Executive summary
Assessments of a doctor’s knowledge and skills is currently provided by the Academic Centre for Medical Education a division of University College London. We’re almost half way through the current contract, and consideration should be given to how the process will be delivered in future. An options appraisal has been undertaken to explore this in more detail.

We believe it would be possible to run the process in-house with appropriate governance and operational staff. This would provide an opportunity to make significant financial savings and could also open up commercial potential for third parties to hire our assessment services (e.g. National Clinical Assessment Authority).

Recommendations
The Performance and Resources Board is asked to:

a  Approve the initiation of a project to explore the preferred option, to bring the entire process in-house and stop the research element of the work, as at Annex B.

b  Agree that we seek guidance from the Assessment Advisory Board at its meeting on 7 September 2016 on options for suitable governance.
How we currently deliver tests of competence

1. Performance assessments comprise of a work place visit organised and managed by GMC staff and an assessment of the doctor’s knowledge and skills (tests of competence) provided by Academic Centre for Medical Education (ACME).

2. The tests of competence (TOCs) are tailored specifically to a doctor’s scope of practice. This concept was developed under contract by ACME University College London (UCL) on behalf of the GMC. We own all of the associated intellectual property and the methodology has not been successfully challenged.

3. TOCs include a knowledge test and 12 scenarios, often using actors who play the role of a patient, known as objective structured clinical examination (OSCE). General Practitioners (GPs) also undertake a further two-hour simulation exercise aimed at replicating the GP surgery environment.

4. All questions and scenarios are referred to as ‘items’ and are stored in a database referred to as an item bank.

5. The basic requirements of the ACME UCL/GMC contract include:

   a. Item bank management - Maintaining and developing the item bank to ensure it remains fit for purpose, including:
      i. Item writing – recruitment, organising and facilitating groups of doctors to write new questions.
      ii. Standard setting – determining what a doctor would score if they were ‘just safe’ to practise.
      iii. Pilots – testing items and creating a reference group to compare the score of the doctor under assessment.

   b. Ensuring test methodology is fit for purpose - including continued development and innovation in test design and delivery.

   c. Maintaining relationship with Medical Royal Colleges - to share and develop items.

   d. Testing and reporting - Creating tailored tests and generating reports on the results for individual doctors.

   e. Research - Publishing research and academic articles on the topic of performance assessments.
Key considerations for future delivery

6 We have undertaken an appraisal of options for future delivery, at Annex B, and recommend *Option C* which is to bring the entire process in-house and stop the research element of the work. Costs associated with migrating the process in-house are at Annex C. A potential timeline for delivery of the preferred option is at Annex D.

8 UCL has been the sole provider of tests throughout the history of GMC assessment and collaborated with the GMC to develop the Performance Assessment process in the 1990s. The TOCs have been used since 1997 when generic tests were developed for each broad specialty. The methodology for the type of tailored testing we use today, where each test reflects the individual doctor’s practice, was published and peer reviewed in Academic Medicines August 2009 issue. This process is stable and mature and has been business as usual since then.

9 Whilst we need to continue with all other aspects of the requirements listed at paragraph 5, there is no obvious operational need for the GMC to take on the research element of UCL’s work. Ad-hoc research to improve or further develop the process could be commissioned if necessary.

10 We have existing expertise and experience in the Professional and Linguistic Assessments Board (PLAB) test team for administration tasks, such as item writing days, item bank management, standard setting, validation and test design. There has been substantial investment in the new 'in house' item banking software.

11 Robust governance would continue to be needed in the form of experienced clinical and academic staff or associates to oversee the process so as to ensure continued confidence in it. We plan to seek advice from the Assessment Advisory Board (AAB) which has a specific role to provide expert advice on the development and operation of GMC assessments. This includes a member of the current ACME UCL team. Governance and operational options are at Annex E.

