

## Feedback on the October 2012 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.

AKT 16 was held in October 2012 and taken by 1681 candidates.

### Statistics

Scores in AKT 16 ranged from 81-185 out of 199 questions with a mean overall score of 147.8 (74.3%).

The mean scores by subject area were:

- 'Clinical medicine' 76.1% (160 questions)
- 'Evidence interpretation' 69.8% (20 questions)
- 'Organisational' 64.1% (20 questions)

On this occasion, one item was suppressed from the total score.

The pass mark for AKT 16 was set at 139 with pass rates as below:

Candidates (numbers)	Pass rate
All candidates (1681)	71.6%
ST2 first-time takers (477)	79.3%
ST3 first-time takers (705)	79.4%

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

Reliability (Cronbach  $\alpha$  coefficient) = 0.89  
Standard error of measurement = 5.60

### Learning resources

Candidates and trainers will be aware that a major update of the GP Curriculum was introduced in August 2012. The Curriculum lays out an educational programme for general practice training, and consists of a core statement 'Being a GP' with four contextual statements (*The GP Consultation in Practice*, *Patient Safety and Quality of Care*, *The GP in the Wider Professional Environment*, *Enhancing Professional Knowledge*). It is

illustrated by some clinical examples. In order to help GP registrars in their preparation for the exam, an AKT Content Guide has now been produced as a learning resource to complement the Curriculum and provide a summary of the knowledge that is likely to be tested in the AKT.

<http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/mrcgp-applied-knowledge-test-akt.aspx> This guide lists topics that may appear in the AKT and gives a number of examples of the learning that could be undertaken around a topic to link this in with the Curriculum statements. We hope that the guide will be a useful resource to those preparing for AKT, and from now on, feedback will relate both to the Curriculum heading and to the Content Guide.

We would also again recommend that candidates consider looking at the Essential Knowledge Update and Essential Knowledge Challenge sections of the RCGP website as part of their preparation for the AKT, as well as referring to the more familiar resources of NICE, SIGN and others.

### **Performance in key clinical areas- AKT 16**

Providing feedback which is educationally useful but which does not undermine the security of test items is never easy. However we have below highlighted general areas of good performance, as well as areas where there is room for improvement.

#### **Improvements**

Better performance was noted with regard to knowledge around DMARDs and inflammatory arthritides (3.20 Care of people with musculoskeletal problems, p.29 Content Guide, Musculoskeletal). Drug calculations were also performed better but given that these are such an essential element of day-to-day work we would expect to see a very high proportion of candidates getting these correct and we will continue to test in this area (2.02 Patient safety and quality of care, p.33 Content Guide, Pharmaco-therapeutics). Improved performance was also noted in items relating to oral contraception but we would encourage candidates to continue to seek out opportunities to gain experience and knowledge of the full range of contraceptive options, including LARC, which will be regularly tested in the AKT (3.06 Women's health, p.37 Content Guide Sexual health which overlaps with Women's health p. 39).

#### **Areas causing difficulty for candidates**

Curriculum Statement 3.04 Care of children and young people (p. 43 Content Guide, Children and young people)

On a number of occasions previously we have reminded candidates of the need to become familiar with a range of childhood "normals" including development, and immunisations. This message has not been clearly taken on board judging by performance in AKT 16. There is also a lack of knowledge around screening programmes, including those related to

antenatal care (Curriculum Statement 3.01 Healthy people: promoting health and preventing disease, p 39 Content Guide, Women`s health). Because these areas form an important part of day-to-day work, they will be tested in every AKT and we would again encourage candidates to focus more attention on care of children.

Curriculum statement 2.02 Patient safety and quality of care (p.49 Content Guide, Administration)

Although controlled drugs (CDs) may only infrequently be kept by practices or by GPs in their emergency bags, candidates should be familiar with the regulations concerning CDs. These regulations relate not only to prescribing but also to important subjects such as storage, disposal and register requirements. Candidates appeared to lack knowledge in this area.

Curriculum statement 3.05 Care of Older Adults (p.29 Content guide, Musculoskeletal)

Candidates seemed unfamiliar with some areas concerning diagnosis of osteoporosis. This is an important clinical topic in which NICE has recently issued guidelines and appears in QOF for the first time in 2012/13. We would recommend candidates to update themselves.

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

In the last feedback, we noted that diagnosis of diabetes appeared to have improved. However, in AKT 16 there were again difficulties in interpreting test results. It is very likely that similar items will appear in subsequent tests. We would suggest that candidates carefully review this aspect of diabetes care which will become even more significant in daily work as the prevalence of diabetes increases.

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

Having sufficient knowledge to be able to prescribe medications safely is a core requirement of every doctor. In this instance, candidates were not familiar with the widely published recommendations around quantities of skin creams to be prescribed in order to minimise likelihood of side-effects.

## **Questionnaire**

Candidates sitting AKT 16 were asked if they would be willing to complete an electronic questionnaire at the end of the exam session, focussing mainly on their experiences of taking the AKT. We are very grateful to the large majority of candidates who agreed to do this, and the results will be published in due course.

## **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 outcome of these investigations could lead to reporting the doctor to the GMC. The MRCGP regulations give detailed information about misconduct.

<http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/mrcgp-regulations-reviews-appeals-and-complaints.aspx>

## **AKT Core group October 2012**

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