

# What can Trainers do to help GP Registrars prepare for the AKT?

## A concise guide for Trainers

Updated November 2024  
Published by the MRCGP AKT group

### Background

The AKT is currently a computer-based 200-item machine marked applied knowledge test comprising 80% clinical medicine, 10% data interpretation/critical appraisal skills and 10% primary care organisation/management questions. It is one part of the tripos of assessments with SCA and WPBA. Together, these assessments form the MRCGP exam, which must be passed in order to practice independently as a GP in the UK.

A previous post-exam questionnaire answered by GP Registrars highlighted that a large majority (85%) did not feel their Trainer could help much with AKT preparation. This confirms a commonly held belief amongst many GP Educators we have spoken to, encapsulated by such phrases as:

- *“I’m a Trainer, how can I help my Registrar succeed at their AKT exam?”*
- *“I’m not sure I have anything to offer my Registrar with regards the AKT”*
- *“In order to pass the AKT requires a Registrar to read in their own time”*

This booklet is our response to this. We hope to dispel any myths that Trainers cannot do anything to help Registrars prepare more efficiently and be successful.

### General advice a Trainer should discuss with any GP Registrar who has not yet taken or not yet passed their AKT

1. Have a broad discussion about possible exam timing very early in training
2. Signpost your Registrar to the RCGP AKT exam website  
<http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-applied-knowledge-test-akt.aspx>
3. Ensure your Registrar is aware of the eligibility criteria and application windows/deadlines for their planned AKT sitting
4. Ensure your Registrar has read the [‘How to Prepare for the AKT’](#) booklet
5. Signpost the [AKT presentation for candidates and trainers PowerPoint](#)
6. Jointly work through the [‘Data interpretation in the AKT’](#) document
7. Encourage your Registrar to watch the data interpretation videos
8. About **six months before** the exam, highlight the need for a clear, organised plan, with adequate protected time, to allow for exam preparation
9. Aim for significant revision starting about **three months before** the exam
10. Encourage a first sitting in the ST2 year once your Registrar has had a GP placement - unless specific other factors make this decision unwise
11. Explore how being neurodivergent may/may not affect exam preparation and discuss with your Registrar whether there is any possibility of dyslexia. If so, ensure they are signposted to local expert advice about specialist assessment

12. Overview your Registrars focussed clinical learning needs assessment including:
  - i. Read the [AKT Feedback Reports](#) published after every exam
  - ii. Make use of PUNs® and DENS® from everyday practice
  - iii. Your own observation from CATS, COTS, CBDs, record keeping, referrals, prescribing, requested investigations and interpretation of subsequent blood results etc
  - iv. Review previous clinical experience as well as self-assessment tools for gap analysis
  - v. [GP Curriculum and Topic Guides](#), especially the Knowledge and Skills sections within Topic Guides and the [super condensed GP Curriculum guides](#)
  - vi. Results from answering any on-line multiple choice question bank, such as [RCGP Self Test](#).
  
13. Highlight that the AKT question writers are not involved in writing any revision material for commercial or RCGP courses nor online question banks. This means:
  - a. Use any book/online questions as a learning needs assessment and plan tutorials etc. around areas with weaker scores.
  - b. If you keep re-taking the same questions with one online provider to finally get a high score, this is **not** equivalent to effective AKT preparation – probably the opposite.
  - c. Access the free [Essential Knowledge Updates and Challenges](#)
  - d. The [RCGP Self Test](#) is cheap for Registrars and is developing an ever expanding, large database of single best answer questions.
  
14. Encourage your Registrar to work in a small learning set with peers preparing for the AKT. This encourages debate about the evidence and shares the workload of summarising the relevant parts of, for example: national guidance on chronic disease management, the first chapters of the BNF and the principles within GMC Good Medical Practice
15. Think about doing some single best answer questions alongside your Registrar. Why not both look at a few [RCGP Self Test](#) questions and independently answer a few questions before comparing notes? Talk out loud through both your approaches to answering, especially when you, as a Trainer, felt unsure. Your analytical approach, grounded in reality might better help a Registrar apply their knowledge or stop over-thinking a question. An informed ‘guess’ is likely to be correct and is a good strategy in the AKT where there is no negative marking
16. Put your Registrar in contact with a previous Registrar (or NQGP) who successfully passed their AKT
17. Find out and discuss in your Trainer Group how other trainers are finding efficient, innovative ways to help their Registrars prepare for the AKT. Please encourage those that don’t see it as their role to reconsider. Highlight what can be highly effective to undertake without adding to Trainer workload

18. Establish what Trainer masterclasses are in your area or whether local Deaneries and RCGP Education Faculties are providing specific courses for Registrars – could you go along for free?

