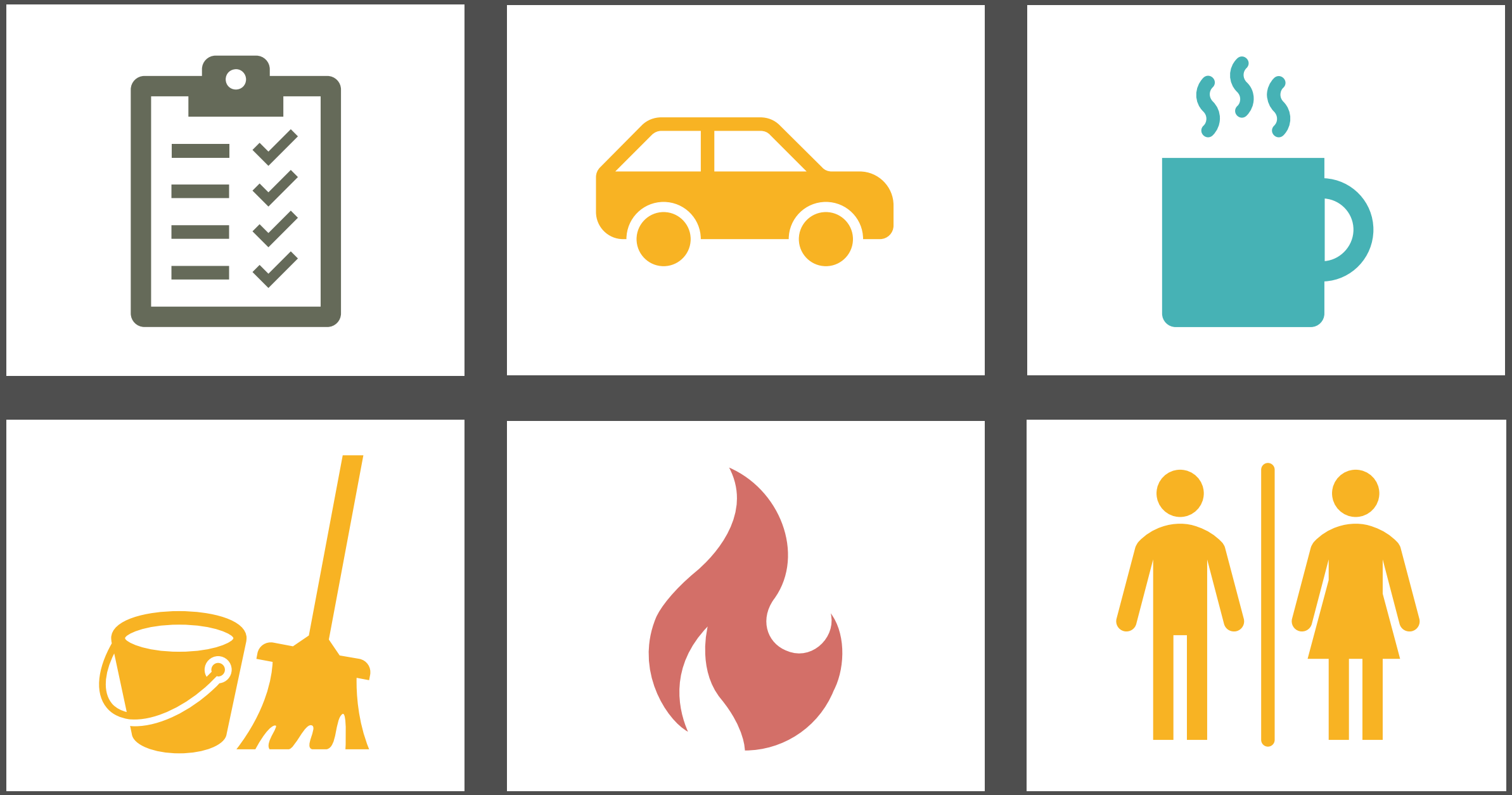
back

WELCOME TO THE ST2 TEACHING PROGRAMME

SEPTEMBER 2025

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
- Dr Julian Tomkinson (Consultation Skills Course Lead)
- Dr Sadiyah Kauser (DA Champion)
  - GP Principal at Unsworth Group Practice
- Julian Page (former PCME)

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

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.

