

<b>Agenda item:</b>	<b>14</b>
<b>Report title:</b>	<b>PLAB review implementation – update on progress</b>
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<b>Considered by:</b>	<b>PLAB Review Implementation Group</b>
<b>Action:</b>	<b>To note</b>

## **Executive summary**

The Professional and Linguistic Assessments Board (PLAB) review group reported to Council at its meeting on 25 September 2014 at which all 23 recommendations were accepted. We established an implementation group early in 2015 and started a broad programme of activity. This work is scheduled to conclude in September 2016.

This paper provides an update on the implementation project. Annex A provides an overview of implementation activity.

## **Recommendation**

The Strategy and Policy Board is asked to note progress on implementing the recommendations of the PLAB review group.

## Update on PLAB review implementation

- 1 The Professional and Linguistic Assessments Board (PLAB) review group [reported](#) to Council at its meeting on 25 September 2014 at which all 23 recommendations were accepted. We set up an implementation group early in 2015 which developed a broad programme of activity split into seven workstreams. This will conclude in September 2016.
- 2 In October 2015 the Strategy and Policy Board received a report on progress during the first six months of implementation activity. This paper updates the Board on further progress towards implementing the review group's recommendations and the significant changes we'll be making to the Part 2 practical assessment in particular. We announced these improvements in March 2016. The new version of the PLAB test will be introduced from September 2016.
- 3 Our improvements will make the PLAB test more rigorous and more reflective of real life practice, to give patients and the medical profession even greater confidence that international medical graduates have the knowledge, skills and professionalism expected of all doctors working in the UK.
- 4 The table at Annex A gives an overview of implementation activity. Highlights include:
  - a Extending the scope of the PLAB test to include ethical values and professionalism. From September 2016, new questions and practical scenarios will have a stronger focus on the professional values and behaviours expected of doctors working in the UK, testing candidates in areas other than their clinical knowledge and skills. For example, doctors should understand a patient's right to make a choice about their care and how to manage situations beyond their level of knowledge.
  - b Increasing the reliability of the clinical skills assessment. From September 2016, the revised clinical skills assessment will include more and longer scenarios. These will reflect how doctors apply their knowledge and skills in practice – for example, candidates will carry out a practical procedure in a mock consultation setting, rather than demonstrating the procedure alone. Along with the use of a new way of setting the pass mark, this will enhance the accuracy of the test.
  - c Changing the examination regulations. From September 2017, we are introducing limits on the number of times candidates can take either part of the test, as well as a two-year limit on the time candidates have to apply for registration with a licence to practise after passing.
  - d Developing the framework for giving candidates enhanced feedback on their performance in both parts of the PLAB test. This will help them address any knowledge gaps if they need to retake the test or to help them prepare for

working in the UK. We are continuing to develop the IS infrastructure to allow us to give this enhanced feedback.

- e** Increasing further the number of female examiners through a targeted recruitment campaign.
  - f** Setting up an annual review of appeals with the first review completed in May 2015.
  - g** Improving the information on our website for candidates and employers to help them to understand better what the PLAB test includes, its purpose and the level at which it is set.
  - h** Commencing our communications campaign in March, announcing the strengthening of the PLAB test and its introduction from September 2016. This included issuing a press release, corporate news bulletins, as well as briefings through our Employer Liaison Service to reach employers at local level across the UK. We will be promoting the changes at conferences later this year and planning an open day in our Clinical Assessment Centre for key stakeholders. We published Q&As for candidates about the changes. These have been downloaded over 3,700 times, making this document the most downloaded across our whole website.
  - i** Contributing to the wider work programme we are undertaking with key stakeholders to investigate patterns of attainment in medical education and training linked to protected characteristics and country of primary medical qualification. As part of this, we have been examining how doctors who have taken the PLAB test perform compared with doctors who have not. We will continue to work collaboratively with education and training organisations to identify and act on common barriers to progression; and to identify and share good practice that aims to help doctors achieve their full potential in UK medical education and training.
- 5** Equality and diversity (E&D) considerations have been planned into each of the workstreams and the implementation group has an E&D representative. We have met with representatives from Reache North West, who support refugee doctors and asylum seekers, to talk about the PLAB Review and our implementation approach. We have invited representatives of international medical graduate doctors to an open day to tell them about the improvements we are making to the PLAB test.

## 14 – PLAB review implementation – update on progress

## 14 – Annex A

### Implementation activity

The table below outlines progress on implementing the PLAB review group's recommendations by September 2016.

