

Agenda item:	M5
Report title:	Consultation on a medical licensing assessment
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Action:	To consider

Executive summary

At its meeting on 2 June 2015 Council agreed that we should work with experts and partners to develop a model for the medical licensing assessment (MLA) prior to formal consultation. Over the past year we have developed arrangements for project governance and management. We have engaged extensively with medical schools, the four UK governments and other partners. We have worked closely with experts and established an Expert Reference Group.

Subject to Council's view, we envisage that a consultation would be followed by more detailed policy development and preparation for a series of pilots from 2018 to 2021. We are aiming for full implementation of the medical licensing assessment from 2022.

Recommendations

Council is asked to:

- a** Note the development of the medical licensing assessment since June 2015 and the proposed next steps.
- b** Agree to launch a consultation on the medical licensing assessment.
- c** Agree that the Chair will approve the final text of the consultation document in light of Council's views.

Background

- 1 At its meeting on 25 September 2014, Council gave approval in principle to look at the feasibility of introducing a medical licensing assessment (MLA).
- 2 At its meeting on 2 June 2015, Council considered a report on the development of proposals for a UK medical licensing assessment and noted an initial outline business case setting out provisional conclusions on key issues. Council agreed that the GMC should continue to develop proposals, seeking the views and support of a wide range of experts and partners, with the intention of reporting back to Council within 12 months with a worked up model for consideration prior to formal consultation.
- 3 Proposals have been developed including a model for the MLA and for revising arrangements for doctors' first revalidation. This was delayed slightly to allow completion of an initial programme of extensive engagement with medical schools and other partners.

Engagement and advice

- 4 In early 2016, we visited all the UK medical schools to discuss our proposals for the MLA. The visits were led by the Chair, Chief Executive, Senior Medical Adviser and Responsible Officer and Interim Director of Education and Standards and the Assistant Director – Education and Standards. Other members of GMC staff also attended to support the visits.
- 5 We were welcomed by all schools and although we met some people who opposed the introduction of the MLA, they have been in the minority and have generally taken a constructive approach to the discussion. Medical schools were keen to discuss the MLA in some detail. They were keen to be involved with developing the assessment and discussed both opportunities and challenges.
- 6 The engagement with medical schools has been an extremely useful exercise and has contributed greatly to the development of the model for consultation. We have prepared a summary of key findings from the visits for circulation to the medical schools and publication on the website.
- 7 We have also had extensive discussions with the four governments of the UK. These have confirmed the importance of developing proposals which can enhance patient safety and public confidence without unreasonable burden on the profession, the service and medical education and training, mindful of financial impact.
- 8 We have obtained expert support and advice from the GMC's Education and Training Advisory Board and Assessment Advisory Board.

- 9 We have set up an MLA Expert Reference Group chaired by Professor Neil Johnson, who also chairs the Medical Schools Council Assessment Alliance (MSCAA). This will help us to address critical issues, develop detailed plans and design piloting. We envisage that the core Expert Reference Group will be supplemented by working groups and workshops involving other experts, drawn largely from UK medical schools.
- 10 We have held a series of workshops with GMC associates involved in our quality assurance of education and training (10 July 2015), international assessment experts (7 September 2015), leading members of the Professional and Linguistic Assessments Board (PLAB) test panels (7 October 2015) and representatives of the medical Royal Colleges and faculties (14 September 2016).
- 11 We are developing our links with the MSCAA to support closer links between the PLAB test and the MSCAA's development of common content Multiple Choice Questions which are shared across university finals. We will build on these links in developing the MLA.
- 12 Other key meetings have involved the British Medical Association (BMA), the Medical Schools Council (MSC), the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans (COPMeD), Health Education England (HEE), the Board for Academic Medicine in Scotland, Foundation School Directors, doctors in training and medical students.
- 13 We have developed an international Reference Community of individuals interested in the development of the MLA.
- 14 We are now moving into a further stage of engagement, with a new emphasis on discussing our proposals with the profession, partners in postgraduate education and training, doctors' employers and the four UK governments.
- 15 We publish key information at www.gmc-uk.org/mla.

Consultancy advice

- 16 We have obtained advice from two consultancy firms.
- 17 We appointed ARUP to produce a programme plan document. ARUP has submitted a draft report in two sections. The first on Programme Definition describes various options for the MLA with a commentary highlighting challenges. The second section on Programme Delivery discusses governance arrangements and the resources needed. The final report and its recommendations will be very helpful in developing our project planning.

- 18** We appointed Deloitte to carry out financial modelling and cost benefits analysis of options for delivering the MLA. Deloitte has drawn on cost data for the PLAB test as well as data provided by three medical schools, four Royal Colleges and the Medical Schools Council. Deloitte will report in early October 2016.

The MLA model for consultation

- 19** The model developed for consultation envisages MLA tests of applied knowledge and of clinical and professional skills and bringing forward doctors' first revalidation to take place two years after they obtain a licence to practise.
- 20** International Medical Graduates would take the MLA tests through an arrangement similar to the PLAB test. UK medical students would take the MLA tests in formats integrated into university finals and passing these tests would be required for award of a primary medical qualification.
- 21** UK graduates receive their licence to practise along with provisional registration and their first revalidation would be tied to successful completion of the Foundation Programme. We will need to consider how our proposals will fit with the development of revalidation more generally through the evaluations and research studies that are currently being undertaken. These include the review we asked Sir Keith Pearson, Chair of the GMC's Revalidation Advisory Board to conduct, and the long-term evaluation we commissioned from the UK-wide UMbRELLA collaboration led by Plymouth University Peninsula Schools of Medicine and Dentistry.
- 22** Council has considered a draft consultation document. Aspects covered in the draft include the case for change, the aim of the MLA, its scope, its status and when the tests would be taken, who would take the tests, the resource implications, arrangements for governance and review, implementation plans and the likely impact of the MLA.

Next steps

- 23** Subject to Council's views, we intend to launch a formal consultation by the end of 2016. Alongside a full consultation document we will publish a short version setting out the consultation questions with limited supporting text. We will also publish an initial equality analysis which we will revise as the project develops.
- 24** During 2017 key priorities will be to complete the consultation, analyse the results and make key policy decisions in that light. We will need to determine the content of the MLA through development of the assessment blueprint, the matrix which sets out the areas of knowledge and skill to be tested. We will do this alongside reviewing the *Outcomes for graduates* that we set for UK undergraduate education as well as the

Outcomes for provisionally registered doctors. We will need to design and resource a programme for piloting the MLA.

- 25** We envisage that rounds of piloting would be held from 2018 to 2021 and that the MLA would be fully implemented from 2022.