

Moving forward with the Medical Licensing Assessment

Post-consultation engagement

Working with doctors Working for patients

Today's session following MLA consultation

- 9:00 - presentation
- 9:10 – discussing the *Outcomes for graduates* and MLA blueprint
- 9:30 – discussing the test of applied knowledge
- 9:50 – discussing the test of clinical and professional skills
- 10:10 – discussing the timeline and next steps.

Medical Licensing Assessment - aim

A single, objective demonstration...

... that those who obtain registration with a licence to practise medicine in the UK...

... can meet a common threshold for safe practice.

Routes to a licence to practise in the UK

UK medical graduates: curricula and assessments managed by each medical school.

International Medical Graduates: GMC Professional and Linguistic Assessments Board test; acceptable postgraduate qualifications; sponsorship by a recognised organisation; etc.

EEA graduates: currently entitled to have qualifications recognised without any test.



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Working with doctors Working for patients

UK medical graduates

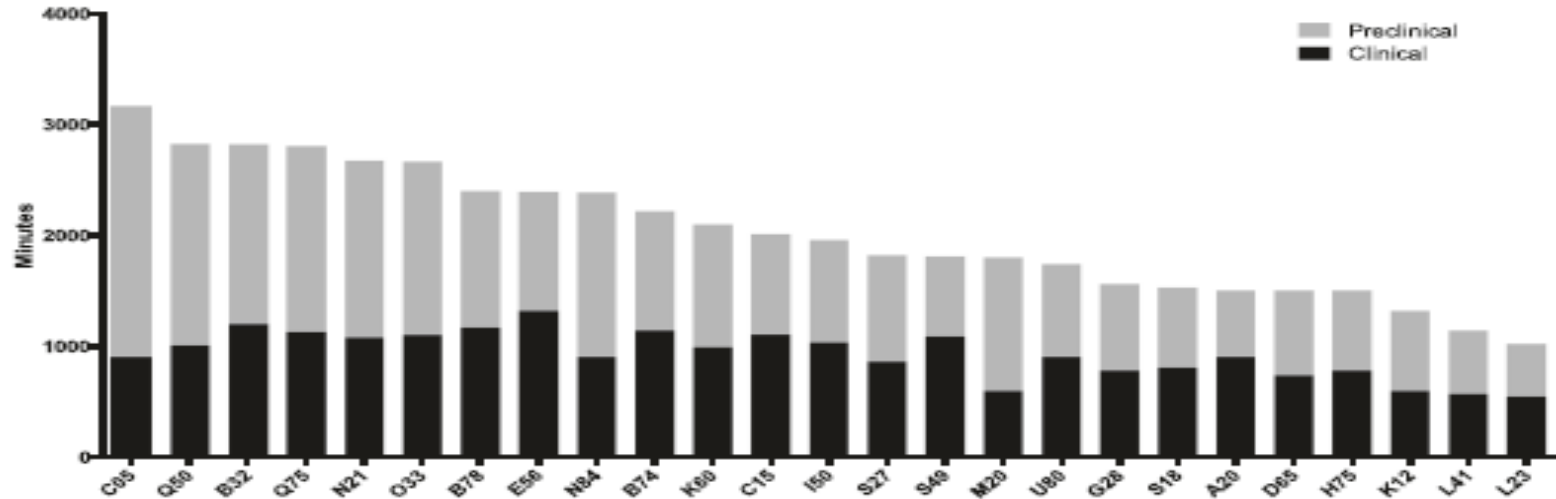
Different curricula and assessments in different medical schools across the UK.

No common way to set minimum standards – GMC visits can review systems but cannot secure a common threshold of knowledge and skills.

New providers offering undergraduate medical education and pressure from expanding student numbers.

