

Agenda item:	3
Report title:	Expanding Clinical Assessment Centre capacity
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Action:	To consider

Executive summary

The Clinical Assessment Centre (CAC) is a dedicated facility for assessing the clinical and communication skills of doctors. It is primarily used for the delivery of the Professional and Linguistic Assessments Board (PLAB) Part 2 exam and Tests of Competence (ToC).

PLAB candidate numbers have been increasing since 2015 and the rate of increase is growing. These changes are not country specific and whilst we cannot be certain why there has been this rate of increase, we believe it is in response to the pull factor of opportunities in the UK. An improvement programme, increases in staffing and Saturday opening in 2018 have increased capacity. However, future projections now clearly indicate that demand in 2019 will exceed capacity with potential reputational and customer service implications.

We propose to establish a project group and appoint property consultants to evaluate options for expanding or replacing our clinical assessment facilities to meet future needs.

Recommendations

- a** The Executive Board is asked to agree to the appointment of property consultants to evaluate and cost options for the delivery of a new or expanded CAC facility with two 18 station circuits. The cost of purchasing these services in 2018 is estimated at £30K + VAT subject to specifications.
- b** The Executive Board is asked to agree to the formation of a project board with representation from Registration & Revalidation, Fitness to Practice, Education & Standards and Resources & Quality Assurance directorates to oversee the management of this issue.

Background

- 1 The Clinical Assessment Centre is a purpose built objective structured clinical examination (OSCE) suite with 18 testing stations, assembly rooms for examiners, candidates, role players and invigilators, an administration area and space for equipment storage and maintenance. Its primary use is for the delivery of the PLAB Part 2 exam and fitness to practise (FtP) Tests of Competence: these are both high stakes assessments inextricably linked to our statutory purpose and responsibilities.
- 2 The Centre was built in 2010 replacing an earlier version located in central London. Prior to this the GMC utilised numerous outsourced venues but this introduced variation into the examination process with differences in environment, equipment and local procedures denigrating the consistency and reliability of the assessment. It is important to avoid re-introducing these sources of error.

Increasing demand

- 3 Demand for PLAB Part 1 has increased since 2015 with an exponential pattern of growth. Analysis shows that this growth is not localised with increases in applicants from across the world. PLAB demand varies with geopolitical and economic factors and it's believed that pull factors associated with demand for doctors in the UK is a driving factor. This is likely to be sustained in the medium term with increases in UK trained doctors slow to come on line and insufficient to meet demand. Growth is also being seen in alternative routes to international medical graduate (IMG) registration.
- 4 Table 1 PLAB Part 1 tests taken and pass rates:

Year	2013	2014	2015	2016	2017	2018 YTD bookings
Tests taken	2536	2494	2719	3314	5411	3392
Pass rate	51%	63%	69%	71%	76%	N/A
Tests passed	1283	1567	1870	2471	4089	N/A

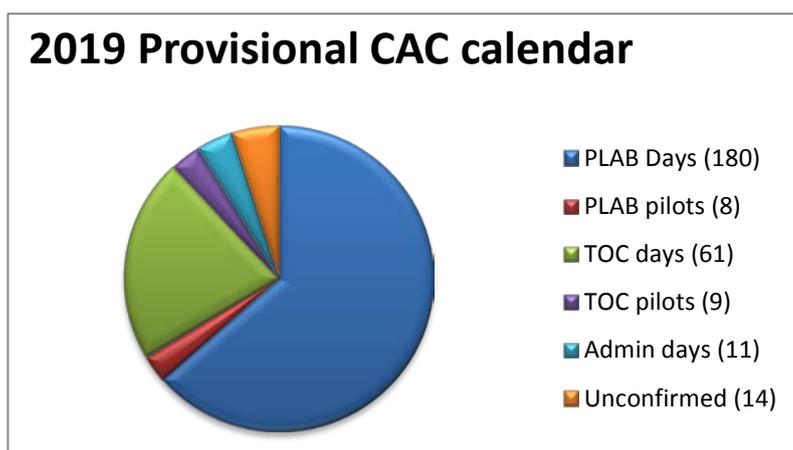
- 5 Following a continuous improvement review we increased staffing and introduced Saturday working. But, as shown in Annex 1, utilising the existing facility to its maximum in 2019 will not meet the anticipated demand for PLAB Part 2 places.

