

29 March 2016

Brief for medical schools on the developing proposals for a Medical Licensing Assessment

- 1 This brief sets out the rationale and proposals for a Medical Licensing Assessment (MLA) as they are envisaged in early 2016. While this is a public document, it is intended primarily for medical schools in the context of the programme of engagement discussions with the GMC. This is a living document, incorporating changes that reflect our engagement.

The aim

- 2 We are defining the aim of the MLA as:

To create a single, objective demonstration that those applying for a licence to practise medicine in the UK can meet a common standard for safe practice.

The case for change

- 3 The public would be rightly surprised if they knew there wasn't a single standard of entry on the UK medical register, or uniform assessment to test the skills, competence and quality of doctors seeking to practise here.
- 4 Currently, there are three main routes to practice in the UK, and no single standard of entry on to the UK medical register, leading to inconsistency and variation.

UK graduates

- 5 All the medical schools in the UK set their own curriculum and methods of assessment. Our 2014 audit of medical school assessment systems found that this diversity is a source of variation.
- 6 This substantial variation in assessment has also been demonstrated by McCrorie and Boursicot and Devine et al.
- 7 Existing independent research also suggests that there is potential variation in standards to pass UK undergraduate assessments. Data being published later this year by the Medical Schools Council Assessment Alliance (MSCAA) will provide further evidence on this, specifically whether medical schools accept different minimum standards.
- 8 In combination, these variations across medical schools, lead to uncertainty about whether all UK graduates are meeting an overall standard.
- 9 Our data show that not all doctors leave medical school feeling prepared for practice to the same level; and that doctors progress through their later stages of training with different rates of success.
- 10 Medical schools also vary in the performance of their graduates in selection to the Foundation Programme.
- 11 A medical licensing assessment would build on the work the Medical Schools Council has already done to introduce a common bank of questions for medical school final exams.
- 12 We now want to collaborate with medical schools across the UK to consider the scope for developing a standardised core assessment, to replace some of the assessments they currently deliver. This is evolution, not revolution.

Doctors from Europe

- 13** At present, graduates from medical schools within the European Economic Area (EEA) have freedom of movement to work in the UK - this means that the GMC has no means of checking the skills and competence of doctors coming to practise here.
- 14** Without proper checks, patients are at risk – last year we secured reforms to UK law which allowed us to check that doctors from the rest of Europe have the necessary English language skills to practise safely; but our aspiration is that an MLA should apply to all doctors who come to work in the UK, including those from the European Union, and options are being explored to see how this might be achieved.

International medical graduates

- 15** Some international medical graduates take the two-part Professional and Linguistic and Assessments Board (PLAB) test. Others can join the UK register through sponsorship under an arrangement approved by the GMC, through an approved postgraduate qualification or by eligibility to enter the GP or specialist register.

Overall

- 16** The only fair way to test the knowledge, skills and competence of overseas applicants is to subject them to the same assessment as doctors emerging from UK institutions.
- 17** A single assessment would make it easier to raise the bar for doctors entering UK practice.
- 18** We know from other jurisdictions that it is possible to create a valid and reliable medical licensing assessment.

The ambition

19 Introducing a standard assessment for entry on to the UK medical register and licence to practise, would:

1. Provide assurance about doctors joining the medical register, regardless of where they were educated or trained.
2. Create a valid and reliable, internationally recognised medical assessment. We can lead the world.
3. Learn from other systems – such as the USA and Canada – with licensing assessments alongside quality and diversity in their medical schools.
4. Work with medical schools and assessment experts so that together we can develop a new single assessment.
5. Maintain medical school diversity through a 'core and options' approach – the MLA as one component of a university assessment.
6. Give confidence to medical students that they will be assessed by a consistent national standard – without subjecting them to over-examination.
7. Reduce the burden of regulation with the single assessment providing assurance on the outcomes.
8. Invest GMC resources in the latest assessment developments and technology.
9. Deliver an assessment regime covering doctors from Europe in a way that is compliant with European law.
10. Make sure that standards of medical practice are not compromised.
11. Enhance the confidence of patients, the public and employers in new entrants to medical practice.
12. Create an assessment that is a marker of the excellence of medical education and medical practice in this country.

