

Feedback on the January 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.

AKT 17 was held on 30 January 2013 and taken by 1248 candidates.

Statistics

Scores in AKT 17 ranged from 67 - 187 out of 200 questions with a mean overall score of 141.3 (70.7%).

The mean scores by subject area were:

- 'Clinical medicine' 70.6% (160 questions)
- 'Evidence interpretation' 66.9% (20 questions)
- 'Organisational' 75.2% (20 questions)

The pass mark for AKT 17 was set at 132 with pass rates as below:

| Candidates (numbers) | Pass rate |
|-----------------------------|-----------|
| All candidates (1248) | 68.7% |
| ST2 first-time takers (755) | 79.6% |
| ST3 first-time takers (115) | 71.3% |

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

Reliability (Cronbach α coefficient) = 0.92
Standard error of measurement = 5.73

Learning resources including the new AKT Content Guide

In the last feedback, we referred to the AKT Content Guide, which is a learning resource to be used alongside the curriculum and is intended as an aid to preparation for the AKT exam. This is available at <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/mrcgp-applied-knowledge-test-akt.aspx#content>. 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 (Administration, 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 of these sections 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.

In addition, 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, as well as referring to the more familiar resources of NICE, SIGN and others. In particular, we would highlight the use of the BNF for guidance on prescribing, including the more general information in the opening chapters.

Performance in key clinical areas - AKT 17

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. Both Curriculum and Content Guide references are given.

Improvements

We again noted improvement in items about contraception, but this did not extend to LARC (long-acting reversible contraception) (3.06 Women's health, p.37 Content Guide, Sexual health which overlaps with Women's health p. 39). Candidates also appeared more familiar with occupational health requirements (2.03 The GP in the wider professional environment, p. 48 Content Guide, Administration, ethical and regulatory frameworks).

Paediatric items were generally answered better but there are still difficulties with recognition of "normal" which has been flagged up a number of times before in this feedback (3.04 Care of children and young people, p. 43 Content Guide, Children and young people). More generally, candidates are reminded that in addition to item scenarios sometimes describing a "normal" presentation, there will also be some items relating, for example, to clinical management where "no action required" may be the correct answer.

Areas causing difficulty for candidates

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

We referred above to difficulties candidates appear to encounter in identification of what is normal in children. We also noted a lack of familiarity with the management of childhood asthma, which is particularly concerning as this is such a common clinical problem. The British Thoracic Society Guideline on the Management of Asthma was last revised in January 2012 and sets out in detail the management of asthma in adults and children, which differs between the two in certain important areas.

Curriculum statement 2.02 Patient safety and quality of care, (p.33 Content Guide, Pharmaco-therapeutics, as well as most of the clinical areas in both content guide and curriculum)

Candidates had some difficulty recognising adverse effects of common drugs. There were also problems in identifying the appropriate use of antibacterial agents. In addition, candidates were not familiar with requirements relating to use and administration of drugs by non-prescribers in the practice. Lack of knowledge in clinical areas can often be addressed in day-to-day practice but trainers may need to be more proactive in facilitating the learning of trainees around administrative topics.

Once again, questions about drug doses and calculations were included and although candidates are becoming familiar with these questions, there is still room for improvement in performance.

Curriculum statements 3.06 Women`s health, 3.13 Digestive health (p.39 Content Guide Women`s health and p.14 Digestive problems)

The difficulties identified here relate to screening and diagnosis of common cancers such as breast and colorectal. Candidates should bear in mind that items in the AKT relate to usual and evidence-based practice which they will be encountering in their clinical work.

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

We reproduce below our feedback from AKT 16 which sadly continues to apply in AKT 17. Please re-read!

“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. “

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.

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

AKT Core group February 2013

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