6 Table 2, PLAB Part 2 test days by year.

	2015	2016	2017	2018	2019 planned
PLAB days	51	59	79	148	180

7 It is clear that the GMC will have an enduring need to deliver an OSCE exam for IMG candidates with PLAB transitioning to the IMG medical licensing assessment (MLA). The introduction of the MLA will also require facilities for pilot activities; and the move of ToC development from UCL to the GMC from 2019 will generate additional demand for pilot work on-site.

Future options



8 Our projections show that we will reach capacity in 2019. We are investigating external venues that may be used on an occasional basis in the short term to supplement our existing CAC but this isn't a viable long term solution. External delivery introduces substantial challenges and inevitably requires compromises around equipment and marking technology and so this is not ideal or sustainable and ideally avoided.

9 We have considered the opportunity to deliver Tests of Competence off-site. However, it is clear that this would not release sufficient capacity to fully alleviate the demand issues associated with increasing PLAB days. It would also introduce variation into the assessment and limit the range of stations our assessors are able to select from as the full range of equipment would not be available. Currently, assessment equipment is shared between PLAB and ToC and we would be unable to do this if they were running concurrently at different sites. This approach would degrade the quality of the assessment and impact the doctor's experience. Further,

securing suitable venues will introduce delays into the FtP process and we estimate additional costs of £250K for venue hire alone plus costs for equipment transport, staff travel and overnight accommodation.

