

# **WELCOME TO THE ST2 TEACHING PROGRAMME**

**AUGUST 2022  
DR SEB PILLON**

# HELLO AND WELCOME TO GP ST2



# WHO WE ARE

- Dr Kat Rothwell (PCME)
  - GP Principal at Tonge Fold Health Centre
- Dr Seb Pillon (PCME)
  - Portfolio GP at Bolton Community Practice
- Dr Reuban Pratheepan (TPD)
  - GP Principal, Oaks Family Practice
- Julian Tomkinson (Consultation Skills Course Lead)
- Julian Page (former PCME)



# INTRODUCTIONS

- Introduce yourself
  - Name
  - Where do you live?
  - Why did you choose GP training and Bolton?





# ST2

WHAT'S NEW?



To build upon hospital-acquired experience and start to consider patients and systems in primary care



To understand the importance of high-quality consultation skills as an integral part of the GP skillset



To start to apply knowledge and experience from hospital-based care to patients in primary care, considering the whole patient



To maintain working relationships between trainees, trainers, training practices and the wider health and social care economy



To prepare for the Applied Knowledge Test (AKT) exam

# MISSION STATEMENT



# MISSION STATEMENT

- We want to produce GPs proficient in the delivery of high-quality primary health care, both now and in the future.
- In GPST2, we encourage trainees to see themselves as **emerging specialists in the holistic care of people**, not just as patients, but as entities that exist within families and communities.
- At our core, we want to produce GPs that take both good care of themselves, enjoy their careers, and provide an all-rounded, holistic care to their patients, in Bolton and beyond.

# THE FIVE AREAS OF CAPABILITY

- **ST2-A: Applying Clinical Knowledge**
  - Data Gathering & interpretation
  - Clinical Examination & Procedural Skills
  - Making Decisions
  - Clinical Management
- **ST2-B: Caring for the Whole Person**
  - Practising Holistically
  - Promoting Health
  - Safeguarding
  - Community Orientation





# ST2

## HOSPITAL PLACEMENT

- “SHO” grade with 3+ years experience
- Specialist knowledge exposure



## GP / GP+ PLACEMENT

- Extended experience in Primary Care
- Opportunity to follow-up



# DISCUSSION

- What the differences between working as a hospital doctor vs a GP?
- What is the difference between being an F2 and an ST2 in a placement?



# ST2

## GP / GP+ PLACEMENT

- Fortnightly Consultation Skills Course with Dr Julian Tomkinson Fortnightly ST2 teaching sessions



## HOSPITAL PLACEMENT

- Departmental Teaching
- Fortnightly ST2 teaching sessions



# ST2 STRUCTURED TEACHING



The Structured Teaching Programme needs to supplement, not duplicate the function of the training practices and hospital placements.

Where possible we try to use the benefit of group work to explore areas less commonly seen  
Some areas of clinical knowledge are best learned in practice



Much of the programme remains currently unplanned to allow us to coordinate sessions later in the year around topics you would prefer.

Consider what curriculum areas might be lacking from your past and planned experience



The teaching programme is designed to prepare you for life as a GP; if you follow that, then passing the exams is much easier.

We do not hold an “AKT course” as it wouldn’t cater to everyone’s learning style or needs.  
We try to reference in teaching the kinds of areas how that week’s topic might manifest as an AKT question.

# ZOOM RULES



**Camera ON**



**Mic OFF\***



**Raise hand or use chat  
box to ask questions**



**Do not Disturb**



**Phones OFF**



**Be an active participant**



**Break and rest eyes  
at least once an  
hour.**



**Respect Confidentiality**



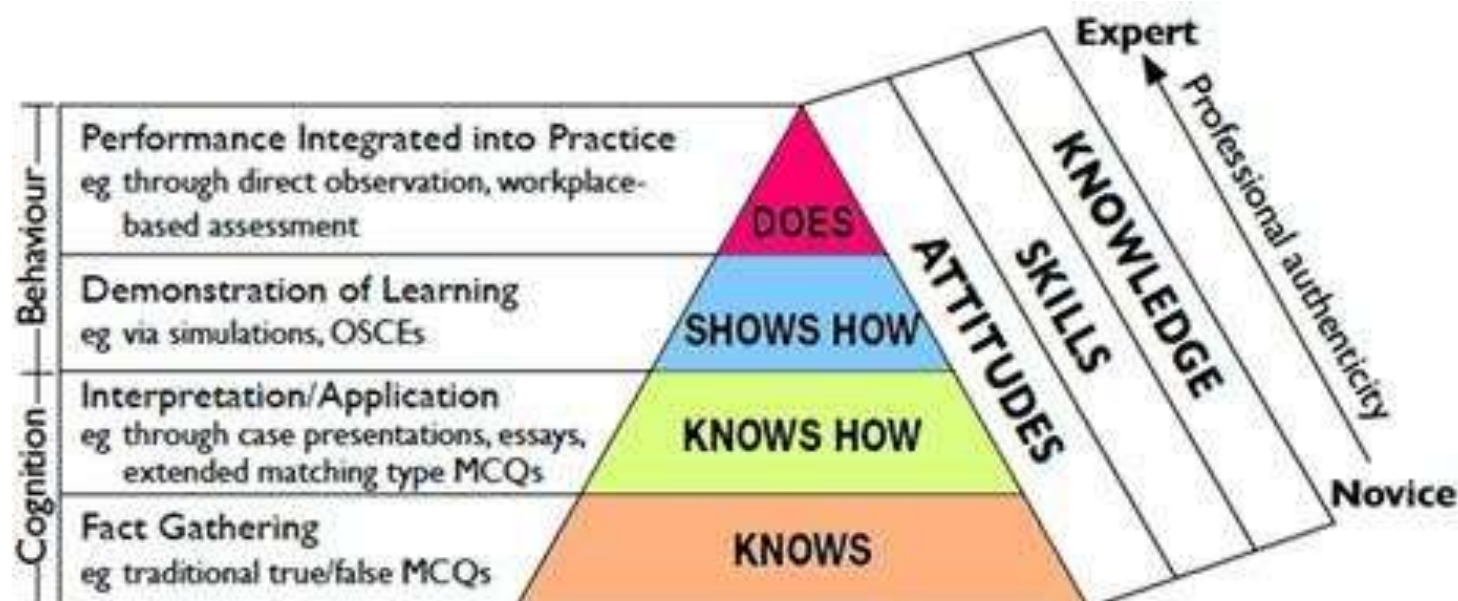
# IN-PERSON RULES

- Respect personal space and current COVID-19 restrictions
  - Bolton NHS restrictions are different from national guidance
    - You should not attend teaching if you have or suspect you have COVID-19
  - Maintain lateral flow testing if your department requires it
- No bleeps – teaching is protected time
- Respect each other and the presenters
  - Teaching is scheduled from 1400-1630



