

## Feedback on the October 2013 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 19 exam was held on 30<sup>th</sup> October 2013 and taken by 1472 candidates

### Statistics

Scores in AKT 19 ranged from 87 to 188 out of 200 questions with a mean overall score of 146.4 (73.2%).

The mean scores by subject area were:

- 'Clinical medicine' 72.9% (160 questions)
- 'Evidence interpretation' 69.4% (20 questions)
- 'Organisational' 79.3% (20 questions)

The pass mark for AKT 19 was set at 134 with pass rates as below:

Candidates (numbers)	Pass rate
All candidates (1472)	76.1%
ST2 first-time takers (469)	87.4%
ST3 first-time takers (518)	83.4%

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

Reliability (Cronbach  $\alpha$  coefficient) = 0.90  
Standard error of measurement = 5.57

### 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.

We would recommend that candidates and trainers use this document in the ways we described in the report following AKT 17 which we have reprinted below.

*The document is quite long and may appear a little daunting at first glance. We recommend that candidates and trainers use the lists of symptoms and topics to assess educational needs and obtain an overview of those areas which may need more attention. We also recommend that trainees and trainers pay particular attention to the introduction to the Content Guide which provides information on topic importance and the level of detail required.*

*The lists in Sections 2 (Research, statistics and epidemiology) & 3 (Administrative, ethical and regulatory frameworks) are more detailed to help candidates know what topics may be tested. However, candidates should remember that there are only 20 questions on each section in the AKT.*

*We welcome feedback on the AKT in general and we would be especially pleased to receive comments on the Content Guide and how it could be improved, as this is a new resource.*

## **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 view 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.

## **3. 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.

## **4. 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 19**

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 concerning contraception are frequently not well answered. However, on this occasion an improvement was noted, and we encourage candidates to keep their knowledge up to date in this important area (Curriculum statement 3.06 Women`s health; p.37 Content Guide, Sexual health/women`s health).

Improvement was also noted in a range of items concerning health and safety, driving regulations and fit notes. (Curriculum statement 2.03 The GP in the wider professional environment; p.48 Content Guide Administration, ethical and regulatory frameworks).

## **Areas causing difficulty for candidates**

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

Very commonly we provide feedback in this area, usually around safe prescribing. On this occasion the area of difficulty concerned drug interactions. It is important that candidates are aware of interactions between commonly used drug groups (e.g. statins/macrolides/oral anticoagulants), as well as significant interactions of these and other groups with less commonly used drugs.

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

In the past we have fed back on difficulties candidates have in answering items concerning diagnosis of diabetes. On this occasion, the problems related to management of type 2 diabetes. Despite the fact that nurses may be delivering much of the routine care for diabetes, it remains an area with which candidates must be familiar, especially given the increasing prevalence of type 2 diabetes.

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

Skin problems are common in general practice. Psoriasis is one example, which can present in a range of patterns and locations, requiring different treatment approaches. Candidates should be confident in diagnosis and management of this and other skin conditions which can cause particular concern to patients.

### Curriculum statement 3.01 Healthy people: promoting health and preventing disease (p. 50 Content Guide, Administration, ethical and regulatory frameworks)

Items on topics such as vaccination are often not well answered. On this occasion, vaccination regimes again caused difficulty, in the context of pre-employment advice and recommendations. GPs are often in the role of employers as well as clinicians and candidates should have some understanding of GP responsibilities around staff employment.

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

Although we note above that there was improvement in items related to contraception, this did not hold true for some other areas of women`s health such as continence. National guidance provides clear pathways for investigation of this condition. One important reason for following recommended pathways is to avoid over- investigation which may be harmful for patients and also to help ensure that GPs are using resources appropriately.

Curriculum statement 3.12 Cardiovascular health (p. 12 Content Guide Cardiovascular problems)

An item on peripheral vascular disease was not well answered. This is a good example of the need for candidates to be up to date with current national guidance on common conditions.

Curriculum statement 3.05 Care of older adults (p. 25 Content Guide Mental health problems, and p.31 Neurological problems)

As we are all constantly reminded, the UK population is ageing and GPs are set to have an even more significant role in the care of older people. Candidates had difficulty with an item concerning management of dementia, and we would encourage becoming more familiar with care of people with dementia in general.

**Overall feedback, AKT 17-19**

There are three curriculum areas where we have noted room for improvement, after each of AKT 17-19.

These are

*3.06 Women`s health* (contraception, cancer, continence);

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

*2.02 Patient safety and quality of care* (prescribing issues including drug side effects and interactions)

These, with the addition of 3.04 Care of children and young people, are the same areas which have featured most commonly over the past three years as warranting improvement.

### **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](http://www.rcgp-curriculum.org.uk/nmrcgp/regulations_and_documents.aspx)

### **AKT Core group October 2013**

**Comments or questions can be sent to: [exams@rcgp.org.uk](mailto:exams@rcgp.org.uk)**