Agenda item: 14

Report title: Report from the Assessment Advisory Board

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Action: To note

Executive summary
The Assessment Advisory Board (AAB) was established to provide expert advice to the Chief Executive on the development and operation of GMC assessments and assessments overseen by the GMC, to support the GMC in fulfilling its statutory purpose.

This paper reports on discussions at the Assessment Advisory Board meetings on 5 February, 10 May and 7 September 2016.

Recommendation
The Strategy and Policy Board is asked to note the report from the Assessment Advisory Board.
5 February 2016

1. The Assessment Advisory Board (AAB) was asked for advice on options for developing the Medical Licensing Assessment (MLA). This was the sole substantive agenda item.

2. AAB provided detailed advice on:
   a. Blueprinting.
   b. Format.
   c. Standard setting.
   d. The timeline for development.

10 May 2016

3. AAB received an update on progress on developing and piloting the new format of the PLAB part 2 stations for launch in September 2016.

4. AAB also received an update of progress on developing the MLA since its meeting on 5 February 2016. AAB discussed the need for the MLA to be set at the right standard and for clarity about the required outcomes. AAB regarded the potential impact of the MLA on workforce size, as well as the practical effects that part three of the MLA may have on service provision, as important considerations.

5. AAB was asked for advice on:
   a. Joint working between the GMC and the Medical Schools’ Council Assessment Alliance (MSC AA).
   b. Acceptable alternatives to the Revalidation Assessment.

Joint working between the GMC and the MSC AA

6. AAB warmly welcomed the development of a formal working relationship between the GMC and the MSC AA to facilitate the sharing of assessment expertise and to enable the PLAB assessment programme to be more closely aligned with UK medical school finals.

7. AAB advised that this work presents a real opportunity to develop a larger, more secure and reliable bank of questions, and that future consideration should be given to widening the collaboration to the bank of questions used for the GMC’s fitness to practise performance assessments.
Acceptable alternatives to the Revalidation Assessment

8 As an alternative to requesting a doctor to take the Revalidation Assessment, the GMC may accept a suitable alternative assessment. AAB noted the criteria the GMC has established to evaluate what is acceptable, fair and proportionate in these circumstances.

9 AAB also considered proposals to introduce expert reviews to help inform a revalidation decision when a doctor does not reach the required standard in the Revalidation Assessment.

10 AAB advised that:

a Where there is a need for expert review, it would seem appropriate to consider putting the onus on the doctor to provide the additional information required. The GMC should specify exactly what additional information is required.

b There will be challenges in assessing the additional information doctors submit for expert review.

c AAB may be able to help define principles around additional information submitted for expert review.

11 AAB asked for a future update on expert reviews.

7 September 2016

12 AAB received a further update on developing the MLA.

13 During discussion AAB considered that GMC should aim for a computer based assessment which should be tested at piloting stage to minimise the prospect of system failures. There was some support for the possibility that UK and non-UK students might be assessed in the same centres and at the same time. It was also mentioned that the MLA should reflect the Prescribing Safety Assessment, and that there are challenges associated with standard setting where multiple tests are undertaken in different places and on different dates.

14 AAB was asked for:

a Advice on the role of lay assessors within the GMC Performance Assessment processes.

b Advice on governance and oversight of any future GMC in-house tests of competence.
c Views on the key principles for inclusion in guidance to colleges on postgraduate assessment.

The role of lay assessors in the GMC Performance Assessment processes

15 As part of the review of the Performance Assessment process the role of lay assessors, which has remained unchanged since 1997, is under review. Lay assessors are involved in every element of the Performance Review except the medical record review, although they are not fully engaged all of the time and the scope of their role has reduced over time. Lay assessors are paid the same fee as a medical assessor.

16 AAB noted the review is at an early stage and considered five options for the future lay assessor role. In discussing the present Performance Assessment process, AAB recognised strong synergies between medical and lay assessors which adds value to the outcomes. AAB was also of the view that lay assessors have an important communication role in the Performance Assessment process, and that to dispense with them would represent an unacceptable risk of challenge to the integrity of the process.

17 AAB advised that:

a The options of ‘do nothing’ and ‘dispensing with the role of the lay assessor’ should be dropped.

b To re-order the steps in the present process could increase efficiency and result in savings as the lay assessor would not then need to be present for the full five days of a Review. Additionally they would be more fully occupied during the time they are present.

c The other options for change, which consider adjusting the lay assessor role in various ways (including to develop a patient perspective), should be developed for further consideration.

d Consideration should be given to lay assessor training needs.

Governance and oversight of the GMC’s tests of competence

18 A GMC project to consider the feasibility of bringing the tests of competence process in house is in its early stages. At present these tests are undertaken by the Academic Centre for Medical Education (UCL) under a contract which expires in July 2019.

19 AAB received a paper outlining the project, which included a proposed governance structure and discussion of the need for audit and review arrangements.
AAB's general discussion contributed a number of practical points for further consideration. These included how a GMC question bank would need to be maintained, managed and used, and the skills and knowledge required to do this, the advantages of sharing questions between banks, that governance should not be by GMC employees and also that it should not involve individuals signing off their own work.

AAB did not provide specific advice at this time.

The standards for curricula and assessment review

AAB received a presentation and a separate paper on the new standards for curricula and credentials which are part of the GMC’s systemic reform across postgraduate education.

AAB noted the new consultation on revised *Standards for curricula and assessment systems* and members were encouraged to respond as individuals. AAB also noted the related and interdependent work streams which are also intended to improve the quality of postgraduate curriculum development and assessment.

During a brief discussion, AAB members individually commented on:

a The importance of attention to Equality and Diversity aspects, including the need to prepare doctors to work in the UK culture – so the focus should be on practice here in the UK.

b The need to promote high quality training that recognises the needs of individuals and to address the E and D issues.

c The need for enhanced monitoring to ensure consistency.

d How workplace based assessments are increasingly seen as a tick-box exercise and are not necessarily helping students to learn.

The importance of combining competence with excellence (capability) to future-proof the patient experience.

AAB will consider the draft guidance to colleges on postgraduate assessment at the next meeting.

The next meeting

The next meeting of the AAB will take place on 8 December 2016.