# **ASSESSMENTS**

**APPLIED KNOWLEDGE TEST AND  
WORKPLACE BASED ASSESSMENT**



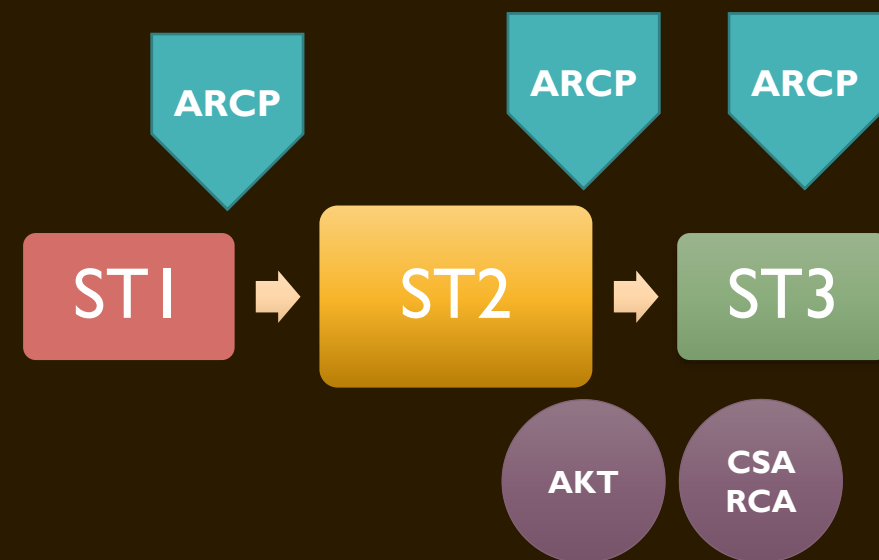
## Miller's Pyramid

### PROGRESS TO CCT

WBPA (Portfolio)

CSA/RCA (Clinical exam)

AKT (MCQ)



# WORKPLACE BASED ASSESSMENTS

Capability area	MSF	PSQ	COT	CbD	CEX	CSR
1 Fitness to practise	Yes			Yes		Yes
2 Maintaining an ethical approach	Yes			Yes		Yes
3 Communication and consultation skills	Yes	Yes	Yes		Yes	Yes
4 Data gathering and interpretation	Yes		Yes	Yes	Yes	Yes
5 Clinical examination and procedural skills	Yes		Yes	Yes	Yes	Yes
6 Making a diagnosis / decisions	Yes		Yes	Yes	Yes	Yes
7 Clinical management	Yes		Yes	Yes	Yes	Yes
8 Managing medical complexity				Yes	Yes	Yes
9 Working with colleagues and in teams	Yes			Yes		Yes
10 Maintaining performance, learning and teaching	Yes				Yes	Yes
11 Organisation, management and leadership				Yes		
12 Practising holistically, promoting health and safeguarding		Yes	Yes	Yes		Yes
13 Community orientation				Yes		Yes

# MINIMUM REQUIREMENTS FOR WBPA

- Check MRCGP website as this has changed several time before and during pandemic.

# PERSONAL DEVELOPMENT PLANS

- **Breakout Rooms**
- What are the 5 essential/intimate CEPS and in what rotations are you more likely to achieve them?
- What tips for rotations you've completed?
- What does a good Case Based Discussion feel like?



# **ADVICE FROM PAST ST3**



## **ADVICE FROM 2020 ST3 GROUP**

- Start early/keep on top of with e-portfolio
- Plan to get your examinations done in hospital placements :
  - A+E/O+G
- Speak to peers - good source of support
- ST2 WhatsApp group
- Highlight weak areas sooner and how to get better.
  - How to improve over the years?
- Can take time out of programme if needed.
  - Extra education- ?Masters
- Some supervisors are not organized
  - you need to be proactive
- Raise concerns about support/clinical supervisor
- Try and remember what you need to learn from this job
- Use study days in clinics
- Do AKT after a GP block, it's easier



# **REMOTE CONSULTATIONS**

**SEB PILLON**

**BBC** Sign in News Sport Weather iPlayer Sounds

## NEWS

Home Coronavirus US Election UK World Business Politics Tech Science Health

### Health

# NHS tells GPs they must offer patients face-to-face appointments

14 September 2020 388

f t e share



GP practices are being told they must make sure patients can be seen face to face when they need such appointments.



**Dr Nikita Kanani** @NikkiKF · 3h

I needed to take some time yesterday following some personal attacks but wanted to be clear:

I am SO proud of the way [#GeneralPractice](#) responded to the pandemic, safely assessing, speaking to and seeing patients as clinically needed.

1/3

36 58 292

**Dr Nikita Kanani** @NikkiKF · 3h

Any conclusions drawn by the media about my colleagues are not mine, and I apologise for any hurt caused.

As you know the changes in our ways of working have made it even more important that we are clear with patients about how best to use our services, and that WE ARE OPEN.

5 14 107

**Dr Nikita Kanani** @NikkiKF · 3h

Please do use the communications toolkit shared if you find it helpful.

The pandemic continues to be very difficult for both our patients and practices and I'm grateful for the incredible work done by [#PrimaryCare](#) throughout 🙏

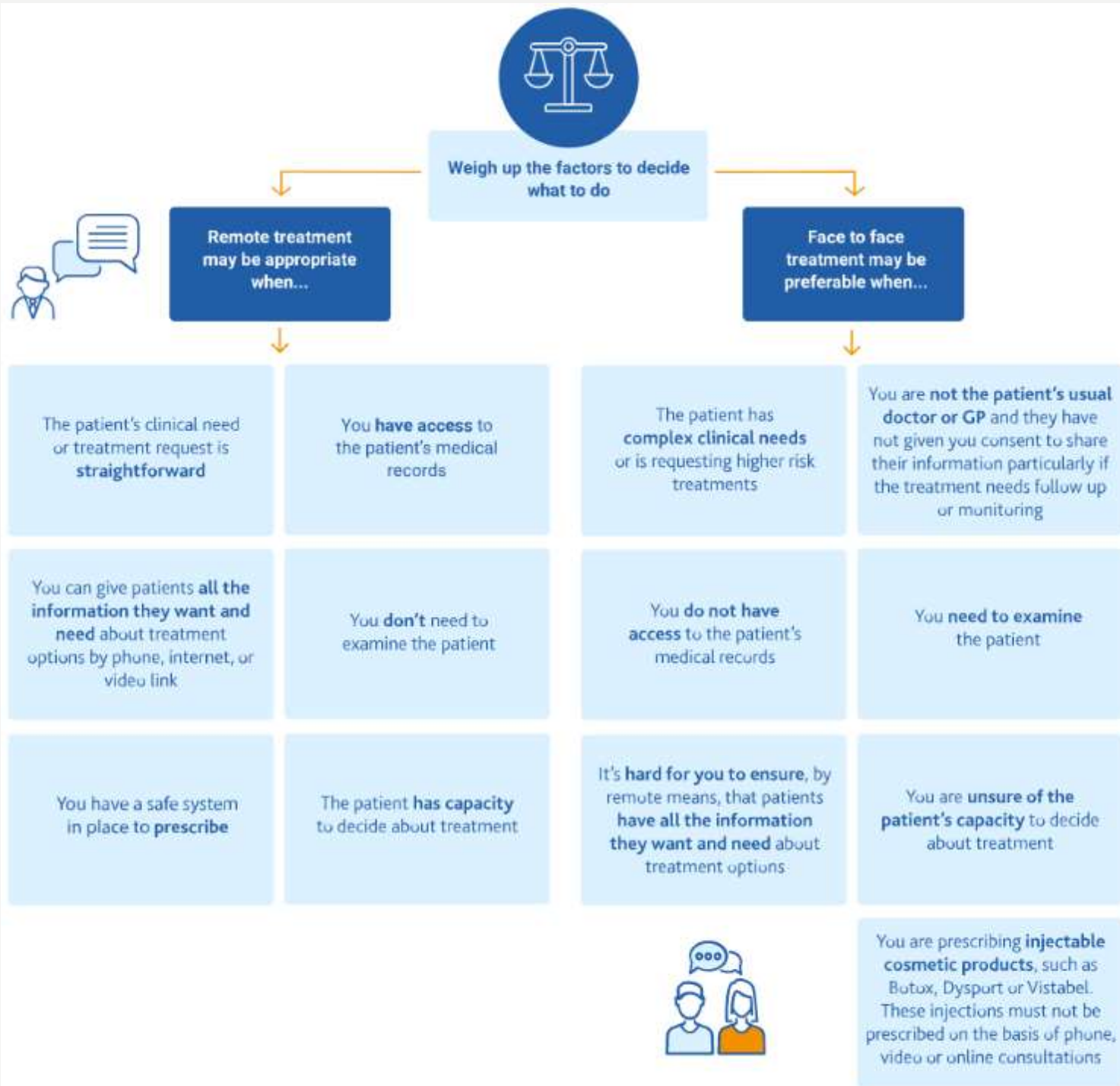
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7 11 112