12 Alongside PLAB and the Revalidation assessment, which is currently on a yearly contract with UCL, the Medical Licensing Assessment (MLA) is under development. There is a real opportunity to collaborate with other areas of the business to develop a hub of knowledge and experience in GMC assessments. We’ll be working closely with colleagues to understand the potential for joined working and governance across these areas.
The National Clinical Assessment Authority (NCAS) has previously hired the Clinical Assessment Centre to test a doctor it is supporting. NCAS has indicated its intention to go out to tender to find a provider for future work, which may present an opportunity to commercialise the process.
### 6 – Options for Delivering Performance Assessments tests of competence

#### 6 – Annex B

## Appraisal of options for future delivery

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Risks</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option A</strong></td>
<td>Maintain stability and independence of the process.</td>
<td>UCL was only organisation to bid.</td>
<td>UCL are delivering the service with appropriate governance, an element of independence and it has not been successfully challenged. However, this option leaves us in a vulnerable position in the current market and risks increased future costs.</td>
</tr>
<tr>
<td></td>
<td>We have confidence that UCL can deliver this work - and we have an existing relationship with them.</td>
<td>UCL could terminate the contract with only 6 months’ notice</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Staff can give notice at any time</td>
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<tr>
<td></td>
<td></td>
<td>It is likely contract renewal will increase the price of service delivery (last time increased by £0.5m).</td>
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</table>

**Option A:** Continue with current contract and re-tender when appropriate.
<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Risks</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option B</strong></td>
<td>Bring the administration in-house. UCL retain the governance/medical expertise. Stop the research element of the work.</td>
<td>UCL may not agree to amend contract and this could damage our existing relationship/morale at UCL. Research is one of the key areas UCL were keen to maintain in the last bid.</td>
<td>Whilst this option mitigates some of the risk around retaining appropriate governance, we would be missing an opportunity to make cost savings at the clinical/academic level. It’s also likely that we’d need to continue funding ongoing research.</td>
</tr>
<tr>
<td></td>
<td>■ Salaries for staff delivering similar administrative services within the GMC are lower than UCL staff. Potential to collaborate with other areas of the organisation also delivering assessments.</td>
<td>■ A process which is part UCL/part GMC creates handover points and less clarity of ownership could increase mistakes</td>
<td>Potential cost saving in the region of up to £278,000(^2). There may be some additional savings on overheads but this would need to be negotiated with UCL.</td>
</tr>
<tr>
<td></td>
<td>■ Potentially substantial BAU salary savings to be made regarding research. Research could be commissioned as and when needed, if further test development is needed in the future.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>■ Utilise our well established relationships with external stakeholders to improve attendance at item writing events and diversity of item banks.</td>
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<tr>
<td></td>
<td>■ Opportunity to reduce time wasted during the regular transfer of information/documents between the GMC/UCL organisations.</td>
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<tr>
<td></td>
<td>■ Retain governance and medical expertise of UCL.</td>
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</tbody>
</table>

\(^1\) See Annex A for current UCL staff costs and comparison with GMC costs.

\(^2\) See Annex A – UCL contract costs
<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Risks</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option C</td>
<td>As with option 2, apart from retaining UCL expertise. Additionally:</td>
<td>■ It may be perceived that the process has lost independence.</td>
<td>This is the recommended option.</td>
</tr>
<tr>
<td></td>
<td>■ Potentially substantial savings to be made on over-head costs. Additional savings could be made around clinical fellows and academics.</td>
<td>■ It may also be perceived that the governance is not as robust.</td>
<td>The risks can be mitigated with recruitment of appropriate specialist staff and associates – see Annex B for potential options.</td>
</tr>
<tr>
<td></td>
<td>■ Removes the risk of having only one external organisation willing to run the tests.</td>
<td>■ Full set up costs will need to be quantified.</td>
<td>We also have oversight of the AAB.</td>
</tr>
<tr>
<td></td>
<td>■ The project could be delivered in stages e.g. first phase administration, second phase clinical assessments, third phase item banks.</td>
<td>■ Migration of item banks from the UCL to the GMC system may be difficult and may require a substantial amount of manual input.</td>
<td>Potential 5 year cost saving in the region £0.88 million to £1.24 million³</td>
</tr>
<tr>
<td></td>
<td>■ Opportunity to explore alternative governance structures.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>■ Increased control over the process and ability to direct future developments such as high fidelity testing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Commercial opportunities.</td>
<td></td>
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</tr>
</tbody>
</table>