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

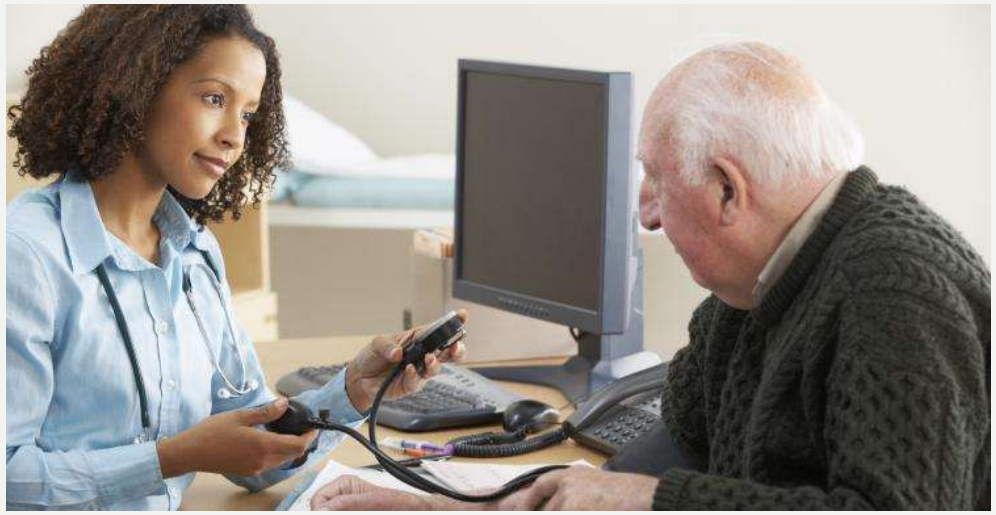
ST2 CLINICAL TIME

GP+/HOSPITAL PLACEMENT

- "SHO" grade with 3+ years experience
- Specialist knowledge exposure

GP PLACEMENT

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



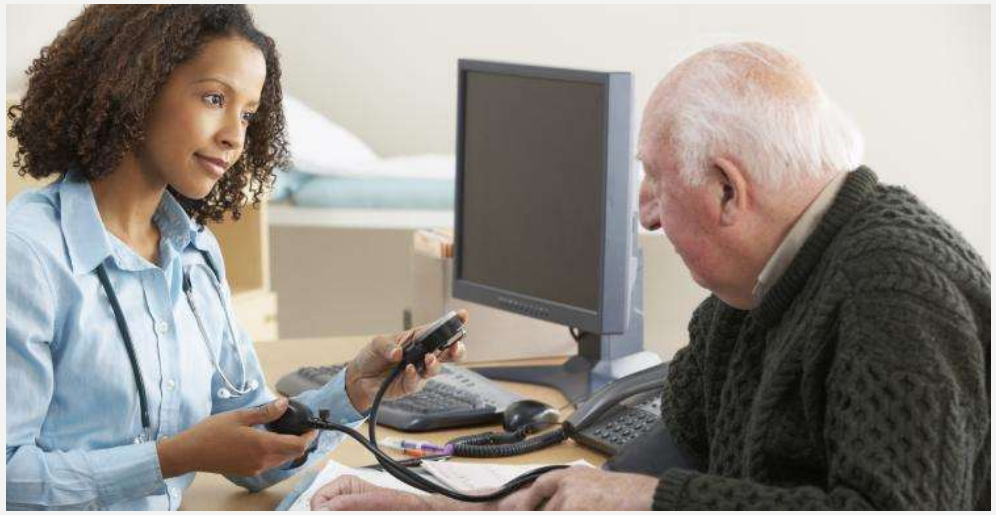
ST2 EDUCATIONAL TIME

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

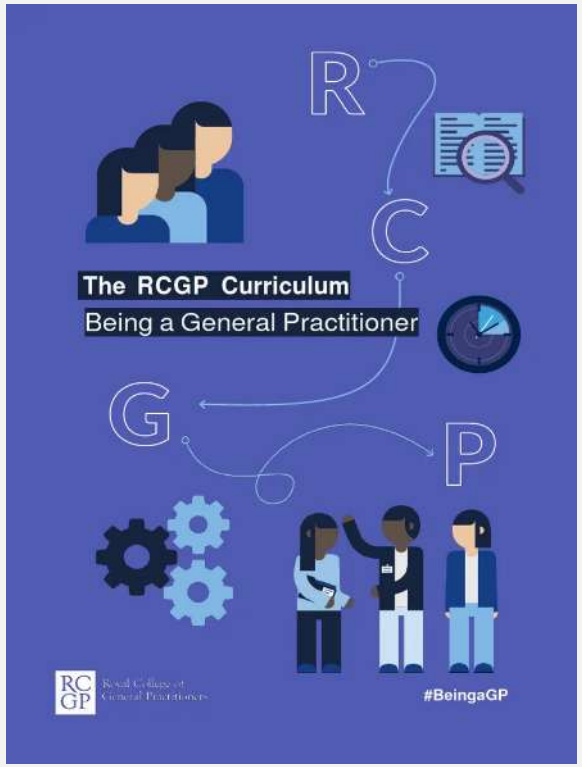
Use the non-teaching Tuesdays for online learning, clinics and other learning opportunity

- 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.

DISEASE vs PERSON FOCUS



STRUCTURED TEACHING

IN-PERSON RULES

- Respect the presenters
  - Teaching is scheduled from 1400-1630. Be ready to start at 1400
  - Taking phone calls, getting up, having side-chats are distracting
  - Clean up after yourself
- Be an active participant
  - Session are better when everyone engages
- Respect each other
  - Debate is good and enriches us. Personal attacks cause debate to cease.
  - Group discussion is for topics related to General Practice. There is overlap, but the session lead reserves the right to redirect conversation

OTHER RESOURCES

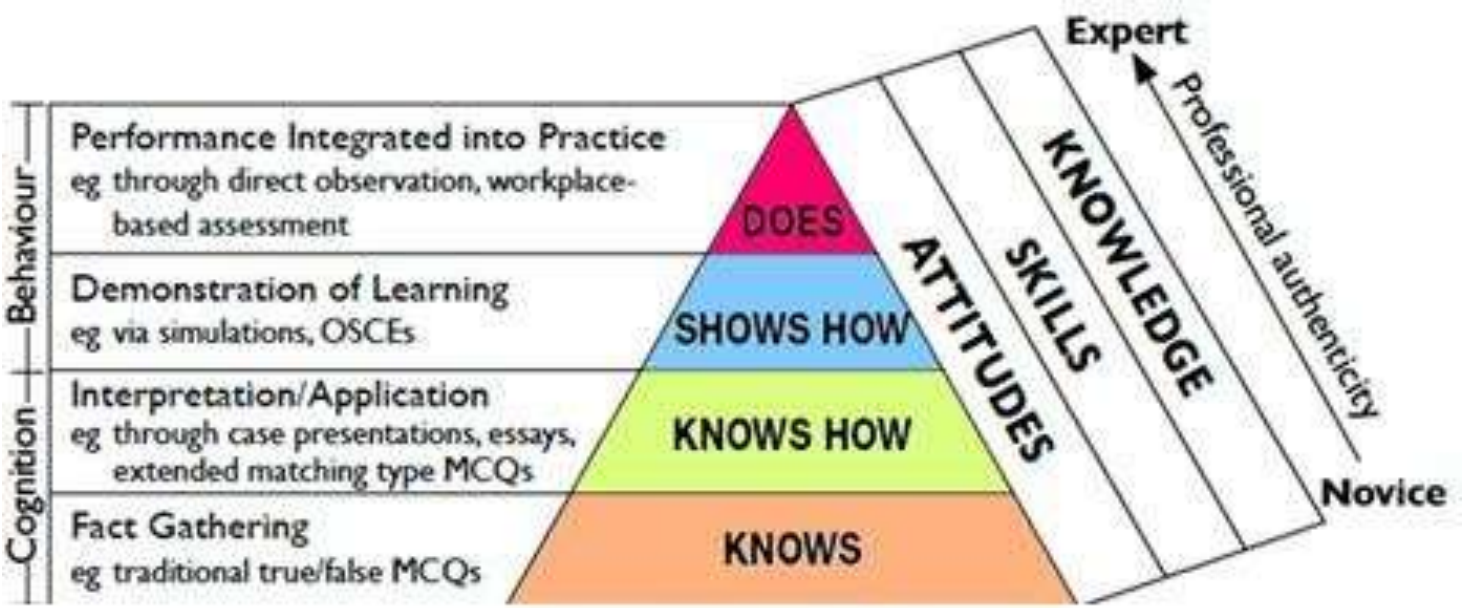
<5% takeup in Bolton

Often found *after* a failed AKT

- 3CA
  - https://www.nwpgmd.nhs.uk/sca-resources#THREECA
- Dyslexia Screening
  - https://leademployer.merseywestlancs.nhs.uk/how-to-support-neurodiversity-in-the-workplace
- Mental Health Placements: https://learninghub.nhs.uk/
- Specific online resources:
  - TALC: https://consultationskills.com/talc/
  - Genotes: https://genomics.nshcs.org.uk/genotes/primary-care/
  - Gateway C: https://www.gatewayc.org.uk/

