

Agenda item:	M5
Report title:	Medical Licensing Assessment – proposals for delivery
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Action:	To consider

Executive summary

The GMC's consultation on the Medical Licensing Assessment (MLA) closed on 30 April 2017. Council considered a report of the consultation at its meeting on 28 September 2017.

In summary, there was broad acceptance of our argument for the MLA. However there were significant and varied concerns about the logistical, financial and practical challenges of the model on which we consulted; particularly around delivering a common assessment of clinical and professional skills.

Having reviewed the options, we are seeking Council's approval to develop an amended solution for the MLA, which responds to the consultation but still aims to demonstrate that those who obtain registration with a licence to practise medicine in the UK can meet a common threshold for safe practice.

Recommendations

Council is asked to agree:

- a** Plans to deliver a common on-line test of applied knowledge test to UK graduates and International Medical Graduates (IMGs) by 2022.
- b** That the GMC should, by 2022, identify key performance indicators of effective practice in medical school clinical and professional skills assessments (CPSAs), and significantly strengthen the GMC's assurance that CPSAs at UK medical schools meet these requirements.
- c** That the GMC should continue to develop Professional and Linguistic Assessments Board Part 2 for IMGs and rebadge it as the MLA CPSA for IMGs by 2022.
- d** That our priority should be to set clear requirements for medical schools skills assessments, and that we will need to come back to the question of whether there should be a single CPSA in the future.

The Medical Licensing Assessment

- 1 In September 2014, Council gave approval in principle to explore the feasibility of introducing a UK-wide Medical Licensing Assessment. This would create a single, objective demonstration that those who obtain registration with a licence to practise medicine in the UK can meet a common threshold for safe practice.
- 2 At its meeting on 29 September 2016, Council agreed to consult on a model which combined a computer-based applied knowledge test (AKT) and a clinical and professional skills assessment (CPSA), both run by the GMC and common to all candidates.
- 3 The consultation ran from 31 January to 30 April 2017, and Council considered a report on the outcomes at its September 2017 meeting.
- 4 There have been some significant contextual developments since the consultation. These include the UK general election and the start of negotiations on the terms of the UK's exit from the European Union. The government has confirmed an additional 1500 new medical school places in England by 2020 (an increase of 25%). Plans are also being developed to increase medical student capacity in Northern Ireland, Scotland and Wales.

Consultation response

- 5 We received around 400 responses to the consultation; with around a quarter from organisations (including over 30 from medical schools) and the rest from individuals.
- 6 Overall, 64% of responses supported the stated aim. 47% agreed our proposals would achieve the aim, with the rest divided roughly between those who did not (22%) and those who weren't sure (21%).
- 7 There was broad agreement that the delivery of a common on-line AKT is manageable and achievable by 2022. There was also majority agreement that the test should build on the work of Professional and Linguistic Assessments Board (PLAB) Part 1 and the common content work of the Medical Schools Assessment Alliance (MSCAA).
- 8 However, there was significant concern about the difficulty of developing a common CPSA, and a strong view that our timetable for this was too ambitious (with medical schools particularly emphasising this point). There were several comments that greater clarity around the proposal, and more detailed modelling, was needed. The lack of clarity from Government over the timing and scope of proposals to move the point of full registration do not help.
- 9 A meeting of the MLA Expert Reference Group (ERG) — a group designed to bring a range of external content expertise to the development of the MLA — was held in the

summer to consider the consultation response, and its advice has informed this paper.

Taking the MLA forward

- 10** The immediate challenge is how we can deliver as much as possible of the aim and benefits of the MLA while taking on board the practical concerns raised by the consultation.
- 11** We believe the case for an MLA has been well made and largely accepted, with two thirds of respondents supporting the aim of the MLA. This includes the Medical Schools Council (MSC) which, although it believed that that the structure of the assessment should differ from that proposed in the consultation, stated it “will support the GMC in its decision to implement a Medical Licensing Assessment”. Ongoing system developments, including the liberalisation of undergraduate medical education, and emerging information such as recent research into the variation in the standard needed to pass written finals at medical schools, strengthen the argument for a common threshold. So we believe that the GMC should now commit to introducing the MLA.
- 12** However, it is clear that the logistical, financial and practical challenges of introducing a national assessment are significant. It is notable that responses from medical schools, whose staff are likely to be closely involved in delivering the MLA, include some of the strongest practical reservations.
- 13** We have therefore developed an amended approach which will achieve the fundamental purpose of the MLA but addresses the practical challenges of, in particular, delivering a single CPSA across all UK and IMG candidates.

