

“What can Trainers do to help AiTs prepare for the AKT?”

Background

The AKT is a computer-based 200-item machine marked applied knowledge test comprising 80% clinical medicine 10% data interpretation and 10% administration questions. It is one part of the tripos of assessments with CSA and WPBA. Together, these assessments form the MRCGP exam, which must be passed in order to practise independently as a GP in the UK.

A post-exam questionnaire answered by 800/1050 AITs sitting their AKT in April 2017 highlighted that a large majority (85%) did not feel their Trainer helped them with AKT preparation. This confirms a commonly held belief amongst many GP Educators we have spoken to, encapsulated by such phrases as:

- *“But I’m a Trainer, what can I do to help my AiT succeed at their AKT exam?”*
- *“I’m not sure I have anything to offer my AiT with regards the AKT”*
- *“In order to pass the AKT requires an AiT to read books in their own time”*

This booklet is our response to this and we hope to dispel the myth that Trainers cannot do anything to help AiTs prepare efficiently and be successful at their AKT exam.

General advice a Trainer should discuss with *any* AiT who has not yet taken or not yet passed their AKT

1. Signpost your AiT to the RCGP AKT exam website
<http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-applied-knowledge-test-akt.aspx>
2. Ensure your AiT has read the RCGP ‘How to Prepare for the AKT’ booklet and listened to the Podcast downloadable for free from the above website
3. With your AiT read the AKT presentation for candidates and trainers PowerPoint available on the above website
4. Ensure your AiT is aware of the eligibility criteria and application windows/deadlines for the next AKT sitting
5. Highlight the need for a clear, organised plan, with adequate protected time, to allow for exam preparation, **at least** three months before the exam date
6. Encourage a first sitting in the ST2 year once your AiT has had a GP placement - unless there are specific other factors making this decision unwise
7. Explain how dyslexia might affect exam preparation and discuss with your AiT whether there is any possibility of dyslexia. If this is a possibility, ensure they contact the local Associate Director for advice about specialist assessment
8. Oversee your AiTs focussed clinical learning needs assessment taking into account:
 - i. Read the AKT Summary Reports published after every exam (see website)
 - ii. Make use of PUNs® and DENS® from everyday practice

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- iii. Your own observation from COTS, CBDs, record keeping, referrals
 - iv. Self-assessment tools
 - v. RCGP Curriculum and Topic Guides
 - vi. Results from any on-line answering of multiple choice questions
9. Stress that the AKT question writers are NOT involved in writing any revision material for commercial or RCGP courses nor online question banks, whatever the ‘blurb’ may say. This means:
- a. Use *any* book/online questions as a learning needs assessment and plan tutorials etc. around areas with weaker scores.
 - b. If you keep re-taking the same questions within one online provider to finally get a high score, this will NOT be effective AKT preparation – probably the opposite.
 - c. The RCGP eLearning Essential Knowledge Challenges (EKC) are written in a style very similar to the AKT. However, unlike the AKT, EKC questions are only referring to the very specific material within one linked module.
<http://elearning.rcgp.org.uk/course/index.php?categoryid=2>
 - d. The RCGP Self Test is cheap for AiTs and is developing an ever expanding, large database of single best answer questions.
10. Encourage your AiT to work in a small learning set with other AiTs preparing for the AKT. This encourages debate about the evidence and shares the workload of summarising the relevant parts of national guidance on chronic disease management, the first chapters of the BNF and the principles within Good Medical Practice
11. Think about doing some single best answer questions alongside your AiT. Why not both look at an Essential Knowledge Challenge and independently answer the first five questions before comparing notes? Talk through your own approach to answering, especially when you felt unsure - your analytical approach, grounded in reality, might better help an AiT apply their knowledge or stop them over-thinking a question. An informed guess is likely to be correct and is a good strategy in the AKT where there is no negative marking
12. Put your AiT in contact with a previous AiT (or NQGP) who successfully passed their AKT
13. Find out and discuss in your Trainer Group how other trainers are finding efficient, innovative ways to help their AiTs prepare for the AKT. Please encourage those that don't see it as their role to highlight what can be highly effective to undertake without adding to trainer workload
14. Establish what Trainer workshops are in your area or whether local Deaneries and RCGP Education Faculties are providing specific courses for AiTs – could you go along for free?!