ASSESSMENTS

APPLIED KNOWLEDGE TEST AND WORKPLACE BASED ASSESSMENT



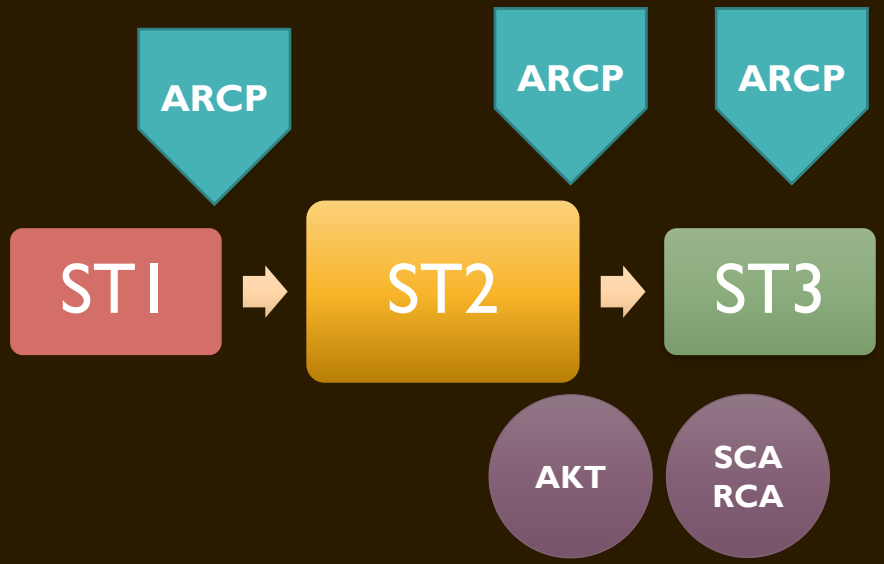
Miller's Pyramid

PROGRESS TO CCT

WBPA (Portfolio)

SCA/RCA (Clinical exam)

AKT (MCQ)



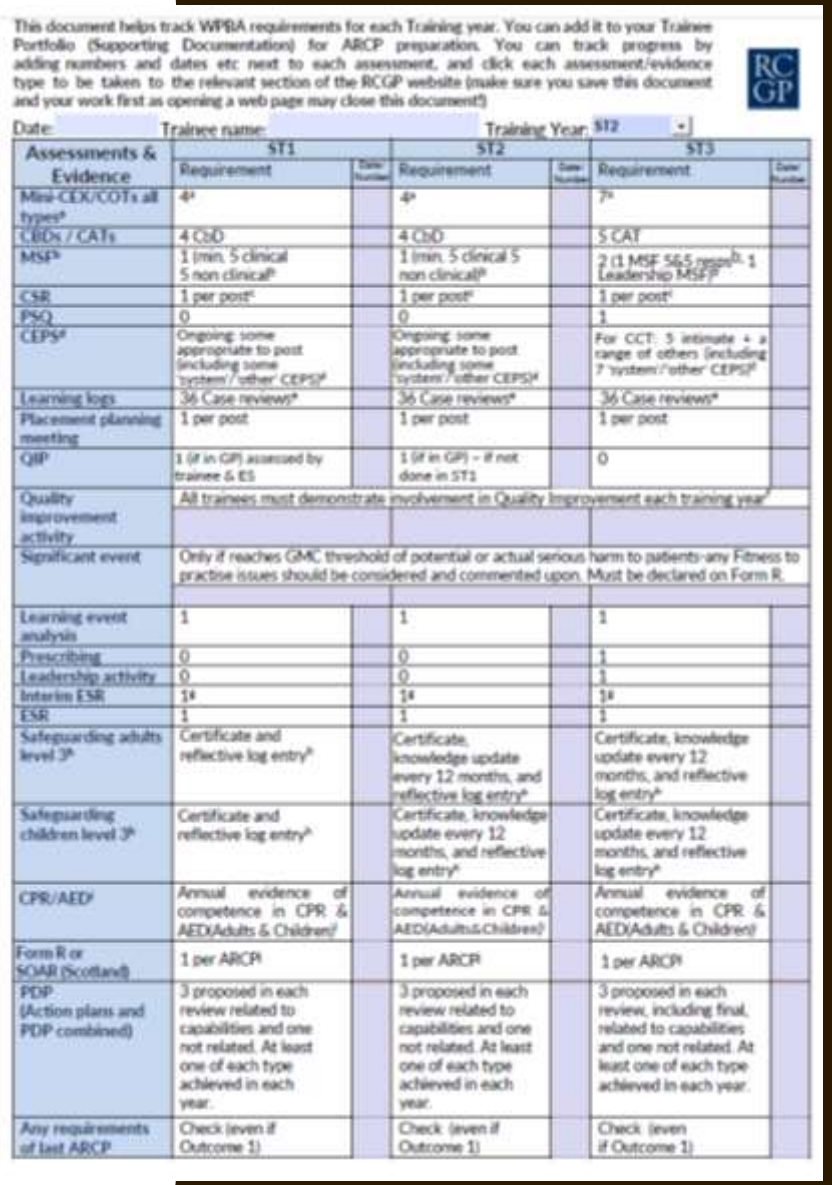
WORKPLACE BASED ASSESSMENTS

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 changes every so often

https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments



This document helps track WPBA requirements for each Training year. You can add it to your Trainee Portfolio (Supporting Documentation) for ARCP preparation. You can track progress by adding numbers and dates etc next to each assessment, and click each assessment/evidence type to be taken to the relevant section of the RCGP website (make sure you save this document and your work first as opening a web page may close this document!)