Progress to date

- 20** In September 2014 the GMC Council gave approval in principle for work to look at the feasibility of introducing a unified assessment for every doctor seeking to practise in the UK. Council agreed it would consider the issue again in June 2015.
- 21** In the nine months from September 2014 to June 2015 we engaged in a thorough programme of preliminary evidence gathering, policy development and engagement.
- 22** We developed an initial outline business case including a 'straw man' setting out provisional conclusions on key issues, which was submitted to Council for consideration at their meeting in June 2015.
- 23** At this meeting, Council agreed we should continue with our work and plans to develop an MLA.
- 24** We are now engaging with and seeking the views and support of a range of expert advisers and partners to develop the format of the assessment, confirm governance arrangements and work towards consultation to start later in 2016.
- 25** Our programme of engagement and evidence gathering includes:
 - a** Setting up an expert reference group chaired by Professor Neil Johnson of the MSC Assessment Alliance to assist with developing the format of the assessment.
 - b** Workshops with UK medical school assessment experts, international experts and panellists for the PLAB examination
 - c** Consulting the GMC's Education and Training Advisory Board and our Assessment Advisory Board
 - d** Discussions with organisations running medical licensing assessment in the USA, Canada, Switzerland and Poland
 - e** Commissioning and publishing a literature review on medical licensing assessments across the world
 - f** One-to-one discussions with experts and stakeholder organisations, in particular the Medical Schools Council.

The model for discussion

- 26 The GMC intends to invest in a state-of-the-art assessment which secures international recognition.
- 27 We currently envisage an assessment of three parts:
 - a A test of applied knowledge – perhaps Single Best Answer MCQs
 - b A test of clinical skills – perhaps an OSCE
 - c A confirmation that the doctor is fit to maintain a licence to practise.
- 28 As now with PLAB, IMGs taking the MLA (but not EEA doctors) would be required to pass the knowledge and skills tests to acquire registration with a licence to practise in the UK.
- 29 UK graduates would need to pass the knowledge and skills tests prior to graduation. The MLA would be the *'Core'* and *'Finals'* (MLA plus *'Options'*) would reflect curricular diversity.
- 30 **All doctors** obtaining registration with a licence to practise would need to confirm that they are fit to maintain a licence through their first revalidation within, say, 18 or 24 months of joining the register.
- 31 We envisage building on the recent review of the PLAB exam including:
 - a Enhanced standard setting arrangements.
 - b OSCE station design and electronic marking.
 - c An exam management system.
 - d Blueprint development.

Development

- 32 We currently envisage that we will take proposals to the GMC Council and start to consult formally by the end of the year. Tentatively, the MLA would replace PLAB for international medical graduates in 2019 and be extended to UK graduates in 2022:

Phase	Activity	Timeline
Phase 1: Engage	Engage with all UK medical schools and others who have an interest in this area, to discuss the introduction of a medical licensing assessment.	2016
Phase 2: Update	Update our Council on work so far and the next steps for a medical licensing assessment.	2016
Phase 3: Develop	Develop our proposals for consultation, including potential models for a medical licensing assessment.	2016
Phase 4: Consult	Consult on the introduction of a medical licensing assessment.	2016
Phase 5: Design	Design a medical licensing assessment model, including reviewing the outcomes for graduates and developing a blueprint.	2017
Phase 6: Test and pilot	Test and pilot a medical licensing assessment.	2018
Phase 7: Go live: international medical graduates	Introduce a medical licensing assessment for international medical graduates.	2019
Phase 8: Test and pilot	Test and pilot a medical licensing assessment.	2020-21
Phase 9: Go live: UK graduates	Introduce a medical licensing assessment for UK graduates.	2022
Phase 10: Evaluate	Post implementation evaluation of a medical licensing assessment.	2023

- 33** We need to consider carefully whether this provisional timeline is appropriate and realistic. For example, it may be appropriate to pursue the applied knowledge test at a faster pace than the clinical skills test. Implementation of the early revalidation could be through the GMC's powers in relation to the revalidation of doctors holding a licence to practise.
- 34** Implementation of the MLA is likely to require statutory change and we seek clarification of the governments' intentions regarding the point of registration.

A collaborative approach

- 35** Our approach throughout will be open and collaborative, aiming for 'co-production' of the MLA with UK medical schools. We hope to build on the innovative work of the MSC Assessment Alliance and to integrate the MLA with university Finals, with a stand-alone examination for international medical graduates. We will be working closely with undergraduate assessment experts in developing proposals for consultation. We intend then to establish formal governance oversight bringing together stakeholder organisations to shape the development and implementation of the MLA.
- 36** All questions, comments and challenges are welcome. And any individuals who would particularly like to be engaged and kept up to date are asked to provide their names, job titles and contact details.
- 37** Please contact:

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