

*To consider*

**Review of the Professional and Linguistic Assessments Board Test**

**Issue**

1. Proposals for a review of the Professional and Linguistic Assessments Board (PLAB) test.

**Recommendations**

2. To agree:
  - a. The terms of reference for the review (paragraphs 15-18 and Annex A).
  - b. To constitute and task an independently-chaired working group to undertake the review (paragraphs 19-26).
  - c. The governance arrangements for the review (paragraphs 27-28).
  - d. The process and criteria for appointing the independent Chair (paragraphs 29-31).

**Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602.

## Background

3. Reviewing the PLAB test supports two of the strategic aims set out in the 2011 Business Plan:
  - a. Strategic Aim One: to continue to register only those doctors that are properly qualified and fit to practise and to increase the usefulness of the medical register. This includes a commitment to review the PLAB test.
  - b. Strategic Aim Two: to give all our key interest groups confidence that doctors are fit to practise.
4. The PLAB test is overseen by the Professional Linguistics and Assessment Board. The Board's purpose is to:
  - a. Develop and review methods of assessing, to the appropriate standard, the knowledge and skills determined by the Continued Practice, Revalidation and Registration Board under the Medical Act 1983.
  - b. Conduct tests in accordance with these methods.
  - c. Oversee the development of each examination.
5. The PLA Board is accountable to the Continued Practice, Revalidation and Registration Board.
6. In order to be eligible for full registration, international medical graduates (IMGs) must satisfy the Registrar that, among other things, they possess the knowledge and skills necessary for practising as a fully registered medical practitioner in the United Kingdom (section 21B of the Medical Act 1983).
7. In order to be eligible for provisional registration, IMGs must satisfy the Registrar that, among other things, they possess the knowledge and skill requisite for embarking upon an acceptable programme for provisionally registered doctors (section 21C of the Medical Act 1983). This is currently the Foundation Programme.
8. As the Medical Act does not specify how IMGs should satisfy the Registrar as to their knowledge and skill, the former Registration Committee agreed that IMG applicants for full registration could, in broad terms, do so through either passing the PLAB test, an offer of sponsorship or by virtue of an acceptable postgraduate qualification. In practice the vast majority do so through passing the PLAB test. The Committee also agreed that IMG applicants for provisional registration should demonstrate knowledge and skill through passing the PLAB test.
9. The PLAB test comprises two parts. Part 1 is a 200-item written paper that tests clinical knowledge as applied to the care and treatment of patients. Part 2 comprises 14 objective structured clinical examination (OSCE) stations that test history taking, communication, practical and examination skills.

10. The PLAB test is set at the level expected of a doctor successfully completing the first year of the Foundation Programme – the point at which UK graduates normally gain full registration.

11. This paper sets out proposals for undertaking a review of the PLAB test.

## Discussion

12. The PLAB test has not been subject to a comprehensive review since 2003. It is imperative that the test continues to provide an objective and reliable assessment of an applicant's knowledge and skills and the simplest means of achieving that is to commission an independent review to:

- a. Ensure that the test reflects best practice in examination and assessment methodology.
- b. Consider the implications of the recommendations of the recent reviews of the Foundation Programme. The blueprint<sup>1</sup> must be consistent with the outcomes that provisionally registered doctors are required to demonstrate at the end of the first year of the Foundation Programme.
- c. Consider the extent to which the PLAB test could, and if so should, further assess knowledge and application of the values and principles of *Good Medical Practice*.
- d. Examine the implications for the PLAB test of:
  - i. The recommendations in GMC-commissioned research on the experiences of non-UK qualified doctors in the UK workplace<sup>2</sup>.
  - ii. Any evidence of disparity between the success rates of UK-qualified and non-UK qualified doctors in postgraduate examinations and assessments.
- e. Ensure that the test remains compliant with the requirements of the Equality Act 2010.

13. The review of the equivalence routes to specialist and GP registration might also have implications for the way in which we assess the knowledge and skills of IMG doctors who wish to practise in the UK, albeit at a more junior level.

<sup>1</sup> The blueprint is a document which sets out the scope and content of the PLAB test in terms of the topics, skills and procedures.

<sup>2</sup> *The experiences of UK, EU and non-EU medical graduates making the transition to the UK workplace* (Illing et al, 2009) and *Non UK qualified doctors and Good Medical Practice: the experience of working within a different professional framework* (Slowther et al, 2009).

### *Terms of reference*

14. Proposed terms of reference for the review are at Annex A.
15. The starting point is that there should remain a test (the PLAB test) where a pass is sufficient evidence that an IMG graduate has the necessary knowledge and skills for registration.
16. The purpose of the review will be to assess, and where necessary make recommendations on developing, the PLAB test so that it continues to command the confidence of all key interest groups by being an objective, fair, non-discriminatory and fit for purpose method of assessing the knowledge and skills of IMG applicants for registration with the GMC.
17. We have identified four broad areas that the review could explore: standards, content, confidence and outcomes. Each theme would be supported by separate work streams.

