

Agenda item:	M5
Report title:	Report on the Medical Licensing Assessment consultation
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Action:	To consider

Executive summary

Our public consultation on the Medical Licensing Assessment (MLA) closed on 30 April 2017. A report on the response is at [Annex A](#).

In summary, there is broad acceptance of our argument for demonstrating that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice.

However, a number of concerns have been raised which merit further careful consideration in developing a way forward.

The consultation response is key to framing the next steps.

Recommendations

Council is asked to consider:

- a** The overview of the MLA consultation process to date as outlined in this report.
- b** The report on the public consultation *Securing the licence to practise: introducing a Medical Licensing Assessment* at [Annex A](#).

Background

- 1 In September 2014, Council gave approval in principle to explore the feasibility of introducing a UK-wide Medical Licensing Assessment (MLA).
- 2 In June 2015, Council considered a report on the development of proposals for an MLA and noted an initial outline business case which summarised 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. During 2016, the Chair, Chief Executive and a range of staff members undertook a programme of visits to every medical school, which provided a good understanding of views about the opportunities and challenges of introducing the MLA.
- 3 Council agreed at its meeting on 29 September 2016 to consult on proposals that included a model which combines a computer-based test of applied knowledge and an assessment of clinical and professional skills.
- 4 The consultation ran from 31 January to 30 April 2017, and was supported by communications aimed at encouraging responses from those potentially affected by the MLA, such as patients and employers, as well as possible delivery partners such as medical schools. We sought views on support for the aim of the MLA, as well as on more specific questions about its content and how we might deliver it. The consultation included 'closed' (yes/no/not sure) questions along with substantial opportunity for comment and recommendations in free text elements.
- 5 Council previously received an interim update on the consultation, at their meeting on 7 June 2017, indicating some high level conclusions from the consultation. The final consultation report on the responses received is at [Annex A](#).

Consultation response: headline points

- 6 We received 418 responses with around a quarter (104) from organisations (including 32 from medical schools) and the rest from individuals.
- 7 268 (64%) of responses supported the aim of the MLA as stated in the consultation document. The rest split roughly equally between 59 who did not (14%) and 54 who weren't sure (13%). 37 (9%) did not reply to this question.
- 8 However, there were some important differences between sub-groups of respondents:
 - a Support was lower in responses from medical schools (41%); and the 'not sure' option was much more common in medical school responses (47% compared to a total 'not sure' response of 13%).

- b** There was higher than average support in responses from individual medical educators (71%, 25), medical students (72%, 26) and other individuals (73%, 22); and from medical Royal Colleges and related bodies (88%, 15).
 - c** Responses from respondents classifying themselves as doctors matched the overall level of support at 65% (138).
- 9** There was a similar pattern in views about whether our proposals would deliver the aim. Here, 45% (190) of respondents overall agreed they would, with the rest again divided roughly between those who did not (21%, 88) and those who weren't sure (20%, 85). 13% (55) did not reply.
 - a** There was stronger agreement from individual doctors (55%, 117) and medical students (61%, 22); and much weaker agreement among medical schools (just 6%, 2 schools).
 - b** 41% (13) of medical school responses said our plans would not meet the aim, and 44% (14) were not sure, whereas the percentage of 'no' and 'not sure' responses across other groups broadly matched the overall levels of 21% and 20% respectively.
 - c** Responses from individual medical educators reflected the overall level of agreement at 46% (16).

Next steps

- 10** We have considered carefully the consultation responses as we plan the next steps in developing and delivering the MLA.
- 11** In developing plans for the MLA we have established a small Expert Reference Group and two subgroups to support specific aspects of the proposals (the applied knowledge test and the assessment of clinical and professional skills). We are maintaining regular contact with key stakeholders and experts and with a wide international MLA Reference Community which is open to all.
- 12** In discussion with stakeholders we will be considering the most effective governance arrangements for the development of the MLA to make clear the GMC's acceptance of responsibility for the project in close collaboration with our partners.
- 13** Proposals for the development of the MLA in light of the consultation response will be brought back to Council for consideration.

M5 – Report on the MLA consultation

M5 - Annex A

Report on the public consultation, *Securing the licence to practise: introducing a Medical Licensing Assessment*

Executive summary

- 1** There were 418 responses to the consultation on the proposed Medical Licensing Assessment (MLA). 314 of the logged responses are from individuals and 104 are from organisations, with 32 medical school responses.
- 2** 64% of respondents supported the aim of the MLA and 14% did not.
- 3** Support was lower for the specific proposals set out in the consultation document. 45% said that overall the plans would meet the aim of the MLA and 21% disagreed.
- 4** There was substantial variation between categories of respondent. For example, 88% of Royal Colleges and related organisations supported the aim; but only 41% of medical schools did so (with 47% 'not sure' and one school against).
- 5** There was general agreement that it would be possible to introduce a computerised test of applied knowledge by 2022 but considerable concern about attempting to introduce a single assessment of clinical and professional skills on the timescale.

Respondents

- 6** There were 418 responses to the MLA consultation. 314 of the logged responses are from individuals. 104 are from organisations; this included 31 from medical schools and the Medical Schools Council.

Type Of Respondents	Category	Total Count
Individual	Doctor	213
	Medical educator	35
	Medical student	36
	Other (including members of the public and other health professionals)	30
Individual Total		314
Organisation	Medical school (including the Medical Schools Council)	32
	Royal college or related body	17
	Body delivering postgraduate training	4
	Body representing doctors	8
	NHS/Social Care organisation	9
	Body representing patients or public	8
	Other	26
Organisation Total		104
Grand Total		418

7 There was a high representation of medical schools and medical Royal Colleges among the respondents. 32 medical schools responded and there are 34 in the Medical Schools Council. 17 Royal Colleges or related bodies responded and there are 24 Royal Colleges and Faculties in the Academy of Medical Royal Colleges. Also, several of the other organisations responding are themselves national bodies representing the views of particular groups or local bodies. The responses from individuals and from local organisations, while important and interesting, do not necessarily reflect the overall views of the population categories at large.

Key findings

- 64% of respondents supported the aim of the MLA and only 14% did not. The aim of the MLA was defined in the consultation document as being 'to create a single, objective demonstration that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice'.
- 52% supported the basic framework of two parts and only 19% did not. We suggested a licensing assessment with two parts which would test applied knowledge through multiple choice questions (MCQs) and test clinical and professional skills through an objective structured clinical examination (OSCE).