Recommendations	Progress	Next steps
<b>Raising awareness about the test</b>		
<p>The GMC should give greater prominence to the PLAB test's blueprint and its overarching statement to improve general understanding of the current scope of the PLAB test.</p>	<p>We reviewed the blueprint's format, use and how it's signposted on our website. We also reviewed the content and use of the overarching statement. As a result, we have:</p> <ul style="list-style-type: none"> <li>■ Restructured the PLAB web pages to be more user-centric, better signposting employers and candidate to the blueprint on the PLAB landing page via an image/hyperlinked text. We have also made the PLAB pages easier to find in a search. We've also made the search descriptions of the PLAB pages clearer, for example</li> </ul>	<p>We will continue to evaluate the traffic to the blueprint web page and the blueprint user guide and blueprint downloads to measure the impact of our changes.</p>

Recommendations	Progress	Next steps
	<p>explaining the purpose of the blueprint. So far visits to the blueprint page have doubled on average compared with 2015.</p> <ul style="list-style-type: none"> <li>■ Created and published a candidate user guide to explain how the blueprint offers a 'one stop shop' to all the relevant information and guidance about what's expected of doctors working in the UK. This was downloaded over 150 times in the first month since launch.</li> <li>■ Re-designed the blueprint webpage aiming it at candidates and employers. We've removed the overarching statement but kept elements of it, for example around the blueprint's relevance and importance to employers and candidates. We added the user guide to the page plus a clearer call to action to download the blueprint.</li> <li>■ Created and published a new pdf version of the blueprint for users without Excel (improving accessibility). We've also updated the existing Excel version. We changed the heading format so that the blueprint can be better read by electronic screen readers. The first month's downloads of both blueprint versions (over 1,100) have greatly exceeded the entire</li> </ul>	

Recommendations	Progress	Next steps
	<p>downloads for 2015 (fewer than 100). Since its launch, the pdf version of the blueprint has been fourth in the most downloaded documents on our website.</p>	
<p>The GMC should change the name of the PLAB test to reflect more accurately its purpose. For example, it could be called the GMC's Knowledge and Clinical Skills Tests.</p>	<p>We developed a list of alternative names and reduced this to a short list of two. In October 2015 the Strategy and Policy Board considered whether it was still desirable to change the name of the test in the light of Council's decision in June 2015 to approve the development of a medical licensing assessment. The medical licensing assessment will replace the PLAB test for international medical graduates in due course. The Board decided the name of the PLAB test would not be changed. A new name, with a further name change for the medical licensing assessment relatively soon afterwards, may cause confusion among key interests.</p>	
<p>The GMC should promote the PLAB test's purpose with employers to increase their understanding that the test is set at the level of entry to F2 training.</p>	<p>We developed and have put in place plans to target employers, particularly in the NHS and locum agencies, with information about the PLAB test and the changes being made to it. Our communications explain to employers how we've strengthened the test and reinforce that a doctor who passes it, has been tested at the level expected of a doctor when they complete the end of the first year of Foundation</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>■ Continue to promote our messages to employers through our corporate bulletins and social media.</li> <li>■ Continue to engage locally with employers through our Employer</li> </ul>

Recommendations	Progress	Next steps
	<p>Programme training.</p> <p>To deploy our message we have:</p> <ul style="list-style-type: none"> <li>■ Used our Employer Liaison Service to reach employers at a local level and across all the four countries.</li> <li>■ Included articles in GMC News e-bulletins for doctors, our corporate news e-bulletin for stakeholders and (in late May) Responsible Officers.</li> <li>■ Created a new page for employers in the PLAB section of our website to explain how we assess international medical graduates and what the PLAB test covers. It also has information about the help and support we make available to employers to assist them in carrying out pre-employment checks and making sure those they employ, have the relevant qualifications, skills and experience required for the role.</li> <li>■ Promoted our PLAB reforms at the 2015 National Association of Medical Personnel Specialists (NAMPS) conference.</li> </ul>	<p>Liaison Service so that they are aware of the changes and that candidates will begin to take the revised assessment from September 2016.</p> <ul style="list-style-type: none"> <li>■ Promote the new assessment at the NHS Confederation Conference in June 2016 and at the NAMPS conference in October 2016.</li> <li>■ Create a short video for employers which we will use on social media to promote the changes and tell them where to find more information on our website.</li> </ul>

