**AKT preparation**

A lot of emphasis is put by trainers and trainees on passing the CSA, it is expensive and has been challenging for trainees and trainers alike.

Less emphasis may have been placed on passing the AKT. However not all deaneries have been scoring as well as others and at a point when we had transient concerns about Y&H performance in AKT we looked at the actions that can be taken by all concerned to address AKT preparation. This guidance has been looked at and reviewed regularly since then.

A lot of the work for AKT is individual learning that the trainee needs to do him or herself. The point from which each person comes will be different and so it is difficult to provide blanket teaching to enable people to do well without the possibility of significant wastage of time. However as well as individual learning there are resources out there that can help, and it is important that trainers and AiTs keep emphasising the importance of knowledge as a base for effective GP care.

**What can we do?**

There is no ‘right’ or ‘best’ way but the following are a range of possible resources and ways to approach the problem, based on suggestions form trainees and educators.

In June 2015 the MRCGP AKT examiners group published a guide “**preparing to take the applied Knowledge Test (AKT) 2015**” this is essential reading for those planning to take AKT.

Much of the information provided there is mirrored in this guide, though this guide covers the ground from a slightly different angle (available from Y&H website) **you are strongly advised to read this**

1. **Trainees**

**From early on:**

* Start checking your knowledge base early in ST1 and building on this
* The best preparation is through preparing to be a good up to date GP so CKS [https://cks.nice.org.uk](http://cks.library.nhs.uk/home) is an excellent place to start, augmented by Patient.co.uk (Professional resources sections) and then things like BMJ review articles NICE or SIGN guidance and other authoritative guidance etc. should be central to preparation. (i.e. look for regularly updated evidence based sources of knowledge.
* Check with your GP educators about other sources like GP notebook. Though these are relatively popular with GPSTRs the information is not consistently well referenced and evidence based so is not encouraged as a source.
* Remember that books always take some time to be published, and took a while to be compiled too… so will become out of date very rapidly. (Hence Oxford handbook is suggested for managerial information but not for clinical topics)
* Doing exam questions will help with becoming familiar with the question formats and with identifying areas of weakness, but is a relatively poor way to learn (especially if there is a temptation not to always look for the surrounding knowledge that may be missing).
* Consider signing up early on for one of the GP magazines (Pulse and GP) ( for the managerial areas of GP)
* Consider signing up for things like DTB and NICE to get or keep yourself up to date <http://www.nice.org.uk/news/nice-newsletters-and-alerts>. (Though the eagle eyed will note that the last 3m of new guidance is unlikely to be tested as the AKT exam needs to be set a bit in advance of the exam sitting date.
* AKT-type questions are published each month on the RCGP’s *InnovAiT* website. These questions are free to all AiTs and InnovAiT subscribers, and are based on the articles featured in that month’s journal. Several hundred AKT-type questions are now available. Visit [www.rcgp-innovAiT.oxfordjournals.org](http://www.rcgp-innovAiT.oxfordjournals.org).
* Use the RCGP’s e-GP, a free e-learning resource specifically designed to support GP trainees learning the RCGP curriculum. The modules are interactive and have knowledge tests built in, which will help with AKT and completed e-learning sessions are automatically recorded in the ePortfolio. Access the e-GP e-learning now at [www.e-GP.org](http://www.e-GP.org).
* Take the RCGP’s *Essential Knowledge Challenge* – each Challenge contains 50 AKT-type questions based on the accompanying *Essential Knowledge Update*, a six-monthly update of new and changing knowledge relevant to general practice. Each update also includes multiple-choice questions. Available free to AiTs and RCGP members at: <http://elearning.rcgp.org.uk>.
* Demonstrate knowledge learning through reading entries, e module entries and learning from debriefing etc, throughout training.
* Use the exceptional potential of each consultation in GP or elsewhere. Keep thinking what are the Patient Unmet Needs and translate these into Doctor Educational Needs. (Every time you get away by knowing just enough, think what you need to know to have a confident response rather than a scrape –by!) for more information and attribution go to e.g. http://learning.bmj.com/learning/home.html
* Use the details on the college website to look for college approved courses for preparation for the AKT (especially if you are leaving taking this until the middle of ST3) **NB** In Y & H like most LETBs, Training Programmes will only pay for college approved courses and will not pay for a course outside their LETB if there is a local course happening at the same exam window period. Many courses are designed for use several months before the AKT and not last minute preparation though different LETBs support different courses.