- There was equal support for delivering the OSCEs for UK candidates at a limited number of sites and for delivery at each university separately with a smaller number saying each university should decide. For IMG candidates the most favoured option was a limited number of sites with few respondents opting for a single site (the current arrangement for Part 2 of the GMC's Professional and Linguistic Assessments Board (PLAB) test).
- 51% agreed that the MLA should be necessary but not sufficient for a primary medical qualifications (PMQ). 21% disagreed.
 - 41% thought that by 2022 UK medical schools could cope with a pass mark fixed to full registration, as applies currently to the PLAB test, and 22% disagreed.
 - Over half agreed MLA scores should not be used to rank candidates for employment or training purposes.
 - The respondents did not have a clear preference on the range of exemptions that could apply to the MLA, but few said they would like exemptions more extensive than those that currently apply to the PLAB test.
 - 53% agreed that the GMC and medical schools should pay for UK applicants and 67% agreed that overseas applicants should pay for themselves, as they do for the PLAB test.
 - Most supported the proposed programme board at arm's length from, but accountable to, the GMC.
 - 36% thought the timeline of implementing the MLA in 2022 was appropriate, 32% thought it too ambitious and only 6% thought it too protracted.
 - 45% said that overall the plans would meet the aim of the MLA and 21% disagreed.
- 8 In short, the overall view of the respondents as expressed in the quantitative responses is broadly supportive of the proposed MLA. On some specific questions there was less consensus.
- 9 Key themes in the qualitative or free-text responses included the purpose of the MLA, its scope, how it would be delivered, the level of competence required to pass, approaches that could be considered to meet the stated aim and the implications for undergraduate curricula.

Medical schools

- 10 The medical school responses did not oppose the aim of the MLA. But they had various concerns about the desirability and feasibility of our proposals, particularly in relation to establishing a system for testing clinical and professional skills in the timescale proposed.

- 13 medical schools said they supported the aim of the MLA and 15 were not sure. Only one was against.
- In relation to the basic two-part model of an applied knowledge test and a test of clinical and professional skills, the schools were roughly split three ways - in support, against and not sure.
- 21 thought the timeline for implementation was overly ambitious.
- 2 said our plans would meet the aim of creating a single, objective demonstration of safe practice, with the rest divided between 13 disagreeing and 14 not sure.
- Asked about the exemptions that apply to the MLA 11 said they should be the same as those that apply to the PLAB test, 7 said they should be less extensive and only one medical school thought they should be more extensive.

11 Themes that were of particular interest to the medical schools included how the MLA would relate to university examinations and degrees, psychometric issues, the importance of the GMC collaborating with experts and stakeholders in developing proposals, the need for more information and defining the role of the MLA in relation to minimal competence and the aspects of competence that it would cover.

Medical Schools Council: ‘MSC will support the GMC in its decision to implement a Medical Licensing Assessment with an emphasis on entry into the NHS and wishes to engage fully with the GMC in delivering this... However, MSC does not yet have a common vision with the GMC about what the MLA should look like... The GMC’s assessment must be of a minimum rather than a common threshold... Greater rigour will be required in assessing international, compared with UK, graduates and so a **single** common assessment is not appropriate... A common assessment of knowledge should be possible to implement but there remain significant challenges. A common clinical assessment would be logistically difficult to deliver. A danger for minimum standards, is that unless dealt with carefully they could actually lead to a lowering of standards in current UK medical Schools... Greater focus on the student assistantship during the final year and an assessment to confirm the readiness for a safe transition from student to F1 doctor could prove useful.’

Scottish Deans Medical Education Group: ‘The Scottish Deans Medical Education Group wholeheartedly supports the GMC in its vision of enhancement of patient safety and the desire to assure the public that all doctors practising in the UK have met a minimum standard of preparedness for practice... We are not in agreement that it is necessary to have one single demonstration of a common threshold. We believe that the quality assurance and oversight of UK medical schools already provides a robust process that can and does ensure a minimum standard... With respect to the OSCE... we believe that the proposed approach cannot give valid or reliable information on professionalism. We are concerned that there would be significant unintended consequences of a national OSCE assessment... How overly ambitious this timeline is does depend to some extent on the shape of a proposed MLA. With rapid definition of the curriculum to be assessed (...) then scaling up the SBA common bank

of questions with national standard setting could be achieved in the timeframe suggested ...With respect to the proposal that there should be an OSCE component, we believe that the timeline is clearly overly ambitious...'

The Royal Colleges and other educational bodies

- 12** The 17 Royal Colleges and related bodies were strongly supportive of the principle of the MLA but made a range of points drawing on their experience of running national examinations for doctors in specialty training.
- 15 Royal Colleges and related bodies supported the aim of the MLA.
 - 13 thought the basic approach of two parts was appropriate.
 - 12 thought passing the MLA should be a necessary but not sufficient component of university finals.
 - They were roughly split between those thinking the timeline appropriate (6) or overly ambitious (5) – none thought it too protracted.
 - 7 thought the proposals in the consultation document would meet the stated aim, 2 thought not and 3 were not sure.
- 13** More generally the 21 bodies involved in postgraduate education, including bodies delivering training as well as the Royal Colleges and related bodies, were particularly interested in how the MLA would be delivered, quality assurance, maintaining a consistent standard, governance, piloting and psychometric issues.

Academy of Medical Royal Colleges: 'Having a single, objective assessment that would enable everyone to be confident that doctors new to practice have met the same threshold of competence is a positive step. Colleges have had concerns both about the variation in skills and knowledge of UK medical students and of overseas students entering postgraduate training and the workforce. A common assessment will help address this issue. The major concerns of Colleges have been that the process should not be burdensome or duplicative to medical students/trainees in terms of either workload or cost. The proposal to incorporate the MLA into finals is therefore sensible. The proposal that the cost for UK candidates is covered by the GMC and medical schools rather than direct charges is supported. Colleges would wish to be involved in the discussion on the detailed development of proposals and would certainly have suggestions as to what should be covered in an MLA as, for example, some understanding of quality improvement science.'

Health Education England: 'Yes [support the aim of the MLA], conditional upon moving the point of registration to the end of medical school. Given this, HEE supports the aim that all doctors, whether UK or overseas graduates, should undertake the same test or assessment to gain a licence to practise medicine in the UK... We have concerns that the proposed timeline is overly ambitious. Although we support the aim of the MLA, there are considerable issues to be addressed. However, HEE is willing to support the GMC with its

plan of action once a decision has been made following this consultation to achieve implementation as soon as possible.'

NHS Education for Scotland: 'NES would be supportive of the aim of securing a single common threshold for registration with a license to practice in the UK, but are uncertain that the MLA as set out in this consultation is either a sufficient, the only, or indeed the best way to achieve this...It is not clear to us that the risks and benefits are yet sufficiently clearly articulated, and given that there will be costs (which in Scotland at least seem likely to fall to the public purse), there is a question over what priority should be given to this development over other calls on resources. There is, however, an opportunity to use the development of an MLA to achieve - improved levels of transparency around the curriculum, - improved levels of quality assurance of UGME, and - improved 'fit' between the process of UGME and the needs of patients – in the same way that the needs of patients have driven the review of the shape of postgraduate training at a UK level.'