### **Being a Trainer makes you ideally placed to help with data interpretation and primary care organisation**

These two sections of the AKT may feel more challenging for all Registrars and are often “unknown unknowns”. This is especially so for those with minimal GP experience and/or little experience in the UK NHS healthcare system.

1. Primary care organisation and management issues
  - a. Tasks such as completing claim forms, insurance forms, DWP claims, sickness and death certificates as well as checking driving eligibility will all help. If there is an acute mental health assessment or a child protection case, use these to show the processes that are required so the Registrar can see them in real life. (Please also see Appendix 2)
  - b. Being a Trainer means you are the ideal person to help in this area. Bear in mind that all the examiners are working GPs and the questions arise from their own day-to-day work. This is no different from your day-to-day work, so your understanding and interpretation of information and what you see regularly mirrors what the AKT examiners do. The examiners are based throughout the UK and are acutely aware of differences between locality, regional and national guidance. This means all questions are designed to be answered by Registrars wherever they are trained across the UK
2. Statistics and data interpretation
  - a. Keep an eye out and put to one side **any** graphs, charts, referral data, QIA or benchmarking data you or your Practice receive. Ensure your Registrar can discuss the practical interpretation of such information. What action(s) would they justify and prioritise - why?
  - b. Obviously, if statistics is an identified weak area then encourage attendance at a bespoke ‘stats’ course. Nevertheless, remember that the emphasis is much more on practical understanding, risk and interpretation rather than theoretical calculations.

We feel that Trainers are best placed to help Registrars in these areas, but that to date the majority have simply not recognised how expert they are in this regard.

Trial a regular, small timeslot within weekly Tutorials to help link learning to the AKT.

Still don't believe this?!

Then please read our next section ‘A day in the life of a Trainer’.

## **A day in the life of a Trainer somewhere in the UK**

*Please see Appendix 1 for clarification of how the following encounters would be grouped and classified within the AKT exam.*

### **Administrative work**

- Multiple scanned documents to file including multiple medication changes<sup>1</sup>
- Letter from relative about her father<sup>2</sup>
- Multiple electronic scripts to sign<sup>3</sup>
- ECG and spirometry results to interpret<sup>4</sup>
- Management of blood results<sup>4</sup>

### **Morning surgery**

- Clinical consultations including:
  - Acute asthma<sup>5</sup>
  - Chronic fatigue<sup>5</sup>
  - Contraception requests<sup>5</sup> – CHC check, EC request
  - Irritable bowel syndrome<sup>5</sup>
  - Joint injection shoulder<sup>5</sup>
  - Learning disability review<sup>6</sup>
  - Low mood<sup>5</sup>
  - Menorrhagia<sup>5</sup>
  - Osteoarthritis knee<sup>5</sup>
  - Osteoporosis<sup>5</sup>
  - Otorrhoea<sup>5</sup>
  - Rash<sup>5</sup>
  - Red eye<sup>5</sup>
  - Sore throat<sup>5</sup>
- Several personal educational needs from talking to patients including:
  - Second-line management option<sup>8</sup>
  - Evidence for new treatment<sup>9</sup>
  - How to better explain risk<sup>10</sup>
  - Rare but important life changing illness<sup>11</sup>
- Fit note request<sup>12</sup>
- Driver with mild cognitive impairment<sup>13</sup> who is a carer<sup>14</sup> for his wife

### **Coffee and talking to colleagues/staff**

- Overhear staff discussing a patient in the corridor<sup>15</sup>
- Practice manager planning induction for new member of nursing team<sup>16</sup>
- Glance through a medical journal<sup>17</sup>
- Read drug company literature and advertisements<sup>18</sup>

- Discussion with the practice nurses about chronic disease management clinic letters being out of date<sup>19</sup>
- Community midwife asking about management of a pregnant woman who is hypothyroid<sup>11</sup>

### **Administrative work**

- 24-hour blood pressure result<sup>4</sup>
- Insurance reports to complete<sup>20</sup>
- Letter to write re benefits<sup>14</sup>
- Management of multiple abnormal, borderline and normal results<sup>4</sup>

