

## AKT preparation

A lot of emphasis is put by trainers and trainees on passing the CSA. A new exam has inevitably meant new concerns about teaching to the right level and adapting teaching processes to the new assessment tools. Similarly WPBA has all been new stuff for GPSTs and trainers to get used to and so has pulled their attention in this direction.

Less emphasis may have been placed on passing the AKT, as this is a slightly modified version of the old MCQ paper, there could have been an assumption, at least in some places that this is all old hat. However not all deaneries have been scoring as well as others and as a result of some local concerns about pass rates we have looked at the actions that can be taken by all concerned to address AKT preparation.

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 GPSTs 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 from trainees and educators. These suggestions are periodically updated.

There is not a sudden expectation that all trainers and trainees will take on all of these!

### A. Trainees

#### From early on:

- Start checking knowledge base early in ST1 and building on this
- The best preparation is though preparing to be a good up to date GP so BMJ review articles NICE guidance and other authoritative guidance etc. . Doing exam questions will help with becoming familiar with the question formats and with identifying areas of weakness, but is very poor way to learn.
- 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 free go at the college nPEP (available to all AiTs) to make an assessment of areas that need further work (it is possible to re-do the college nPEP though this may be chargeable.) The standards in this and other resources mentioned here are not necessarily the same as AKT, but are in the same ball park. <http://www.npep.org.uk/>

- 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/channels/gp/punsanddens.html>
- Use the NHS clinical knowledge summaries and other recognised sources for information. <http://cks.library.nhs.uk/home>
- 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.)
- 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 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.
- Prepare for the critical appraisal bits by using our appraisal knowledge (Journal clubs in hospital or practice) and getting used to the meaning of the statistical terms. Some have recommended the Nottingham VTS Critical Appraisal Dictionary available on the excellent Nottingham VTS site <http://www.nottm-vts.org.uk/ReferenceMaterial/ReferenceDocuments/Evidence/How%20to%20critically%20appraise%20a%20paper.doc>

### Closer to the time of the exam

- Remember the split of AKT questions is currently 80% clinical management, 10% Health administration, informatics and the organisational structures that support UK general practice and 10% on critical reading and appraisal
- 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.)

- 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).
- 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; sick notes and certification/ reports; 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 neuropathic pain.
- Use the preparation resources that most trainees have found useful early. The 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)
  - 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.
  - 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 found the new 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.
- 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 discuss a referral to the Training Support Service.

- 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 GPSTs 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 GPSTs 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!

## **B. Clinical 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 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

### **C. Programmes**

- Ensure that areas like statistics and critical appraisal are covered effectively on programmes
- 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 programme time a reading / journal club and encourage use of and discussion of journals using the relevant statistical terms.
- Some AiTs have suggested that programmes 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

This information has been kindly provided by The GP Team at Health Education Yorkshire and Humber, and has been adapted with their kind permission. The originator was Dr Mike Tomson, GP and Trainer, Belgrave Medical Centre, Sheffield and Associate Postgraduate Dean, Yorkshire and the Humber Deanery, UK.

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