Northern Ireland Medical and Dental Training Agency: 'Agree that there should be a minimum threshold of knowledge and skills to be able to engage in medical practice in the UK. A MLA would be one way of achieving this. Believe that there are other ways of achieving this. As regulator of undergraduate medical education, the GMC should already have the capability of ensuring that a minimum standard is achieved by medical graduates from UK medical schools. The PLAB is the way of achieving this for IMGs - this could be replaced by MLA. The problem group is the EEA graduates - this may be resolved by Brexit.'

Wales Deanery: 'In general, the Wales Deanery supports the aim of the MLA as stated... The question asked is whether all of the UK medical schools would be in a position to prepare their graduates to meet the level required of full registration i.e. currently set at the end of F1, at the point of graduation. This approach, it has to be argued, would require significant revision of all undergraduate curricula... The Wales Deanery view is that the stated timeline is somewhat over ambitious.'

Medical students and the BMA

14 The 36 medical students were largely supportive of the aim but concerned about any duplication of assessment.

- 26 supported the aim of the MLA.
- Most (22) supported the two-part model but 9 were opposed.
- 16 thought our timeline appropriate but 13 thought it overly ambitious.
- Overall, most (22) thought that our plans would meet the aim of the MLA.
- The students were equally split three ways between those wanting more exemptions, fewer and roughly the same.

- 15** Common themes in responses were the need to avoid unnecessarily duplicating stressful assessments and opposition to students incurring costs as a result. Students were also interested in how a consistent standard would be maintained.

British Medical Association: 'We agree that the notion of a single common threshold for safe practice is, in principle, attractive... However, we question whether a convincing case has been made to support the introduction of the proposed MLA and would welcome further expansion of the need for the assessment in your response to this consultation. We would not support the introduction of the proposed MLA as proportionate if, for example, it unreasonably added to the assessment burden at UK medical schools and placed greater costs upon individual students studying in the UK.'

Healthcare organisations

- 16** The responses from nine NHS/social care organisations were broadly supportive with some concern about the potential impact of the MLA.

- Most of the NHS/social care organisations stating a view supported the aim (four out of five).
- They had mixed views on the proposed two-part framework.
- They were split between those thinking the timeline appropriate or too protracted – none said it was too ambitious.
- They had no clear view about the range of desirable exemptions.
- They were also ambivalent about whether our consultation proposals would meet our stated aims.

- 17** There was some concern about avoiding adverse impact on recruiting overseas doctors to work in the health services.

NHS Confederation: 'The NHS Confederation fully supports the GMC's plans for a single medical licensing assessment. The need to create a level playing field for all those seeking to practise medicine in the UK has been evident for some time and it is right that patients should have the assurance that any doctor treating them has achieved the necessary standard to work safely in this country. This should apply to graduates of all UK medical schools and to all doctors coming into this country, including those from Europe. The forthcoming negotiations on the UK leaving the EU provide an opportunity to make sure that this single standard applies to all those seeking to join the medical register wherever they were trained.'

NHS Providers: 'We recognise that there is logic to the argument that a single medical licensing exam would help provide greater assurance for the public and NHS providers... while we do not oppose the proposed medical licensing assessment for doctors in the UK and can see it offers potential benefits, it is not something that provider trusts have raised

with us as an urgent and pressing need...We would therefore urge that the GMC give careful consideration as to the impact of the proposed assessment on the ability of NHS provider trusts to recruit staff to positions in a timely way.'

Patients and the public

- 18** All the eight organisations representing patients and the public that explicitly expressed a view said they supported the aim of the MLA – three did not express a view. However, they did not tend to comment on the detailed proposals.
- 19** Separate from the consultation, we commissioned an opinion survey from Populus which showed the extent to which members of the public could be reassured by an MLA. Seven in ten (69%) were confident that the current arrangements already ensure appropriate checks are made before doctors are able to work in the UK but around three in ten (31%) were not. Over two fifths (42%) of those over 65 said they were not confident that appropriate checks are made. Two thirds of respondents (66%) said that a single assessment taken by all doctors regardless of what country they qualified in would increase their confidence that appropriate checks had been made. Very few (6%) said that a single assessment would reduce their confidence that appropriate checks had been made. The introduction of a single assessment would be most likely to increase the confidence of older respondents with three quarters (75%) of those aged over 65 claiming their confidence would increase.

Action against Medical Accidents: 'AvMA fully supports the introduction of the MLA to ensure a consistent standard is applied to doctors being newly admitted to the UK medical register and being granted a licence to practise. With a planned 25% increase in UK medical graduates and the establishment of additional UK medical schools, the MLA will be an important quality check of standards of medical education as well as providing assurance that new registrants with a licence to practise meet core professional standards and are safe and competent to practise.'

National Voices: 'As the leading coalition of health and care charities, National Voices endorses the development of a standardised Medical Licensing Assessment...The "core customer" of health and care services has changed and 70% of the NHS budget is now spent on supporting people with long-term conditions...The Medical Licensing Assessment will be a valuable mechanism for ensuring that professional practice meets patient need.'

National perspectives

- 20** There were interesting differences in the responses across the nations of the UK.
- 21** In England 12 medical schools (60%) said they supported the aim and 8 (40%) said they were not sure. In Scotland, none of the schools supported the aim, 5 (83%) were not sure and one was against. There was more consensus on whether the plans as stated in the consultation document would support the stated aim, with the schools in both England and Scotland split more or less equally between those saying no and those saying they were not sure. The responses from the medical schools in Wales and Northern Ireland either did not answer these two yes/no questions or are confidential.

22 Looking at all respondents, the total of 418 included 201 saying they were based in England, 7 in Northern Ireland, 40 in Scotland and 15 in Wales with the other respondents categorised as UK-wide (44), from the rest of the world (36) or not saying (75). Given the small numbers in some categories and the number not categorised, we should not place too much weight on the national differences. However, support for the aim of the MLA was found among 71% of respondents in England, 57% in Northern Ireland, 53% in Wales and 33% in Scotland. Agreement that the plans in the consultation document would meet the stated aim was found among 50% of respondents in England, 47% in Wales, 30% in Scotland and 14% in Northern Ireland.