Recommendations	Progress	Next steps
<b>Changing the test's rules</b>		
<p>The GMC should impose a limit of four attempts at both Part 1 and Part 2 of the PLAB test. Further attempts should only be allowed if circumstances beyond candidates' control have affected performance or on the basis of demonstrable remediation over a period acceptable to the GMC.</p>	<p>In March 2016 we announced that, from September 2017, we will limit the number of attempts at each part of the PLAB test to four.</p> <p>We have developed transitional arrangements to make sure that candidates who have already taken but not passed the test are not unfairly disadvantaged by the new limits.</p> <p>We have developed the framework and processes for considering a further attempt and the types of evidence of additional learning an applicant can submit if they wish to apply for a further attempt.</p>	<p>In September 2016 we will:</p> <ul style="list-style-type: none"> <li>■ Publish comprehensive information on the website to explain the new limits and the transitional arrangements.</li> <li>■ Write to all candidates who have taken the PLAB test on four or more occasions to explain the new limits that will come into force in September 2017 so that they can consider the implications for them.</li> <li>■ Publish information and guidance on the website to explain how candidates can apply for a further attempt and the criteria we will apply when considering their requests.</li> </ul>

Recommendations	Progress	Next steps
<p>The GMC should require candidates to pass Part 2 of the PLAB test within two years of passing Part 1. It should also require candidates to apply for GMC registration and a licence to practise within two years of passing Part 2.</p>	<p>In March 2016 we announced that we will introduce these new time limits from September 2017. We have developed transitional arrangements to make sure that candidates* are not unfairly disadvantaged by the new time limits.</p>	<p>In September 2016 we will publish information about the new time limits and transitional arrangements on our website so that candidates can consider the implications for them.</p>
<p><b>Changing the content of the test</b></p>		
<p>The GMC should extend the scope of the PLAB test to include an assessment of the wider ethical values and principles in <i>Good medical practice</i> that the current format can't test.</p> <p>The GMC should explore how best to extend the scope of the PLAB test to include an assessment of the professional values and principles in <i>Good medical practice</i> that aren't currently tested. For example, this could be done by including a situational judgement test or another mechanism.</p>	<p>Having reviewed how other assessments assess professionalism in medical education and training, we have decided to include questions and scenarios on professionalism and ethics in the written Part 1 examination and the revised Part 2 practical assessment. Professionalism will also be assessed across all clinical skills stations. This is a similar approach used in other high stakes assessments and we have already begun to develop new questions and scenarios.</p>	<p>We will continue to develop more questions and scenarios and change our sampling methodology to make sure the new questions and scenarios are consistently included in each written examination and clinical assessment.</p> <p>We will include new questions and scenarios on professionalism and ethics from September 2016.</p>

\* Those who have either not passed Part 2 having passed Part 1 or have not applied for registration having passed Part 2 within the current three-year time limit.

Recommendations	Progress	Next steps
<b>Changing the clinical assessment and the standard setting methodologies</b>		
<p>The GMC should retain the Angoff and borderline group scoring methods for setting the standard of the Part 1 examination and the Part 2 assessment.</p>	<p>The working group did not recommend that we change our standard setting methodologies. However, a generalizability study of the Part 2 assessment found that we could improve both the reliability and accuracy of the Part 2 clinical skills assessment by using the borderline regression method instead of the borderline group scoring method which we currently use.</p> <p>We have therefore modelled the results of previous assessments using the borderline regression method. We have piloted the borderline regression method alongside the borderline group scoring method for assessments that took place between July and December 2015, with positive results.</p>	<p>From September 2016 we will use borderline regression to standard set the Part 2 clinical skills assessment.</p>
<p>The GMC should consider using item response theory and statistical equating to support the current standard setting and scoring methodologies for the PLAB test.</p>	<p>We commissioned an independent psychometric report based on item response theory (IRT) on the Part 1 question bank and have explored the merits of introducing statistical equating. The report found that the current methodology (Angoff) is working well and is delivering a consistent standard.</p>	<p>We plan further IRT analysis in 2017 to quality assure the test construction and standard setting. We will also work closely with the Medical Schools Council Assessment Alliance to ensure that the PLAB test is aligned with best practice in UK medical schools.</p>
<p>The GMC should regularly review the PLAB test's</p>	<p>In May 2015 we established the <a href="#">Assessment Advisory</a></p>	<p>We will review the PLAB test's standard</p>

