 *Patient safety and quality of care*

This generally concerns medicines management issues and safe prescribing.

3.04 *Care of children and young people*

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

We have also noted room for improvement in two out of the past three sittings of the AKT in:

2.03 *The GP in the wider professional environment*

Genera lly this relates to administration and regulatory frameworks.

3.16 *Care of patients with eye problems*

Difficulties relate to diagnosis and management of common eye problems.

3.17 *Care of people with metabolic problems*

Diabetes, both T1 and T2 is the recurring theme here.

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 February 2016
Comments or questions can be sent to: exams@rcgp.org.uk