Responses to individual questions in the consultation

- 23** In the following section we have set out statistics on relevant questions so where no table is included that is because the responses were free-text only.
- 24** In the tables, there is a column ('blank') giving the number of respondents who did not choose any of the options. In some cases, particularly for the organisational responses, this will be related to the fact that they did not complete the consultation form but responded by letter or other entirely free-text approaches.
- 25** We use percentages in discussing the responses although in some categories there were fewer than ten respondents. The absolute figures are provided in the tables.
- 26** For each question we also highlight common themes in the free-text responses.

Q1. Do you support the aim of the MLA?

Question 1		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	138	65%	42	20%	26	12%	7	3%	213
	Medical educator	25	71%	6	17%	3	9%	1	3%	35
	Medical student	26	72%	7	19%	2	6%	1	3%	36
	Other	22	73%	1	3%	4	13%	3	10%	30
Individual Total		211	67%	56	18%	35	11%	12	4%	314
Organisation	Medical school	13	41%	1	3%	15	47%	3	9%	32
	Royal College or related body	15	88%	1	6%		0%	1	6%	17
	Body delivering postgraduate training	3	75%		0%	1	25%		0%	4
	Body representing doctors	5	63%		0%	1	13%	2	25%	8
	NHS/Social Care organisation	4	44%	1	11%	1	11%	3	33%	9
	Body representing patients or public	5	63%		0%		0%	3	38%	8
	Other	12	46%		0%	1	4%	13	50%	26
Organisation Total		57	55%	3	3%	19	18%	25	24%	104
Grand Total		268	64%	59	14%	54	13%	37	9%	418

27 In the consultation document, the aim was defined as: 'To create a single, objective demonstration that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice.'

- 28** 64% of respondents say they support the aim and 14% were against. Support was particularly strong among the Royal Colleges and other organisations involved in postgraduate training and among individual medical students and medical educators, but much weaker among medical schools.
- 29** There was a view particularly from the medical schools that current arrangements are satisfactory and that the current variations in assessment before granting registration with a licence to practise do not justify implementation of an MLA along the lines described in the consultation document. There was particular concern over the terms 'single' demonstration and 'common' threshold in the stated aim.
- 30** However, the comments largely confirm the overall support for the MLA and recognition of the case for change and increasing public confidence. There was a repeated assertion that the MLA is overdue.

Q2. What should we consider when defining the areas of knowledge and skill to be tested in the MLA?

- 31** In the consultation document our lead-in to this question identified several key sources that we could use to identify the competencies to be tested by the MLA, along with more general aspects of performance. The organisations tended to refer to existing frameworks and comment on these, whereas individuals made more general remarks about areas that might be covered in the MLA. Special interest groups took the opportunity to request we include consideration of their specific area of medicine.
- 32** There was general consensus among medical schools that the scope we have identified was logical, but attention should be given to the weighting given to the areas to be tested.
- 33** There were a few negative comments, largely from individuals, to the effect that the MLA would lead to the GMC defining undergraduate curricula, that overseas doctors with specialist experience did not require testing on basic skills, and that the areas to be tested were already assessed elsewhere.
- 34** Key themes in the responses related to the purpose of the MLA, the importance of securing a minimum level for safe and effective practice, professionalism and skills key to clinical practice. There were various detailed suggestions for consideration.

Q3. Do you support this two-part framework?

Question 3		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	122	57%	42	20%	39	18%	10	5%	213
	Medical educator	20	57%	6	17%	8	23%	1	3%	35
	Medical student	22	61%	9	25%	4	11%	1	3%	36
	Other	14	47%	5	17%	5	17%	6	20%	30
Individual Total		178	57%	62	20%	56	18%	18	6%	314
Organisation	Medical school	9	28%	10	31%	10	31%	3	9%	32
	Royal College or related body	13	76%		0%		0%	4	24%	17
	Body delivering postgraduate training	4	100%		0%		0%		0%	4
	Body representing doctors	4	50%		0%	2	25%	2	25%	8
	NHS/Social Care organisation	3	33%	2	22%		0%	4	44%	9
	Body representing patients or public	1	13%	1	13%	2	25%	4	50%	8
	Other	6	23%	3	12%	2	8%	15	58%	26
Organisation Total		40	38%	16	15%	16	15%	32	31%	104
Grand Total		218	52%	78	19%	72	17%	50	12%	418

35 Half (52%) supported the proposal that the MLA would include a test of applied knowledge and a test of clinical and professional skills. A fifth (19%) disagreed and nearly a fifth (17%) said they were not sure. The Royal Colleges and related bodies

were particularly supportive (76%), as were the bodies delivering postgraduate training (all four), but the medical schools were less so (only 28%).

- 36** The medical schools sought clarification of details as soon as possible so that schools would have sufficient time to make preparations within their assessment programmes, curricula and at an institutional level. There was an awareness of the size of question banks needed for the knowledge test. The test of clinical and professional skills was a far greater cause for concern than the knowledge test, in terms of the cost, practicalities, organisational issues and the time needed to develop an adequate bank of stations appropriate for a reliable high-stakes exam. Schools argued that behaviours require a longitudinal approach, as they believed it was not possible to assess professionalism authentically in a one-off clinical skills assessment.
- 37** Those who responded 'Don't know' were mostly concerned about practicalities (particularly for the test of clinical and professional skills) and the ability of the proposed formats to cover all competencies.

Q4. Should the test of applied knowledge build on the banks of questions developed by the MSCAA and by the GMC for our PLAB test?

Question 4		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	118	55%	32	15%	51	24%	12	6%	213
	Medical educator	22	63%	5	14%	7	20%	1	3%	35
	Medical student	21	58%	2	6%	8	22%	5	14%	36
	Other	11	37%	4	13%	7	23%	8	27%	30
Individual Total		172	55%	43	14%	73	23%	26	8%	314
Organisation	Medical school	18	56%	2	6%	10	31%	2	6%	32
	Royal College or related body	11	65%		0%	2	12%	4	24%	17
	Body delivering postgraduate training	4	100%		0%		0%		0%	4
	Body representing doctors	2	25%		0%	3	38%	3	38%	8
	NHS/Social Care organisation	6	67%		0%		0%	3	33%	9
	Body representing patients or public	2	25%		0%	2	25%	4	50%	8
	Other	6	23%	1	4%	4	15%	15	58%	26
Organisation Total		49	47%	3	3%	21	20%	31	30%	104
Grand Total		221	53%	46	11%	94	22%	57	14%	418

38 This proposal was generally supported – 53% were in favour and only 11% against while 22% were not sure, some due to unfamiliarity with the current banks of questions. Generally, there was a consensus across the respondent categories. The postgraduate medical institutions were particularly confident about the proposal.

39 The concerns largely centred on the level of competence expected of candidates and the practicalities involved in developing a sufficiently large bank of robust questions.