Recommendations	Progress	Next steps
<p>standard setting and scoring methodologies to ensure that the test remains up to date and in line with evidence of other methods in a medical context.</p>	<p><a href="#">Board</a> to provide advice to the GMC on all aspects of the content, format and delivery of GMC assessments, including the PLAB test.</p>	<p>setting and scoring methodologies on an ongoing basis, seeking advice from the Assessment Advisory Board every two years. This will ensure that our methodologies remain up to date and in line with the published evidence and best practice.</p>
<p>In the interests of Patient safety, the GMC should continue to apply one standard error of measurement (SEM) to the pass mark for the Part 2 exam.</p>	<p>We continue to apply one SEM to the Part 2 pass mark.</p>	
<p>The GMC should explore how to reduce the possibility of candidates compensating between practical and examination skills stations on the one hand and communication and history taking stations on the other hand. For example, the GMC should consider whether to require a passing standard of performance in the practical and examination skills stations and also in the communication and history taking stations.</p> <p>The GMC should seek to increase the reliability of the Part 2 examination. Options include increasing the number and/or length of the OSCE stations, introducing a feedback session after each OSCE for examiners to discuss candidates' performance, and using two examiners to assess performance. However, the GMC</p>	<p>We have made significant progress in strengthening the PLAB test to make it even more robust.</p> <p>We have:</p> <ul style="list-style-type: none"> <li>■ Re-designed the assessment's format. We are increasing the number of stations from 14 to 18. The stations will be longer and are designed more accurately to reflect clinical interactions experienced by doctors in the Foundation Programme.</li> <li>■ Begun piloting the new stations to ensure their effectiveness.</li> </ul>	<p>We will continue to pilot the new stations so that we build up a validated station bank of sufficient size.</p> <p>We will launch the revised new assessment in September 2016.</p>

Recommendations	Progress	Next steps
will need to take into account the results of the generalisability study as well as feasibility when determining the most appropriate and proportionate way of increasing the Part 2 reliability.	<ul style="list-style-type: none"> <li>■ Increased the time examiners take calibrating stations before an assessment. Two examiners will calibrate each station before an assessment starts.</li> <li>■ Decided to use the borderline regression method to score and standard set.</li> </ul> <p>The new stations will test candidates' skills in an integrated way rather than in isolation. This means that to pass a station a candidate must demonstrate a rounded performance; and this removes the risk of candidates compensating poor performance in history taking and communication skills with better performance in practical and examination skills.</p>	
<b>Supporting candidates</b>		
The GMC should provide more meaningful feedback on performance to PLAB test candidates.	We will be giving all candidates more feedback on their performance in each section of the test. We currently tell Part 1 candidates their mark, the pass mark and the average mark for the examination they took. We will be including the scores for each of	We are developing our information systems to enable us to provide this enhanced feedback*. We anticipate being able to give candidates enhanced feedback towards the end of 2016.

\* When considering how we might enhance the feedback we give to candidates, we asked the [Assessment Advisory Board](#) for advice.

Recommendations	Progress	Next steps
	<p>three domains against which the Part 1 examination assesses candidates' medical knowledge.</p> <p>Currently we tell Part 2 candidates whether they have passed or failed each station, and give their overall score and the pass mark for the assessment they took. We will be including narrative feedback from the examiners based on pre-defined statements. We will also provide their score by station and by domain.</p>	<p>We will issue guidance for candidates about understanding their scores.</p>
<p>The GMC provides sufficient information to help candidates prepare for the PLAB test and directs them appropriately to other organisations. However, the GMC should regularly review candidates' feedback to make sure that the information and guidance it provides adequately meet their needs.</p>	<p>We are developing an online survey for candidates to tell us about their experience of booking and taking both parts of the PLAB test.</p>	<p>Will we launch the survey later in 2016. We will use the feedback to improve the customer experience where we can.</p>
<p>The GMC should review its procedure for dealing with candidates' requests for reasonable adjustments and its candidate guidance to make sure both reflect relevant learning from the 2012 health and disability review.</p>	<p>We reviewed our approach to making reasonable adjustments for candidates. This included looking at best practice in comparable organisations. The review concluded that the GMC is in line with best practice but could improve the information provided for candidates and make more formal arrangements for seeking expert advice.</p>	<p>We will continue to improve the information about reasonable adjustments on our website so that candidates can find it as easily as possible and contact us if they want to make a request or discuss their needs.</p> <p>We will formalise our arrangements for expert advice by putting a written</p>