# REMOTE VS FACE TO FACE CONSULTING

- What are the differences?
- How should you choose what is right?
- Have you done any remote consulting yet?





# REMOTE CONSULTING

- The patient's safety must always be your top priority. Don't be seduced into thinking that every problem can be dealt with remotely. If you need to examine the patient, you need to examine the patient.
- As well as your clinical competence, patients who are sick or worried also need to feel understood and cared about. The way you consult by video can go a long way towards reassuring the patient that they are in safe hands.





# REMOTE CONSULTING

WHAT ARE THE COMMUNICATION SKILLS  
DIFFERENCE BETWEEN VIDEO AND PHONE  
CONSULTATIONS?



## TELEPHONE CONSULTING

***MYTH: Telephone consults are quicker than face to face consultations***

Take care not to confuse TRIAGE with CONSULTATION

Can you hear each other properly?

Establish confidentiality – who else might be listening?

Treat as a face to face consult – don't multitask

Non-verbal cues don't get heard – switch to audible receipts, and better still, use summary to demonstrate listening

Signpost when you changing tactic/part of the consultation

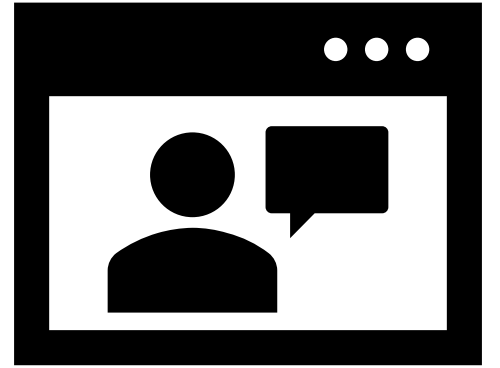
# VIDEO CONSULTING

- MYTH: Video consulting is basically just face-to-face consulting
- Choose when to use: Will video help me make a decision or develop rapport?
  - Child examination
  - Seeing cues and clues
- Usual communication rules apply:
  - Consider setting: are you well lit and protected from external noise?
  - Establish confidentiality – who else might be off camera?
  - Maintain (perceived) eye contact by looking at your camera, not your screen
  - Verbal cues often disjoint a video call. Use non-verbal cues and summaries in preference



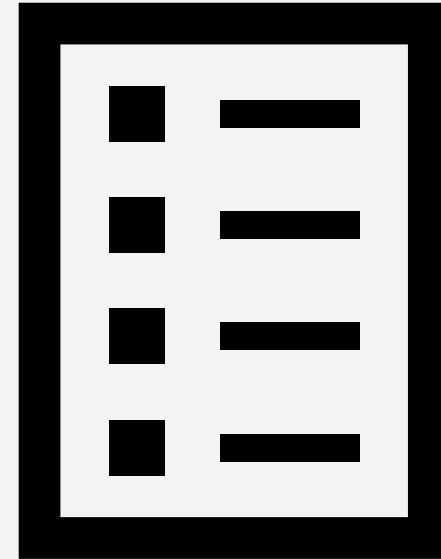
# REMOTE CONSULTING

TIPS



# PRE-PLANNING

- If you are setting up a video consulting service for the first time, see whether it is possible to give patients some prior information about what to expect, including:
  - when and how to establish the video connection;
  - any types of problem that are unsuitable for remote consulting, e.g. those clearly requiring a physical examination;
  - any details of their problem which the doctor could be told about in advance



# SETTING UP

- **Location**

- If you are working from home, choose a neutral setting and background so that the patient is not distracted by glimpses of your domestic circumstances.

- **Tech**

- With some video platforms, or if bandwidth is an issue, there may be a small time delay in the system, or picture and sound may be out of synch, or the picture may periodically 'freeze'.
- Be aware of the danger of missing significant information because of these distractions.

- **Privacy**

- Make sure you will not be interrupted, and that background sounds are not intrusive.

- **Framing**

- Landscape feels more natural, and gives a feeling of a comfortable separation between you and the patient; portrait view can feel too much 'in your face'. Adjust your position so that your head is central in the patient's view. The patient should be able to see your facial expression without straining, and preferably also your hands, as hand gestures are an important part of communication.

- **Lighting**

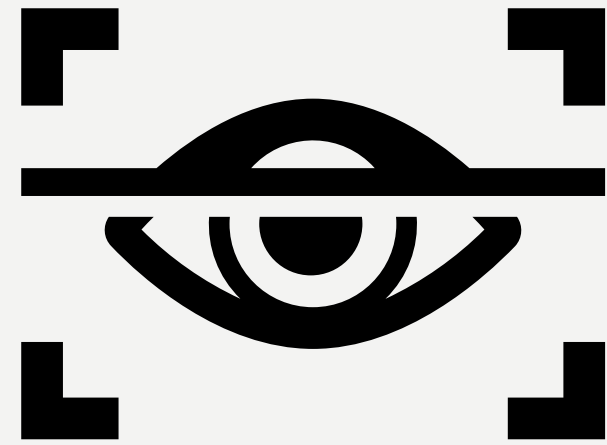
- Make sure your face is well lit, and avoid having a source of bright light behind you

- On a video link, these cues may not have their usual effect. Visual cues may be harder to see on screen. The other person's speech over the link may not be as loud or as distinct as we are used to. If there is even a slight time lag between vision and sound, our 'uh-huh's and 'mmm's may become distracting interruptions. To minimise the effect of these problems:
  - Try to make sure only one person is talking at a time.
  - Keep your vocal cues to a minimum – a slow nod or a smile is better.
  - Show your interest and attentiveness by eye contact and facial expression
  - If you need to interrupt the patient, try a visual signal such as raising your hand
  - Rapid gestures or body movements can be distracting – try to slow them down.