Q5. For UK applicants, should the MLA test of clinical and professional skills be:
a. delivered at a limited number of sites across the UK, including all the UK countries; b. provided at each university separately; or c. should each university decide whether to run the test for its own students or arrange for them to take the test elsewhere?

Question 5		a		b		c		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	74	35%	76	36%	44	21%	19	9%	213
	Medical educator	17	49%	10	29%	5	14%	3	9%	35
	Medical student	6	17%	21	58%	3	8%	6	17%	36
	Other	8	27%	5	17%	8	27%	9	30%	30
Individual Total		105	33%	112	36%	60	19%	37	12%	314
Organisation	Medical school	13	41%	9	28%	6	19%	4	13%	32
	Royal College or related body	4	24%	5	29%	3	18%	5	29%	17
	Body delivering postgraduate training	1	25%		0%	3	75%		0%	4
	Body representing doctors	2	25%	3	38%	1	13%	2	25%	8
	NHS/Social Care organisation	1	11%	2	22%	3	33%	3	33%	9
	Body representing patients or public	2	25%		0%		0%	6	75%	8
	Other	5	19%	3	12%		0%	18	69%	26
Organisation Total		28	27%	22	21%	16	15%	38	37%	104
Grand Total		133	32%	134	32%	76	18%	75	18%	418

- 40** The respondents were split equally between assessments at limited sites and at all universities (32% for both). Letting the universities decide was less popular at 18%, but the arguments for it were similar to those for providing the assessment at all universities.
- 41** Compared to other questions, a relatively high proportion of respondents did not reply to this question – 18% including 12% of individuals and 37% of organisations.
- 42** 13 medical schools (41%) went for limited sites, with a similar number split across the other two options. Medical educators, at 49%, were the category most in favour of limited sites; while medical students tended to disagree (only 17% favoured option limited sites with most preferring all universities).
- 43** Advocates of limited sites focused on the importance of maintaining a consistent standard, whereas advocates of the university-based option and of letting the universities decide focused instead on the potential burden the MLA could place on students, particularly in relation to travel.
- 44** There was a repeated plea for more clarity about the proposals, with a clear sense that more detailed modelling was needed.

Q6. For overseas applicants, should the MLA test of clinical and professional skills be: a. delivered at one UK site for all candidates; b. delivered at a limited number of sites across the UK, including all the UK countries; c. provided by UK universities recognised by the GMC to provide this service?

Question 6		a		b		c		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	28	13%	107	50%	54	25%	24	11%	213
	Medical educator	7	20%	20	57%	5	14%	3	9%	35
	Medical student	2	6%	17	47%	9	25%	8	22%	36
	Other	5	17%	10	33%	6	20%	9	30%	30
Individual Total		42	13%	154	49%	74	24%	44	14%	314
Organisation	Medical school	5	16%	16	50%	3	9%	8	25%	32
	Royal College or related body	1	6%	7	41%	2	12%	7	41%	17
	Body delivering postgraduate training		0%	2	50%	2	50%		0%	4
	Body representing doctors	1	13%	3	38%		0%	4	50%	8
	NHS/Social Care organisation		0%	3	33%	2	22%	4	44%	9
	Body representing patients or public	1	13%	1	13%		0%	6	75%	8
	Other	1	4%	5	19%	4	15%	16	62%	26
	Organisation Total		9	9%	37	36%	13	13%	45	43%
Grand Total		51	12%	191	46%	87	21%	89	21%	418

- 45** For overseas candidates, delivery at a limited number of sites (option b) was by far the most popular option (46% overall). Sitting the same exam alongside UK graduates was widely seen as the best way of being fair, being seen to be fair and meeting the aim of the MLA.
- 46** There was little appetite for IMGs taking the exam at a single site and separately from UK graduates (12% for option a). This option was seen as a missed opportunity, if not calling into question the aim of the MLA by compromising the ability to maintain a consistent standard.
- 47** As with Q5, a relatively high proportion of respondents did not reply to this question – 21% including 14% of individuals and 43% of organisations.
- 48** Compared to the overall response, the medical schools were slightly more supportive of a single centre for IMGs (option a - 16% against 12%) and also less supportive of overseas doctors being assessed by universities (option c - 9% against 21%).
- 49** Most (62%) of the IMGs responding preferred delivery at a limited number of sites.

Q7. Do you agree that the MLA tests of applied knowledge and clinical and professional skills should be necessary but not sufficient components of university finals for UK candidates?

Question 7		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	121	57%	55	26%	27	13%	10	5%	213
	Medical educator	19	54%	5	14%	10	29%	1	3%	35
	Medical student	19	53%	9	25%	6	17%	2	6%	36
	Other	11	37%	6	20%	5	17%	8	27%	30
Individual Total		170	54%	75	24%	48	15%	21	7%	314
Organisation	Medical school	12	38%	9	28%	8	25%	3	9%	32
	Royal College or related body	12	71%		0%	2	12%	3	18%	17
	Body delivering postgraduate training	3	75%		0%	1	25%		0%	4
	Body representing doctors	4	50%	1	13%	2	25%	1	13%	8
	NHS/Social Care organisation	4	44%	1	11%	1	11%	3	33%	9
	Body representing patients or public	2	25%	1	13%	1	13%	4	50%	8
	Other	7	27%	2	8%	1	4%	16	62%	26
Organisation Total		44	42%	14	13%	16	15%	30	29%	104
Grand Total		214	51%	89	21%	64	15%	51	12%	418

50 51% of respondents agreed that the MLA tests should be necessary but not sufficient components of university finals for UK candidates. 21% disagreed. Support was lower amongst the medical schools which had a range of views (38% in favour, 28% against, 25% not sure) but substantially higher among the Royal Colleges and related bodies (71% in favour, none against, 12% not sure).

- 51** There was general recognition that passing the MLA should not be sufficient for award of a PMQ and that universities should continue to have a role in assessing or considering the abilities and preparedness of their students. There were concerns about university autonomy and about potential challenges and complexity if success in the MLA was a necessary but not sufficient condition for award of a PMQ, particularly where candidates passed university summative assessments but not the MLA, or the other way around.

Q8. Do you think that by 2022, UK medical schools should be able to prepare their students for MLA tests of applied knowledge and of clinical and professional skills that have pass marks set at the level needed for full registration?