**Closer to the time of the exam**

* + The minimum preparation time for somebody who is doing well and about whom there have been no concerns with knowledge to is 3 months before the exam…. If you have come from another speciality or are less familiar with UK medical practice then it is likely that starting 2-3 months earlier than this is sensible.
	+ Check where your knowledge strengths and weaknesses are through use of the RCGP self assessment tools <http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/using-the-curriculum.aspx>
	+ Remember the split of AKT questions is 80% clinical management, 10% Health administration, informatics and the organisational structures that support UK general practice and 10% on critical reading and **appraisal i.e. you need to prioritise Clinical management as if you don’t pass on this then you are not likely to pass** however good you are at EBM or statistics.
	+ Look at the AKT content guide and use this as a needs assessment tool to help plan your education needs <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/~/media/D96EB4E0188E4355BCC9221B55859B08.ashx>
	+ Remember examiners are jobbing GPs and so are likely to identify questions from recent UK guidelines for which they may have just updated the practice protocol etc. (but they must be guidelines that are well known in all 4 countries in UK.)
	+ Remember that the college advertise clearly where they get their questions from and so these sources should be a priority for you to learn and use regularly ( the list includes BNF, DTB, NICE and SIGN guidelines DVLA, guidance etc. ( Question writers will love tables from which they can easily derive EMQs e.g. on DMARDs, or on Immunisations,. Treatment of infections etc.)
	+ Form a (virtual?) AKT revision group to compare how you are doing and keep up the momentum to keep at the revision (“How many hours did you manage today?”) There is more information on this at <http://www.rxpgonline.com/>. Some people recommend using a group to look at the NICE and SIGN guidelines – it is hard to do this alone and such groups can produce useful notes for each other.
	+ Make sure that you have looked at recent NICE and similar guidelines.
	+ Look at the feedback on AKT exam bulletins that are produced after each exam detailing where candidates have performed less well and make sure you cover these areas. (The feedback is on the college website). <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-examination-summary-reports-statistics/mrcgp-applied-knowledge-test-akt-summary-reports-and-statistics.aspx>
	+ Do concentrate on areas that are normally managed by Practice Nurses, as these are areas you still need to have up to date knowledge on despite getting less day to day rehearsal of this knowledge.
	+ There are some areas that come up regularly and can be prepared for like Cremation forms; death certification; rashes and fitness to return to school; travel; fit notes and certification/ reports <http://www.dwp.gov.uk/medical/faq.asp> ; DVLA; fitness to fly; early chapters of BNF
	+ There are some drug types that are asked about because they are particularly important, are new areas of responsibility, have implications for patient safety or are in the news. You could brainstorm these as a group. For instance, favourites might include methotrexate, statins, bisphosphonates, asthma preventers, and drugs for neuro-pathic pain.
	+ Use the preparation resources that most trainees have found useful early. My LETB cannot formally endorse particular sites and other resources but we can pass on the following tips from colleagues
		1. [www.passmedicine.com](http://www.passmedicine.com) comes strongly recommended by many trainees as a useful and probably appropriately challenging test site. (There is a charge but it may be worth it). It tends to focus on the basics
		2. [www.onexamination.com](http://www.onexamination.com) is also recommended by some trainees though there were also some suggesting the challenge level is different from the AKT (may be harder to use if you tend to over think questions).
		3. Oxford handbook of GP is found by many to be a useful resource – but may not have the latest guidelines sometimes so the advice is to use it for the management bits and summaries of consultation models, etc.
		4. Last minute people have reported that they have found the MRCGP in a Box useful revision (RSM Press, not RCGP )
	+ Do some timed exams – there is not a lot of time to do it all so get used to doing it under timed conditions. Particularly if you have language difficulties, you may find that you need to allow more time than you think. This is because you will be given brief scenarios that you have to read and understand before answering a series of questions in the paper.
	+ If you find you struggle for time this may (commonly) be because you have not got your knowledge levels high enough. Sometimes though people are found to be dyslexic at this point in their career (bright people can manage with even final assessments despite moderately significant dyslexia). If you think this might be affecting you discuss this with your CS and ES as Y&H offers dyslexia screening for trainees where there are reasons to be worried about this.
	+ As you revise, keep a list of the areas that you often forget and will need to cram for in the last days before the exam.
	+ If you know you get nervous before exams then see your GP for treatment for this (and take to see what the effects on your performance are before you get to the exam) or make an appointment with one of the LETB support services. <http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/support_and_counselling/>

