

<b>Agenda item:</b>	<b>10</b>
<b>Report title:</b>	<b>Taking forward work on a UK licensing assessment</b>
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<b>Considered by:</b>	<b>Strategy and Policy Board</b>
<b>Action:</b>	<b>To consider</b>

## Executive summary

Council gave approval in principle for a UK licensing assessment in September 2014. We have since been engaged in a thorough programme of preliminary evidence gathering, policy development and engagement. We have developed an initial outline business case including a 'straw man' setting out provisional conclusions on key issues. In the second phase we intend to engage with and seek the views and support of a range of expert advisers and partners to develop the format of the assessment, confirm the governance arrangements and work towards piloting the examination.

## Recommendations

Council is asked to:

- a** Note the initial outline business case at [Annex A](#) and the completion of the preliminary phase of work.
- b** Agree that we should continue to develop proposals, seeking the views and support of a wide range of experts and partners, with the intention of reporting back to Council within 12 months with a worked up model for consideration prior to formal consultation.

## Issue

- 1 To seek Council's approval for further development of proposals for a licensing assessment for doctors wishing to hold a licence to practise in the UK.

## Background

- 2 In September 2014 Council gave approval in principle for the work to look at the feasibility of introducing a UK licensing assessment (UKLA). Council agreed it would consider the issue again in June 2015.
- 3 Council received an update report in April 2015 which summarised our activities and engagement activities since September. We have since received the report of the literature review that we commissioned into licensing assessments in comparable countries [which is available here](#).

## Business case

- 4 On the basis of our investigations and engagement, we have developed the attached initial outline draft business case to set out our developing perspective on the potential of a UK licensing assessment. The business case follows the Treasury model which has five sections:
  - a The strategic case, setting the context and objectives.
  - b The economic case, an appraisal of the options.
  - c The financial case, the affordability of the proposals.
  - d The commercial case (to be developed in due course).
  - e The management case, or achievability.
- 5 The UK licensing assessment must enhance patient safety and help to improve the quality of care and treatment provided by doctors.
- 6 This is not to suggest UK medical graduates are currently poorly prepared. But in a changing context both in the UK and overseas, the establishment of a transparent, validated and universal standard for entry to British medicine offers the prospect of clarity and certainty in the otherwise increasingly complex, confused and demanding world in which medical education must operate.
- 7 In this light, we have developed a 'straw man' option for a UKLA, but this will be developed and refined further in the build up to implementing and delivering the assessment, with full engagement and consultation.

**8** Our provisional analysis suggests the favoured approach for initial implementation might be an assessment:

- a** Taken by UK graduates and international medical graduates (IMGs). It is our strong aspiration also to cover European nationals and we will continue to explore options.
- b** Focused on clinical competencies and competencies linked to patient safety and healthcare quality in the context of UK clinical practice.
- c** With several parts, the last taken by conclusion of the first year after graduation for UK graduates.
- d** Intended to determine eligibility for licensing, but with a performance score made available to candidates.

**9** Preliminary financial analysis suggests that requiring UK graduates to take a test similar to part 1 of the current PLAB exam would cost in the region of £1 million pa. If UK graduates took a test similar to part 2, that could cost in the region of £6 million pa. If the exam had further parts, that would increase the cost. However, these provisional costs are gross and do not take account of examination fees to be paid by the candidates.

**10** We would implement the assessment in a staged approach. Given a fair wind, it would 'go live' for IMGs in 2019. There would be two years of substantial pilots before the assessment also went live for UK graduates in 2021.

**11** The development would be subject to performance management as established at the GMC for major projects.

**12** We suggest that the assessment should be directly run by the GMC, given our responsibility for setting the standards required for doctors to be registered with a licence to practise. We would draw on extensive external expertise to develop, deliver and oversee the assessment.

## Next steps

**13** Council is asked to consider whether we should continue to work towards implementation of a medical licensing examination in the UK, testing the 'straw man' in the initial outline business case and considering the implications further.