### **Phone calls**

- Statin advice, including NNT/NNH<sup>21</sup>
- Self-limiting illnesses<sup>22</sup>
- Time needed off school for chickenpox<sup>23</sup>
- Atypical chest pain<sup>24</sup>
- Angry patient regarding previous consultation with another Dr<sup>25</sup>

### **Home visits/discussions with staff undertaking community visits**

- Acute on chronic confusion - relative (Power of Attorney)<sup>26</sup> concerned about capacity to be at home<sup>13</sup>
- Chronic alcohol abuser<sup>27</sup> self neglect<sup>13</sup>

### **Staff queries throughout the day**

- Script request for controlled drugs before due date<sup>28</sup>
- Possible cellulitis around leg ulcer<sup>5</sup>
- Febrile child supposed to be having immunisation today<sup>29</sup>
- Medication review<sup>1</sup>
- Manufacturing problem with usual medication not currently available<sup>1</sup>
- Palliative care planning including anticipatory drugs and DNACPR<sup>30</sup>

### **Practice meeting**

- Practice nurse advice for complex patient with chronic diseases (COPD, DM2)<sup>19</sup>
- Freedom of information request<sup>31</sup>
- Informing patient given wrong vaccine – significant event<sup>32</sup>
- Concerns regarding comparative practice prescribing data<sup>17</sup>
- Query re staff use of social media<sup>33</sup>
- Sending texts to patients identified in searches<sup>33</sup>

## **Afternoon surgery**

- Chaperone needed to examine young woman<sup>34</sup>
- Notification of infectious disease<sup>35</sup>
- Concern about safeguarding issue regarding a Looked after Child<sup>36</sup>
- Six-week baby check<sup>37</sup>

## **Admin and emails**

- Complaint letter<sup>25</sup>
- Contact prescribing advisor about recently received locality benchmarking data<sup>17</sup>
- Death certification procedures for 93-year-old man not seen by a Dr for six months<sup>38</sup>
- Management of urine and stool culture results<sup>4</sup>

## **Locality meeting**

- Review of locality admission avoidance data<sup>17</sup>

We feel certain everyone would recognise much within the above day!

When you sit down and think about all the multiple decisions a GP makes in a day, the above summary still does not capture a full day, but it does highlight the potential for 'real-life' to embed itself in the context of AKT questions.

We fully endorse that good AKT preparation equates to learning by seeing patients in primary care. You can help further when questioning the current evidence (or lack of) for an existing treatment/non-treatment, being aware of relevant national guidance/ethical considerations etc.

If, as a Trainer, you do not know something, it is quite likely your Registrar won't know either – share your uncertainty and learning. How much of your paperwork do they see?

Looking at GP Registrar referrals and requested investigations, acute and repeat prescription checking, responses to electronic tasks from other staff members and the assessment of how incoming investigation results are handled, all provide you as the Trainer with a wide range of highly AKT relevant educational information.

This day is given as an example and should not be taken as a 'content guide' for the exam. Please see the RCGP Curriculum and Topic Guides.

## What factors might contribute to being unsuccessful at the AKT?

Sometimes it is helpful to look at any situation from the opposite point of view, so we asked a large group of Trainers what they thought would contribute to being unsuccessful at the AKT.

Here were their suggestions in alphabetical order):

- Arrive late for the exam
- Don't answer all 200 questions
- Don't ask 'why' when not understanding something at work
- Don't attend a course
- Don't access dyslexia screening after an unsuccessful attempt
- Don't read national guidance
- Don't read the instructions about what to take to the exam
- Don't see many patients
- Don't worry about timing until the last five minutes
- During exam spend a long time on the first difficult question you encounter
- Ignore feedback from your Trainer
- Ignore findings of any learning needs assessment
- Ignore practice management
- Ignore routine, day-to-day graphs in the BMJ or Primary Care Organisation mailings
- Ignore stats altogether or 'freeze' at the mention of it without checking that many questions are simple data interpretation not complex statistical calculations
- Ignore the AKT Exam website
- Ignore the Knowledge and Skills sections in the GP Curriculum Topic Guides
- No change in tactics after an unsuccessful attempt
- Not highlighting the relevance of Tutorial discussions to the AKT
- Only do superficial learning via online question banks again and again
- Revise too much for stats (it is only 10%)
- Take too early
- Take too late