³ See Annex A – UCL contract costs
6 - Options for Delivering Performance Assessments tests of competence

6 - Annex C

Other costs

Set up

1  There will be associated costs with migrating the process in house and the recommended option would be an ‘invest to save’ opportunity. This will include:

   a  Recruitment of staff and associates.

   i  Permanent/fixed term staff: £2000 - £3000 to advertise for each role and up to £5000 for specialist roles.

   ii  Associates: e.g. BMJ (print as well as online) £2000-3000 for a quarter page. We can also email those who we think would be interested directly at no cost. Associate services can provide support with this.

   b  IS – migration and potential additional storage of the item banks. Potential project logged with IS for 2017. IS need to collaborate with UCL if project is initiated to discuss migration.

   c  Duplication of work whilst processes are run simultaneously.

Business as usual

2  Costs for item writing and validation days are covered directly by the GMC. If the process is brought in-house then we may look to run an increased number of item writing days to look at specialties we can’t currently test.
6 - Options for delivering Performance Assessments Tests of Competence

Potential Timeline
Performance and Resources Board meeting, 23 June 2016

Agenda item 6 - Options for delivering Performance Assessment tests of competence

UCL Project

High Level Timeline and Milestone Plan

May 16
Papers due for PRB

Sep 16
Advice from AAB

Mar 16
Research and scoping work

Aug 16
Detailed options paper

Oct 16
Implementation planning

Nov 16
Resource requirements for business planning

Dec 16

Jan 17
Implementation

March 17
Recruitment activities

Aug 17
Training

Sep 17
Dual process – run alongside UCL

Dec 17

May 18
Phase 1 delivery

Feb 18
Mar 18
Mar 18

Dual process – run alongside UCL

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6 – Options for Delivering Performance Assessments tests of competence

6 – Annex E

Governance and operational options

If the preferred option is approved, the following options are available to deliver the process. Further work would need to be undertaken to determine where the operational staff would be best placed within the organisation, and whether a new head of section would be needed.

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Risks</th>
<th>Potential saving areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 – Replicate current UCL structure (except for research function).</td>
<td>■ We know that this structure works currently.</td>
<td>■ This option is likely to be expensive and costs may increase.</td>
<td>Research, Overheads, Operational staff</td>
</tr>
<tr>
<td></td>
<td>■ Costs are forecastable.</td>
<td>■ Senior academic and clinical staff of the same level may not have sufficient time to dedicate to this process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Maintain an element of governance independent from the GMC.</td>
<td>■ Limited GMC control overs costs and process.</td>
<td></td>
</tr>
</tbody>
</table>

Working with doctors Working for patients
## Option 2 – Adopt different structure utilising a mixture of employees/associates.

Review group would be needed to check new and reviewed bank items. Would need to be made up of a wide range of specialists/educational background similar to PLAB panels.

Review group or panel would need to be convened when needed for a specific test. E.g. made up of specialists working in the same area as the doctor under test, chaired by the figure head/clinical lead. It may be possible to combine the senior academic and clinical roles listed in Annex A.

Operational staff would be responsible for the administration of the panel/review group (similar to PLAB).

- Review group or panel could be made up of associates working in the same area as the doctor under test. Currently the knowledge test is reviewed by CTFs and a senior clinical lead that may not have knowledge of the specialist area.

  - We can base the review group or panel on the model used by the PLAB team.

  - Costs could potentially be reduced if we were to engage associates when needed than employ full-time clinical staff.