## **PACING CUES**



# EYE CONTACT



**BREAK**





**AKT**

**DR SEB PILLON**

# RCGP AIT

- <https://youtu.be/lakcIaTOQN8>



# IS THERE PERHAPS A “COLLEGE” OF GENERAL PRACTICE?

- Ask yourself, have I looked at the RCGP Curriculum?
  - This should form the basis of your preparation; knowing of what is expected of you is half the battle won.
- The RCGP does reports of areas people have struggled, and given that, it's fair to assume these areas will come up again!
- <https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx>



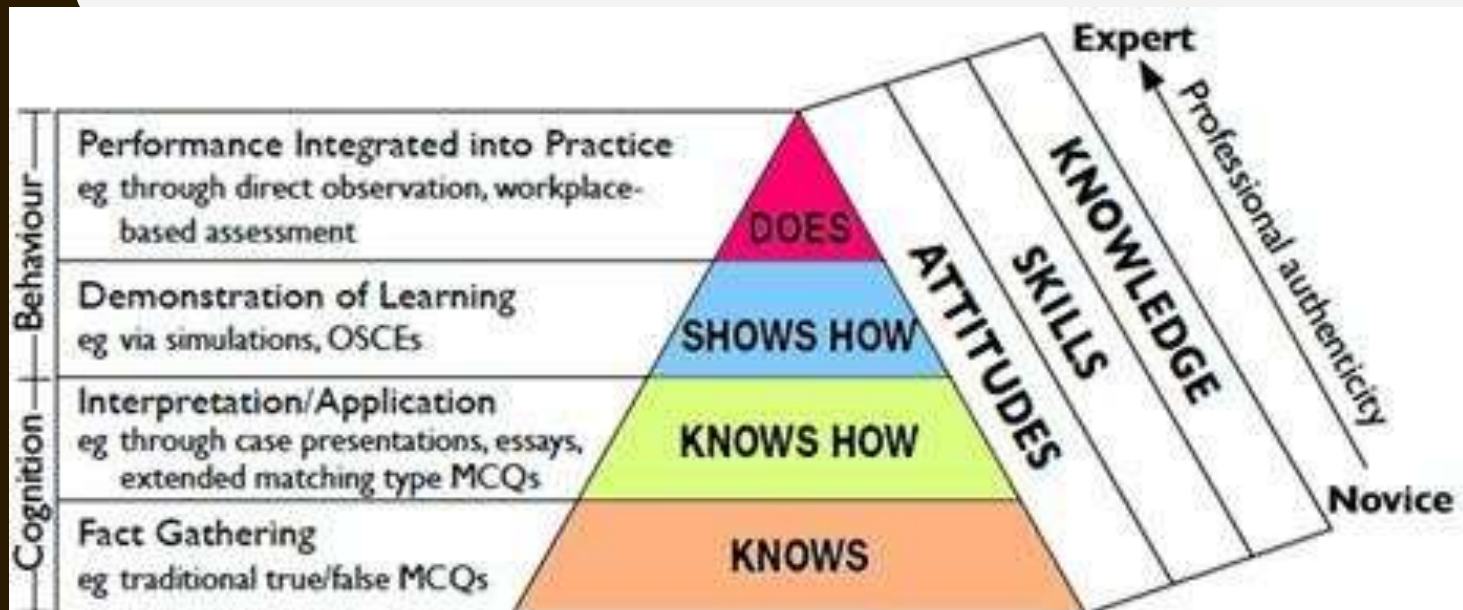
# AKT DATES

	BOOKING PERIOD	SUBMISSION DEADLINE FOR RAI FORM	SUBMISSION DEADLINE FOR REASONABLE ADJUSTMENT SUPPORTING EVIDENCE	AKT TEST DATE	RESULTS PUBLISHED* (ALL 17:00 HOURS)
<b>AKT October 2022</b>	31 August - 2 September 2022	2 September 2022	5 October 2022*	26 October 2022	24 November 2022
<b>AKT January 2023</b>	30 November - 2 December 2022	2 December 2022	4 January 2023*	25 January 2023	23 February 2023
<b>AKT April 2023</b>	1 - 3 March 2023	3 March 2023	3 April 2023*	26 April 2023	25 May 2023

## THE AKT FORMAT

- The Applied Knowledge Test (AKT) forms part of the MRCGP. It is a summative assessment of the knowledge base that underpins independent general practice in the **United Kingdom within the context of the National Health Service**.
- The AKT is a computer-based test of **three hours and ten minutes** duration comprising **200 question items**.
- It is delivered three times a year at 150 Pearson VUE professional testing centres across the UK.
- Approximately **80% of question items will be on clinical medicine, 10% on evidence interpretation** (including the critical appraisal skills needed to interpret research data) and **10% on primary care organisational issues** (including administrative, ethical, regulatory and statutory frameworks).
- All questions address important issues relating to **UK general practice** and focus mainly on **higher order problem solving** rather than just the simple recall of basic facts.

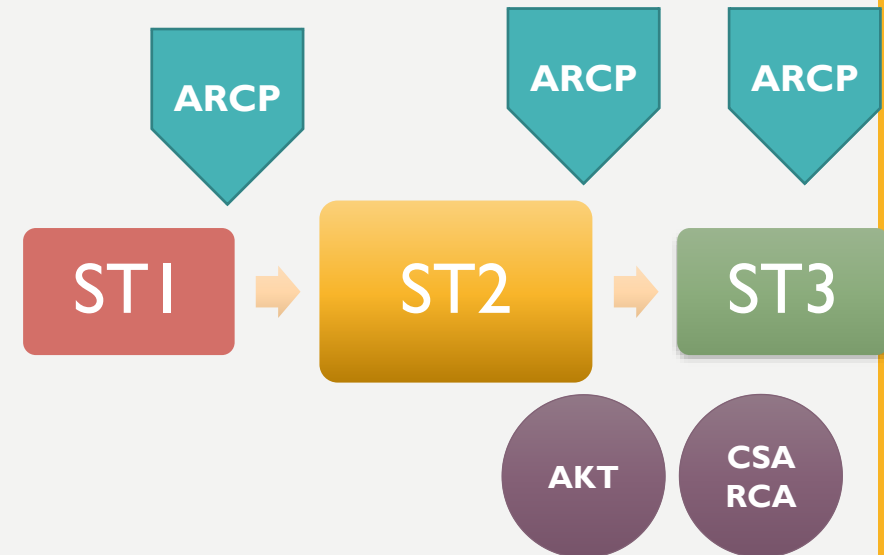




Miller's Pyramid

## PROGRESS TO CCT

WBPA (Portfolio)  
CSA/RCA (Clinical exam)  
AKT (MCQ)



# RCGP QUESTION REFERENCE SOURCES

- GP Curriculum - latest version
- Content Guide for the AKT
- BNF
- GMC Good Medical Practice
- RCGP Essential Knowledge Updates
- NICE guidelines
- SIGN guidelines
- BMJ Review articles & original papers
- BJGP
- Cochrane
- Vaccine update newsletter ([www.gov.uk](http://www.gov.uk))



# PRINCIPLES FOR QUESTION CONSTRUCTION

## Relevance

- The AKT should be relevant to mainstream general practice

## High prevalence

- Any topic covered can be one which occurs commonly

## High impact

- One which is significant but perhaps less common

# GENERAL PRINCIPLES FOR SUCCESS

- Time management is vital
  - A clock is shown on the test screen
    - Watch the countdown carefully
  - There is an average of 57 seconds per question
    - Some questions can be answered far quicker than others
  - If the answer isn't obvious immediately, flag it and move on
  - Reserve time to return to unanswered questions at the end
  - A calculator has also been added for questions where arithmetic might be needed