A common on-line applied knowledge test for UK and IMGs

- 14** We propose to introduce an online test of applied medical knowledge, to be taken by all candidates, building on PLAB Part 1 and the question bank developed by the MSCAA. This would be run by the GMC, separately from UK medical schools’ own knowledge testing, although it may open the possibility of schools reducing the extent of their own testing. If successfully implemented, this would establish the principle of a common minimum threshold.
- 15** We would develop this in line with best evidence for written assessment. Initially we would introduce the AKT as a straightforward multiple choice, single best answer test. But we would also consider the evidence for developing innovative approaches beyond this: for example, considering the use of Very Short Answers, or test formats used in other assessments such as the Prescribing Safety Assessment (PSA).
- 16** We believe the sector would find it helpful for us also to explore with stakeholders and partners the role of the PSA as part of, or alongside, the applied knowledge test in the MLA. Passing the PSA is now a requirement before a provisionally registered

doctor can gain a Certificate of Experience at the completion of foundation year 1, but is completed by most UK students at medical school.

- 17** We have established a sub group of the ERG to provide content expertise in support of this work and, subject to Council's agreement, we will move ahead with developing and implementing the AKT in early 2018, with the aim of meeting the consultation deadline of a first 'live run' no later than 2022.

Significantly strengthening GMC oversight of requirements for clinical and professional assessments at UK medical schools

- 18** There is already variation in how clinical skills assessments are designed and delivered at UK medical school. Without regulatory intervention, we expect this variation to grow as new providers enter medical education. Variation is not of itself a bad thing, but it does make it difficult for the GMC to be confident that all students can meet a common threshold. We therefore believe there is a strong case for the GMC to do much more work to support greater consistency in the assessment of students' clinical and professional skills.
- 19** However, there are significant and varied concerns about the logistical and practical challenges of introducing a common CPSA within the MLA. We have concluded that we should consider an alternative approach, based on a significant strengthening of GMC assurance of clinical and professional assessments at UK medical schools.
- 20** These measures could include oversight by GMC appointed inspectors and the collection and analysis of examination data (with links to the UK Medical Education Database (UKMED) project). The approach would involve setting key performance indicators (KPIs) for medical schools and assessing their performance in relation to these requirements. The results would also inform the GMC's wider quality assurance process of basic medical education. This model envisages the retention and continued improvement of PLAB Part 2 for IMGs, with interplay between the development of PLAB and our requirements for medical schools (whilst acknowledging that PLAB would remain set at the level of full registration, while university examinations assess for provisional registration).
- 21** The Expert Reference Group feels that this approach would provide evidence that a common threshold had been reached before the GMC issues a licence to practise.
- 22** We recently commissioned research to identify good practice in assessing doctors' clinical and professional competence, to support the development of the MLA, and the outcomes will inform this work.
- 23** It will be important for our communications to make clear that a UK medical school CPSA which has met our requirements, and the GMC-run CPSA for IMGs, will both form part of the MLA.

- 24** An initial equality analysis was prepared alongside the consultation on the MLA, identifying key issues that we will need to consider and research as we implement the programme. Subject to Council's view on the proposals in this paper, we will review and revise the equality analysis, and develop an action plan. This would focus initially on our work next year on developing the KPIs, blueprinting the content of the MLA following publication of updated *Outcomes for graduates*, researching effective practice and reviewing current medical school assessment of clinical and professional skills. The current equality analysis is available on request and we will be pleased to receive comments.
- 25** We should not rule out introducing a single CPSA at some point in the future, but we cannot do this without laying strong foundations for it by first setting expectations and standards for practical assessments.
- 26** Over time, the approach outlined here should encourage more consistency between university assessments of clinical and professional skills, and between medical school and GMC practice (for example, in the number and length of stations, station design, examiner recruitment and training, or approach to standard setting). In light of this, we believe we should keep developments in medical school CPSAs under review and update Council regularly. We also propose a 'stock take' of progress in 2022, followed by a fuller review after two live runs. (This would be distinct from a full impact evaluation of the wider MLA policy and its implementation, which will be a longer-term exercise.)