The PLAB test is changing

Updated August 2016

The PLAB test is becoming more rigorous and more reflective of real-life practice.

The new version of the Professional and Linguistic Assessments Board (PLAB) test starts from September 2016.

What is changing and when?

From September 2016:

- **New questions and practical scenarios**: we will assess candidates’ professionalism and understanding of ethics as well as their clinical knowledge and skills. For example, testing doctors’ understanding about a patient’s right to make a choice about their care.

  You may wish to read the latest PLAB blueprint, which is a guide to what the test covers. This gives you links to the ethical and professional guidance which you will be tested on.

- **A fully revised practical assessment, including more and longer scenarios**: we will increase the number of scenarios in the Part 2 exam from 14 to 18. Scenarios will be longer and last for eight minutes. Candidates will be given two minutes between scenarios to read the instructions and patient information. The whole exam will take around three hours and twenty minutes. There will be a minimum of two rest stations, allowing candidates a ten minute break each time.

  The scenarios will test candidates in settings such as a mock consultation or an acute ward, that more accurately reflect how doctors apply their knowledge and skills in real life. The situations will be more integrated rather than individual, separate tasks. This could often involve aspects of clinical reasoning, taking a patient’s history and working out what you do with the findings. Candidates will be tested on three domains:

  - Data-
gathering, technical and assessment skills, Clinical management skills and Interpersonal skills.

**Example summary of a revised Part 2 scenario**

The scenario:

You are in a mock consultation with a patient played by a role player who has been briefed about their condition. You are a Foundation Year 2 doctor in a Rheumatology Unit. You are told that your patient James Horton, aged 45, has been referred by his GP with pain in his right big toe. You are not given any other information. You must assess and manage the patient. You have eight minutes.

What the examiner will be looking for:

The examiner wants to see you demonstrating the behaviours the GMC expects of a doctor. They will mark you against the three domains - Data-gathering skills, technical and assessment skills, Clinical management skills and Interpersonal skills. To pass this scenario the examiner would expect you to do some of the following or similar:

- Find a history of acute recurrent mono-arthritis which responds to nonsteroidal anti-inflammatory drugs (NSAIDS).
- Find a medical history of any medication, psoriasis or trauma.
- Find out appropriate lifestyle history (e.g., alcohol, diet, sex).
- Make a diagnosis of possible gout.
- Recommend appropriate management.
- Identify patient concerns, listen appropriately and display empathy.
- Conduct the consultation fluently and professionally.

**More feedback for candidates on their performance:** along with their overall mark, we will tell candidates the percentage of questions passed in each skill area of Part 1 and their marks and examiner comments for each scenario in Part 2.
From September 2017:

- **A new limit on taking the test**: candidates must pass the written and practical parts of the test within a maximum of four attempts at each. Attempts before the introduction of the limit in September 2017 will count towards a candidate’s total:

- **A new time limit for passing Part 2 after Part 1**: candidates must pass Part 2 within two years of passing Part 1.

Here are some examples of how this may affect you:

- If you have passed Part 1 before September 2017 and have not yet taken Part 2, you will have four attempts to pass Part 2 within two years of your Part 1 pass.

- If you have failed Part 1 twice before September 2017, you will have two further attempts to pass it.

- If you have failed Part 1 four (or more) times before September 2017, you will not be able to take it again.

- If you have failed Part 2 once before September 2017, you will have three further attempts to pass it. These must be within two years of the Part 1 pass.

- If you have failed Part 2 four (or more) times before September 2017, you will not be able to take it again.

- **A new two-year limit in which to apply for a licence**: successful candidates must have their application for registration with a licence to practise approved within two years of passing Part 2 of the test. We will change the exam regulations in September 2016 to give candidates 12 months’ notice of this new limit that will take effect from September 2017.

Here are some examples of how this may affect you:

- If you pass Part 2 in August 2016 you must have your application for registration with a licence to practise approved by August 2018.

- If you pass Part 2 in June 2017 you must have your application for registration with a licence to practise approved by June 2019.

- If you pass Part 2 in November 2017 you must have your application for registration with a licence to practise approved by November 2019.
If I passed either part of the test before the changes were introduced, are my passes still valid?

- Yes. As long as you have passed Part 1, you then take Part 2 within two years or if you passed Part 2, your application for registration with a licence to practise is approved within the two year time limit.

What are my options for registration if I cannot take PLAB?

- Find out about other routes to registration for international medical graduates from our website.

What are the changes to Part 1?

From September 2016 we will include a selection of questions related to professionalism and ethics in each exam. The test will still be a three hour, computer-marked written examination made up of 200 single best answer (SBA) questions. You may wish to read the updated PLAB blueprint, which links to the ethical and professional guidance which you will be tested on.

Example question from Part 1:

A 14 year old girl comes requesting the oral contraceptive pill (OCP). She says she is sexually active. Her boyfriend is in the year above her at school.

What is the SINGLE most appropriate action?

A) Advise her about safe sex and prescribe OCP
B) Contact her parents
C) Contact the local safeguarding officer
D) Contact the police
E) Explain it is illegal to prescribe the pill for her

Answer: A) Advise her about safe sex and prescribe OCP.
Is the pass mark changing?

- For the Part 2 exam, we are changing the way we set the pass mark to use an internationally recognised method known as borderline regression. On the day, we will use the results from all the candidates to set the pass mark for each scenario. It’s more accurate than our current method which only uses the results of those candidates judged to be borderline.

- We will continue to set the pass mark for the written Part 1 exam using the established Angoff method. To do this, a panel of trained and experienced doctors decides what proportion of 10 ‘just passing’ junior doctors starting their second year Foundation Programme training, would answer each question correctly. This makes sure the level at which we set the pass mark is consistent over time and that it reflects what we expect of a doctor entering their second year of Foundation Programme training.

- We do not adjust the pass mark to determine the pass rate. There is no expected pass rate or expected average score.

Are the fees increasing?

- New fees for the PLAB test were introduced in February 2016.

- We may increase these fees again in the future if our costs of running and administering the test increase. We work hard to deliver our services, including the PLAB test, as efficiently as possible so that we keep any future increase in our fees to the minimum.