Agenda item: 3
Report title: Education and assessment update
Report by: Phil Martin, Assistant Director – Education Policy, Education and Standards, phil.martin@gmc-uk.org, 020 7189 5113; Richard Hankins, Head of Assessment – Registration and Revalidation, richard.hankins@gmc-uk.org, 0161 250 6967; Judith Chrystie, Assistant Director – MLA, Education and Standards, judith.chrystie@gmc-uk.org, 0207 189 5459

Action: To consider

Executive summary
To support the establishment of the new Education Advisory Forum, this report provides an update on the following areas of work being carried out by GMC colleagues:

a Credentialing
b Flexibility Review
c Curricula Approval
d Recognition of Trainers
e Consent Guidance
f Welcome and valued

An introduction to GMC Assessments is also provided at Annex A.

Recommendation
The forum is asked to consider the updates on some of the current activity being undertaken relating to the GMC’s education and assessment work programmes.
CREDENTIALING
1 Since September we’ve been engaging widely on our draft credentialing framework. This followed a period of rescoping of our position during 2017-18, following developments such as Shape of Training, the flexibility review, and new curriculum standards, and building on our earlier proposals. We’ve heard from a range of stakeholders across the UK – from deans, colleges and other interested organisations – to SAS doctors, consultants and doctors in training – and patient representatives.

2 Feedback has been generally positive, with many welcoming the opportunity for more consistency and quality assurance in areas that need more attention and to skill up doctors where needed. Doctors in training continue to voice concerns about perceived risks to training, but a number of them are appreciative of the prospects for improved flexibility and lifelong learning, noting the potential to help fill service gaps and enable individual doctors to gain extra skills they need to do their jobs.

3 While some still have doubts about whether credentialing should be introduced at all, most stakeholders agree our core proposals – how credentials should be defined, identified and approved – are reasonable. Feedback will help clarify and refine the framework, but we don’t expect it to be vastly different from the draft in these areas.

4 Concerns in general are largely around what is still unknown around implementation, and while we’re still analysing feedback from engagement, we’re considering how to address these. We’re proposing a slow introduction, with just four credentials in priority areas submitted in the first year, and a review point to reassure there are no unintended consequences across the system. We’re considering options for how to get further input from stakeholders during this time.

5 To further address concerns around implementation, we’re looking to work with partners to find answers and solutions to some of the operational issues. We appreciate the continuing support of all stakeholders in developing the principles and approach for implementing credentialing, and have asked the postgraduate community to input on issues around the availability of trainers, and quality assurance and quality management, to understand better how credentials will work in practice.

6 We are taking the framework and engagement report to Council on 30 April 2019 and if approved, we will launch soon afterwards.

FLEXIBILITY
7 We have been continuing to work on the flexibility review following delivery of the commitments in Adapting for the future, for example the education reforms including...
new curriculum standards, Generic professional capabilities and the clarification of less than full time training.

8 In addition to the development by the Academy of Medical Royal Colleges of principles, designed to simplify the process for trainees wishing to transfer specialties, work has been focusing on the advice we have received from Leading Counsel, where we believe there is scope to exercise greater flexibility within the current legal framework. This could enable doctors to move between specialties without having to start from scratch, significantly reduce the need for the CESR / CEGPR combined route and allow doctors to step-off and then back on training with recognition of training and experience taken into account towards a CCT. Counsel also advised that we could relax our requirements for prospective approval for training undertaken out of programme.

9 The discussion at the COPMeD Residential on 7 February, involving Postgraduate deans, colleges, education bodies from the four nations and trainee representatives, including the BMA, highlighted a number of opportunities and challenges. For example, concern was expressed about the impact that greater flexibility might bring if current regulatory checks and balances were relaxed or removed – particularly flexibilities around counting time that had not been approved.

10 While the COPMeD discussion underlined that action is needed to address trainee concerns about work pressures and rigidity of training pathways, some felt that relaxation of current requirements could lead to a free-for-all system which had little coherence or continuity and could potentially affect safety.

11 The COPMeD discussion highlighted that many of the pressures stemmed from the failure of service to value trainees or provide a supportive environment. In this context, changes to training would not by themselves fix the problem. More would need to be done to improve the service environment.

12 We will continue to work closely with Postgraduate deans, colleges, trainees, employers and the UK education bodies, including HEE which is developing proposals to ease step-off, step-on training. In the meantime we will explore with Council, at the end of April, the issues which have emerged from discussions with stakeholders before considering next steps.

Curricula approval

13 Following the publication in May 2017 of Excellence by design: standards for postgraduate curricula we developed a process to assess all curricula against the new standards. The deadline for completion of this work is 2020.
14 Approval of curricula follows a two stage process – strategic support followed by curriculum approval. 101 curricula need to go through this process.

