

To note

Reviewing the impact of completed GMC research: Registration

Issue

- 1** This is the third paper in a series summarising key findings and the impact of research projects. The purpose of these papers is to outline how completed studies have informed out work – with reference to key project findings, and where appropriate, project recommendations.
- 2** The key theme for this paper is our research relating to Registration, covering research on the Professional and Linguistic Assessments Board test and the International English Language Testing System.

Recommendation

- 3** The Strategy and Policy Board is asked to note the impact and value of the completed projects.

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- 4 Within our Research Implementation Plan 2014–2017, we committed to assessing the impact of completed research to explore whether the benefits justified the investment. Project reviews are undertaken 6–12 months after publication and focus on our actions in relation to the key findings (or recommendations), project costs and an assessment of value for money.
- 5 This is the third paper in the series and focuses on research relating to our registration requirements for International Medical Graduates (IMGs) and European Economic Area graduates, specifically on the PLAB and IELTS tests. The previous paper on Medical Education and Training research was reviewed by the Strategy and Policy Board in July 2014.

Review of the GMC's PLAB test: final report

- 6 The GMC commissioned three pieces of research to provide evidence to support the PLAB Working Group's review of the Professional and Linguistic Assessments Board (PLAB) test:
 - a [*The Validity of the Professional and Linguistic Assessments Board \(PLAB\) Exam*](#) a study from Durham University from a team led by Dr Paul A. Tiffin; [REDACTED].
 - b [*Assessing the equivalence of PLAB graduates to UK graduates*](#) a study from Chris McManus at University College London and Richard Wakeford at the University of Cambridge; [REDACTED].
 - c [*Developing an evidence base for the Professional and Linguistic Assessments Board \(PLAB\) Test*](#) a literature review also from Durham University from a team led by Professor John McLachlan [REDACTED].
- 7 These reports were all published on 30 September 2014, the day the Working Group's final report was released. It should be noted, though, that all of these research reports were received more than six months ago. The conclusions of the McManus and Wakeford work were published in April 2014 and generated considerable media coverage. This paper provides a brief overview of research methods, selected key findings and our response to the findings. The research findings underpin the working groups report and further detail can be found there.

Aims and methods

- 8 The first two studies were primarily concerned with the question of the extent to which International Medical Graduates (IMGs) who had passed the PLAB test had

equivalent skills and knowledge to UK graduates. Both attempted to answer this question through bringing together and analysing large data sets. The Tiffin research contrasted Annual Review of Competence Progression (ARCP) outcomes from 'PLAB graduates' with the same outcomes for 'UK graduates'. The Tiffin research also looked at the relative likelihood of these two groups of doctors being referred to our Fitness to Practise (FtP) procedures and having a negative outcome from such a referral. The McManus and Wakeford research compared the performance of PLAB graduates with UK graduates on the written and clinical components of the Membership of the Royal Colleges of Physicians (MRCP(UK)) and the Membership of the Royal College of General Practitioners (MRCGP) exams.

- 9 The McLauchlan literature review focused on the identifying best practice in examination and assessment methodology within the context of professional entrance examinations, including regarding the numbers of re-sits candidates are allowed and the period of validity of exam passes. For the literature review a variety of rapid review approaches were complimented by contact being made directly with international experts and relevant UK and international bodies.

Key finding: PLAB graduates not equivalent to UK graduates

- 10 Both the Tiffin and McManus and Wakeford research concluded that the skills and knowledge of PLAB graduates were not equivalent to their UK counterparts. PLAB graduates were more likely to experience at least one poor outcome at ARCP even controlling for confounding variables whilst the MRCP (UK)/MRCGP comparison revealed strong evidence that PLAB graduates performed at a substantially lower level than UK graduates as well as progressing more slowly. The Tiffin research also identified that PLAB graduates were more likely than UK graduates to be referred to out FtP procedures and have a negative outcome from such a referral, although this relationship was reduced when controlling for certain characteristics.
- 11 The researchers identified the changes to the tests which they argued would result in PLAB graduates' outcomes being equivalent to those of UK graduates. For the Tiffin research these were suggested to be raising the IELTS pass score to 8.5 or 9, or a 27 point increase in PLAB part 1 scores or a 12 point increase in PLAB part 2. McManus and Wakeford proposed similar increases for part 1 of the PLAB test (25-30 points) and part 2 of the PLAB test (16 points).
- 12 The PLAB Review Working Group considered the findings of the research but concluded that it did not in itself amount to evidence either that successful PLAB candidates are not safe to practise in the UK at the level of entry to F2 training or that the pass marks for both Part 1 and Part 2 are set too low. It noted, for instance, that the purpose of the PLAB test is not to identify whether candidates have the potential to achieve the equivalent outcomes as UK graduates at this higher level or through medical career pathways. It concluded that the GMC and those responsible for education and training needed to investigate further *why* PLAB candidates underperform in the MRCP (UK), the MRCGP and the ARCP process compared with UK

graduates. A project is currently being developed within our Education team which is looking to examine in detail the issue of differential attainment. It should also be noted, as will be discussed below, that we have recently increased the overall score requirement for IELTS. More recently we have also announced our intention in principle to develop a National Licencing Exam, which would equalise the standard for entry to UK practice for UK graduates and IMGs.