## Appendix 1

### Classification (by AKT exam subsections) of the above encounters in 'A day in the Life of a Trainer'

- 1 Clinical – therapeutics; indications, drug errors
- 2 Administration – ethics, consent
- 3 Clinical – therapeutics; drug monitoring, safe prescribing
- 4 Clinical – recognise normal or abnormal results, interpret, consider next steps
- 5 Clinical – disease, differential diagnosis, investigation and management
- 6 Clinical – neurodevelopmental disorders, intellectual and social disability
- 7 Clinical – therapeutics; adverse reactions
- 8 Clinical – national guidance including second line or important third line options
- 9 Data interpretation – evidence based practice, understanding research
- 10 Data interpretation - understanding numerical risk statements
- 11 Clinical – rare but important or commonly encountered conditions
- 12 Administration – understanding fit note regulations
- 13 Administration – ethics, capacity, driving regulations
- 14 Administration – entitlement to state benefits
- 15 Administration – confidentiality
- 16 Administration – e.g. staff immunisations
- 17 Data interpretation of graphs e.g. confidence intervals etc
- 18 Data interpretation – critical appraisal skills
- 19 Clinical – chronic disease management (is tested very regularly in AKT)
- 20 Administration – disclosure of records
- 21 Data interpretation – risk communication
- 22 Clinical – GP Registrars may struggle with questions where the correct answer is 'no treatment'
- 23 Clinical – expected duration of common illness
- 24 Clinical – not every correct answer is 'the most serious option listed'
- 25 Administration – complaints system
- 26 Administration – Mental Capacity Act
- 27 Clinical – mental ill health, alcohol and drug abuse
- 28 Therapeutics – controlled drug regulations
- 29 Administration – immunisation contraindications
- 30 Administration – End of Life Care including ethics, therapeutics
- 31 Administration – statutory Acts and Bodies
- 32 Administration – leadership and management
- 33 Administration – information governance
- 34 Administration – chaperone policies
- 35 Administration – notification of infectious disease
- 36 Administration – safeguarding regulations
- 37 Clinical – child health including normal developmental milestones
- 38 Administration – death certification



## Appendix 2

### Opportunistic administrative learning encounters classified by curriculum statement areas

This table provides additional potential examples of commonly seen, or rare but important situations, encountered in day-to-day practice. Each could provide clear opportunities for a GP Registrar to consider what they do/don't know within the subsection 'Primary care organisation and management' of the AKT exam. We are hoping to debunk the perception that this important area is difficult to prepare for.

You will see many other examples in your own day-to-day working.

<b>Commonly encountered examples</b>	<b>Opportunity to consider/raise awareness of</b>	<b>Curriculum statement area</b>
Outbreak of Scarlet fever	Notification of disease  Types of epidemiological study	Leadership and Management Evidence based practice
Opportunistic smear	Screening guidelines and intervals Screening programmes not undertaken in primary care	Evidence Based Practice, Research and Sharing Knowledge
Opportunistic Shingles vaccination	Adult immunisation schedule	Evidence Based Practice, Research and Sharing Knowledge
Nurse practitioner query about an unwell patient	Supervising others	Leadership and Management
Patient gifts	Probity, gift register	Leadership and Management
Review of prescribing data about a new drug with the pharmacist	Analysis of data	Improving Quality, Safety and Prescribing
Calculating a medication dose e.g. dexamethasone	Drug calculation Correct prescription writing	Improving Quality, Safety and Prescribing
Expected death of a patient	Death certification regulations	Leadership and Management
Relative of a patient calling for results	GMC confidentiality guidelines	Leadership and Management
Abusive patient	Removal of a patient	Leadership and Management
Request for patient to amend own notes	Access to notes	Leadership and Management
Advance directive or Power of Attorney requests	Relevant regulations for Mental Capacity and Mental Health Acts	Consulting in General Practice

Bullying at work complaint by member of staff	Bullying policy	Leadership and Management
Online risk calculators	Cancer Risk Assessment Tools	Research and Sharing Knowledge

*This booklet has been produced by members of the AKT exam team and can be freely copied with the aim of disseminating information and helping GP Registrars feel better prepared for the AKT exam.*

*We welcome any feedback and suggestions for improvement.*

*Please contact us via [exams@rcgp.org.uk](mailto:exams@rcgp.org.uk)*