15 To date, 66 purpose statements have been reviewed by the Curricula Oversight Group for strategic support. With the remainder scheduled for consideration by the end of 2019.

16 22 curricula have been submitted for approval. Of these, 19 have been approved, and three have actions to be taken before approval can be granted.

17 The remaining 79 curricula have all have been allocated slots for consideration before the end of 2020.

18 The GMC is actively working with Medical Royal Colleges and COPMED to reach decisions around strategic approval and to resolve any issues arising as curriculum are rolled out. We are pleased to have gained four nation support for the JRCPTB proposal that acute physicianly specialties must dual CCT with Internal Medicine. An initiative which is expected to increase the number of doctors contributing to the acute medical take by over 300 across the UK. This supports the Shape of Training ambitions of increased focus on generalism and supports the GMC flexibility policy.

Recogntion of trainers

19 Our evaluation of the Recognition of trainers work since its implementation in 2016 is underway. During the first half of 2018, we engaged with key stakeholder groups and heard a range of views about recognition, and recommendations for its future. We used this to shape the direction of the formal research.

20 Newcastle University won the tender for professional research in November 2018. The research team at Newcastle are making impressive progress in their exploration of how recognition is working across the UK. We are in regular contact with the team and are working towards an interim report in mid-March 2019.

21 Once the research is complete, we will update the implementation plan, which contains the key details and requirements around the introduction of Recognition of trainers, and sets out principles for recognition. The update will clarify or reflect changes that happened in the course of implementation, and transform it into BAU guidance. If we make adjustments to the Recognition framework as indicated by the evaluative research, and after a programme of consultation, then these will be incorporated into the new guidance.

Consent guidance

22 Our consultation on our revised consent guidance closed on 23 January 2019. With a handful of responses still to come from organisations requesting extra time, at the
time of writing we have received 114 responses to the full questionnaire, 153 to our shorter survey for doctors and 318 to our patient survey.

23 The fundamental principles are unchanged, but we have made the draft easier for doctors to navigate, placed more emphasis on doctor/patient communication (and the need to maximise the ability of all patients to be as involved as possible) and more recognition of a system increasingly under pressure.

24 We’re currently analysing the consultation responses and expect to produce final guidance by the end of the year. Implementation will be key and we would welcome ideas about resources that would help doctors to follow the guidance, and for support in publicising the revised guidance.

Welcome and valued

25 We held a session on health and disability in October 2016. Expert attendees in this session told us that the Gateways to the professions guidance had been very helpful but they would welcome a further review by the GMC in this area. This was approved by our internal governance in February 2017.

26 We commissioned external research and ran a series of roundtable sessions across the UK to understand the current issues from medical students and doctors in training with long term health conditions and disabilities, as well as their educators.

27 We convened an external expert steering group chaired by Professor Bill Reid (former chair of COPMeD and Postgraduate Dean for the South East of Scotland), with membership from key medical education organisations to advise us in all the milestones and key decision points of the project. The group met five times between June 2016 and November 2018.

28 Combining the intelligence we collected from the above activities, we drafted new guidance, called Welcomed and valued (a title recommended by one of the doctors who attended our roundtables). We completed a public consultation on the guidance from June – September 2018.

29 We took recommendations for finalising the guidance following the feedback from the consultation to our steering group in November 2018 and our internal governance body in December 2018. The final guidance is scheduled for publication in April 2019. We will also be releasing a set of resources to support organisations with the guidance implementation.

30 We are in conversations with the NHS England Workforce Disability Equality Standard and with the Equality and Human Rights Commission to share resources and
information about our respective programmes and explore opportunities for further collaboration.

31 There is also a session planned at the upcoming GMC Annual Conference on 3 April 2019 on this project, with participation from doctors with disabilities who have campaigned for diversity in healthcare internationally; Prof Lisa Iezzoni from Harvard Medical School; Dr Dinesh Palipana from Doctors with Disabilities Australia; and Dr Kelly Lockwood who has supported the GMC resources’ work and featured in a BBC news piece about the project prior to the launch of the consultation.
3 – Annex A
Introduction to GMC Assessments

Richard Hankins, Head of Assessment
Neil Jinks, Head of Policy (MLA and Regulation)

19 February 2019

Working with doctors Working for patients
GMC Assessments

- Assessments are delivered as an element of our statutory functions in relation to registration, revalidation and fitness to practise

- The assessment are:
  - PLAB
  - Revalidation Assessment
  - Tests of Competence
PLAB part 1

- PLAB part 1 is a 180 item single best answer paper of applied medical knowledge
- It is a three hour paper and is delivered four times a year
- We offer the exam in 26 locations in 15 countries from Australia to Scotland
- The pass mark is set by modified Angoff
- Candidates can usually take the exam four times
- English language evidence is required prior to entering the exam
Recent Developments: PLAB 1