Date: Trainee name: Training Year: ST2

Assessments & Evidence	ST1		ST2		ST3	
	Requirement	Date/ Number	Requirement	Date/ Number	Requirement	Date/ Number
Mini-CEX/COTs all types[a]	4[a]		4[a]		7[a]	
CBDs / CATs	4 CbD		4 CbD		5 CAT	
MSF[b]	1 (min. 5 clinical 5 non clinical)[b]		1 (min. 5 clinical 5 non clinical)[b]		2 (1 MSF 5&5 required)[b]; 1 Leadership MSF[b]	
CSR	1 per post[c]		1 per post[c]		1 per post[c]	
PSQ	0		0		1	
CEPS[d]	Ongoing: some appropriate to post (including some 'system'/'other' CEPS)[d]		Ongoing: some appropriate to post (including some 'system'/'other CEPS)[d]		For CCT: 5 intimate + a range of others (including 7 'system'/'other' CEPS)[d]	
Learning logs	36 Case reviews[e]		36 Case reviews[e]		36 Case reviews[e]	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (if in GP) assessed by trainee & ES		1 (if in GP) – if not done in ST1		0	
Quality improvement activity	All trainees must demonstrate involvement in Quality Improvement each training year[f]					
Significant event	Only if reaches GMC threshold of potential or actual serious harm to patients-any Fitness to practise issues should be considered and commented upon. Must be declared on Form R					
Learning event analysis	1		1		1	
Prescribing	0		0		1	
Leadership activity	0		0		1	
Interim ESR	1[g]		1[g]		1[g]	
ESR	1		1		1	
Safeguarding adults level 3[h]	Certificate and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]	
Safeguarding children level 3[h]	Certificate and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]	
CPR/AED[i]	Annual evidence of competence in CPR & AED(Adults & Children)[i]		Annual evidence of competence in CPR & AED(Adults&Children)[i]		Annual evidence of competence in CPR & AED(Adults & Children)[i]	
Form R or SOAR (Scotland)	1 per ARCP[j]		1 per ARCP[j]		1 per ARCP[j]	
PDP (Action plans and PDP combined)	3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review, including final, related to capabilities and one not related. At least one of each type achieved in each year.	
Any requirements of last ARCP	Check (even if Outcome 1)		Check (even if Outcome 1)		Check (even if Outcome 1)	

PERSONAL DEVELOPMENT PLANS

Breakout

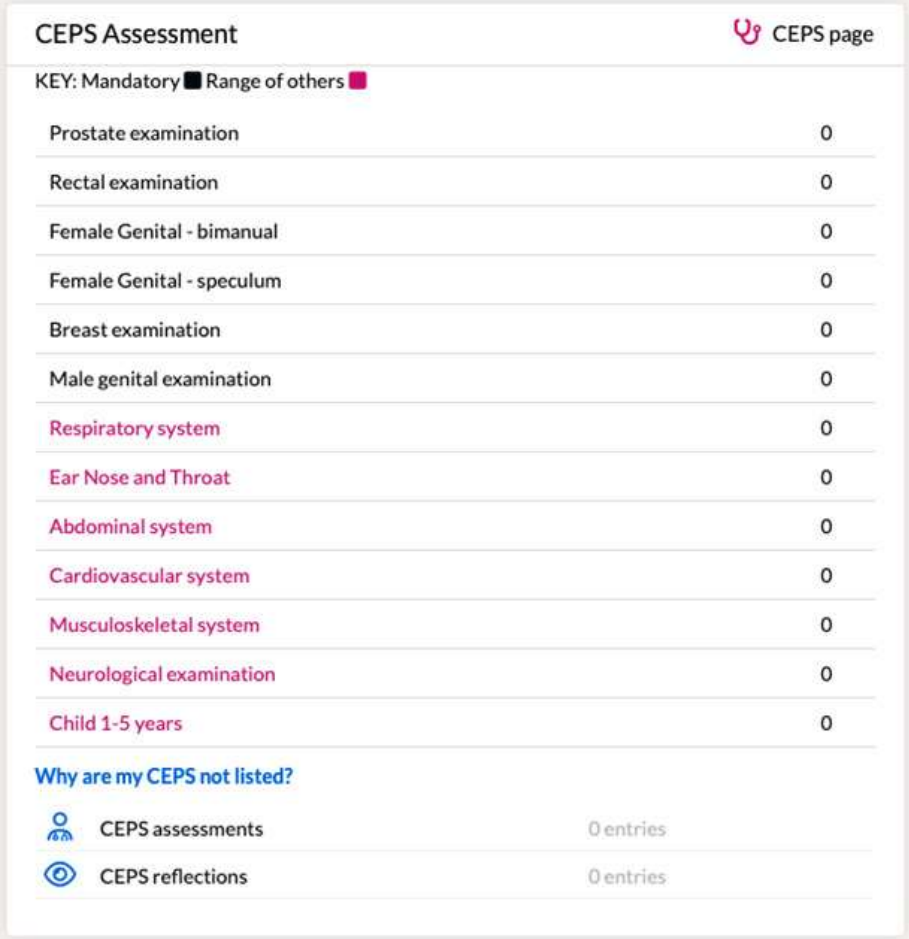
What are the 5 essential/intimate CEPS and in what rotations are you more likely to achieve them?

What does a good Case Based Discussion feel like?

Tips for rotations?

WBPA

CEPS



CEPS Assessment — CEPS page

KEY: Mandatory ■ Range of others ■

Prostate examination	0
Rectal examination	0
Female Genital - bimanual	0
Female Genital - speculum	0
Breast examination	0
Male genital examination	0
Respiratory system	0
Ear Nose and Throat	0
Abdominal system	0
Cardiovascular system	0
Musculoskeletal system	0
Neurological examination	0
Child 1-5 years	0

Why are my CEPS not listed?

CEPS assessments	0 entries
CEPS reflections	0 entries

Supervisor Advisory

- The 5 mandatory examinations should not be considered as a 'minimum requirement' on their own and they cannot by themselves demonstrate overall competence in CEPS.
- A range of observed assessed CEPS which are relevant to general practice are also required. 7 "system" observed CEPS categories are included in the CEPS section of the Portfolio to help meet this requirement.

