

# Health Education England

## Countdown to AKT hot tips.

### Preparation

The AKT is a difficult exam. Nobody can guarantee you will pass but there are things you can do which will increase your score in the run up to the exam.

Concentrate on working SMARTLY. Make every hour you spend studying count. Plan what you are going to learn and walk away with something. It will not only help in the exam but also in your day job.

It is useful at this stage to have a countdown timetable including the following :-

- 1) Revisit your list of weaker areas and spend some time on these.
- 2) Check you are up to date on common guidelines including chronic disease and common areas on the super condensed guides.

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx>

- 3) Brush up on your statistics (the 14 fish videos are really helpful as is the document on the how to prepare section on the RCGP website)

<https://www.rcgp.org.uk/training-exams/mrcgp-exam/mrcgp-applied-knowledge-test-akt.aspx>

- 4) Do some questions to check you are working at the right speed to finish the exam. This activity will also help you to pick up any weaker areas to go back and learn.
- 5) It may be tempting to book a few weeks of annual leave before the exam to study. This has been shown not to increase the pass rate as it doesn't focus on applying knowledge.

# Use the super condensed guide signposting

As well as a list of common and important conditions in each super condensed guide, there is a list of 3 areas that may be tested in the AKT. Its worth looking at each of these to check your knowledge is up to date. Examples are below.

AKT Gastroenterology super condensed guide

- Investigation of rectal bleeding in different patient scenarios
- Drug therapies for inflammatory bowel disease
- Interpretation of liver function tests.

AKT Kidney and urology super condensed guide.

- Monitoring of CKD
- Drug treatments for prostate cancer
- Investigation of haematuria

<https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum/super-condensed-guides>

## Feedback from previous exams

This is invaluable in predicting what will come up. The college are clear that they will continue to test on the areas that trainees didn't perform well in.

A link to the 5-year summary document is below.

<https://www.rcgp.org.uk/getmedia/9d169bbb-7bfe-45dc-b2d2-460dcc18632a/October-2017-to-April-2022-AKT-Feedback-Summary.pdf>

A summary of the last 5 sittings feedback is here. Some of these areas have been highlighted several times.

**A – Gastroenterology** - questions present a scenario where a diagnosis must be made. Information provided in the scenario may include symptoms, examination findings and test results which candidates will need to synthesise in order to come up with the correct answer. Having a high level of awareness of the possibility of cancer is clearly important, but carefully read a scenario and consider if, based on the given information, an alternative diagnosis is more likely. ( this will include patients age and symptoms)

**B – Children and young people**

- 1) Consent and capacity
- 2) Managing hearing loss in children.

### C – Gynaecology and breast

- 1) HRT
- 2) Irregular periods and bleeding problems
- 3) Consider pregnancy as a cause for some presentations and the need for pregnancy testing.

D – Equality diversity and inclusion - Clinical management decisions with transgender people

E – Neurology – red flags and interpretation of examination findings.

F – Dermatology – Diagnosis and management of common skin conditions. Question usually includes a photograph.

### G – Metabolic and endocrine problems

- 1) Safe and appropriate adjustment of insulin
- 2) Tests to diagnose common endocrine conditions.

### H – Sexual health

- 1) prescribing contraception, particularly oral contraception.
- 2) Contraceptive advice for patients on teratogenic medication.
- 3) Erectile dysfunction and its causes.

### I – Improving quality safety and prescribing

- 1) drug monitoring especially DMARDS and medications used in gastroenterology
- 2) Prescribing medication for side effects in common cancer treatments.
- 3) Side effects and interactions of drugs used to treat common and chronic conditions.
- 4) End of life care pain management

J – Respiratory – Management of asthma, new diagnosis and sub-optimal control.

### K – Cardiovascular medicine

- 1) Interpretation of common and important ECG abnormalities
- 2) Diagnosis and management of raised Blood Pressure

L – Genomic medicine – Knowledge around inheritance of rare but important childhood genetic conditions.

M – Ophthalmology – retinal photographs of common abnormalities, or identification of normal retinae.

N – End of life care – Ethical considerations around end of life and conversations around dying.

O – Neurology - This includes diagnosis of important neurological conditions, red flags, and interpretation of examination findings.

### P - Thinking like a GP

- 1) Choosing when not to investigate, prescribe or refer for mildly abnormal investigations. Over investigation may be considered poor use of resources if not necessary.
- 2) Appropriate investigation of common conditions including anaemia
- 3) Drug choices should reflect evidence based primary care management.
- 4) Drug dose calculations will not be complicated but should be sense checked

**Q – Urology** – prostate cancer diagnosis and treatment.

**R – Safeguarding** - including adult safeguarding issues and identifying Non accidental injury in children was an area for improvement highlighted more than once.

### S - Leadership and management

Useful resource <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters-full-list-issue-number>

- 1) Pre-employment vaccination requirements for healthcare staff
- 2) Childhood immunisations, but detailed knowledge of infant vaccination schedules won't be tested.
- 3) Confidentiality and data protection. (this includes social media and digital technology) Access to medical records. (suggests BMA and GMC as a resource)
- 4)

## The day before

Get your identity documentation out, plan your journey and where you will park. Check any requirements such as mask wearing. Get some sleep!

If you haven't watched the Pearson Vue tutorial then it's worth doing.

<https://abe-prd-1.pvue2.com/st2/driver/startDelivery?sessionUUID=4f014377-f66d-40a3-bb08-c57a0cc123e6>

## The day of the exam

Have a good breakfast. Set off early. Plan a little reward for yourself afterwards

## Technique in the exam

- 1) Think like a GP and answer the questions as if you were sat in surgery.
- 2) If you think you know the answer its worth rereading the question to reassure yourself that you haven't missed anything important.
- 3) Take your time to answer the questions and only mark those for review that you need a little more time with. Put an answer anyway in case you don't get time to go back. You will get a better mark if you take your time first time than if you race through the paper and review a lot. It stops you overthinking things too much.
- 4) You will not know all the answers and you will have to guess to some extent on many questions. Whittle the choices down and answer like a GP would.
- 5) Try to stay calm throughout the exam. If you start to panic, you won't be able to think clearly. Take 5 minutes to relax and then carry on.