# GENERAL PRINCIPLES FOR SUCCESS

- Read the questions carefully
  - Marks are lost easily by skim reading, misinterpreting the question or failing to extract the key features in a clinical scenario
- IMGs who read more slowly might want to flag long or verbose questions and return to them later
  - These take up more time per question and impact negatively on mark acquisition



In general, it is better for candidates (particularly IMGs) to concentrate on the clinical medicine questions

Taking all factors into account, these offer the highest return in terms of actual marks



Go through unanswered questions a second time using the review screen

There is no negative marking, so do not leave any questions unanswered



Try and check for obvious errors if there is still time

Misreading or misinterpreting questions is not uncommon under stress

# GENERAL PRINCIPLES FOR SUCCESS



# AKT QUESTION TYPES

ADAPTED FROM IAIN LAWTHER



# QUESTION FORMATS

## SBA

- **Single best answer (SBA)**
  - One answer is correct and is based on national (not local) guidance or best practice
  - Other options might be plausible, but are inserted as “distractors”
  - If the question is a clinical case scenario, pattern recognition will apply

# SBA EXAMPLE

- A 50-year-old man has become increasingly tired and lethargic over the past six months and has developed erectile dysfunction. His wife comments that he looks tanned even in the winter months. His serum ferritin and transferrin levels are significantly raised, but his haemoglobin is normal. Which is the SINGLE MOST likely diagnosis? Select ONE option only.
  - A Addison's disease
  - B Chronic active hepatitis
  - C Diabetes mellitus
  - D Haemochromatosis
  - E Hypothyroidism

# SBA WORKING

- A *50-year-old man* has become increasingly ***tired and lethargic*** over the past ***six months*** and has developed ***erectile dysfunction***. His wife comments that he ***looks tanned*** even in the winter months. His serum ***ferritin and transferrin levels*** are ***significantly raised***, but his ***haemoglobin*** is ***normal***.
  - In this case, the skin changes could be consistent with Addison's disease and the lethargy could be a very relevant symptom in hypothyroidism or diabetes mellitus. However, only haemochromatosis would be consistent with all of the features presented
  - Practice **keyword information extraction**

# QUESTION FORMATS

## MBA

- **Multiple Best Answer (MBA)**
  - The candidate is asked to pick more than one correct answer
  - Any number of answers might apply
  - Usually these answers are deemed more likely to apply than the others

## **MBA EXAMPLE**

- Specialist referral is MOST APPROPRIATE for which TWO of the following children? Select TWO options only.
  - **A** A four-week-old boy whose mother reports he does not smile
  - **B** A four-month-old girl who cannot grasp an object when it is placed in her hand
  - **C** A four-month-old boy who cannot sit unsupported
  - **D** A two-year-old girl who cannot hop
  - **E** A three-year-old boy who cannot combine words into a simple sentence

## **MBA WORKING**

- In this question, answers B and E are correct
  - Here, clinical knowledge is required, but a systematic approach to eliminating much less likely answers will identify correct answers from distracting ones
  - Not smiling at 4 weeks of age, being unable to sit unsupported at 4 months and being unable to hop at an age of 2 years would not raise concerns
  - Answers A, C and D are therefore much less likely

# QUESTION FORMATS

## EMQ

- **Extended Matching Questions (EMQ)**
  - These questions contain a list of possible options
  - Most commonly, there will be two or more scenarios and the candidate is asked to choose the **MOST** appropriate option that **BEST** matches each given scenario
  - Each option might be used once, more than once, or not at all

# EMQ EXAMPLE

- A. Cerebral artery aneurysm
  - B. Cerebral glioma
  - C. Drug-induced
  - D. Graves' disease
  - E. Ischaemic stroke
  - F. Multiple sclerosis
  - G. Myasthenia gravis
- For the patient described, select the **SINGLE MOST** likely diagnosis from the list of options:



# EMQ EXAMPLE

- A. Cerebral artery aneurysm
  - B. Cerebral glioma
  - C. Drug-induced
  - D. Graves' disease
  - E. Ischaemic stroke
  - F. Multiple sclerosis
  - G. Myasthenia gravis
- **For the patient described, select the SINGLE MOST likely diagnosis from the list of options:**
  - **I. A 35-year-old man who is a non-smoker, suddenly develops a severe headache and double vision. His right pupil is fixed and dilated.**

# EMQ EXAMPLE

- A. Cerebral artery aneurysm
- B. Cerebral glioma
- C. Drug-induced
- D. Graves' disease
- E. Ischaemic stroke
- F. Multiple sclerosis
- G. Myasthenia gravis

- **For the patient described, select the SINGLE MOST likely diagnosis from the list of options:**
- 2. A 48-year-old woman has transitory double vision towards the end of most days. She smokes 10 cigarettes per day. She has vitiligo and hypothyroidism.

# EMQ WORKING

- In this question, answers A and G are correct
  - In the first case, subarachnoid haemorrhage from a ruptured cerebral artery aneurysm is the most likely cause
  - In the second case, the autoimmune, social and medical history information suggests myasthenia gravis as the most likely cause
- As with SBA questions, practice with pattern recognition is vital in preparing for these questions

# QUESTION FORMATS

## COMPLETION

- **Table or algorithm completion**
  - These questions require candidates to pick several options from a list
  - These are used to complete an algorithm on the screen or fill in blanks in a process
  - The structure of the question will dictate whether the order of answers is important or not

# TABLE OR ALGORITHM EXAMPLE

- MATCH EACH drug to the MOST LIKELY side effect
  - A. Diclofenac
  - B. Hydroxychloroquine
  - C. Infliximab
  - D. Methotrexate

Side effect	Most likely causative drug
Bone marrow suppression	
CVA	
Retinopathy	
Septicaemia	

# TABLE OR ALGORITHM WORKING

Side effect	Most likely causative drug
Bone marrow suppression	Methotrexate
CVA	Diclofenac
Retinopathy	Hydroxychloroquine
Septicaemia	Infliximab

- All four listed side-effects have to be placed correctly to gain one mark

# QUESTION FORMATS

## PICTURE

- **Picture format**
  - A picture is given which represents a common condition
  - A brief clinical summary is presented, and the candidate is asked to pick the most likely answer
  - The picture will try to present a highly typical appearance
  - The picture will be in colour and of high resolution
  - Dermatology cases are by far the commonest

# PICTURE FORMAT EXAMPLE

- Skin infections in children
  - An eight-year-old child has had a localised rash around the nose for two days.