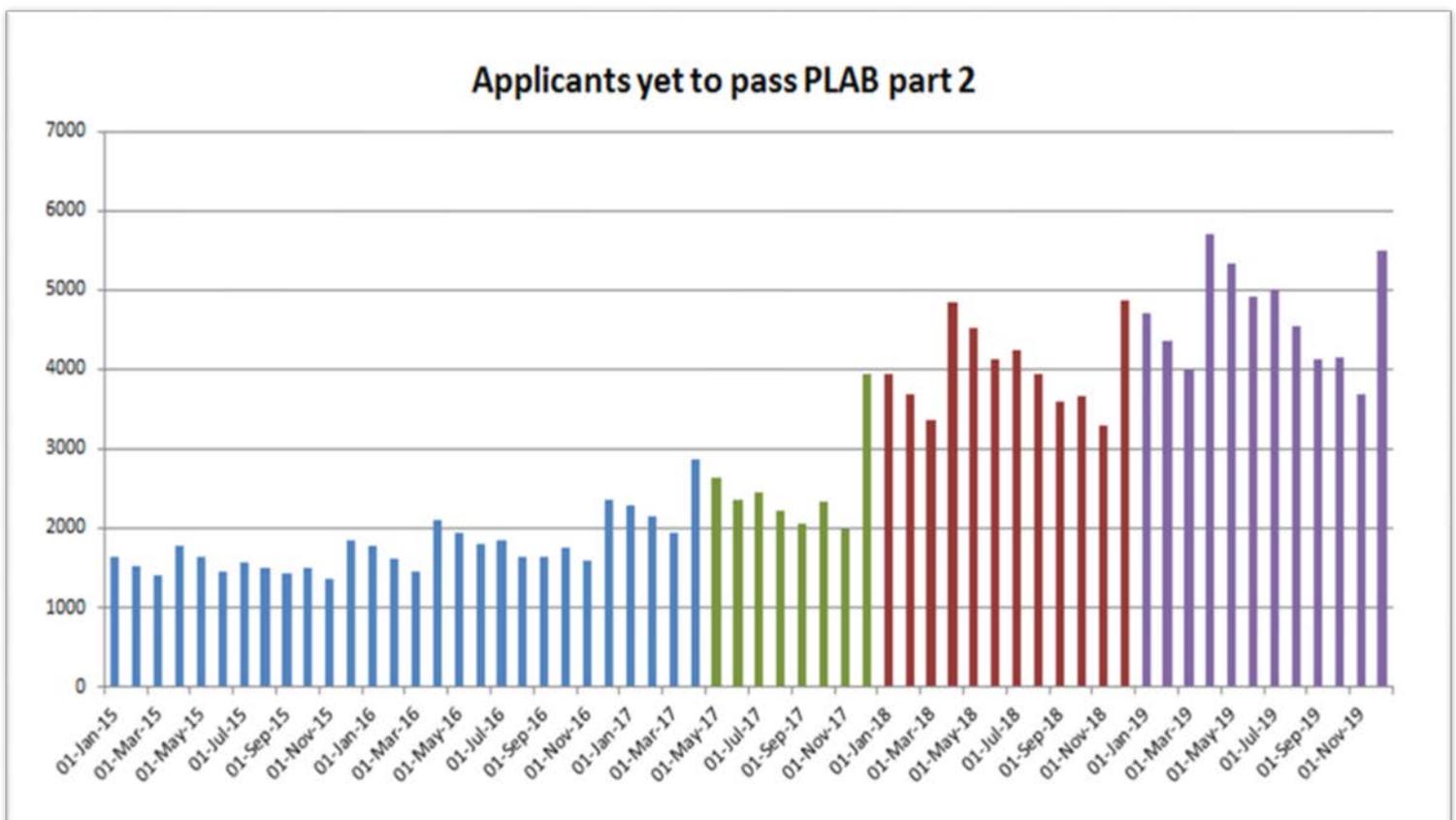
- 10** Colleagues in RQA have already developed a high level cost and options model for a new clinical assessment facility based on current market data. This is shown in Annex 2 and is intended to be informative only at this stage; PLAB income data is also shown to provide a rounder financial picture.
- 11** To analyse options and costs further we now wish to appoint an external consultancy to consider the availability of suitable space and to accurately estimate procurement, construction and ongoing costs associated with the options. At the same time we intend to establish a cross directorate project board to ensure appropriate oversight.
- 12** As an aspect of the project we will consider if alternative delivery models are feasible or desirable given the clear need to deliver increases in capacity rapidly and to ensure that the GMC retains control of assessment standards and future service developments.
- 13** And finally, the current Brexit negotiations shed little light on the future route to registration for EEA doctors. But there remains a possibility that they may in future need to take PLAB/MLA and we will consider this in our planning.

3 – Expanding Clinical Assessment Centre capacity

3 – Annex 1

Demand projections

- 1 Colleagues in ROA have built a forecasting tool which estimates the number of candidates with a PLAB 1 pass and available to take PLAB 2 at any point in time. It takes into account a range of factors: PLAB candidate numbers, PLAB 2 days and pass rates, expiry dates etc etc.
- 2 As shown below when the increasing number of candidates and test dates are taken into account we see the development of up to 5500 doctors awaiting PLAB 2 in 2019.



3 – Expanding Clinical Assessment Centre capacity

3 – Annex 2

Indicative financial information

1 Options and costs (excl. IS, AV and staffing)

Acquire 10,000 sq ft of space in 3HS and fit out a 2 nd CAC circuit	Set up £1.129M . Year 1 estate costs £372,000
Acquire 10,000 sq ft of space in central Manchester and fit out a 2 nd CAC circuit	Set up £1.129M . Year 1 estate costs £372,000
Acquire 10,000 sq ft of space in Greater Manchester and fit out a 2 nd CAC circuit	Set up £1.118M . Year 1 estate costs £270,500
Acquire 20,000 sq ft of space in central Manchester and fit out a CAC with 2 circuits	Set up £2.258M . Year 1 estate costs £744,000
Acquire 20,000 sq ft of space in Greater Manchester and fit out a CAC with 2 circuits	Set up £2.236M . Year 1 estate costs £541,000

2

Income projection	2016	2017	2018	2019
PLAB 2	1,672,897	2,438,940	4,255,440	5,140,800