



Differential Attainment and the AKT: A Local Perspective

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Roadmap

1. What is differential attainment according to the GMC / RCGP
2. How does it apply to the AKT
3. What factors contribute to AKT differential attainment
4. Trainee based questionnaire
5. Results Analysis and Suggestions
6. Conclusions and (easy) audience questions

Differential Attainment

GMC Differential Attainment Fair Training Pathways for All: Understanding Experiences of Progression- Final Report (gmc-uk.org) April 2016

1. Term used to describe the gap between attainment levels of different groups of doctors.
2. DA is ubiquitous : can be an indicator that training and medical education are not fair
 - a. it exists in both undergraduate and postgraduate contexts
 - b. across exam pass rates
 - c. ARCP outcomes
3. Differential attainment because of ability is expected and appropriate
4. DA because of age, gender or ethnicity of a particular group is unfair
5. GMC standards require training pathways to be fair for everyone.
6. Differential attainment is found internationally, at undergraduate level and outside medicine.

Active Area of Research

30000 pubmed articles 1992-present regarding training in professional medical exams

2700 related to UK training 1300 related to RCGP

Fair Training Pathways for All: Understanding Experiences of Progression. K Woolf et al April 2016.
(The State of Medical Education and Practice in the UK. London: General Medical Council, 2015)

Mountford-Zimdars AS, D; Moore, J; Sanders, J; Jones, S; Higham, L. Causes of Differences in Student Outcomes,. Higher Education Funding Council for England, 2015.

Four broad categories of causal factors operating at a national policy (macro) level, an institutional (meso) level, and at an interpersonal (micro) level to impede BME UK students' performance.

1. **Students' experiences** of their HE learning, teaching, and assessment, the 'curriculum' in the broadest sense.
2. **Relationships** that underpin students' experiences of HE; relationships amongst students and between students and their institutional environment and the staff that can either support or detract from the quality of the learning experiences.
3. **Psycho-social and identity factors** which might generate limitations to learning and attainment such as the expectations which academics have about students, and students have about themselves.
4. **Cultural and social capital factors** affecting the learning experiences of students and their engagement in learning which are related to their access to social and cultural capital including their familiar context and material resources and students' possibilities for extra-curricular activities and support.

Development of Focussed Survey and Interview of GP trainees

- Using the 4 focussed areas we developed a 15 question survey
- Explored the factors trainees felt contributed to their exam failure / success
- Mixture of free text questions and focussed yes / no type questions
- Survey completed by 33 trainees (ST2 / ST3) out of 130.
- 7 focussed interviews ST3 trainees who had failed AKT on more than 1 occasion

Results and Themes

- Candidates most likely to fail the AKT:
 - Those who identify as Male
 - Aged 30-45
 - Entered GP training after another speciality
 - Wessex was not their first choice deanery.
 - No IMG / Home disparity
- Hospital placements of mixed value in preparing for the AKT
- Hospital educational supervisors / colleagues unaware of the AKT and what needs to be done to prepare / pass it
- Large element of service provision from hospital placements
- GP educational supervisors provided limited support when candidate failed AKT
 - “Book / knowledge based exam”
 - “Do more questions / try different question bank”
 - “See more patients to get broader experience”

Recommendations

P - prepare early for the AKT. [Onexamination was the most useful question bank].

A - ask for help from peers, programme directors and GP educational supervisors

S - study groups and study partners are useful

S – sit the exam after GP placement and NOT when doing A/E

A - apply the clinical knowledge when you are seeing patients

K - know your CKS guidelines

T - take the exam when it is right for your circumstances

Conclusions

Multiple reasons why candidates fail the AKT

Involve hospital consultants more in AKT / GP training – move away from the idea of service provision

Involve GP trainers more – move away from the idea it is a “trainee only exam”, “just do more questions”

Use PASSAKT strategy early on to help candidates achieve success

Thanks!

HEE Wessex

Katie Collins, Emer Forde, Emily Lyness, Aurelia Butcher, Chris Elfes, Hazel Robinson, other IMG fellows!