**Recommendation:** To agree the terms of reference for the review.

### *Undertaking the review*

18. Council has agreed that working groups, formally constituted and tasked by Council, may be used to support policy development.
19. We propose that a working group takes forward the review of the PLAB test as the subject matter will be technical and complex, may give rise to sensitive issues, and will require a programme of work to be delivered over a substantial period of time.
20. We propose that an independent Chair be appointed to ensure that the review is, and is seen to be, independent and therefore commands the confidence and support of all our key interest groups.
21. We have carefully considered the composition of the working group. Given the nature of the issues that will need to be considered as part of the review, the working group will need external expertise on which it can draw.
22. We propose that the working group comprises nine members as follows:
  - a. An independent Chair.
  - b. Two Council members (one medical, one lay) appointed following expressions of interest from members.
  - c. An employer representative to ensure that the review takes into account the views of organisations employing IMGs and any implications for work force planning.

- d. An overseas trained doctor: any changes to the PLAB test arising from the review will directly affect this (and only this) cohort of doctors.
- e. A representative from an organisation in the field of postgraduate medical education and training.
- f. An independent expert in the field of OSCEs, given the technical and complex nature of this aspect of the PLAB test.
- g. An independent expert in the field of examination and assessment methodology, given the need to ensure that both parts of the PLAB test are delivered and administered in line with best practice.
- h. A representative from a national organisation representing the interests of patients and the wider public.

23. The working group will need evidence on the basis of which it is able to make objective and informed recommendations. Research and literature reviews will therefore be required as part of the review and we have already identified a number of potential areas for this, subject to the working group's consideration.

24. Additionally, we expect the working group to invite written and oral submissions from a range of key interests as part of the review.

25. The proposed composition balances the need for effective working with the need for the working group to consider and evaluate evidence it receives (much of which will be technical and complex) objectively and robustly. It will also ensure that the working group, and its report of the review, commands the confidence and support of our key interests in this area – patients and the public, employers, those involved in postgraduate medical education and training and IMGs.

**Recommendation:** To agree to constitute and task an independently-chaired working group to undertake the review.

#### *Governance arrangements*

26. Council will retain overall responsibility for the review. However, the working group will undertake the review under the auspices of the Continued Practice, Revalidation and Registration Board, updating the Board on the review's progress and taking advice from it, as necessary.

27. The working group will report to Council with recommendations in 2012 and will disband once it has done so.

**Recommendation:** To agree the governance arrangements for the review.

## *Appointing the independent Chair*

28. The Chair must be of sufficient standing that the review process and the working group's final report command the respect of our key interest groups, including the profession and the public, as well as of Council.
29. We propose that candidates are considered against the following criteria:
- a. Command the confidence of their peers.
  - b. Experience of chairing a complex, independent review.
  - c. Knowledge of examination and assessment methodology, ideally within the field of medicine both in the UK and internationally.
  - d. Knowledge of UK postgraduate medical education and training.
30. We propose that, following Council's deliberations, the Chair of Council, in discussion with the Chair of the Continued Practice, Revalidation and Registration Board, appoints the Chair of the working group.

**Recommendation:** To agree the process and criteria for appointing an independent Chair.

## **Resource implications**

31. The costs of secretariat support, literature reviews and the travel and subsistence costs of Council members attending meetings of the working group or supporting work streams will be met from existing budgets.
32. There will be resource implications arising in respect of remuneration and travel and subsistence costs for the independent Chair, independent experts and the patient representative appointed to the working group. We do not propose to remunerate individuals from representative organisations who are appointed to the working group.
33. Resource implications will also arise from commissioning research. However, we cannot properly estimate the costs until the working group has agreed the scope of the research it will require as part of the review.
34. We estimate, provisionally, the total cost to be between £50k-£100k.

## Equality

35. The PLAB tests are applied to a cohort of doctors who are diverse in terms of the full range of protected characteristics identified by the Equality Act 2010<sup>3</sup>. Remaining compliant with UK legislation and our legal obligations is the first of the six priorities identified in our Equality and Diversity Strategy 2010-2013. Given the time that has elapsed since the last comprehensive review of the PLAB test in 2003, the review will need to take into account the GMC's legal obligations under the Equalities Act 2010.

36. The review of the PLAB test also aims to give all our interest groups, including those from the protected diversity groups, continued confidence that doctors are fit to practise.

37. There are likely to be equality and diversity considerations in the recommendations that the working group makes to Council in its report of the review. We will undertake an equality impact assessment which will look at the potential impact of these proposals.

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<sup>3</sup> The Equality Act 2010 specifies nine groups of individuals who have 'protected characteristics' which are covered by this legislation: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.