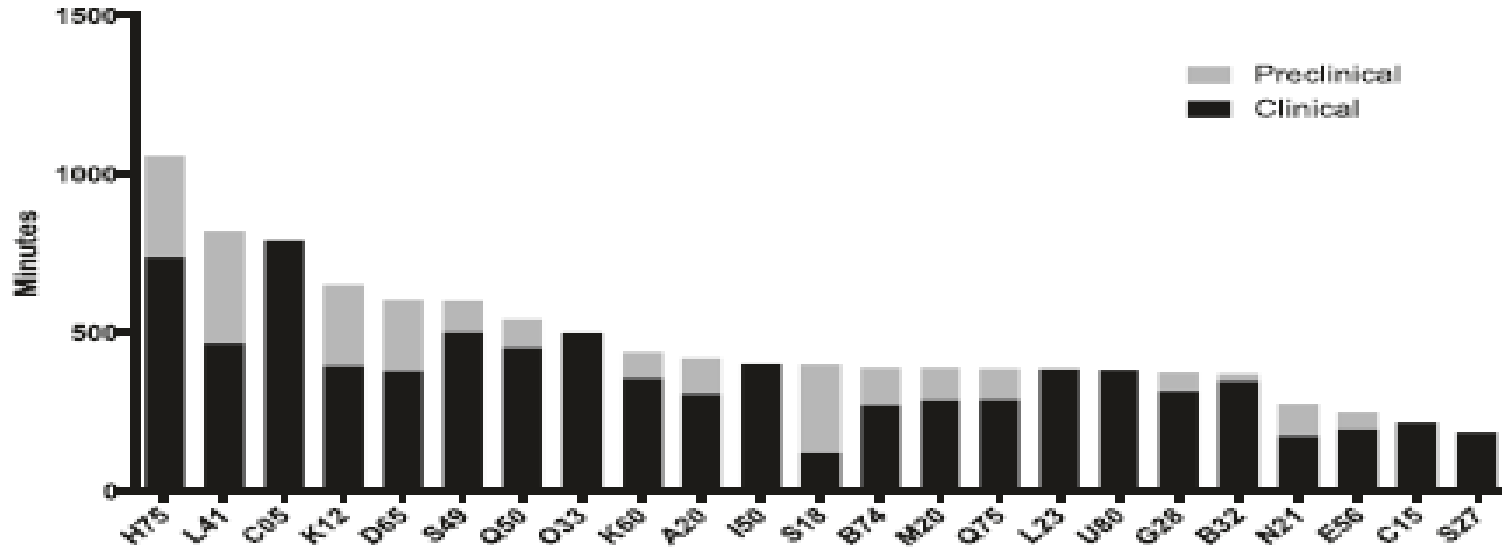
Point of Registration? – for UK governments...

Total minutes of summative written assessment



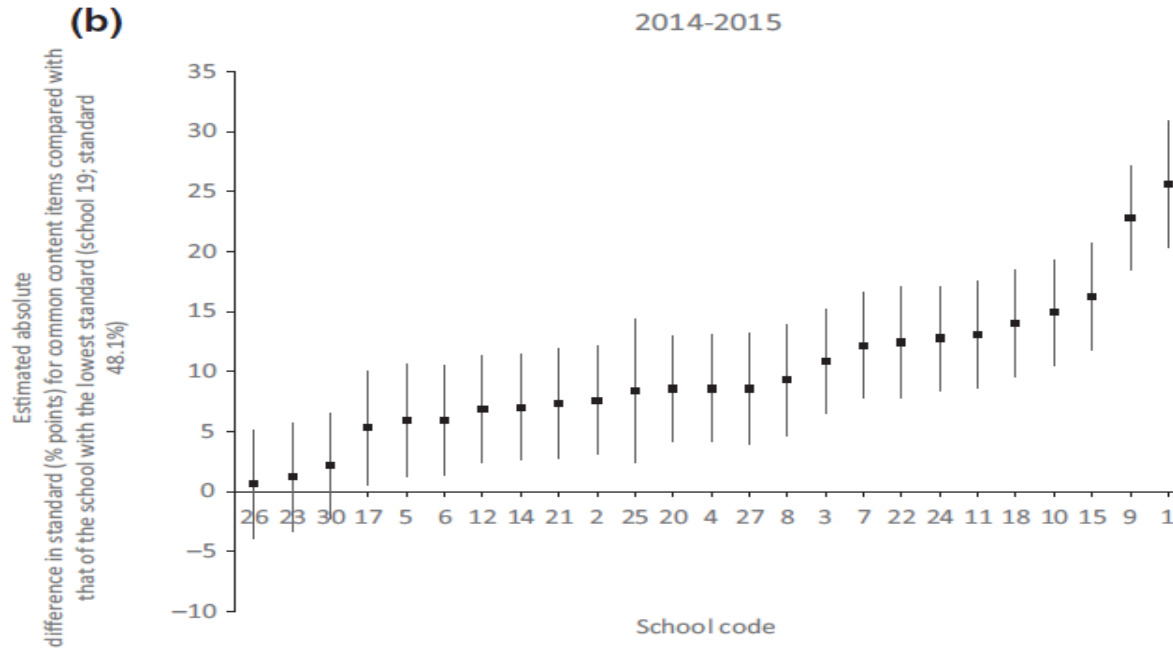
Devine et al. *BMC Medical Education* (2015) 15:146
DOI 10.1186/s12909-015-0428-9

