

## **Feedback on the January 2008 nMRCGP applied knowledge test (AKT)**

In January 2008, the applied knowledge test (AKT) of the nMRCGP was offered for the second time. The AKT has now replaced both the MCP component of the old MRCGP and the summative assessment MCQ. A pass in the AKT is a requirement for licensure for all those now entering general practice training.

GP educators will know that we have provided regular feedback on the MRCGP MCP for a number of years, and we will provide feedback on the AKT in a similar fashion, both direct to educationalists and on the exam section of the College website. As before, we hope that the feedback will be of benefit to programme directors and trainers in guiding the learning of GP registrars (and to registrars themselves). To this end we aim to structure our feedback using headings which relate to the RCGP curriculum documentation. We continue to welcome comments about our feedback, and these can be sent to us via the e-mail address at the bottom of this page.

### **Statistics**

1164 candidates sat the AKT in January 2008. Their mean score was 153 out of 199 scored items, with the best candidate gaining 188. As with the old MCP, the pass mark for the AKT was set utilising internationally recognised statistical techniques for standard setting. On this occasion the pass mark was set at 69.85%. This resulted in a pass rate of 83.7% of those taking the test.

More detailed analysis of the results showed that candidates who declared themselves as completing specialist training in 2008, had a pass rate of 88%, whilst those completing in 2009, had a pass rate of 76%. This supports the advice given in the nMRCGP regulations that candidates are most likely to be successful in the AKT if it is taken in their final year of GP training.

The mean scores by subject area were:

- 'Clinical medicine' 79%
- 'Evidence interpretation' 69.3%
- 'Organisational questions' 68.6%

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

Reliability (Cronbach  $\alpha$  coefficient) = 0.88  
Standard error of measurement = 5.24

## **Scoring items**

We were pleased to note from our analysis of the test that items performed well and on this occasion only one required suppression from the overall score.

## **Performance in key clinical areas**

Providing feedback which is educationally useful but which does not undermine the security of test items is never easy. However there are a number of key clinical areas we wish to highlight to direct and facilitate learning. We have attempted to link these broadly with areas in the curriculum statements or to signpost using the curriculum map.

As is usual, candidates attempting the paper generally performed well. We were encouraged to note high scores (as in the last AKT) in relation to the treatment of hypertension, demonstrating ongoing awareness of developments in this important area. Good performance was noted with regard to the diagnosis of eye and musculoskeletal problems. We were gratified to note that performance upon items relating to contraception had improved. (With regard to the curriculum, these are covered in cardiovascular problems, eye problems: diseases and rheumatology: symptoms and sexual health: treatment).

## **Areas causing difficulty for candidates**

### Respiratory problems: common and/or important conditions

In our last feedback on the AKT, we highlighted our concerns about candidates' knowledge of the treatment of asthma in children. In this AKT there appeared to be a lack of knowledge regarding both the diagnosis and management of asthma and chronic obstructive pulmonary disease. As we stated previously, national guidelines on the treatment of asthma and other respiratory conditions have been available for several years and we expect candidates to be familiar with these. Perhaps much of asthma care has now passed to nurses but asthma is a common and important condition which GPs must be competent to manage.

### Legal matters (curriculum map - being a general practitioner- contextual aspects)

Items on certification were generally not well done. Certification in a range of guises is currently a remit of doctors alone so excuses about nurses do not apply here! Reports arising from the Shipman case have highlighted to all doctors the importance of correct procedures with death certification, and candidates must know these, even if they have never been involved in certifying a death in general practice. Sickness certification is a daily task of general practitioners, and

the rules governing other types of certification and registration, such as those for blindness, whilst perhaps less common, should also be known.

Good Medical Practice and other documents published by the GMC lay down the duties and responsibilities of doctors in primary care. We were disappointed to note that candidates did not appear to be familiar with the detail of these.

#### Travel health (curriculum map - healthy people)

This is a large area and candidates are not expected to have detailed knowledge: we are aware that guidance changes frequently and much of the workload is dealt with by nurses. However, general principles are important and candidates should be familiar with regimes for commonly prescribed drugs.

#### Skin diseases (curriculum map - skin problems: treatment)

Although candidates answered items on the diagnosis of skin problems appropriately, we were disappointed to note that candidates did not appear to be familiar with the principles of the management of dermatological problems (such as prescribing).

#### Women's Health (curriculum map - women's health prevention)

Published national guidance provides details of screening programmes which are routinely offered to patients. It is important to be familiar with the scope of these documents in order to advise patients appropriately.

*AKT core group*