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

AKT

DR SEB PILLON

AKT DATES 2025-2026

	BOOKING PERIOD	AKT TEST DATE	RESULTS PUBLISHED (17:00 HOURS)
AKT October 2025	10-12 September 2025	28 October 2025	27 November 2025
AKT January 2026	3-5 December 2025	26 January 2026	26 February 2026
AKT April 2026	11-13 March 2026	27 April 2026	28 May 2026
AKT July 2026	27 - 29 May 2026	7 July 2026	6 August 2026

You can reserve (but not book) a place up to 12 months in advance

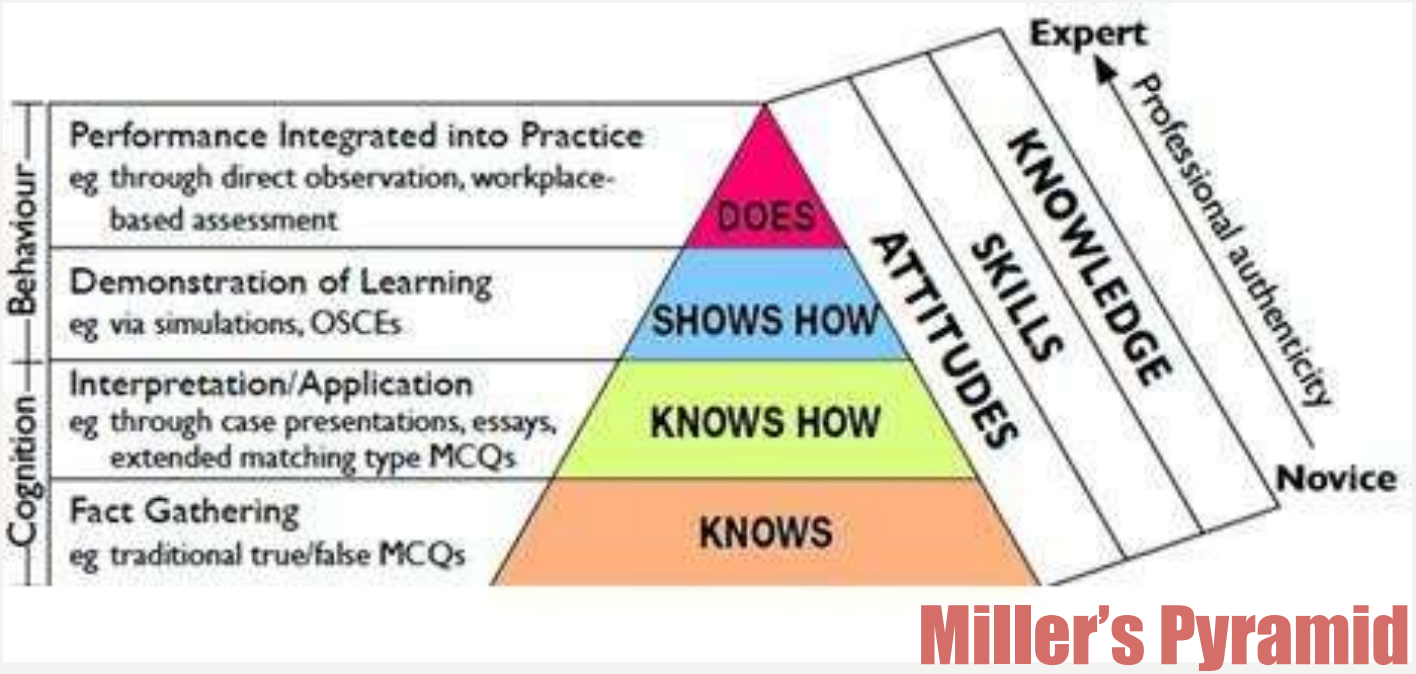
RCGP AIT

- https://youtu.be/lakc1aTOQNs

~~190~~
160
mins

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~~**160 question items**.
- It is delivered four 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)

ARCP ARCP ARCP

ST1 → ST2 → ST3

AKT SCA

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

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)

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 AKT FEEDBACK

Be real: what happens in the real world?

The AKT tests UK GP, so NHS cost-effective management is important

Sometimes the right answer is to NOT prescribe/refer/do a test

Read the questions, spot the difference:

What is **the most** appropriate management option from the list?

What is **the next most** appropriate management option?

Abnormal examination findings in the form of photographs can form the stem. These include retinal and skin images

Nearly one third of questions can have a significant therapeutic component.

Be used to checking the BNF for common & serious side effects

Drug calculations

PASS AKT

- **P**repare early
- **A**sk for help from peers, training programme directors & education supervisor
- **S**tudy groups and study partners
- **S**it the exam after primary care experience
- **A**pply clinical knowledge when seeing patients
- **K**now your clinical guidelines
- **T**ake the exam when right for your circumstances

- Inform RCGP of reasonable adjustments asap, and always before exam is booked.
- Reserve your exam up to 12 months in advance
- Book (and pay) for your exam
- The AKT fee is £481
- https://www.rcgp.org.uk/mrcgp-exams/applied-knowledge-test/akt-preparing

TIME MANAGEMENT

- Time management is vital
  - A clock is shown on the test screen
    - Watch the countdown carefully
  - There is an average of 60 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

STRATEGY FOR SUCCESS

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

JULY 2025 FEEDBACK

Evidence in practice, research, teaching, and lifelong learning (Professional topic)	candidates should aim for a practical understanding of commonly used research and statistical terminology.
Infectious disease and travel health (Clinical topic)	there are some conditions where diagnostic testing is indicated and candidates should be familiar with appropriate tests
Neurology (Clinical topic) [weakest area in last 3 of 4 AKTs)	we encourage candidates to be aware of combinations of symptoms and/or signs which are typical of particular conditions.