Key finding: Number of re-sits allowed should be restricted and the period of exam validity restricted to two years

- 13** The literature review identified that any consideration of the period of exam validity is tied into individual exam structures and designs, such as requirements to pass one part only of an assessment within a particular period of time, making it difficult to generalise to 'good practice'. With respect to re-sits, the literature review recommended that these are restricted to four, reflecting the practice of many UK medical education/assessment bodies and evidence regarding how many attempts benefit candidates. The Tiffin research also supported a restriction on the number of re-sits, on the basis of the relationship between the numbers of re-sits undertaken and subsequent outcomes.
- 14** Despite the lack of a strong evidence base, and based on precedent of the UK Foundation Programme Office and General Practice (GP) performers list requirements, the Working Group recommended that the GMC reduces the currency of passes in both parts of the PLAB test from three years to two. The Working Group, balancing the research with other evidence, also recommended that the GMC limit the number of times candidates can sit either part of the PLAB test to four. Council has endorsed these recommendations.

IELTS score levels should be raised

- 15** We had previously commissioned research on appropriate IELTS score levels in 2004. The 2004 study focused on the writing and speaking components of IELTS but did not consider scores for the reading or listening components. To ensure that our policies continue to draw on the latest available evidence, we decided to commission further research, looking at all four components of the test, in 2012.
- 16** The Centre for Language Assessment Research at the University of Roehampton was commissioned to undertake this work and delivered a report in 2013, [*Identifying the appropriate IELTS score levels for International Medical Graduate applicants to the GMC register*](#). The direct cost of the research was [REDACTED] although a further sum of [REDACTED] was required as incentives for stakeholders who participated in panels, as these involved a considerable investment of time.
- 17** The research had three objectives. Firstly, to determine if our requirements for IELTS were adequate as a preliminary language screening device for IMGs, secondly to determine if European Economic Area (EEA) graduates should provide the same

evidence as IMGs and, finally, to determine if the IELTS test by itself provides an adequate measure of English language ability.

- 18** Initially a literature review was undertaken to identify current practice in other countries and what would be an appropriate standard setting approach. A standard setting approach was selected from amongst those identified through the literature review. Among other components this involved the use of a range of stakeholder panels.
- 19** The research found that IELTS was an adequate measure of English language ability and that EEA doctors should provide the same evidence as IMGs. However the researchers recommended increasing the required scores for IELTS to 8 overall with specific requirements for the components of the test (Listening 8.5, speaking 8, reading and writing 7.5). Further the researchers suggested that the GMC consider developing its own test of language proficiency with a medical focus. In response to the research we have increased our overall score requirement for IELTS from 7 to 7.5, with a minimum of 7 for each component and have indicated that we may raise this further in future. The IELTS scores have not been increased in line with the levels recommended in the research. The increase is a step in the right direction with regard to improving patient safety. Further work is required to help determine whether further changes might be needed in future.
- 20** EEA graduates whose language skills require checking and who provide evidence of their English language proficiency through the IELTS test have now to meet these new requirements for IELTS. Developing and maintaining our own English language testing system would be very expensive (we do not have the in-house expertise) and would take a considerable time to implement. We have therefore commissioned research to identify if there are tests apart from IELTS that are suitable for our requirements, including any that have a particular medical focus. For any tests that do meet our criteria for suitability, the research will identify appropriate scores equivalent to our current IELTS requirements. We received the draft final report of this study at the end of October 2014.
- 21** The total research costs of all the work undertaken on the PLAB test and IELTS so far is [REDACTED] being invested in the IELTS equivalence research. There are important findings that are informing our future approach to the PLAB and IELTS tests, which are critical elements in ensuring patient safety.

Supporting information

How this issue relates to the corporate strategy and business plan

- 22** The GMC research programme potentially relates to all strategic aims of the Corporate Strategy, depending on the topics of research projects, but in particular relates to strategic aim 5: it is inkeeping with our commitment to evaluate the impact of what we do and demonstrate the difference we make.

How the issues support the principles of better regulation

- 23** The introduction of a formal review process provides an assessment of impact and an indication of value for money. Where the research has not delivered the anticipated value, this has been analysed to identify generic learning points for the design and commissioning of future research studies.
- 24** Later this year, we will introduce an evaluation of each study (upon completion) to assess the extent to which the research project met our objectives, our working relations with the contractor, and the quality and rigour of their analysis.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

- 25** This paper draws on a number of sources of information including the policy lead for each study, board papers and evidence submissions for external reviews.

If you have any questions about this paper please contact: Kerrin Clapton, Research Policy Manager, KClapton@gmc-uk.org, 020 7189 5364.