Question 8		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	114	54%	44	21%	41	19%	14	7%	213
	Medical educator	16	46%	9	26%	9	26%	1	3%	35
	Medical student	17	47%	8	22%	4	11%	7	19%	36
	Other	8	27%	7	23%	7	23%	8	27%	30
Individual Total		155	49%	68	22%	61	19%	30	10%	314
Organisation	Medical school	9	28%	15	47%	6	19%	2	6%	32
	Royal College or related body	2	12%	1	6%	10	59%	4	24%	17
	Body delivering postgraduate training	1	25%	2	50%	1	25%		0%	4
	Body representing doctors	1	13%	1	13%	3	38%	3	38%	8
	NHS/Social Care organisation	1	11%	2	22%	3	33%	3	33%	9
	Body representing patients or public	1	13%		0%	2	25%	5	63%	8
	Other	3	12%	3	12%	5	19%	15	58%	26
Organisation Total		18	17%	24	23%	30	29%	32	31%	104
Grand Total		173	41%	92	22%	91	22%	62	15%	418

52 41% of respondents thought that medical schools would be able to prepare their students for a test at the standard required for full registration by 2022, but 22% disagreed and another 22% were not sure. Of medical schools, only 9 (28%) answered yes and the Royal Colleges and similar organisations were even more sceptical (only

12%). However, there was more confidence among medical educators (46%) and medical students (47%).

- 53** Amongst those who answered yes, there was a feeling that the proposed timescale was sufficient, and indeed that many medical students are already able to reach the proposed level of competence by the time they graduate.
- 54** Many of those who said no thought that it would not be possible to introduce the MLA for students already on a course or about to start one. Also, there were concerns about the time it would take to change curricula to reflect the MLA blueprint when that is agreed.
- 55** More fundamentally, some respondents were concerned about a possible disparity in the standards required to pass finals and to obtain full registration. Some linked setting the MLA at the level for full registration to abolishing provisional registration and felt that provisional registration allows the graduate to be introduced into the workplace in a safe manner.

Q9. Do you agree that the MLA should be used only to determine suitability for registration with a licence to practise and not to rank candidates for recruitment purposes?

Question 9		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	125	59%	47	22%	30	14%	11	5%	213
	Medical educator	24	69%	5	14%	5	14%	1	3%	35
	Medical student	25	69%	6	17%	4	11%	1	3%	36
	Other	13	43%	5	17%	4	13%	8	27%	30
Individual Total		187	60%	63	20%	43	14%	21	7%	314
Organisation	Medical school	18	56%	3	9%	7	22%	4	13%	32
	Royal College or related body	9	53%		0%	4	24%	4	24%	17
	Body delivering postgraduate training	3	75%	1	25%		0%		0%	4
	Body representing doctors	4	50%		0%	1	13%	3	38%	8
	NHS/Social Care organisation	5	56%	1	11%		0%	3	33%	9
	Body representing patients or public	1	13%		0%	2	25%	5	63%	8
	Other	8	31%	2	8%	1	4%	15	58%	26
Organisation Total		48	46%	7	7%	15	14%	34	33%	104
Grand Total		235	56%	70	17%	58	14%	55	13%	418

56 The majority of respondents (56%), including most of the major organisations, supported our proposal that the MLA should be used only to determine suitability for registration with a licence to practise, and not for ranking.

- 57** Those who opposed our view (17%) or were not sure (14%) tended to express dissatisfaction with the current processes for selecting students for onward progression.

Q10. Where MLA items are integrated into universities' written exams and OSCEs, should they expect their students to resit the whole assessment or should the candidates be able to take the standalone version of the relevant MLA test?

Question 10		Resit whole assessment		Resit stand-alone version		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	31	15%	84	39%	27	13%	71	33%	213
	Medical educator	11	31%	7	20%	8	23%	9	26%	35
	Medical student	3	8%	19	53%	3	8%	11	31%	36
	Other	1	3%	11	37%	5	17%	13	43%	30
Individual Total		46	15%	121	39%	43	14%	104	33%	314
Organisation	Medical school	6	19%	3	9%	15	47%	8	25%	32
	Royal College or related body	2	12%	5	29%	4	24%	6	35%	17
	Body delivering postgraduate training		0%	1	25%	2	50%	1	25%	4
	Body representing doctors		0%	3	38%	3	38%	2	25%	8
	NHS/Social Care organisation	1	11%	1	11%	4	44%	3	33%	9
	Body representing patients or public	1	13%		0%	2	25%	5	63%	8
	Other	2	8%	5	19%	3	12%	16	62%	26
	Organisation Total		12	12%	18	17%	33	32%	41	39%
Grand Total		58	14%	139	33%	76	18%	145	35%	418

- 58** 33% of respondents thought students who do not pass the MLA at the first attempt should resit a standalone version of the relevant MLA test, compared to 14% who thought they should resit the whole assessment ie also including university requirements for finals. 18% were not sure.
- 59** 35% of respondents did not reply, partly because of an initial error in the response categories which was identified and corrected during the consultation process.
- 60** 47% of medical schools said they were not sure which option was preferable, while 9% were for a standalone resit and 19% for resitting the whole assessment.
- 61** Medical students favoured resitting a standalone MLA test (53%) rather than the whole assessment for finals (only 8%).
- 62** A strong message from respondents, irrespective of which answer they chose, was that they were in any case against integrating or embedding MLA questions into an existing finals examination. The argument against this approach was often framed in terms of accountability: in an exam which is 'half MLA questions and half items set by universities', who would have ultimate responsibility and how would it fit with university regulations?

Q11. Do you think the exemptions from the MLA should be more or less extensive than those that currently apply to the PLAB test?

Question 11		Less		Same		More		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	55	26%	55	26%	36	17%	54	25%	13	6%	213
	Medical educator	10	29%	10	29%	3	9%	9	26%	3	9%	35
	Medical student	9	25%	8	22%	8	22%	6	17%	5	14%	36
	Other	5	17%	6	20%	4	13%	6	20%	9	30%	30
Individual Total		79	25%	79	25%	51	16%	75	24%	30	10%	314
Organisation	Medical school	7	22%	11	34%	1	3%	10	31%	3	9%	32
	Royal College or related body	5	29%	5	29%		0%	3	18%	4	24%	17
	Body delivering postgraduate training	3	75%	1	25%		0%		0%		0%	4
	Body representing doctors		0%	3	38%	1	13%	2	25%	2	25%	8
	NHS/Social Care organisation	1	11%	2	22%		0%	3	33%	3	33%	9
	Body representing patients or public	2	25%		0%		0%	1	13%	5	63%	8
	Other	4	15%	3	12%	2	8%	2	8%	15	58%	26
Organisation Total		22	21%	25	24%	4	4%	21	20%	32	31%	104
Grand Total		101	24%	104	25%	55	13%	96	23%	62	15%	418

63 Few respondents argued for exemptions more extensive than those that apply for the GMC's PLAB test (13%), but the rest were equally divided among those arguing for

fewer exemptions (24%), for exemptions much the same as those currently applying (25%), or not being sure (23%).

