Feedback on the April MRCGP Applied Knowledge Test (AKT 33)

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.

For important general information about how to prepare for the AKT exam, including a description of the exam format and content as well as 'frequently asked questions' please see the weblinks throughout the AKT page of the MRCGP site.

Two common "FAQs" relate to how the AKT approaches differences between the four home nations, and also differences between sets of national guidance on the same topic, eg, recently, asthma. We test in areas that are consistent across all four nations, eg death certification, and not in areas where procedures vary. We are well aware of the existence of contrasting clinical guidelines and make accommodation for this.

The AKT 33 exam was held on 25th April 2018 and taken by 1459 candidates.

Statistics

After reviewing question performance two of the 200 questions were suppressed from the final scoring total, so the pass mark on this occasion is 139/198 or 70.2%.

Scores in AKT 33 ranged from 72 to 188 out of 198 questions with a mean overall score of 145 marks (73.2%).

The mean scores by subject area were:

'Clinical medicine'
'Evidence interpretation'
'Organisational'
72.71% (158 questions)
74.87% (20 questions)
75.49% (20 questions)

The pass mark for AKT 33 was set at **139** with pass rates as below:

Candidates (numbers)	Pass rate
All candidates (1459)	63.8%
ST2 first-time takers (1006)	72%
ST3 first-time takers (105)	61%

Other key statistics from this test:

Reliability (Cronbach α coefficient) = 0.92 Standard error of measurement = 5.78

Performance in key clinical areas- AKT 33

Providing feedback which is educationally useful but which does not undermine the security of test items is never easy. We have highlighted below general areas of good performance, as well as areas where there is room for improvement. Both Curriculum and Content Guide references are given.

Candidates are reminded that the AKT tests for appropriate and cost-effective management, so sometimes the correct answer is not to investigate or not to prescribe or refer. Candidates find this option a difficult one to choose, as is sometimes the case in clinical practice.

Some questions may relate to clinical situations such as management of mildly abnormal blood test results. As described above, it may be that significant additional testing is not required and this may or may not be the correct answer option.

Improvements

In AKT 33 candidates performed better than previously in –

- Understanding of basic statistical concepts
 (2.04 Enhancing professional knowledge, p.47 Content guide, Research, statistics and epidemiology).
 - The curriculum explains why statistics are important for a range of reasons, including, for example, to facilitate risk communication with patients
- Recognition of important infectious diseases
 (3.03 Care of acutely ill people, p.22 Content guide, Infectious diseases).

 However, this knowledge was a little patchy, with candidates finding some common childhood infections more difficult
- Familiarity with common GI conditions and dietary advice (3.13 Digestive health, p.11 Content guide)

Areas causing difficulty for candidates

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

Therapeutics encompasses a very large area of knowledge and we often report back on medicines management issues. In this sitting of the exam, candidates had difficulty with monitoring requirements for commonly used medications. Clearly these are important and warrant more attention with regard to exam preparation and daily clinical practice.

3.07 Men's health (p.39 Content guide)

Candidates were not confident with recognition of common 'lumps and bumps' affecting male genitalia.

3.15 Care of people with ENT, oral and facial problems (p.14 Content guide)

Candidates had difficulty with knowledge around management of hearing loss, in a scenario where no action was the appropriate response (see general comments at the start of this section). However, diagnosis of dizziness was improved.

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

The AKT exam includes a number of clinical photographs, sometimes including a retinal or fundus image. Candidates struggled with identification of important abnormal appearances, even with the addition of a clinical scenario.

Overall feedback for past 12 months (AKT 31-33)

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

2.02 Patient safety and quality of care

This relates to prescribing, in particular drug dose calculations and monitoring requirements for medications.

3.03 Care of acutely ill people

This relates to identification and management of infections, including eg sepsis, as well as common childhood infections.

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 May 2018

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