JULY 2025 FEEDBACK

- Leadership, management and administration
  - The feedback concerned access to medical records
- Children and young people
  - Diagnosis and management of common urological conditions
- People with long term-conditions including cancer
  - Management of common long-term conditions
- Dermatology
  - Management of common conditions
- Eyes and vision
  - Eye signs
- Gastroenterology
  - Colorectal and perianal conditions
- Gynaecology and breast
  - Hormone replacement therapy
- Infectious disease and travel health
  - Diagnostic investigations for infectious diseases
- Maternity and reproductive health
  - Early pregnancy complications
- Musculoskeletal health
  - Very broad- includes diagnosis, investigation and management of common and long term MSK conditions
- Learning disability
  - Learning disability and genetic causes
- Respiratory health
  - Paediatric and adult asthma management

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:**
- 1.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

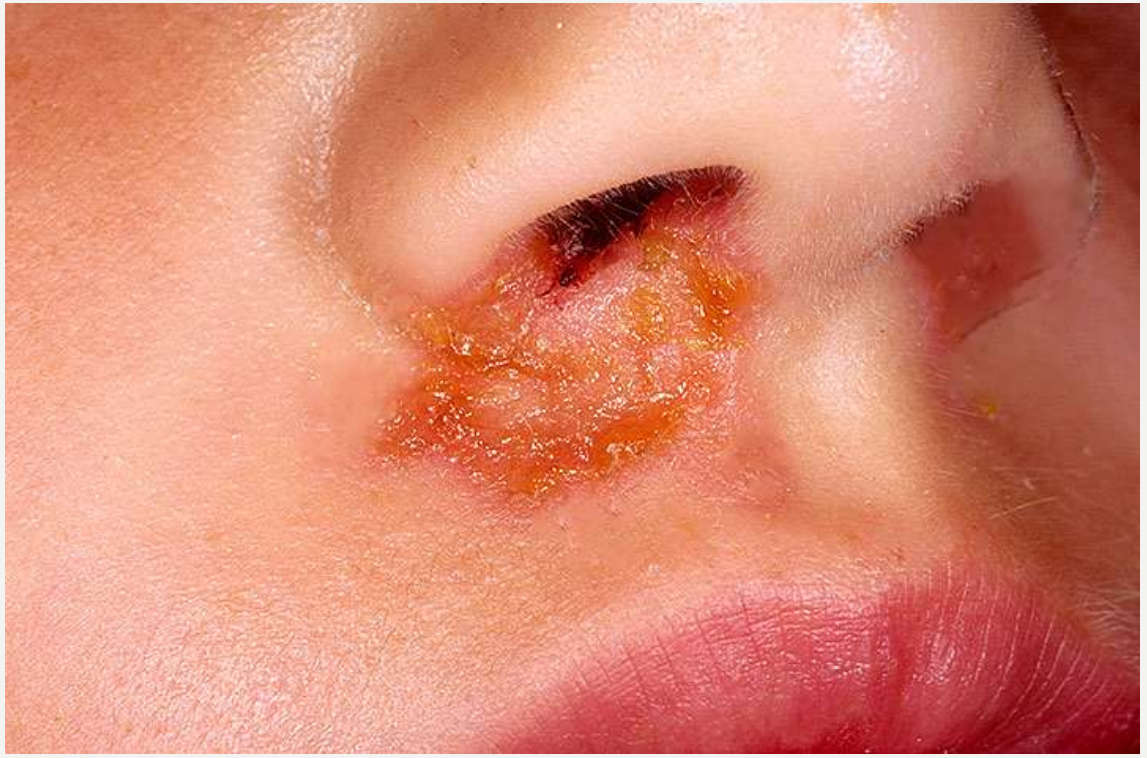
QUESTION FORMATS

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

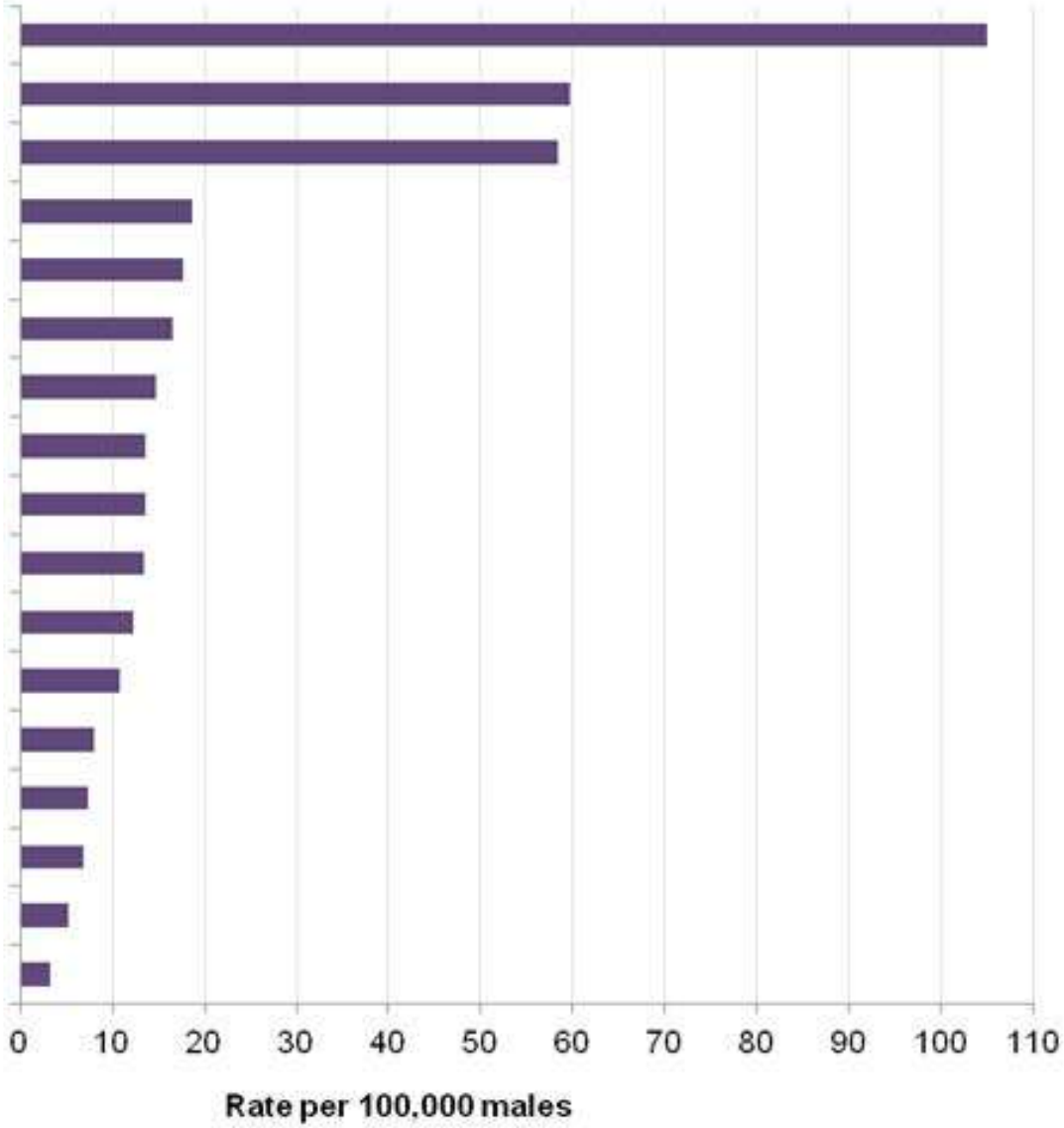
QUESTION FORMATS

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

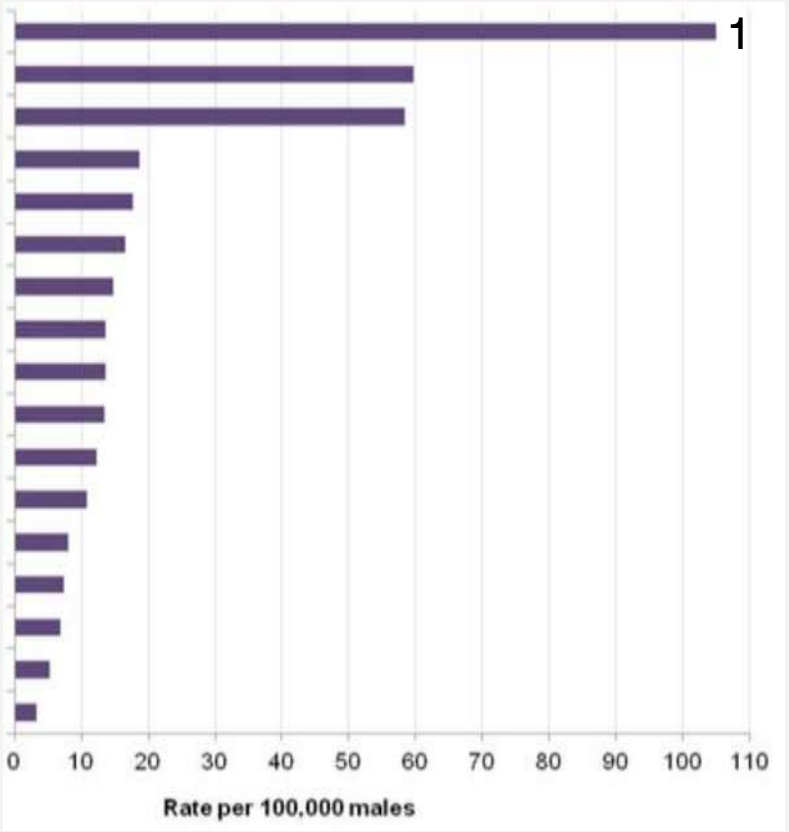
DATA INTERPRETATION EXAMPLE

- 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^2. His HbA_{1c} 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.

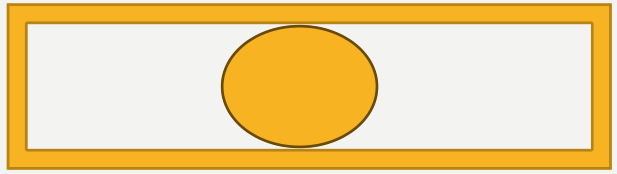
metformin

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.



mls

12.5 x 2mg = 25mg
25mg = 2.5ml of 50mg/5ml
30 days x 2.5ml

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 treatmens)
  - 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

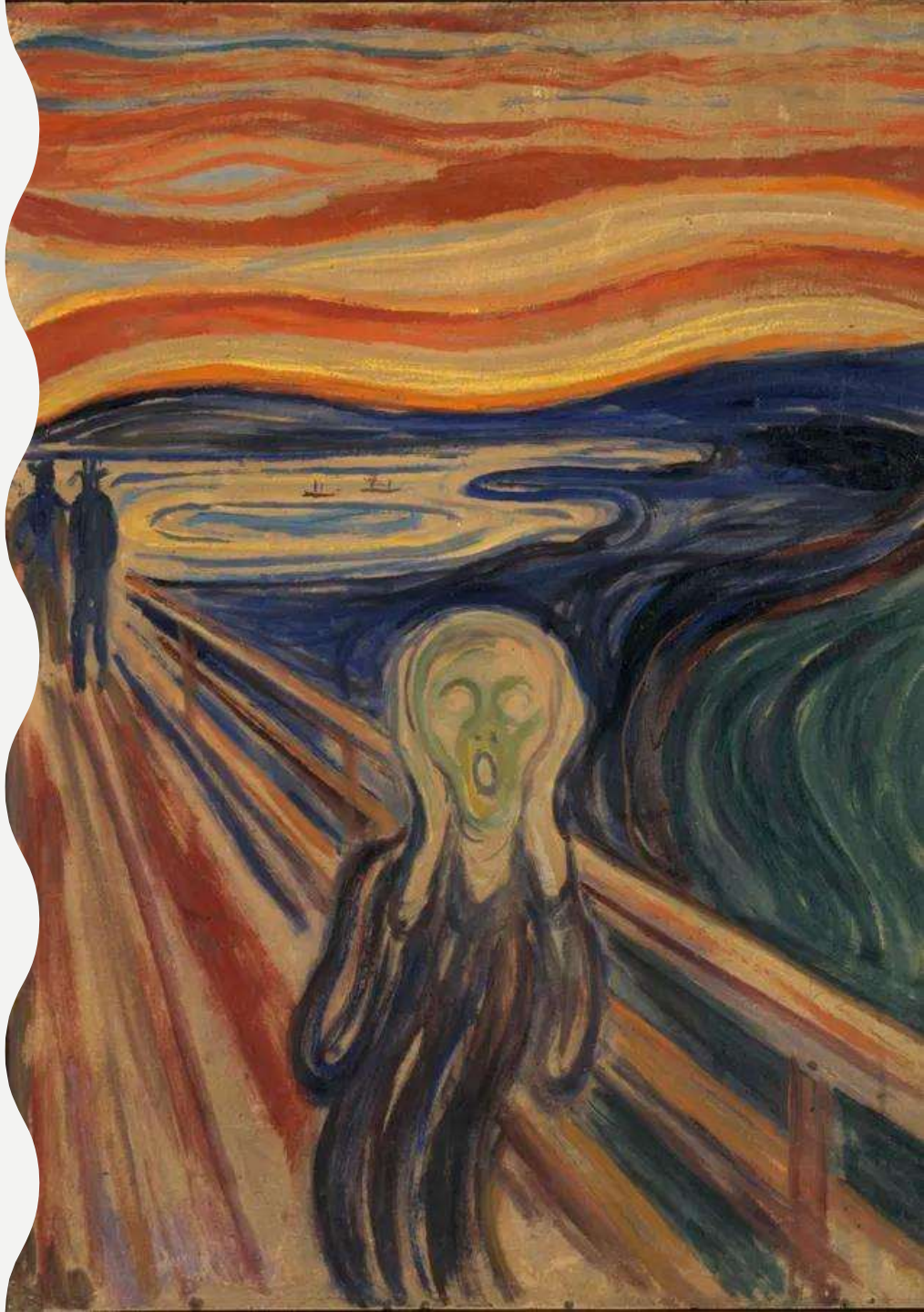
Clinical topics:

- 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

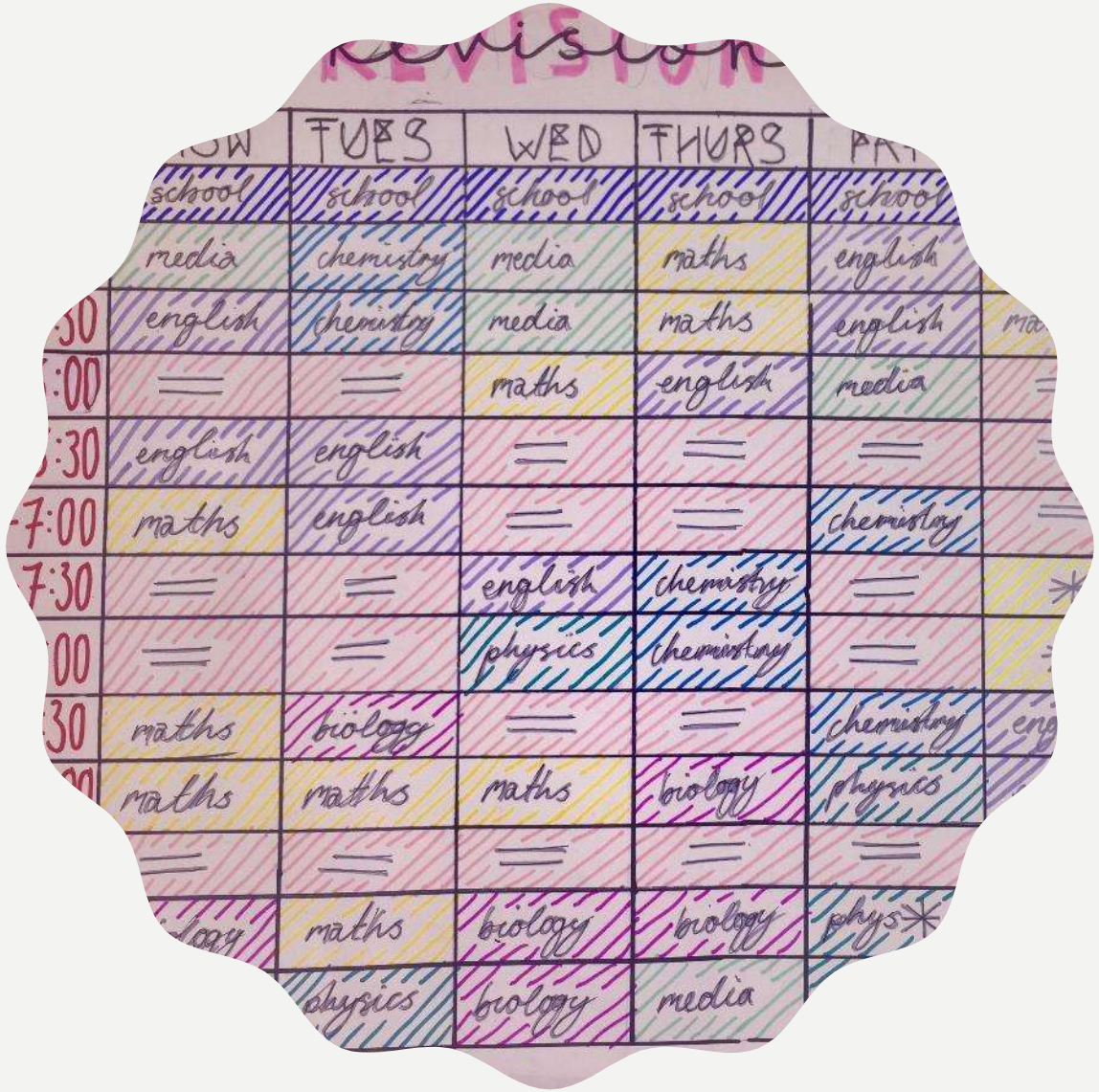
FACE YOUR FEARS

- 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…



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 god 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.

YOU'LL NEVER WALK ALONE

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 to go over challenging topics, boost each other's confidence

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.

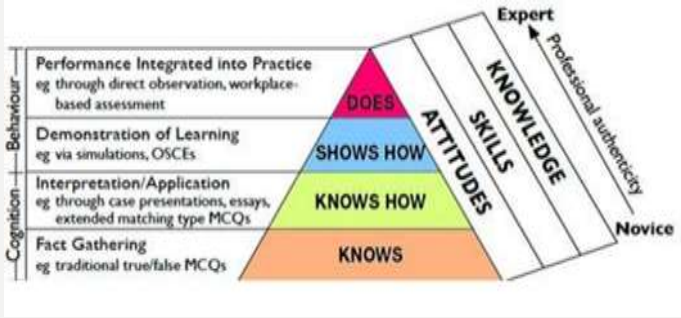
Push each other, test each other, teach each other.

BELIEVE IN YOURSELF

- Confidence is a key part of passing any exam – regularly telling yourself that you won't pass, that you cant 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

GP SelfTest

Primary Care Knowledge Boost

EPISODE SUPPORTED BY NHS Health Education England


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
Jobs and careers
RCGP courses and events
RCGP Learning
RCGP Annual Conference
British Journal of General Practice
BJGP Open
Contact
Terms & Conditions
Privacy Policy

GP SelfTest

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. paeds), 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.
- Useful revision tips http://www.bradfordvts.co.uk/mrcgp/akt/

GP SelfTest

ANY QUESTIONS?

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