**14** There is considerable interest in what we are planning to do, and we would seek to harness this interest through engaging both UK and international expertise as we move to develop the assessment.

**15** We intend to continue to develop proposals, engaging with and seeking the views and support of a wide range of experts and partners, with the intention of reporting back to Council within 12 months with a worked up model for consideration prior to formal consultation. Much more detailed work will be required as we develop a preferred model or models.

**10 – Taking forward work on a UK licensing assessment**

**10 – Annex A**

## **The Business Case for a UK Licensing Assessment**

### **Introduction**

- 1** This paper sets out an outline business case for a UK Licensing Assessment (UKLA), building on a debate that has been running for at least the last ten years. Such an assessment would replace the PLAB test for international medical graduates (IMGs). 'UK Licensing Assessment (UKLA)' is a working title at this stage and, along with the substantive proposals in the business case, will need further consideration and consultation before a final decision by Council.
- 2** The business case follows the Treasury model which has five sections:
  - a** The strategic case, setting the context and objectives
  - b** The economic case, an appraisal of the options
  - c** The financial case, the affordability of the proposals
  - d** The commercial case (to be developed in due course)
  - e** The management case, or achievability.
- 3** The initial outline business case sets out our preliminary views at an early stage in the development of proposals for a UK licensing assessment. The proposals will be tested and worked up as we engage with and seek the views and support of experts and partner organisations. There will also be a full formal consultation to further refine our proposed model and ascertain the extent of support. We recognise that at this stage no decisions have been reached and all decisions will be subject to engagement and consultation. Much more detailed work will be required as we develop a preferred model or models.

## The strategic case

### Context

#### *UK medical education*

- 4 There is no national assessment that graduates from UK medical schools need to pass, nor a national curriculum. Instead, each university is responsible for determining its curriculum and its Finals subject to meeting high level standards set by the GMC. By contrast, there are national curricula and assessments for the Foundation Programme which new graduates enter, and in specialty training.
- 5 Academic research has demonstrated variation in the approach to assessment across the UK medical schools, including in Finals. This conclusion has been supported by a GMC audit of assessment at UK medical schools. Although the overarching finding was that a majority of schools were meeting our standards, the report identified considerable variation in how medical schools approach assessment. There is a strong case for tackling this variation, and we believe this can be achieved without stifling innovation or creating a homogenous system of undergraduate education.

#### *The PLAB examination for International Medical Graduates (IMGs)*

- 6 The PLAB examination 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 (OSCE).
- 7 The PLAB examination has recently undergone a thorough review. The recommendations include:
  - a Extending the scope of the PLAB examination to values and principles in *Good medical practice* that we cannot test because of the examination's current format.
  - b Retaining the methodologies used to standard set the examination but monitoring developments in examination and assessment practice to make sure the PLAB examination remains up-to-date.
  - c Investigating further the reasons for the differential outcomes for PLAB candidates relative to their UK peers and considering any changes that might need to be made to the purpose and standard of the PLAB examination.
- 8 It should be noted that the PLAB examination is not usually taken by European nationals or others with EEA rights. Nor is it taken by IMGs who have passed higher level professional examinations or are supported by sponsoring organisations or are eligible for specialist or GP registration.

*Regulation by the GMC*

**9** UK medical education and training is regulated by the GMC. We set 'outcomes' or requirements in relation to the abilities of individual graduates and new doctors seeking full registration. We are currently planning to establish 'generic professional capabilities' for all doctors seeking specialty or GP registration. We also set 'standards' which relate to the performance we expect of the organisations delivering education and training.

*Preparedness, progression and fitness to practise*

**10** Our recent review of the impact of *Tomorrow's Doctors* (2009), our requirements for undergraduate education, focused on evidence on the preparedness of recent graduates. We concluded that few UK medical graduates are poorly prepared for practice. About one in ten feels that they have not been adequately prepared. But there are major differences between medical schools in the preparedness and subsequent progression of their graduates. For example, some medical schools' graduates feel more prepared for their first year of practice than others', ranging from 60% to 85% of graduates agreeing they felt prepared.

