To consider

Report of the Review of the Professional and Linguistic Assessments Board test

Issue
1  Responding to the review of the Professional and Linguistic Assessments Board test.

Recommendations
2  Council is asked to:
   a  Consider the Report of the Review, at Annex A.
   b  Accept the recommendations of the Review.
Report of the Review of the Professional and Linguistic Assessments Board test

Issue
3 We periodically review the Professional and Linguistic Assessments Board (PLAB) test to make sure that it continues to be fit for purpose. At its meeting on 3 April 2011, Council agreed terms of reference for the latest review and tasked an independently-led Working Group to undertake it. The review has now concluded and the Working Group’s report is at Annex A.

Background
4 International medical graduates (IMGs) must, by law, demonstrate that they have the knowledge and skills required for medical practice in the UK before we grant registration and a licence to practise. They can do this by passing the PLAB test.

5 The PLAB test comprises two parts. Part 1 is a three-hour written multiple choice test of medical knowledge. Part 2 is a 14-station practical assessment of clinical and communication skills and takes the form of an objective structured clinical examination. Candidates must pass Part 1 before they can take Part 2.

6 The test is set at the level of entry to Foundation Year 2 training. This is the point at which UK graduates are eligible for full registration. It would be unfair to expect international graduates to demonstrate a higher level of knowledge and skills than UK graduates for access to the same point of entry to the register.

7 The former Registration Committee undertook previous reviews, most recently in 2003, and its report was published in 2004. However, in the light of changes to our governance framework in the meantime, Council agreed that an independently-led Working Group should carry out this review.

The review’s terms of reference
8 The review’s terms of reference (pages 44-47 of Annex A) asked the Working Group to consider key tasks under four broad themes:

a Ensuring standards.

b Content.

c Confidence.

d Outcomes.
The Working Group’s membership

9 Professor Ian Cumming OBE chaired the Working Group. Membership (page 47 of Annex A) included representatives of groups with an interest in the PLAB test, a licensed doctor who had gained entry to the UK register by passing the PLAB test, and assessment experts.

The Working Group’s recommendations

10 The recommendations focus on making the PLAB test even more robust and on ensuring continued confidence in it. A full list of the Working Group’s recommendations are at page 48 of Annex A. The recommendations include:

a Limiting attempts at either part of the PLAB test to four and allowing further attempts only in exceptional circumstances or if candidates have first demonstrated remediation.

b Giving candidates more informative feedback on performance.

c Reducing the currency of passes in both parts of the test from three years to two years.

d Changing the name of the test and promoting its purpose to increase key interests’ (and in particular employers’) understanding of it.

e Extending the scope of the PLAB test to values and principles in Good medical practice that we cannot test because of the test’s current format. The Working Group has acknowledged the challenge of assessing ethical principles in any assessment system.

f Retaining the methodologies used to standard set the test but monitoring developments in examination and assessment practice to make sure the PLAB test remains up-to-date.

g Increase the reliability of Part 2 (the practical assessment of clinical and communication skills). The Working Group has suggested approaches we might consider to achieve this.

h Investigate further the reasons for the differential outcomes in the Membership of the Royal College of Physicians (MRCP) and Membership of the Royal College of General Practitioners (MRCGP) examinations and the Annual Review of Competency Progression (ARCP) process for PLAB candidates relative to their UK peers and consider any changes that might need to be made to the purpose and standard of the PLAB test.
English language proficiency

11 The Working Group also recommends that we consider increasing our International English Language Testing System (IELTS) requirements as evidence of English language proficiency. The Review’s terms of reference did not ask the Working Group to consider our English language requirements. However, they discussed this when considering the research commissioned from Durham University which suggests that IELTS scores have predictive validity for performance in the PLAB test and the ARCP process.

12 During the Review (and separately from it), we decided to increase our IELTS requirements in the light of independent research. We implemented the new requirements in June 2014.

13 We regularly review our English language requirements to ensure that all doctors have the necessary language skills to practise safely in the UK. However, before we consider increasing our requirements further in line with the Working Group’s recommendation, we need first to embed the recent increase to ensure both smooth transition and clarity for applicants.

National licensing examination

14 The terms of reference asked the Working Group to consider the feasibility of the PLAB test delivering a national licensing examination if Council decides that the case for a national assessment for UK graduates is made. However, the Working Group believed that it is premature to decide whether the PLAB test could deliver this assessment. This is because of:

   a The possibility of bringing forward the timing of full registration for UK graduates (a proposal that arose during the review).

   b The need first to agree the purpose and objectives of a national assessment before deciding how best it should be delivered.

Implementation

15 Our immediate next steps are to develop an implementation plan and put in place internal governance arrangements to oversee the programme of work required to implement the Working Group’s recommendations.

16 Some recommendations, such as limiting attempts at the test and reducing the currency of passes in either part of it, will be relatively easy to implement. That said, we will need to think carefully about transitional arrangements for international medical graduates already in the PLAB process and others likely to be affected.
17 Other recommendations, such as extending the test’s scope and improving the reliability of the Part 2 practical assessment, will take time to develop, pilot and implement.

18 Development and implementation costs will be factored into future budgets.
Supporting information

How this issue relates to the corporate strategy and business plan

19 Strategic aim 1 of the Corporate Strategy: Make best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

How the issues support the principles of better regulation

20 The recommendations focus on steps we can take to increase the robustness of the PLAB test and ensuring continued confidence in it.

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

21 We called for written evidence to seek views on key tasks in the terms of reference. We also held a series of roundtable stakeholder discussion meetings across the UK, two roundtables with members of the public (Cardiff and London), a roundtable with nurses and midwives (Northern Ireland), and a meeting with a group of refugee doctors (Salford). We also sought candidates’ views through a survey. The Working Group took this feedback into account when reaching its conclusions and recommendations. Our implementation plan will include further engagement required to support the future work programme.

What equality and diversity considerations relate to this issue

22 Only international medical graduates have to take the PLAB test, and therefore only these individuals would be impacted by recommendations for change. Data shows that this cohort comprises mostly doctors that would be classed as black and minority ethnic (BME). Therefore any changes to the PLAB test will have a differential treatment for BME doctors.

23 We have undertaken an equality analysis to identify anticipated impact for international medical graduates sharing protected characteristics if Council accepts the Working Group’s recommendations. We will develop an action and monitoring plan as part of our implementation work when Council has decided which recommendations to accept.

If you have any questions about this paper please contact: Jane Durkin, Assistant Director - Registrations, jdurkin@gmc-uk.org, 0161 923 6685.