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Being a Trainer makes you ideally placed to help with data interpretation and Practice administration

1. Practice administration

- a. This section of the AKT is challenging for all AiTs and is often seen a big “unknown unknown”. This is especially so for those with minimal GP experience and/or little experience in the UK NHS healthcare system. Administrative tasks such as completing claim forms, insurance forms, DWP claims, sickness and death certificates as well as checking driving eligibility will all help. If there is an acute Mental Health assessment or a Child Protection case, use these to show the processes that are required so the AiT can see them in real life. (Please see Appendix 2 for further examples)
- b. Being a Trainer means you are the ideal person to help in this area. Bear in mind that all the examiners are working GPs and the questions arise from their own day-to-day work. This is no different from your day-to-day work, so your understanding and interpretation of information and what you see regularly mirrors what the AKT examiners do. The examiners are based throughout the UK and are acutely aware of differences between locality, regional and national guidance. This means all questions have to be able to be answered by AiTs wherever they are trained across the UK

2. Statistics and data interpretation

- a. Keep an eye out and put to one side *any* graphs, charts, referral data, QIA or benchmarking data you or your Practice receive. Ensure your AiT can discuss the practical interpretation of such information. What action would they prioritise and why?
- b. Obviously, if statistics is an identified weak area then encourage attendance at a bespoke ‘stats’ course but remember that the emphasis is on practical understanding and interpretation rather than theoretical calculations

We feel that Trainers are best placed to help AiTs in these areas, but that to date the majority have simply not realised how expert they are in this regard.

Don't believe us?!

Then please read our next section ‘A day in the life of a Trainer’.

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A day in the life of a Trainer somewhere in the UK

Please see Appendix 1 for clarification of how the following encounters would be grouped and classified within the AKT exam.

Administrative work

- Multiple scanned documents to file including multiple medication changes¹
- Letter from relative about her father²
- Multiple electronic scripts to sign³
- ECG and spirometry results to interpret⁴
- Management of results⁴

Morning surgery

- Clinical consultations including:
 - Acute asthma
 - Chronic fatigue
 - Contraception requests – CHC check, EC request
 - Irritable bowel syndrome
 - Joint injection shoulder
 - Learning disability review
 - Low mood
 - Menorrhagia
 - Osteoarthritis knee
 - Osteoporosis
 - Otorrhoea
 - Rash
 - Red eye
 - Sore throat
- Several personal educational needs from talking to patients including:
 - Rare but important allergic reaction to commonly used medication⁵
 - Second-line management option⁶
 - Evidence for new treatment⁷
 - Uncertain skin eruption⁸
- Fit note request⁹
- Driver with mild cognitive impairment¹⁰ who is a carer¹¹ for his wife

Coffee and talking to colleagues/staff

- Overhear staff discussing a patient in the corridor¹²
- Practice manager planning induction for new member of nursing team¹³
- Glance through a medical journal¹⁴
- Read drug company literature and advertisements¹⁵

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- Discussion with the practice nurses about new vaccines being added to immunisation schedules
- Community midwife asking about management of a pregnant woman who is hypothyroid

Administrative work

- 24-hour blood pressure result⁴
- Insurance reports to complete¹⁶
- Letter to write re benefits¹¹
- Management of results⁴

Phone calls

- Statin advice, including NNT/NNH¹⁷
- Self limiting illnesses¹⁸
- Time needed off school for chickenpox¹⁹
- Atypical chest pain²⁰
- Angry patient regarding previous consultation with another Dr²¹

Home visits

- Acute on chronic confusion - relative (PoA)²² concerned re capacity to be at home¹⁰
- Chronic alcohol abuser²³ self neglect¹⁰