**11** The *GMC Perceptions Study* published in April 2015 reported 'a relatively high level of confidence in new graduate doctors, although this was notably lower among doctors themselves (64% confident) than any other audience'. Looking at specific aspects of practice, the percentage of already licensed doctors confident in new graduates ranged from 54% for clinical procedures and skills to 85% for listening to and communicating well with patients. 62% of doctors were confident in new graduates for clinical reasoning and making diagnosis and 73% for clinical knowledge.

**12** There is wide variation by country in the pass rates of candidates for the PLAB examination, a clear warning against regarding IMGs as a homogenous group. Of particular concern it is worth noting that the pass rates before 2005 of graduates from countries that have since joined the EU were lower than many other IMGs. For example Part 1 pass rates from accession countries were in the region of 39-49% (leaving aside countries with very small numbers of candidates) as compared for example with India (67% passed) and Nigeria (62%).

*Differential attainment*

**13** It is well established that performance in medical and other examinations relates to demographic criteria including ethnicity, gender and age. The GMC and other bodies have extensive programmes of research and analysis underway to investigate this 'differential attainment' particularly in postgraduate training and examinations. The data published by the GMC in March 2015 show that women doctors were more likely to pass their exams or be offered a training post than men. And ethnic minority doctors from UK medical schools did less well in recruitment and exams than their white counterparts.

**14** It will be important to consider attainment in undergraduate education against consistent standards, as well as the reasons behind the variations. A UK licensing assessment would contribute useful data to support the development of our understanding of differential attainment.

*Legal context*

**15** Changes to the Medical Act would be required to introduce a UKLA for UK graduates but we do not envisage that this would create major difficulties in relation to European law.

**16** In relation to European nationals (and others with their rights) we are constrained by the European Directive which covers the mutual recognition of qualifications. We are currently considering the implications of introducing a UKLA and whether there is scope for implementing any part of it for European nationals.

*The international context*

**17** Several comparable countries already run licensing assessments or have similar arrangements. In particular, the United States Medical Licensing Examination (USMLE) is a well-established, well-resourced and much-researched arrangement which applies to both home and international graduates wishing to practise in the United States. There is a growing body of evidence linking examination performance to subsequent performance in clinical practice, including in terms of patient outcomes. For example, important recent research by John Norcini and others has demonstrated that performance in one stage of the USMLE was correlated with doctors' subsequent performance in treating acute myocardial infarction and congestive heart failure.

**18** There are also parallel arrangements in other countries including Canada, Japan, Poland and Switzerland.

**A UK licensing assessment – why now**

**19** There is a strong and growing case for making progress now towards a UK licensing assessment.

**20** This is not to suggest UK medical graduates are currently poorly prepared. But in a changing context both in the UK and overseas, the establishment of a transparent, validated and universal standard for entry to British medicine offers the prospect of clarity and certainty in the otherwise increasingly complex, confused and demanding world in which medical education must operate. In particular:

a We are entering uncharted territory for UK medical degrees with the development of campuses overseas and private medical schools in the UK, and the prospect of additional overseas students receiving undergraduate medical education in the UK.

- b** There is increasing evidence on variation in assessment methods at UK medical schools and on preparedness and progression and how they vary between UK graduates, EEA graduates and IMGs, and between individual UK medical schools.
- c** UK medical schools have demonstrated their willingness to work collaboratively on assessment as demonstrated by the Medical Schools Council Assessment Alliance and the Prescribing Safety Assessment. There is an obvious case to develop this further.
- d** Data about the progression of individual medical graduates is becoming clearer and the demand to understand more and tackle differential attainment is certain to grow. There is a need for a baseline to understand better the impact of both undergraduate and postgraduate education.
- e** The review of the PLAB examination has highlighted the importance of assessment and the GMC's commitment to improve this assessment provides an opportunity to consider how a new assessment could be developed for UK graduates as well as those from overseas. There is increasing evidence that licensing assessments predict subsequent performance of their candidates, in medical practice as well as examinations.
- f** It is an anomaly that the UK lacks an objective national assessment which sets the standard for entry to one of the most safety critical professions. The public would probably be surprised if they knew there was no such assessment.

