

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

The nMRCGP is well into its first year and in May 2008 the AKT was offered for the third time. As should be widely known by now, the AKT has replaced both the MCQ 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 provided regular feedback on the MRCGP MCP, and we continue to provide feedback on the AKT in a similar fashion, both direct to educationalists and on the exam section of the College website. 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 end of this report.

### **Statistics**

1163 candidates sat the AKT in May 2008. Their mean score was 145 out of 198 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 134 marks or 67.7%. This resulted in a pass rate of 74.9% for all those candidates taking the test, which included people completing the old MRCGP and Summative Assessment.

More detailed analysis of the results showed that candidates who declared themselves as being in ST3 of their GP training had a pass rate of 86% if they were taking the AKT for the first time. Overall, the cumulative pass rate for this group over AKT 1, 2 & 3 is just over 94%.

The mean scores by subject area were:

- 'Clinical medicine' 73.9%
- 'Evidence interpretation' 73.2%
- 'Organisational questions' 67.9%

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 = 5.63

## **Scoring items**

We were pleased to note from our analysis of the test that items performed well and on this occasion only two 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 signposted these using the curriculum map.

Candidates attempting the paper did not perform quite as well as those sitting the October 07 and January 08 tests. However, we were encouraged to note high scores overall in relation to understanding of research and statistics, the diagnosis and management of a range of emergency presentations, and good knowledge around important and potentially serious complications of a range of drugs. (With regard to the curriculum, these are covered in evidence-based practice, care of acutely ill people, and the primary care management sections of statements 8-15).

Some candidates have complained that graphs were difficult to read on screen. The results showed that these questions, which had been used before, performed in the same way and were answered correctly by the same proportion of candidates.

## **Areas causing difficulty for candidates**

### Curriculum statement: skin problems

Skin problems presenting in general practice are common. Candidates appeared unclear about appropriate use of topical preparations, and in particular, restrictions on what can be applied where! It is disappointing that candidates did not perform better given the web feedback from January 2008 which specifically highlighted prescribing issues in dermatology.

### Curriculum statement: eye problems

Candidates had difficulty with the diagnosis and management of common, non-acute eye problems. As with dermatology, ophthalmology is traditionally an area where candidates may have gained less experience during their training, but eye problems too are common.

### Curriculum statement: care of children and young people

The AKT focuses on applied knowledge and this may involve on occasions directly or indirectly testing the scientific aspects related to a particular problem, as outlined in the curriculum. In this case, there was lack of knowledge about aetiology of some childhood infections which in turn determines appropriate treatment.

### Curriculum statement: clinical governance

Candidates were unaware of some aspects of clinical governance relating to performance indicators and regulatory standards. While GP registrars are often less involved in those areas of practice which are not directly clinical, it is important to be aware of governance issues and their links with the GMC's "Good Medical Practice".

### Curriculum map: other topics: travel medicine

Disappointingly, candidates did not perform well, despite feedback after the January 08 exam. As before, this is a broad 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.

### **AKT core group**

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