Staff queries throughout the day

- Script request for controlled drugs before due date²⁴
- Possible cellulitis around leg ulcer¹
- Febrile child supposed to be having immunisation today²⁵
- Medication review¹
- Manufacturing problem with usual medication not currently available^{1,6}
- Palliative care planning including anticipatory drugs and DNACPR²⁶

Practice meeting

- Practice nurse advice for complex patient with chronic diseases (COPD, DM2)²⁷
- Freedom of information request²⁸
- Faulty vaccine fridge – significant event²⁹
- Concerns re reducing practice income³⁰
- Notification of forthcoming CQC inspection²⁸
- Query re staff use of social media²⁸
- Sending texts to patients identified in searches³¹

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Afternoon surgery

- Chaperone needed to examine young woman³²
- Notification of infectious disease³³
- Concern about safeguarding issue regarding a Looked after Child³⁴
- Six-week baby check³⁵

Admin and emails

- Complaint letter²¹
- Contact prescribing advisor about recently received locality benchmarking data¹⁴
- Death certification for 93-year-old man not seen by a Dr for six months³⁶
- Management of results⁴

Locality meeting

- Review of locality admission avoidance data¹⁴
- Discussion of how to reduce referrals¹⁵

We are sure everyone would recognise the above day!

When you sit down and think about all the multiple decisions a GP makes in a day, the above summary still does not capture a full day, but it does highlight the potential for ‘real-life’ to embed itself in the context of AKT questions.

We fully appreciate that AiTs are seeing patients and having similar encounters too, but you can help them consider the current evidence (or lack of) for an existing treatment/non-treatment, be aware of relevant national guidance/ethical considerations. If, as a Trainer, you do not know something, it is quite likely your AiT won't know either – share your uncertainty and learning! How much of your paperwork do they see?

This day is given as an example and should not be taken as a ‘content guide’ for the exam. Please see the RCGP Curriculum and Topic Guides.

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How to fail the AKT...

Sometimes it is helpful to look at any situation from the opposite point of view, so we asked Trainers how they thought they could help their AiT to *fail* the AKT!

Here were their suggestions:

- Take too early
- Take too late
- Don't read anything
- Don't attend a course
- Only do online tests again and again
- Ignore practice management
- Don't see many patients
- Ignore the AKT Exam website, ECU and EKC
- Ignore the last two sections of the AKT Content Guide
- Ignore stats altogether or 'freeze' at the mention of it without checking that many questions are simple data interpretation not complex statistical calculations
- Revise too much for stats (it is only 10%)
- Ignore routine, day-to-day graphs in the BMJ or Primary Care Organisation mailings
- Ignore findings of any learning needs assessment
- Don't ask 'why'
- Ignore feedback from your Trainer
- Don't read the instructions about what to take to the exam
- Arrive late for the test
- During exam spend a long time on the first difficult question you encounter
- Don't answer all 200 questions
- Don't worry about timing until the last five minutes
- No change in tactics after an unsuccessful attempt
- Don't bother with dyslexia screening after an unsuccessful attempt

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Appendix 1

Classification (by AKT exam subsections) of the encounters in ‘A day in the Life of a Trainer’