## Objective

- 21** The UK licensing assessment must enhance patient safety and help to improve the quality of care and treatment provided by doctors.
- 22** Of course on its own a summative assessment at a single point cannot itself improve medical practice. However, it can form part of wider system of medical education, training and professional practice that is both self-improving and provides assurance (at different stages and ongoing) that doctors practising in the UK are competent, up to date and meeting high standards.
- 23** There are four ways in which a well-designed licensing assessment could enhance patient safety.
  - a** The UKLA would provide a mechanism to test the competencies of graduates seeking to practise in the UK.
  - b** The UKLA can achieve high technical quality, attracting the best examination expertise, keep abreast of assessment methodologies and best practice, exploit IT solutions and pool resources.

- c** The content of the UKLA could be focused on knowledge, skills and competencies that enhance patient safety.
    - d** The UKLA could drive up the quality of UK medical education by identifying medical schools whose graduates do less well.
- 24** In addition to the patient safety arguments, the UKLA would build on patient/public and employer confidence in new entrants to medical practice. It would promote consistency and fairness. It would bring the UK into line with best practice in other countries such as the USA and Canada.

## The economic case

- 25** There is a wide variety of potential models for establishing a licensing assessment. This section is built around a 'straw man' option for a UKLA, but this will need to be developed and refined in the build up to implementing and delivering the assessment, with full engagement and consultation.

### The issues

#### *1. Candidate scope – who would take the UKLA?*

- 26** Our strong aspiration is that an assessment process should be for all doctors entering practice in the United Kingdom and that is the result to which we will continue to strive. We currently envisage that the law will allow the UKLA to apply to UK medical graduates and to all IMGs.
- 27** We are required to comply with European law but we will explore whether there is scope to apply all or part of the UKLA to doctors from EEA countries who come to practise here. It would clearly be a major limitation to the UKLA if a category of doctor acquiring a licence were exempt. Nevertheless we believe that the UKLA would in any case be a substantial and worthwhile step in the direction of improved safety and quality. It is also possible that doctors from EEA countries wishing to practise in the UK may choose to take the UKLA.

#### *2. Competency scope – what would the UKLA test?*

- 28** We envisage an assessment that would include the knowledge and skills tested by the PLAB examination. We would want to consider how we might incorporate some of the excellent assessment advances of recent years such as the Prescribing Safety Assessment and the Situational Judgement Test. There is a strong case, at some point in the assessment, for a particular focus on competencies relevant to addressing safety and quality in the context of UK practice. It will be likely to assess generic professional capabilities as well as specific clinical skills.

*3. Formats – what sorts of test would be involved?*

**29** Our working option for a UKLA currently includes the following elements:

- a** A written examination, most likely using multiple choice questions, to test the application of skills through vignettes or scenarios. This would draw on national and international expertise as well as building on part 1 of PLAB.
- b** A clinical test, which assesses the application of knowledge and skills, as well as attitudes and behaviours. Using OSCEs and similar tests, this would enable candidates to demonstrate their skills practically in simulated environments. This would again draw on assessment expertise within the UK and overseas and build on part 2 of PLAB.
- c** A test focused on the specific characteristics of UK practice including legal, regulatory, cultural and organisational factors.
- d** A test focused on enhancing patient safety and health care quality, informed by the 'human factors' perspective and potentially assessment models developed beyond medicine.

*4. Level – at what stage would the UKLA take place?*

**30** We need to establish how the parts of the UKLA would fit in the pathway to obtaining registration and a licence to practise.

**31** We envisage that UK graduates would take the final part or parts of the UKLA by conclusion of the first year after graduation, reflecting the development of clinical skills in real service environments as employed practitioners.

**32** Success in the UKLA as a whole would be a condition for obtaining full registration with a licence to practise. The current discussions around abolishing provisional registration may present some challenges but we would be keen to work with others to agree a settlement to this question which incorporates the plans for a UKLA.