  - There is the possibility to re-develop the senior governance role(s) to ensure that the process is still robust, but that we’re able to engage someone who has sufficient time to dedicate to the role.

- Departure from the established structure may affect the stability of the process and affect reputation.

<table>
<thead>
<tr>
<th>Research Overheads</th>
<th>Operational and clinical/academic staff</th>
</tr>
</thead>
</table>
Bringing ToCs In-house

Current UCL structure

- Jane Dacre
- Alison Sturrock

- Clinical Teaching Fellow
- Clinical Training Fellow
- Research Associate

Governance and specialist medical knowledge

- Project Manager
- Technical and Systems Manager
- Events Administrator

Operational and administration staff

Potential GMC structure

- Chair/Figure head
  - Option 1: Associate
  - Option 2: Letter of appointment

- Review Group or Panel
  - Option 1: Associates
  - Option 2: Employees

Governance and specialist medical knowledge

- Hos (L2) (Possibly existing role)
- Operational Manager (L3)
- Examinations Officer (L4)

Operational and administration staff (Employees)
Potential costs for in house operational staff

It may be possible to save up to £278k on staff costs over 5 years. This is dependent on whether a new Head of Section (HoS) is needed, or whether an existing HoS could take on the role. If a new HoS is needed, the GMC’s operational staff costs would be comparable to UCL’s current spend.

<table>
<thead>
<tr>
<th>Operational staff member</th>
<th>Estimated 2017 salaries (2016 + 1%). Bottom of scale.</th>
<th>Salary plus on costs at 23% (pension, NI etc)</th>
<th>Potential 5 year GMC cost (2017-2021 assuming 2% pay increase each year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L3 Operational Manager</td>
<td>£33,810</td>
<td>£41,924</td>
<td>£220,358</td>
</tr>
<tr>
<td>L4 Examinations Officer</td>
<td>£24,413</td>
<td>£29,032</td>
<td>£152,595</td>
</tr>
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<td>£24,413</td>
<td>£29,032</td>
<td>£152,595</td>
</tr>
<tr>
<td>L2 Head of Section¹ (not a current UCL role)</td>
<td>£54,393</td>
<td>£67,447</td>
<td>£354,508</td>
</tr>
<tr>
<td><strong>5 year operational totals (without L2 HoS)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>£525,548 (estimated)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated 5 year operational total (with L2 HoS)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>£880,056 (estimated)</strong></td>
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</tbody>
</table>

¹ This may not be a full time Level 2 role, however, if we had an ‘assessment unit’ that provided support for PLAB, ToCs, Revalidation Assessments and any future assessments then potentially this would be a full time role shared across several areas.
**Potential costs for governance staff**

One option is to exactly replicate the current UCL roles and responsibilities in-house. However, this offers little opportunity to make financial savings or mitigate risks around having only a small number of people involved.

Another potential option is to convene a panel to agree new and amended items and sub-panels to review and approve each tailored test. The panels could be chaired by an academic/senior clinical lead. This is similar to the way that PLAB exams are governed.

<table>
<thead>
<tr>
<th>UCL role</th>
<th>Current 5 year UCL cost</th>
<th>GMC equivalent</th>
<th>Potential 5 year GMC spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Academic Lead (0.05 FTE) and Senior Clinical Lead (0.3 FTE)</td>
<td>~£230k</td>
<td>Senior Academic/Clinical Lead</td>
<td>This could vary depending on the level of involvement and seniority of the people recruited.</td>
</tr>
<tr>
<td>Clinical Fellows (1.5 FTE)</td>
<td>~£480k</td>
<td>ToC Panel</td>
<td>~£212k²</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sub-panel (tailored test)</td>
<td>~£186k-£360k³</td>
</tr>
</tbody>
</table>

² Cost based on PLAB 2 panel (8 panels per year).
³ 200 reviews of tailored tests at £930-1800 each (3 members with associate day rates from £310-£600, 40 panels per year).

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