- 1 Clinical – Therapeutics; indications, drug errors
- 2 Administration - Ethics, consent
- 3 Clinical – Therapeutics; drug monitoring, safe prescribing
- 4 Clinical - Recognise normal or abnormal results, interpret, consider next steps
- 5 Clinical – Therapeutics; adverse reactions
- 6 Clinical - National guidance including second line or important third line options
- 7 Clinical - National guidance including second line or important third line options
- 8 Data interpretation - hierarchy of evidence, type of research
- 9 Clinical - Rare but important or commonly encountered conditions
- 10 Administration – understanding fit note regulations
- 11 Administration – ethics, capacity
- 12 Administration – entitlement to state benefits
- 13 Administration – confidentiality
- 14 Administration – e.g.: staff immunisations
- 15 Data interpretation of graphs e.g. confidence intervals etc
- 16 Data interpretation – critical appraisal skills
- 17 Administration – disclosure of records
- 18 Data interpretation – risk communication
- 19 Clinical – AiTs struggle with questions where the correct answer is ‘no treatment’
- 20 Clinical – expected duration of common illness
- 21 Clinical – not every correct answer is ‘the most serious option listed’
- 22 Administration – complaints system
- 23 Administration – Mental Capacity Act
- 24 Clinical – Mental ill health, alcohol and drug abuse
- 25 Therapeutics – regulations
- 26 Administration – immunisation schedules
- 27 Administration – End of Life Care including ethics, therapeutics
- 28 Clinical – chronic disease management is tested very regularly
- 29 Administration – statutory Acts and Bodies
- 30 Administration – including premises, SEAs, audit
- 31 Administration – practice finance
- 32 Administration – information governance
- 33 Administration – chaperone policies
- 34 Administration – Notification of infectious disease
- 35 Administration – Safeguarding regulations
- 36 Clinical – child health including normal developmental milestones
- 37 Administration – death certification

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Appendix 2

Opportunistic administrative learning encounters classified by curriculum statement areas

This table provides additional potential examples of commonly seen or rare but important situations encountered in day-to-day practice, which provide clear opportunities for an AiT to consider what they do/don't know within the subsection 'Administration' of the AKT exam. We are hoping to debunk the perception that this important area is difficult to prepare for.

Commonly encountered examples	Opportunity to consider/raise awareness of	Curriculum statement area
Outbreak of Pertussis	Notification of disease Types of epidemiological study that might be used to monitor an outbreak	Leadership and Management
Opportunistic smear	Screening guidelines and intervals Screening programmes not undertaken in primary care	Evidence Based Practice, Research and Sharing Knowledge
Opportunistic HPV/Shingles	Immunisation schedule Immunisations for staff	Evidence Based Practice, Research and Sharing Knowledge
Nurse query about fridge temperature	Knowledge of storage of vaccines	Leadership and Management
Blood/vomit spillage in reception	Cleaning procedures Needlestick injuries and post exposure prophylaxis	Improving Quality, Safety and Prescribing
Fitness to exercise form	Completion of forms in general practice, which ones are mandatory	Leadership and Management
Mat B1 form	Knowledge of when this should be issued	Leadership and Management Maternity and Reproductive Health
Review of prescribing data about a new drug with the pharmacist	Analysis of data	Improving Quality, Safety and Prescribing
Calculating a medication e.g. dexamethasone	Drug calculation Correct prescription writing	Improving Quality, Safety and Prescribing
Death in practice	Completion of death certification Rules around cremation	Leadership and Management
Fit note	Rules around completion of Fit notes	Leadership and Management
Relative of a patient calling for results	GMC confidentiality guidelines	Improving Quality, Safety and Prescribing

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Complaint by a patient	Complaints procedure	Improving Quality, Safety and Prescribing
Violent patient	Removal of a patient	Improving Quality, Safety and Prescribing Leadership and Management
Request for patient to see own notes	Access to notes	Consulting in General Practice
Fitness to drive	DVLA guidance	Consulting in General Practice
Preparing for appraisal	Fitness to practice/complying with appraisal process	Evidence Based Practice, Research and Sharing Knowledge
Advanced directive request	Use of advance directives	Consulting in General Practice
Power of attorney request	About power of attorney/mental capacity	Consulting in General Practice
DNACPR decision suggested by Macmillan nurse	DNACPR decisions	Improving Quality, Safety and Prescribing People at the End-of-Life
Bullying at work complaint by member of staff	Bullying policy	Leadership and Management
Risk of medication	NNT, NNH, CVD risks, Cancer RAT tables	Evidence Based Practice, Research and Sharing Knowledge
Insurance forms	What information to include	Leadership and Management

This booklet has been produced by members of the AKT exam team and can be freely copied with the aim of disseminating information and helping AiTs better prepare for the AKT exam.

We welcome any feedback and suggestions for improvement.

Please contact us via exams@rcgp.org.uk