- 64** The arguments against exemptions largely focused on their undermining the aim of the MLA and compromising fairness particularly as there would be no exemptions for UK applicants. Arguments for exemptions generally suggested that the MLA would not be an appropriate assessment for senior or specialist doctors hoping to practise in the UK.

Q12. For UK candidates, should the cost of the MLA be met by the GMC and the medical schools?

Question 12		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	125	59%	47	22%	32	15%	9	4%	213
	Medical educator	20	57%	11	31%	3	9%	1	3%	35
	Medical student	27	75%	3	8%	3	8%	3	8%	36
	Other	12	40%	9	30%	1	3%	8	27%	30
Individual Total		184	59%	70	22%	39	12%	21	7%	314
Organisation	Medical school	9	28%	9	28%	11	34%	3	9%	32
	Royal College or related body	10	59%		0%	4	24%	3	18%	17
	Body delivering postgraduate training	4	100%		0%		0%		0%	4
	Body representing doctors	4	50%	1	13%	1	13%	2	25%	8
	NHS/Social Care organisation	5	56%		0%	1	11%	3	33%	9
	Body representing patients or public	3	38%		0%		0%	5	63%	8
	Other	4	15%	2	8%	5	19%	15	58%	26
Organisation Total		39	38%	12	12%	22	21%	31	30%	104
Grand Total		223	53%	82	20%	61	15%	52	12%	418

65 A small majority (53%) agreed that the cost of the MLA for UK candidates should be met by the GMC and medical schools, and that the candidates should not pay. 15% did not agree.

- 66** Agreement was stronger among medical students, doctors and medical educators and much weaker among medical schools. The medical schools were split three ways – 28% yes, 28% no and 34% not sure.
- 67** Respondents broadly agreed that the GMC should fund the MLA at least in part and particularly for development and implementation costs, including the training of examiners. Some felt it should be wholly funded by the GMC. Some said that medical schools should make a contribution to cost if the MLA replaced part or all of finals, but some felt that if the MLA was separate from finals medical schools should not be expected to contribute.

Q13. For overseas candidates, should the cost of the MLA be funded through fees to take the tests?

Question 13		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	154	72%	26	12%	24	11%	9	4%	213
	Medical educator	27	77%	3	9%	3	9%	2	6%	35
	Medical student	21	58%	4	11%	8	22%	3	8%	36
	Other	18	60%	2	7%	2	7%	8	27%	30
Individual Total		220	70%	35	11%	37	12%	22	7%	314
Organisation	Medical school	28	88%		0%	1	3%	3	9%	32
	Royal College or related body	11	65%		0%	2	12%	4	24%	17
	Body delivering postgraduate training	4	100%		0%		0%		0%	4
	Body representing doctors	3	38%		0%	3	38%	2	25%	8
	NHS/Social Care organisation	6	67%		0%		0%	3	33%	9
	Body representing patients or public	1	13%		0%	2	25%	5	63%	8
	Other	9	35%		0%	2	8%	15	58%	26
Organisation Total		62	60%	0%	10	10%	32	31%	104	
Grand Total		282	67%	35	8%	47	11%	54	13%	418

- 68** A large majority (67%) agreed that the cost of the MLA for overseas candidates should be funded by candidate fees. 8% did not agree and 11% were not sure.
- 69** There was a general consensus on this point, with 70% of individuals and 60% of organisations agreeing including 88% of medical schools.
- 70** There was some support for funding for refugee doctors to take the MLA, as is currently the case with the PLAB test.

Q14. Do you support our proposal for a programme board at arm's length from, but accountable to, the GMC?

Question 14		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	138	65%	26	12%	40	19%	9	4%	213
	Medical educator	25	71%	2	6%	6	17%	2	6%	35
	Medical student	20	56%	3	8%	8	22%	5	14%	36
	Other	20	67%	1	3%	2	7%	7	23%	30
Individual Total		203	65%	32	10%	56	18%	23	7%	314
Organisation	Medical school	20	63%	7	22%	3	9%	2	6%	32
	Royal College or related body	12	71%	1	6%		0%	4	24%	17
	Body delivering postgraduate training	4	100%		0%		0%		0%	4
	Body representing doctors	3	38%	2	25%	1	13%	2	25%	8
	NHS/Social Care organisation	4	44%	1	11%	1	11%	3	33%	9
	Body representing patients or public	3	38%		0%		0%	5	63%	8
	Other	7	27%	1	4%	3	12%	15	58%	26
Organisation Total		53	51%	12	12%	8	8%	31	30%	104
Grand Total		256	61%	44	11%	64	15%	54	13%	418

71 The majority of respondents (61%), including most medical schools, supported our proposal to establish a programme board at arm's length from, but accountable to, the GMC. Only 11% were against.

- 72** The postgraduate medical institutions were particularly supportive: the Royal Colleges and related bodies were 71% in favour along with the bodies delivering postgraduate training. While support was less strong from some other organisation categories, this was largely because they did not answer the question rather than because of opposition to the proposal.
- 73** Those who opposed the proposal for an arm's length body largely felt that governance and responsibility should rest solely with the GMC.

Q15. Is the proposed timeline appropriate, overly ambitious or too protracted?

Question 15	Type Of Respondents	Category	Over ambitious		Appropriate		Too protracted		Not sure		Blank		Total N.
			N.	%	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor		65	31%	92	43%	16	8%	28	13%	12	6%	213
	Medical educator		18	51%	12	34%	2	6%	1	3%	2	6%	35
	Medical student		13	36%	16	44%	1	3%	4	11%	2	6%	36
	Other		7	23%	9	30%	2	7%	5	17%	7	23%	30
Individual Total			103	33%	129	41%	21	7%	38	12%	23	7%	314
Organisation	Medical school		21	66%	4	13%		0%	4	13%	3	9%	32
	Royal College or related body		5	29%	6	35%		0%	1	6%	5	29%	17
	Body delivering postgraduate training		3	75%	1	25%		0%		0%		0%	4
	Body representing doctors			0%	3	38%		0%	3	38%	2	25%	8
	NHS/Social Care organisation			0%	3	33%	2	22%	1	11%	3	33%	9
	Body representing patients or public			0%	2	25%		0%	1	13%	5	63%	8
	Other		2	8%	4	15%	1	4%	4	15%	15	58%	26
Organisation Total			31	30%	23	22%	3	3%	14	13%	33	32%	104
Grand Total			134	32%	152	36%	24	6%	52	12%	56	13%	418

- 74** There were mixed views on the timeline we proposed. Overall, respondents were split between those who thought the timeline was appropriate (36%) and those who thought we were overly ambitious (32%). Very few (6%) thought the timeline was too protracted. 12% were not sure.
- 75** However, the medical schools were strongly of the view that the timeline was too ambitious (66%) with only four (13%) saying it was appropriate and none saying it was too protracted.
- 76** The concerns about the timeline related largely to the practicalities involved in developing the test of clinical and professional skills, the need for universities and medical schools to consider and implement any changes to their curricula, assessment systems and regulations, and the importance of giving due notice of important changes.