• Remember to use the college’s link to look at exactly what the Pearson Vue centre will be like so that you are as familiar as possible with it before you get there.

**In the exam**

It is important to have a clear planned approach to taking the exam. There is a delay between each question so plan for this.

An approach that several AiTs have recommended is:

1. Go through the questions that you are sure you know, flagging the others

2. Second pass at the flagged questions, answering the "I think" questions

3. Final third pass at the remainder of the questions, making your best guess, based on not being penalised for wrong answers

There are other approaches but possibly the key element here is to plan how you will manage the “Oh, I have not got a clue” moment that will come at some point.

Several AiTs have commented on how tight time is… do not waste this by going to the loo during the exam – go before… similarly don’t go in thirsty and have to come out to buy a drink!

1. **Trainers and Educational Supervisors**
* Keep checking knowledge as part of debriefing and where there are gaps set specific but appropriately challenging targets of areas of learning (Chunks that are achievable)
* Use the question-types that are shown in the accompanying sheet ‘AKT—what to ask the trainee’
* Assess knowledge through regular Random Case Analysis, pulling out the threads of the knowledge gaps that are identified and ensuring these are added to the learning plan/ addressed on the log diary.
* Use results of investigations to look at why these were done, what the justification is, how predictive is this result, what are the options for managing it etc.
* Encourage trainees to challenge the trainer’s knowledge and well established habits with some evidence based questioning.
* Identify the gaps in knowledge when doing CbD (the opportunity here is limited because extension questions such as ‘what if…?’ are not part of the assessment and so CbD will only contribute thin slices of more formal feedback)
* Track evidence of learning identified through debriefing and CbD onto the e portfolio in the form of reading notes, or summaries or e modules
* Maintain an expectation that there will be evidence of reading especially through ST 1 and 2 and that this reading supports the GP curriculum
* Continue to expect evidence of learning from on-line resources often in the form of e modules on a regular and continuing basis especially until knowledge base has been demonstrated through completion of AKT.
* Discuss early on when is the most appropriate time for each AiT (Associate in Training) to use their free go at the college e PEP which will give the trainee an assessment of the areas that they are weaker on clinically
1. **Schemes**
* Ensure that areas like statistics and critical appraisal are covered effectively on schemes
* Ensure that there is appropriate teaching of (or system for covering) relatively specialist but commonly seen in GP areas like ENT and Ophthalmology and Dermatology
* Keep encouraging the formation of small groups to learn and support learning together
* Remind people of resources and courses, and check regularly from early on what preparation is being done to prepare for AKT.
* Do games like “Just a minute” on medical topics (“You have 1 minute to talk without deviation, repetition or hesitation on causes, presentation and management of …. “(and registrars all put in to a hat short topics.. e.g. Acute Glaucoma, Gout, CKD3 etc.)
* Encourage or set up in scheme time a reading / journal club and encourage use of and discussion of journals using the relevant statistical terms.
* Some AiTs have suggested that schemes should have an annual practice AKT examination to keep them concentrating on this assessment and help them to be more aware of how they are doing in their preparations
* Encourage those providing the teaching on the release course (whether GPs, AiTs or consultants) to provide MCQ questions on some of the knowledge that is needed for the session – ideally in advance of the session - so that the release course time is using knowledge that at least some of the AiTs have been looking at already

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***If you have suggestions to add to this list or find that some connections are not working please contact*** ***mike.tomson@hee.nhs.uk***