I actively started preparing on September 20th 2020 (just over 4 months before the exam). This was during a GP + Innovative post (regular hours, no weekends or on-calls). To get started I subscribed to **Passmedicine (PM)**, and set myself the goal of completing a **minimum of 40 new questions per day.** This process included reading through PM's explanations.

I took a **topic-by-topic** approach, starting off with Cardiology. I chose this topic for a few reasons. I had a better baseline level of knowledge for cardiology than some of the other specialities e.g. Ophthalmology. The idea was to get in a quick win to help **build momentum**. Further, cardiovascular problems are common, so what I learnt was immediately applicable - which I enjoyed. This process set up a positive feedback loop to support my study habit.

I usually cross checked PM's explanations against CKS, and often noticed deficits - i.e. PM's explanations were sometimes inaccurate, and sometimes missing information that I thought would be important for real world application. To address this, I **summarised quite a few CKS guidelines onto A6 flashcards**. Obviously it's not realistic to cover all the guidelines thoroughly - there's almost 400, and some of them are lengthy. I stuck to topics that came up frequently in questions and day-to-day work.

I used the principle of **spaced repetition** in my approach. For example, if it'd been almost a week since I'd done any Endocrinology questions, I'd **repeat 10 to 20 questions** on Endocrinology that I'd done previously and **flick through my flashcards.** The purpose was to flag up anything I'd forgotten, e.g. the contraindications of Pioglitazone. **I used this recap process in parallel with the 40 new questions per day process,** i.e. I might do 40 new questions and 60 recapped ones in a single day.

Towards the end of October, I tried some questions on **GP Self Test** and **On Examination**. After a short trial of these, I decided to reserve them for future mock tests.

In late November - early December, I virtually attended the **AKT prep course**. It mainly covered the **Evidence-based Practice (EBP)** portion of the exam in an easy to understand way. In hindsight, I think it was appropriately matched for what was needed for exam, so would recommend it.

In terms of further resources for EBP, I'd avoid Passmedicine. It just doesn't represent what you'll see in the exam. Instead, I'd recommend looking at the **'How to Prepare for the AKT' section on the RCGP website** - specifically the 'clinical evidence and data interpretation' document.

From early December onwards I stepped up my revision by allocating more time to it. This included **doing mock tests every week or so** using GP Self Test or On Examination. The idea was to get feedback on progress, and nail the timing portion of the exam. The mocks were between 100 and 200 questions long. When I did 200 question mocks, I didn't stick to the '40 questions per day' habit or 'spaced repetition' revision (I did try once, it was exhausting and a waste of time).

In January I was fully focused on exam preparation, and took some annual and study leave to support this (Jan 14th - Jan 26th). In general, I'd be doing around 150 questions per day, in addition to flicking through my flashcards.

On January 12th - 14th, I virtually attended a 3 part Emedica course. It covered **1.** Statistics, **2.** Organisation and **3.** High Yield Topics. The course was spread over 3 evenings, and lasted around 3 hours per evening. Each evening consisted of about 50 potential exam questions, with answers and explanations. Part **1.** and **3.** of the course provided good revision for topics I'd already covered, and the video format was a welcome change from reading all the time.

I saved **organisation** for last. I hadn't done any formal work on it until the Emedica teaching on January 13th. I annotated the provided slides from the lecture, and these formed the basis of my organisation / management revision notes. I then did the Passmedicine organisation questions (**caution - some explanations were out of date**, so I crosschecked information from sources like gov.uk, the 'ethical guidance' section on the GMC website, the BMA and MDU websites, and the Oxford Handbook of General Practice). I then did the On Examination questions on organisation / admin.

I did subscribe to the Emedica question bank for the last 2 weeks before the exam- there was a discount from having done course, so I thought why not. The questions were generally very challenging, and caught me out on the minutiae from the CKS guidelines. Fortunately, I knew they'd be tricky (from reading), so didn't let that phase me too much.

On the day before the exam, I didn't study - I wanted to enter the exam feeling relaxed.

Other Resources

guidelines.co.uk
This website contains summaries of some of the NICE guidelines in flow chart form, e.g. asthma and GORD. I printed and annotated some of these, rather than making flashcards. This obviously saves time.

NICE
As above, has some useful flowcharts and tables, e.g. COPD, Heart Failure, Hypertension

FSRH
Contraception - https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016-summary-sheets/. Memorised what I thought would be important - e.g. obesity, smoking, hypertension, DVT, cancers. Also used - https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/ - page 6 and 7.

Ophthalmology
With almost zero experience in this speciality, I searched YouTube for help. I found https://www.youtube.com/channel/UCYNd1Hlq0ksVK4_a6bJtuqA. I then did questions and cross checked answers with CKS.

i-medics.co.uk
This website has a **free** AKT question bank. I found out about it quite late into my studying, and would have used it more if I'd known about it earlier. I liked that their explanations were often taken straight out of CKS, with the relevant information highlighted. I used it for Ophthalmology and Infectious Diseases.

BNF
I didn't systematically study the BNF. However, I'm generally interested in how medicines work, side effects and interactions, so that helps a lot. **I use the BNF everyday when working.**

GPCPD
My clinical supervisor recommended this for day-to-day practice. For AKT, the diabetes drugs were well summarised.