# PICTURE FORMAT EXAMPLE

- Which is the SINGLE MOST appropriate MINIMUM number of days that this child should be kept away from school once treatment has started?
- Select ONE option only
  - A 1
  - B 2
  - C 3
  - D 5
  - E 7

# PICTURE FORMAT WORKING

- Answer: B (2 days)
- Once treatment starts, the earliest a child can return to school is after 2 days, provided there is a good response to treatment
- Practical knowledge of incubation and quarantine periods will be required and is frequently asked by parents

# QUESTION FORMATS

## DRAG AND DROP

- **Drag and drop**
  - These questions follow much the same format as Table or Algorithm completion
  - In contrast, rely on simple drag and drop answers to complete the fields

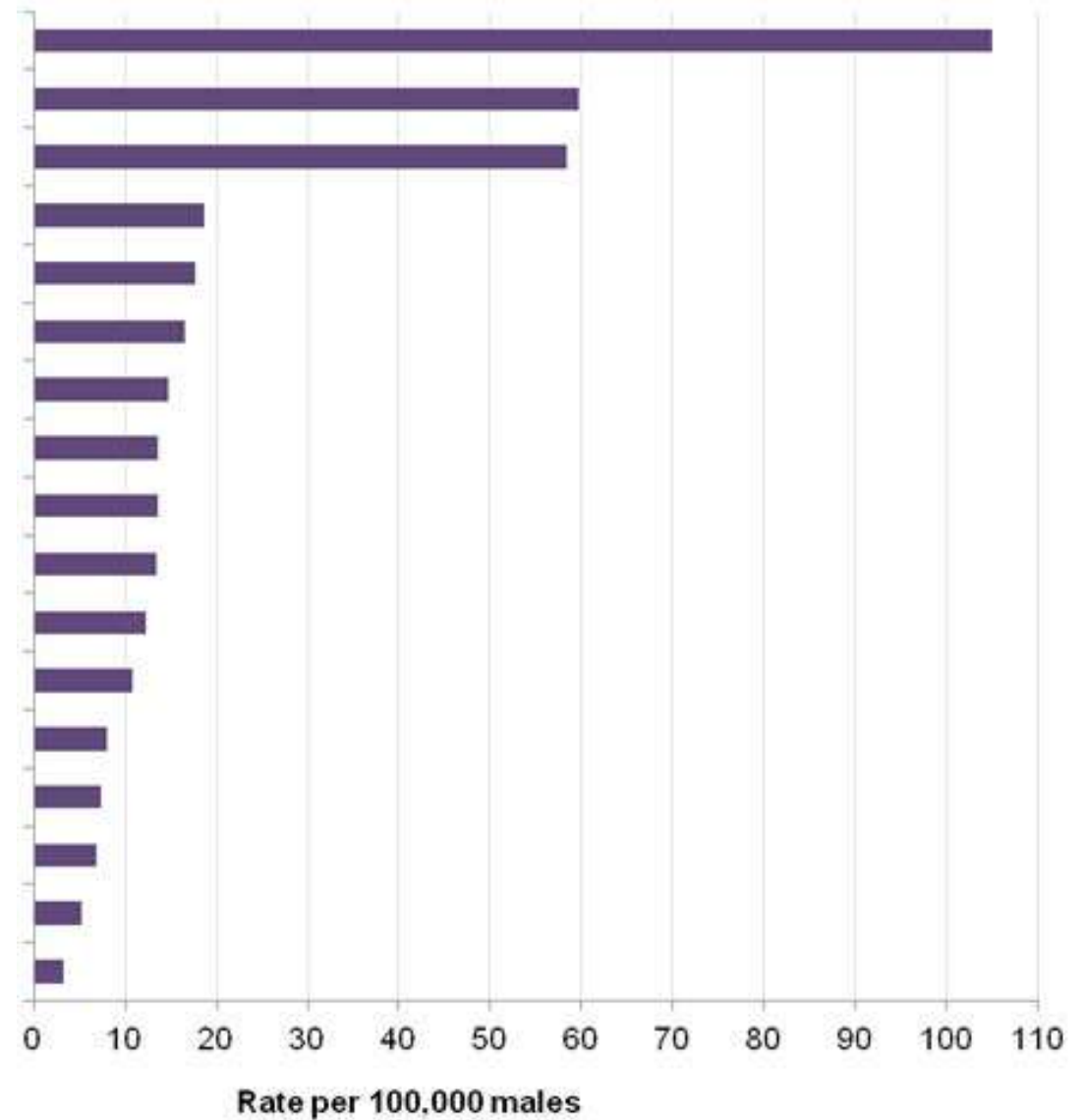
# QUESTION FORMATS

# DATA INTERPRETATION

- **Data interpretation**
  - Typically, these questions relate to groups of patients with chronic conditions
  - The understanding of common statistical terms will be tested
  - Information is normally presented as a graph, data plot or bar chart
  - Some variation might occur where clinical data is presented as laboratory results relating to a particular clinical case

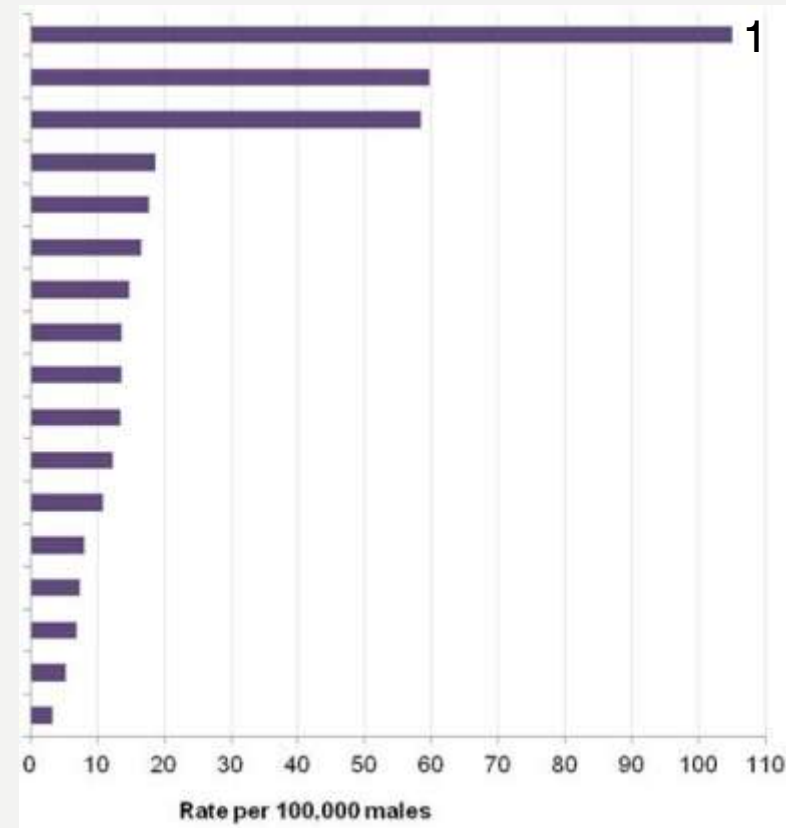
# DATA INTERPRETATION EXAMPLE

- The following graph shows age-standardised **INCIDENCE** rates for common cancers in males in the United Kingdom (2008-2010)



# DATA INTERPRETATION EXAMPLE

- Which SINGLE cancer is represented by the bar labelled 1? Select ONE option only
  - A Bladder
  - B Colorectal
  - C Lung
  - D Non-Hodgkin's lymphoma
  - E Prostate



# DATA INTERPRETATION WORKING

- Answer: E (Prostate)
  - It is important to know about the epidemiology of common cancers
  - This includes an understanding of terms such as incidence, prevalence and mortality rates
  - Research and statistics questions are designed to test an understanding of data and different ways it might be presented and interpreted

# DATA INTERPRETATION WORKING

- A revision of common statistical terms is vital
  - Examples might include sensitivity, median and mean, numbers needed to treat and others
- Overall, most candidates score fewer marks in these areas
- Although this domain accounts for only about 10% of questions, a strong performance can boost overall scoring disproportionately
- This can be of great value to IMGs
  - The question format is more visual and diagrammatic, reducing the impact of inherent linguistic factors



# QUESTION FORMATS

## FREE TEXT

- **Free text**
  - These questions require a text answer to be added
  - From a marking perspective, they avoid the simple random guess approach, but the marking can become slightly less objective
  - IMGs might find these questions more challenging and also time consuming
  - Consider these factors when tackling such questions early in the examination
    - Using a flag, move on and return later strategy is helpful

# FREE TEXT EXAMPLE

A 67-year-old man has type 2 diabetes and a BMI of 33 kg/m<sup>2</sup>. His HbA<sub>1c</sub> is 62 mmol/mol on diet alone and his renal function is normal.