*5. Recruitment – licensing purely or ranking in addition?*

**33** We believe the UKLA should be an assessment to determine eligibility for licensing.

**34** However, there is an important consideration around feedback to candidates and what information would be released, and how, relating to candidates' scores. Our provisional view is that, as such an assessment would undoubtedly involve a score, this should be released alongside publication of aggregate performance information (e.g. by medical school). There exists the possibility that the score in the UKLA could be used for other purposes.

**35** This provisional analysis suggests the favoured approach for initial implementation, given likely European constraints, might be an assessment:

- a** Taken by UK graduates and IMGs
- b** Focused on clinical competencies and competencies linked to patient safety and healthcare quality in the context of UK clinical practice
- c** With several parts, the last taken by conclusion of the first year after graduation for UK graduates
- d** Intended to determine eligibility for licensing, but with a performance score made available to candidates.

**36** This provisional analysis will be extensively tested through informal engagement with assessment experts and partner organisations and through full formal and public consultation. We would also aim to secure a legislative framework that would allow us to change arrangements for the UKLA in light of developing best practice and priorities.

## The financial case

### Candidate numbers

**37** We expect that around 10,000 candidates would take the UKLA each year.

**38** In 2014, we received 7,464 applications for provisional registration from UK graduates. This number may increase over the coming years with the development of private medical schools and the interest among established medical schools in attracting more students from overseas (to be educated either in the UK or on overseas campuses).

**39** 2,482 IMGs applied for registration in 2014. 2,494 IMGs took PLAB Part 1 in 2014 and 1,728 took Part 2.

In 2014 we also received 4,806 applications for registration from EEA graduates.

**40** It is likely that overseas graduates not seeking to work here may choose to sit the UKLA as an international mark of quality to demonstrate their level of skill and competence.

**41** We have focused on the potential implications of providing an assessment similar to PLAB for an additional 7,500 candidates.

**42** Our calculations are at this stage provisional but provide some indication of the resource implications of introducing an UKLA.

## Part 1

43 The PLAB Part 1 exam, consisting of Multiple Choice Questions, costs £142 for each candidate taking the exam in the UK including variable costs of £116. This suggests that providing Part 1 for an additional 7,500 candidates would cost around £872,000. This assumes that current PLAB costs for panels and boards are entirely fixed so no additional costs would be involved.

44 We would envisage computer based delivery of a Part 1 exam (unlike the current PLAB Part 1). This might well be delivered through a third party provider of test administration (as is done in the US and Canada).

## Part 2

45 We can consider the implications of providing an OSCE along the lines of PLAB Part 2 for 10,000 candidates.

46 We would envisage candidates being able to take this assessment during a year-long window, with candidates responsible for booking their place and taking the assessment.

47 The existing GMC Clinical Assessment Centre (CAC) would have insufficient capacity to deliver this. The evidence we have seen is that test validity would be best secured by creating a new CAC to incorporate both current activities and the additional 7,500 candidates. We have considered whether clinical assessments could be offered instead at a variety of sites. We have been advised by international experts that the logistical and financial implications of achieving a reliable and consistent assessment argue strongly for delivery at one location if at all possible. We provisionally estimate development costs at around £3 million and additional annual running costs of around £6 million but further financial modelling will be required and reported to Council. This approximate costing does not take into account potential reduction in other assessment costs such as in university Finals or the Prescribing Safety Assessment.

48 Our calculations are based on current PLAB unit costs, increased by 33% to reflect the planned increase in the number of stations in the PLAB test. They assume no expansion of fixed costs relating to PLAB panels, boards and facilities. They also assume that UK graduates candidates can be spread across the year.

## Meeting the cost

49 The tentative and provisional costs cited are gross and do not take account of income to the GMC that could be generated from an UKLA.