Q16. What, if any, impact might the MLA have on doctors with particular protected characteristics?

- 77** It was recognised that performance in the MLA is likely to differ among various categories of candidates, particularly in relation to the protected characteristics set out in the Equality Act 2010. Monitoring would help in identifying, understanding and addressing the key issues involved.
- 78** There was concern to make sure that the MLA was demonstrably non-discriminatory in relation to overseas doctors, including refugees, as compared to students educated in the UK.
- 79** There were also references to the importance of avoiding discrimination against candidates with disabilities and making sure that rigorous arrangements for reasonable adjustments are put in place. Accommodations might also be needed in relation to religious beliefs.
- 80** Suggestions related largely to piloting and post-implementation analysis and review.

Q17. How can we best evaluate the more general impact of the MLA?

- 81** There were a variety of suggestions on outcome measures and methodologies as well as more general comments.
- 82** Several medical schools said that effective evaluation required clarity of purpose and that impact analysis should focus on the problems that the MLA is intended to resolve. Some schools mentioned impact on curricula.
- 83** Again, suggestions related largely to piloting and post-implementation analysis and review.

Q18. Do you agree that our plans will meet the aim to create a single, objective demonstration that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice?

Question 18		Yes		No		Not sure		Blank		Total N.
Type Of Respondents	Category	N.	%	N.	%	N.	%	N.	%	
Individual	Doctor	117	55%	54	25%	31	15%	11	5%	213
	Medical educator	16	46%	10	29%	8	23%	1	3%	35
	Medical student	22	61%	5	14%	7	19%	2	6%	36
	Other	11	37%	2	7%	8	27%	9	30%	30
Individual Total		166	53%	71	23%	54	17%	23	7%	314
Organisation	Medical school	2	6%	13	41%	14	44%	3	9%	32
	Royal College or related body	7	41%	2	12%	3	18%	5	29%	17
	Body delivering postgraduate training	2	50%		0%	2	50%		0%	4
	Body representing doctors	2	25%		0%	4	50%	2	25%	8
	NHS/Social Care organisation	4	44%	2	22%	1	11%	2	22%	9
	Body representing patients or public	1	13%		0%	2	25%	5	63%	8
	Other	6	23%		0%	5	19%	15	58%	26
Organisation Total		24	23%	17	16%	31	30%	32	31%	104
Grand Total		190	45%	88	21%	85	20%	55	13%	418

- 84** Overall, 45% agreed and 21% disagreed. 53% of individuals agreed, including majorities of doctors and medical students. Among the organisations only 23% agreed. The medical schools were particularly sceptical (only 6% agreed) and so were the 'other' organisations (23% agreed). Support among the Royal Colleges, postgraduate training organisations and NHS/social care organisations was more in line with the overall total (in all three categories more than 40% of the organisations agreed).
- 85** The comments revealed doubts about the case for change, a stress on the importance of complementary forms of review and assessment (rather than any 'single' demonstration by the MLA), recognition that some doctors would not be required to take the MLA and a preference that the aim of the MLA be described in relation to a 'minimum' rather than a 'common' threshold. Concerns were particularly evident among the medical schools.

Q19. Do you have any other comments on our proposals and on how our aim could best be achieved?

- 86** A wide range of comments and suggestions were offered including offers to help, strong statements of support, particularly for the principle of the MLA, and questions about its purpose and its impact.
- 87** Respondents stressed the importance of the GMC working in collaboration with experts and stakeholders and careful pilots before the MLA goes live.

Appendix – organisations that responded

2gether NHS Foundation Trust
Academy of Medical Educators
Academy of Medical Royal Colleges
Action against Medical Accidents (AvMA)
Action for M.E., Blue Ribbon for Awareness of ME
Action on Smoking and Health (ASH)
ASH Wales
Association of UK University Hospitals
Australian Medical Council
Barts and The London School of Medicine and Dentistry, Queen Mary University of London
Beat
BMA Charities
British Medical Association
BSMS
Cardiff University School of Medicine
Central Manchester Foundation Trust
Centre for Sustainable Healthcare
Commonwealth Scholarship Commission
Dept. of Health (Northern Ireland)
Edinburgh Medical School
ENT UK
Faculty of Pain Medicine
Federation of State Medical Boards and National Board of Medical Examiners
First Faculty of Medicine, Charles University
Fry-IT Limited
German Institute for Medical and pharmaceutical examination questions
GKT School of Medical Education (KCL)
Health Education England
Hull York Medical School
Hywel Dda University Health Board
Imperial College School of Medicine
Joint Committee on Surgical Training (JCST)
Keele University School of Medicine
Lancaster Medical School
Leeds Medical School Assessment and Standards Board
MDDUS (Medical and Dental Defence Union of Scotland)
ME Research UK
Medical Defence Union
Medical School, QUB
Medical Schools Council
MRCP(UK)
NACT UK
National Institute for Health and Care Excellence
National Voices
Newcastle University
Newcastle University Malaysia
NHS Confederation

NHS Education for Scotland
NHS Employers
NHS Providers
NIMDTA
North Tees and Hartlepool NHS Foundation Trust – Directorate of Education, Learning and Organisational and Development
Norwich Medical School, University of East Anglia
PLAB Part 1 and 2 Panels
Plymouth University Peninsula School of Medicine
Point of Care Foundation
Prescribing Safety Assessment (PSA) Executive Board
Primary Care Respiratory Society UK
Public Health Educators in Medical Schools Group
Quality Assurance Agency
Rheumatology Specialty Advisory Committee
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Physicians and Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists
Royal College of Psychiatrists in NI
Royal College of Surgeons
Royal Mencap Society
RUMS Medical Student Association
Russell Group
School of Medicine, University of Aberdeen
Scotland Health and Medical Law Sub-committee
Scottish Deans Medical Education Group
Society for Acute Medicine
South Yorkshire Foundation School
St George's, University of London.
The 25 percent M.E. Group
The ME Association
The Private Patients Forum
The Royal College of Radiologists
UCL Medical School
UK Council for Professionalism Teachers
UK Council of Clinical Communication in Undergraduate Medical Education
UK Council of Clinical Skills Teaching
UK Foundation Programme
United Hospitals MedGroup Committee
University of Bristol
University of Cambridge
University of Dundee
University of Exeter Medical School
University of Glasgow

University of Liverpool
University of Nottingham School of Medicine
University of Sheffield Medical School
University of Southampton
University of St Andrews
University of Warwick
Wales Deanery