- In 2018 we reduced the number of questions from 200 to 180
- We also added 1 standard error of measurement to the pass mark
- We collaborated with the Medical Schools Council to include Common Content questions in PLAB and to compare PLAB Angoff scores with medical school Angoff scores for the same questions
PLAB part 2

- Candidates who pass PLAB part 1 are invited to take PLAB part 2
- PLAB part 2 is an 18 station objective structured clinical examination (OSCE)
- Each station is 9 ½ minutes, including 90 seconds reading time
- The exam runs for 190 minutes and candidates have two 9 ½ minute rests
- The pass mark is calculated by Borderline Regression
Simulation
Simulation
Domains

- All stations are marked on three domains:
  - Data gathering, technical and assessment skills
  - Clinical management skills
  - Interpersonal skills

- Examiners also give a global judgement:
  - Good
  - Satisfactory
  - Borderline
  - Fail

- The pass mark for each station is calculated by borderline regression
The PLAB standard

- “...the standard of professional competence required to pass the test should be equivalent to that normally attested by the grant of full registration to a newly qualified British doctor” (Council: November 1974)

- i.e. first day Foundation Year 2
Demand

Number of candidates

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Tests of Competence

- Tests of competence are one potential element of our fitness to practise procedures.
- They are utilised in a small number of investigations where clinical performance is the primary concern.
- The test forms part of a broad assessment of performance that may include record reviews, interviews, site visits, direct observations of practise and other observations.
- The tests of competence are unique in that they are tailored to the work of an individual.
Tests of Competence

- The tests are usually in two parts:
  - A written paper of 120 MCQ items
  - An OSCE (14 stations of 9 minutes)
- However:
  - General Practitioners also undertake a simulated surgery
Tests of Competence: Standard Setting

- For the written paper a standard is set by modified Angoff
- Piloting data is also utilised to create a probability density curve – this compares the candidates performance with a mathematical model of the performance of a range of doctors from their field
- The OSCE report is also highly narrative and assessors make extensive judgements about performance
Assessment instruments – tests of competence

Knowledge test

- Doctor’s score
- Reference Group
- Standard set score

Probability of a doctor in the reference group achieving a particular score

Percentage score %
Revalidation Assessment

- The vast majority of doctors have a designated body or suitable person for revalidation purposes, this is called a ‘prescribed connection’
- A small proportion of doctors who are working independently, working overseas or who are not working are likely to have no prescribed connection
- Doctors in this group may be required to take the Revalidation Assessment
- 34 doctors sat the Revalidation Assessment in 2018
Therapeutic Areas

- Doctors select the paper most relevant to their practise from 12 broad therapeutic areas:
  - Anaesthetics
  - Emergency medicine
  - General practice
  - Histopathology
  - General (internal) medicine
  - Obstetrics and gynaecology
  - Ophthalmology
  - Paediatrics
  - General psychiatry
  - Clinical radiology
  - Surgery
  - Foundation paper
The five assessments are overseen by three panels:

- PLAB 1 Panel (Chair: Julian Hancock, Oxford University)
- PLAB 2 Panel (Chair: Dennis Okolo, Consultant Psychiatrist and Medical Director)
- Tests of Competence and Revalidation Assessment Panel (Chair: Richard Fuller, Leeds University)
Medical Licensing Assessment (MLA)
To demonstrate that those who obtain registration with a licence to practise medicine in the UK can meet a common threshold for safe practise.
Benefits: the MLA will...

Let us enhance patient safety and quality of care by setting a common threshold as a consistent benchmark for entrants to the UK medical register.

Provide us and the wider healthcare system with assurance about the knowledge and skills of doctors entering on to the register.

Provide a solid basis for patients and the public, colleagues and employers to have confidence in new doctors no matter where those doctors were educated or trained. This can enhance the already high reputation of the medical profession in the UK.

Provide a clear, consistent and common understanding of what’s required of doctors new to the register.

Be a marker of the quality of UK medical education and practice, allowing us to build on and promote excellence at a time of expansion and change.
MLA model – agreed by GMC Council

- Medical School CPSA
- GMC CPSA for IMGs
- Applied Knowledge Test (AKT): Set by GMC
- Clinical & Professional Skills Assessment (CPSA): GMC requirements and oversight

UK students

Delivered by and in medical school

Delivered by GMC in multiple locations

IMGs*

Registration with a licence to practise

*Excluding those joining the register via alternative pathways
What are we doing now?

- Meeting staff and students in each medical school (MS)
- Talking to other stakeholders
- Developing processes & policies for the AKT (attempts, adjustments, etc)
- Considering stakeholder input on AKT (e.g., from MS meetings, MSC)
- Developing a draft Content Map for comment
- Preparing to discuss MSs' readiness to meet CPSA requirements
- Planning our statutory determination of the MLA requirements
- Updating GMC Council