50 Our working assumption is that all candidates would pay a fee to cover the costs of the UKLA so that the new assessment would not have any impact on the ARF paid by qualified doctors. Current PLAB candidates pay a fee. We would need to discuss with medical schools how to minimise the additional cost to students (for example if the

PSA were transferred into the UKLA) and to consider how to prevent fees from having a deterrent effect on potential candidates.

## The management case

### Implementation

**51** The project plan to deliver the UKLA will follow a project management framework. Key documentation includes:

- a** The Initial Brief
- b** A risk and issues log
- c** A project plan
- d** An equality analysis
- e** A communications plan.

**52** An Initial Brief was agreed for the initial project on developing the initial outline business case. A further Initial Brief would be needed to continue work on the licensing assessment.

**53** An equality analysis will need to be developed as we become clearer about our direction in developing a licensing assessment.

**54** In relation to monitoring, reporting and escalation, a project team is led by a project manager who in turn reports to a project sponsor (likely to be at Assistant Director level). There will also be a project board or similar drawn from across the GMC. We envisage reporting major developments to the GMC's Strategy and Policy Board and to full Council. This will be accompanied by progress monitoring throughout the project.

**55** The development of this assessment will require close partnership and detailed expertise. Much more detailed work will be required as we develop a preferred model or models. Within the GMC, the project team and project board will be able to draw in particular on the assessment expertise within the PLAB team, the Clinical Assessment Centre and those responsible for Tests of Competence within the performance procedures and for the Revalidation Assessment. More widely, the current pool of associates will be invaluable and a reference community of UK and international experts is being developed. We will engage with and seek the views and support of individual experts and partner organisations and interests through a number of mechanisms such as the GMC's Education and Training Advisory Board and Assessment Advisory Board. There will also need to be a full formal consultation.

**56** Working to the project management framework and with partners and experts will help us to deliver the assessment and address various risks and dependencies including:

- a** Maintaining stakeholder support
- b** Securing government and parliamentary commitment to statutory change
- c** Achieving clarity on the timing of full registration
- d** Achieving clarity on whether the UKLA could apply to European nationals
- e** The planned review of the GMC's required 'outcomes for graduates'
- f** Implementation of the recommendations of the PLAB review.

**57** For the UKLA project, we currently envisage the following timeline:

- a** Defining the favoured model (Q3 2015 – Q2 2016)
- b** Development (Q3 2016 – Q3 2017)
- c** Testing and low-level piloting (From Q2 2018)
- d** IMG Go Live (July 2019)
- e** UK Graduates formal pilots (Q2 2019 – Q2 2020)
- f** UK Graduates Go Live (May 2021)
- g** Post implementation evaluation (September 2021 – December 2022)
- h** Business as usual (January 2023 onwards).

**58** Project streams are likely to cover:

- a** Project management
- b** Assessment strategy and design
- c** Legal clarification and change
- d** Governance
- e** Communications
- f** Operationalisation

**g Pilots****h Evaluation.****Governance models**

- 59** Governance will be critical - potential models we have seen include an umbrella (collaborative) organisation, an arm's length body (operationally separate) and direct management (in our case by the GMC itself).
- 60** Given that the GMC is responsible for setting the standards required for doctors to be registered with a licence to practise, and our accountability for registration, we will need to have significant involvement in the content, standard setting and quality management of the UKLA.
- 61** On balance, our working hypothesis at this stage is that the GMC should govern and be accountable for the UKLA, while of course drawing on extensive external expertise and input to develop, deliver and oversee the various parts of the assessment.

**Subsequent evaluation**

- 62** An early task will be to consider the nature of the evaluation that should take place.
- 63** This will involve a review of the project including how well objectives and milestones were defined and met and identifying lessons. This would need to involve partners and key interests and reflect their perspectives.
- 64** More fundamentally it will be important to evaluate how well the introduction of the UK licensing assessment has met its objectives and avoided or mitigated risks, both those identified beforehand and those that emerge subsequently.
- 65** We should consider the scope for comparison over time – ie before the UKLA is in place, while it is being piloted, and when it is established.
- 66** Some of this work could be conducted by the GMC. It may also be helpful to commission external research or consultancy support for particular elements.