

Feedback on the May 2013 MRCGP Applied Knowledge Test (AKT)

After each sitting of the exam, the AKT core group provides feedback via the College website and direct to educationalists via Deaneries. We also highlight items 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 18 exam was held on May 1st 2013 and taken by 1670 candidates. There was an unforeseen technical problem with a new question format (drag and drop) affecting one question out of the 200, and this was taken into consideration at the standard setting stage. It was decided to award a mark to all candidates for this question; the alternative of suppressing the question would have meant that the many candidates who did answer it correctly, would not have been credited with a mark. The cause of the problem has been established to avoid a recurrence in the future.

Statistics

Scores in AKT 18 ranged from 76 to an outstanding 194 out of 200 questions with a mean overall score of 145.5 (72.74%).

The mean scores by subject area were:

- 'Clinical medicine' 72.6% (160 questions)
- 'Evidence interpretation' 76.0% (20 questions)
- 'Organisational' 70.4% (20 questions)

The pass mark for AKT 18 was set at 136 with pass rates as below:

Candidates (numbers)	Pass rate
All candidates (1670)	71.4%
ST2 first-time takers (1148)	81%
ST3 first-time takers (93)	72%

For the sake of transparency we also report the other key statistics from this test:

Reliability (Cronbach α coefficient) = 0.90
Standard error of measurement = 5.71

Learning resources

1. Content Guide

As referred to in previous exam reports, the AKT content guide was made available on the College website last year at <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/~media/Files/GP-training-and-exams/AKT%20page/Content%20Guide%20Oct%202012.ashx>

We would recommend that candidates and trainers use this document in the ways we described in the report following AKT 17. An updated version will be published at the beginning of the training year ready for the October AKT exam.

2. Essential Knowledge resources

In addition, candidates should also 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.

3. National guidance

National guidance such as NICE, SIGN and others are the established reference sources for many AKT questions. In particular, we would highlight the use of the BNF for guidance on prescribing, including the more general information in the opening chapters. The GMC publication “Good Medical Practice” has recently been updated (2013) and with its supporting guidance is also an important reference for the AKT exam.

Performance in key clinical areas- AKT 18

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

Items relating to management of hypertension were well answered (3.12 *Cardiovascular health, Content guide, Cardiovascular problems p.12*). There was also an improvement in knowledge about fitness to work certification (2.03 *The GP in the wider professional environment, Content guide, Administration, p.49*), and about drug interactions (2.02 *Patient safety and quality of care, p.33 Content Guide, Pharmacotherapeutics*).

Areas causing difficulty for candidates

Curriculum Statement 3.21 Care of people with skin problems (p. 41 Content Guide, Skin problems)

There was difficulty with items requiring recognition of skin lesions. Candidates should be familiar with typical features of both common and less common skin lesions, particularly those that are potentially serious.

Curriculum statement 3.01 Healthy people: promoting health and preventing disease (p. 47 Content Guide, Research, statistics and epidemiology)

Candidates had some difficulty with items related to screening programmes. Given the wide range of programmes currently implemented in the UK, with more due for introduction shortly, candidates should be familiar with key features such as how and

when patients are invited to participate, the frequency of abnormal results, and the pathways for follow-up of abnormal results.

Also under the heading of health promotion and disease prevention, it was noted that performance was patchy and inconsistent with regard to knowledge about vaccination programmes, as well as the administrative requirements associated with vaccinations.

Curriculum statement 2.02 Patient safety and quality of care, (p.33 Content Guide, Pharmaco-therapeutics)

A number of drugs commonly prescribed in general practice require regular monitoring of biochemical or other parameters. Candidates had difficulty with items testing in this area.

Curriculum statements 3.13 Digestive health (p.14 Content Guide, Digestive problems)

It is not uncommon for GPs to be involved in the care of patients who are receiving enteral feeds. Candidates may not have been directly involved with managing such patients, but need to be aware of possible complications of enteral feeding.

Curriculum statement 3.17 Care of people with metabolic problems (p.27 Content Guide, Metabolic and endocrine problems)

For the third consecutive occasion, we report difficulty with items related to the diagnosis of diabetes mellitus. Again we remind candidates that they should ensure familiarity with national guidance on this common condition.

Curriculum statement 3.06 Women`s health, (p.37 Content Guide, Sexual health)

We have noted previously that items testing in the area of contraception are often not well answered. On this occasion, post-coital contraception was the area of difficulty.

Overall feedback 2010 - 2013

Looking back to 2010, and allowing for the changes to curriculum statements since then, the areas that we have fed back on most frequently as causing difficulty to candidates are

3.04 Care of children and young people (identifying “normal” findings proving a common problem area);

3.06 Women`s health (contraception);

3.17 Care of people with metabolic problems (diabetes diagnosis);

2.02 Patient safety and quality of care (prescribing issues).

Misconduct

Since the case of serious misconduct that occurred last year, we are pleased to report that we are not aware of any further cases. 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.

http://www.rcgp-curriculum.org.uk/nmrcgp/regulations_and_documents.aspx

AKT Core group May 2013

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