Recommendations	Progress	Next steps
		<p>agreement in place.</p> <p>In order to keep our policy in line with best practice, we will monitor practice within other qualifications bodies and organisations involved in medical education and training; and update our procedures as necessary.</p>
<b>Other</b>		
<p>The GMC and those responsible for medical education and training in the UK should agree the most appropriate way of delivering a national licensing examination when the future shape of education and training for medical students and newly qualified doctors and the purpose and objectives of the examination are settled.</p>	<p>In June 2015 Council approved the development of a medical licensing assessment and we have already begun an extensive programme of engagement with our key interests.</p>	<p>We will undertake a public consultation on proposals for the medical licensing assessment in due course.. Our work to develop the assessment will include how it should be delivered.</p>
<p>The GMC and those responsible for education and training should investigate further why PLAB candidates underperform in the MRCP (UK), the MRCGP and the ARCP process compared with UK graduates and the GMC should consider any changes that might be required to the purpose and standard of the PLAB test.</p>	<p>Our Education Directorate is leading a significant programme of work to understand patterns of attainment in medical education and training linked to protected characteristics and to country of qualification. This includes both quantitative and qualitative research as well as engagement with key stakeholder groups. As part of this work, we have been examining how doctors who have taken the</p>	<p>We are continuing to investigate these patterns of differential attainment and what can be done within training programmes to help doctors from overseas and other affected groups achieve their full potential.</p> <p>In 2016 we will continue to work</p>

Recommendations	Progress	Next steps
	<p>PLAB test perform compared with doctors who have not.</p> <p>We have found complex patterns of differential attainment across the piece that affect all international medical graduates, doctors who qualified in Europe and some doctors who qualified in the UK. This research has shown that place of training, age, ethnicity, gender and specialty are all significant factors affecting progression.</p>	<p>collaboratively with education and training organisations to identify and act on common barriers to progression, in addition to working with trainees and trainers to highlight and share strategies for success.</p>
<p>The GMC should seek to increase the number of female examiners through the continued use of targeted recruitment campaigns.</p>	<p>In 2015 we ran a campaign to recruit a large number of examiners. We tailored the advert to encourage female applicants and ensured that it was placed in journals with a substantial female readership. In particular, we target general practitioners as female doctors are well represented in general practice. We also worked with the Medical Women's Federation to promote the campaign to their members. As a result, we saw a significant increase in the proportion of applications from female doctors, compared with previous campaigns. As a result 49 female examiners and 57 male examiners were invited to become examiners. This represents a significant increase in the number of female PLAB examiners. We have also enhanced the content of our website to encourage applications from female examiners. This includes a</p>	<p>We will continue to monitor the gender balance of our examiner pool.</p> <p>We will continue to tailor future recruitment campaigns to encourage female applicants to apply with a view to ensuring that the gender profile of the examine pool is as representative as possible of the medical profession.</p>

Recommendations	Progress	Next steps
	BLOG and film by one of our established female examiners.	
The GMC should consider further increasing its IELTS score requirements in light of the Durham report's findings on the predictive validity of IELTS for ARCP outcomes.	In June 2014 we increased the scores we require in the IELTS test as evidence of doctors' English language ability. We are not currently considering a further change but will take the research into account when we next review our English language requirements.	
The GMC should regularly review appeal outcomes to identify and disseminate any trends, lessons learnt and development work required.	We have implemented an annual review of appeals. In April 2015, we undertook our first review - one appeal against a Part 1 result and three appeals against Part 2 results. All were refused and we did not identify any trends.	We will continue to review appeals data annually to drive learning and improvements.
The GMC should explore the feasibility of introducing Computer-Based Testing (CBT) for the Part 1 examination and electronic marking for both parts of the PLAB test. This would enable the GMC to provide quicker feedback for candidates, use a wider and even more realistic range of assessment techniques, and gather additional intelligence for analysis.	We have undertaken a feasibility study to assess the potential benefits of introducing CBT for the Part 1 examination. We considered the experiences of similar bodies who have introduced CBT and the potential opportunities and risks of introducing it for Part 1. We also took into account that plans to deliver a medical licensing assessment, which will replace the PLAB test in future years, are still being developed. We are developing new systems which will both enhance management of the existing question bank and enable examiners to mark the Part	We will reconsider whether to introduce CBT when the format of the medical licensing assessment is agreed to ensure that the solution meets the long term needs of the GMC and its stakeholders.  We will continue to pilot computer based marking for the Part 2 practical assessment with a view to introducing it later in 2016.

Recommendations	Progress	Next steps
	2 clinical assessment using tablet technology.	
The GMC should publish a progress report on taking forward the work arising from our recommendations in 12-18 months.	In March 2016 we announced on our website the significant changes we will make to the PLAB test from September 2016, including the significant changes to the clinical skills assessment. This report to the Board will be published in the usual way.	