Which is the **single most** appropriate **initial** drug treatment? Give **one** answer only.

metformin

# CALCULATION EXAMPLE

A 3-year-old boy is to start prophylactic trimethoprim 2 mg/kg once every night. He weighs 12.5 kg and trimethoprim oral suspension is available as 50 mg/ 5ml.

What **volume** of liquid is required for thirty days use?

Type your answer in the following text box. Use figures not words. Percentages and fractions are not acceptable.

75

mls

$$12.5 \times 2\text{mg} = 25\text{mg}$$

$$25\text{mg} = 2.5\text{ml of } 50\text{mg}/5\text{ml}$$

$$30 \text{ days} \times 2.5\text{ml}$$

# QUESTION FORMATS

## RANK ORDERING

- **Rank ordering**
  - Questions such as these will ask candidates to rank a number of options in ascending or descending order
  - There might be a list of potential orders to select from, or the candidate might be required to list their suggested order in free text

# RANK ORDERING EXAMPLE

- The list below contains four commonly prescribed topical steroid preparations
  - 1 Clobetasol propionate 0.05%
  - 2 Clobetasone butyrate 0.05%
  - 3 Hydrocortisone 0.5%
  - 4 Hydrocortisone butyrate 0.1%

# RANK ORDERING EXAMPLE

- Which of the following represents the order of preparations from LEAST to MOST potent steroid?  
Select ONE option only
  - A 3,2,4,1
  - B 3,4,1,2
  - C 3,4,2,1
  - D 4,2,3,1
  - E 4,3,1,2
  - F 4,3,2,1

- 1 Clobetasol propionate 0.05%
- 2 Clobetasone butyrate 0.05%
- 3 Hydrocortisone 0.5%
- 4 Hydrocortisone butyrate 0.1%

# RANK ORDERING WORKING

- In this case, answer A is correct (3,2,4,1)
  - 3 Hydrocortisone 0.5%
  - 2 Clobetasone butyrate 0.05%
  - 4 Hydrocortisone butyrate 0.1%
  - 1 Clobetasol propionate 0.05%
    - Hydrocortisone is a mild topical steroid,
    - Clobetasone butyrate (Eumovate) is moderate strength,
    - Hydrocortisone butyrate (Locoid) is potent
    - Clobetasol propionate (Dermovate) is very potent

# TOPICS CAUSING MOST DIFFICULTY FOR CANDIDATES IN AKT 45

## Professional topics:

- **Improving Quality, Safety and Prescribing**
  - Drug dose calculation (free text answer)
  - Important drug side-effects (including cancer treatments)
  - Monitoring of drugs prescribed for mental health conditions
- **Leadership and management:**
  - Confidentiality and guidance on access to patient records

## Life stages topics:

- **Children and Young People**
  - Vaccination – indications and contraindications
- **People at the end of life**
  - Informed discussion about treatment options

## Clinical topics:

- ECG interpretation of common conditions
- Guidance on hypertension and cardiovascular risk
- Common genetic conditions and their inheritance
- Drugs recommended by secondary care
- ECG interpretation of common conditions

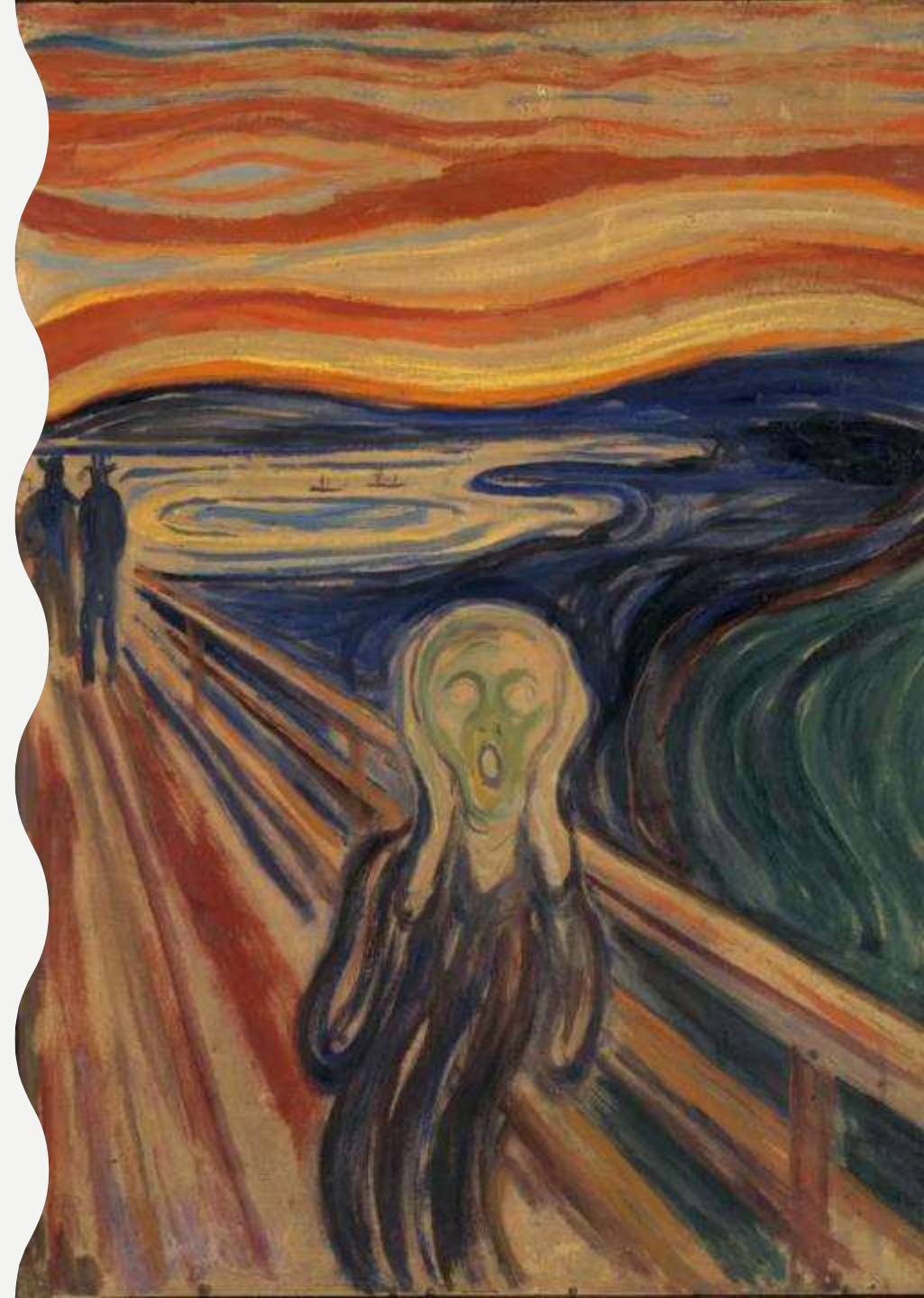




# **TIPS FOR AKT REVISION**

# FACE YOUR FEARS

- What do you normally start revising?
- We all love to revisit things we know and do the again
- Start with the topics you hate first



# TARGETS

- Set goals and stick to them
- Don't spend longer on a revision timetable than revising...

Handwritten revision timetable titled "REVISION" showing a weekly schedule from Monday to Friday. The timetable is organized into columns for each day and rows for specific time slots. Subjects include school, media, english, maths, chemistry, physics, biology, and media. Some cells are marked with "=" indicating a break or continuation, and others with "\*" indicating a specific activity or note.

	MON	TUES	WED	THURS	FRI
	school	school	school	school	school
	media	chemistry	media	maths	english
6:30	english	chemistry	media	maths	english
7:00	=	=	maths	english	media
7:30	english	english	=	=	=
8:00	maths	english	=	=	chemistry
8:30	=	=	english	chemistry	=
9:00	=	=	physics	chemistry	=
9:30	maths	biology	=	=	chemistry
10:00	maths	maths	maths	biology	physics
10:30	=	=	=	=	=
11:00	biology	maths	biology	biology	phys*
11:30	physics	biology	biology	media	

# SWITCH IT UP



SUBSCRIBE TO A QUESTION BANK, BUT  
ALSO USE BOOKS IN YOUR PRACTICE  
LIBRARY AND OTHER SOURCES OF  
QUESTIONS YOU CAN FIND



VARIETY IS THE SPICE OF LIFE



GET USED TO THE SAME TOPIC BEING  
ASKED ABOUT IN A DIFFERENT WAY



# EYES ON THE CLOCK

- The AKT is a timed exam, so build that in to your revision
- We see patients at short intervals and get good at recognising relevant information and knowing what is missing to help us build a picture of what is wrong
- Don't spend too long poring over questions
- Time pressure may help you focus



# VISUALISE



WHO REMEMBERS FACES BETTER THAN NAMES?



A LOT OF MEDICINE IS PATTERN RECOGNITION AND THEN APPLICATION OF A GENERAL RULE



TRY TO VISUALISE THE PATIENT DESCRIBED IN SCENARIOS/VIGNETTES, AND YOURSELF IN THE GP CHAIR MAKING A DECISION



# WORDS MATTER

- Beware your subconscious bias; we often word-match and decide on answers very quickly.
  - i.e. you may see the word **‘iron’** in the question and your eyes flick to the answers – you see **‘haemochromatosis’** and your mind is fixed.
- The small words in these questions can change the answer in a big way:
  - “Usually”, “commonly”, “most often” are examples of words that may change the answer to something else – don’t miss them in eagerness to tick the right answer.

# DON'T DO A ROBBIE/JESY...

---

Going solo doesn't always work out

---

AKT can be a lonely affair; get home from work, open your book or website, feel alone, isolated and frustrated.

---

Get together with colleagues at least once a week to go over challenging topics, boost each other's confidence and make plans for the next week.

---

Realising that you are not the only one in this boat, as well as understanding that others also find it a challenge can really help.

---

Push each other, test each other, teach each other.

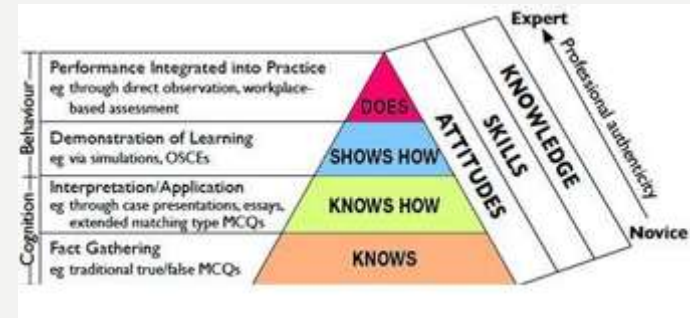


# BELIEVE IN YOURSELF

- Confidence is a key part of passing any exam – regularly telling yourself that you won't pass, that you can't pass, but somehow hoping that you will, just makes your preparation that much harder.
- Regular pep-talks, reminding yourself that you actually know a huge amount and convincing yourself that you will easily pass, will push you that bit harder.
- Telling yourself that it is impossible, that there is too much and that you will never understand X, Y and Z will only work against you.
- Treat yourself like you would a colleague
  - If you're struggling, say something nice, focus on the positives and get your head back in the game

# IT'S IN THE NAME...

- “Applied” Knowledge Test
- This isn't just regurgitation of facts, it the application of them:
  - Clinically
  - Evidence-based
  - Managerially
- Put yourself in the mindset of a GP
  - this is why sometimes more than one answer may seem appropriate



# AKT



- Assess your needs
  - GP Self Test
- Think long-term, use the session plan to figure out where your gaps may be
- Don't rush, people tend to be more likely pass on their first attempt...but also much more likely to pass if they have completed a GP-based rotation



Select an option

Pick a type of test

Revision Test

Curriculum-wide  
Learning Needs  
Assessment

Lucky Dip

Topic Specific

FAQs

User Guide

Feedback

About the questions

Acknowledgements

RCGP website  
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f t g



# RESOURCES

- The first section of the Oxford Handbook of GP is really useful for all the contract info, sick note info etc.
- Learn the rules re flying and driving & childhood illness school isolation
- NICE guidelines for: cancer, heart failure, chest pain, COPD, asthma (inc. paedts), hypertension and diabetes.
- Do the GP Essential Knowledge Updates - and then do them again. The feedback for recent AKT's has said that they advise trainees to use these to revise.
- BNF - book or website. Read and inwardly digest the chapter on palliative care. You need to know a lot about side effects and some about drug interactions. Know the doses for emergency drugs for babies, children and adults.  
<http://www.bnf.org/bnf/index.htm>
- <https://prodigy.clarity.co.uk/home>
- Useful revision tips <http://www.bradfordvts.co.uk/mrcgp/akt/>




# ANY QUESTIONS?

[HTTPS://ELEARNING.RCGP.ORG.UK/COURSE/INDEX.PHP?CATEGORYID=56](https://elearning.rcgp.org.uk/course/index.php?categoryid=56)



# **REFLECTIONS - WRITING**

- Write about positive things you have learned/developed/realised during COVID-19
  - 5 minutes writing
  - Breakout rooms to discuss
- 

# **WHAT HAS CHANGED IN GENERAL PRACTICE?**

- SARS-CoV-2 and COVID-19
  - At risk patients and staff
- Socio-political change
  - Increased international awareness of effects of deprivation, ethnicity and socioeconomic differences
- Use of Technology
  - “the GP will Skype you now...”
- Educational Landscape
  - i.e. this session, WBPAs
- Patient expectations
  - The role of the GP in the pandemic
- Work-life balance
  - Working at home
  - Annual Leave