Total minutes of practical examination



Devine et al. *BMC Medical Education* (2015) 15:146
DOI 10.1186/s12909-015-0428-9

Standards required in written finals



Taylor et al, *Medical Education* (2017) doi: 10.1111/medu.13240

Standards required in written finals (contd)

- 'The overall **range of the estimated standards required to pass** the full set of common content items across schools was 14.5 percentage points in 2013-2014 and **25.0 percentage points in 2014-2015...**'
- 'Reducing the variability in standards is important as **all students should be required to meet the same minimum standard** regardless of where they have trained.'

Taylor et al, *Medical Education* (2017)
doi: 10.1111/medu.13240

Proposed framework for the MLA

We propose an MLA of two parts:

- Testing applied knowledge through a computer based test using multiple choice questions
- Testing clinical and professional skills through an Objective Structured Clinical Examination (OSCE)

Who would take the MLA?

- UK medical students...
 - ...passing the MLA as a necessary but not sufficient condition for receiving a PMQ
- We want EEA doctors to take the MLA...
 - ... subject to the outcome of negotiations on the UK leaving the EU
- IMGs...
 - ... replacing PLAB

Consultation – initial reactions

- *MSC*: 'MSCAA has demonstrated... the knowledge and collaborative culture required to help **make a success** of the MLA.'
- *AoMRC*: 'The GMC's proposal to standardise and streamline the process of securing a licence to practise... **must surely be welcomed.**'
- *NHS Employers*: 'A single MLA would help provide employers, and patients, with **clearer assurance** that all doctors practising in the UK are working to the same standards of knowledge, skills and preparedness.'

Consultation response – **interim** findings

- Over 200 responses
- General support for the aim
- Also support for the basic two-part model
- Most agree MLA scores should not be used to rank candidates
- Most agree GMC and medical schools should pay for UK applicants but IMGs should pay for themselves
- Medical schools are more wary than other respondents eg. about timeline and feasibility of the proposals.

For discussion

- Defining the areas of knowledge and skill
- Testing applied knowledge
- Testing clinical and professional skills
- Next steps and timeline

Defining the areas of knowledge and skill

We think that the MLA should test a wide range of competencies necessary for good doctors, including:

- Ethical and professional practice
- Understanding the behaviours and systems that contribute to patient safety
- Safe and effective prescribing
- UK clinical practice, including cultural, legal and organisational factors.

Defining the areas of knowledge and skill

The review of the *Outcomes for graduates* will:

- Consider recent development in medicine and the possible inclusion of new outcomes in areas such as genomics, population health and the management of patients with co-morbidities and frailty
- Look at modernising some of the language
- Reflect the needs of both primary and secondary care
- Reflect recent changes in legislation, eg. equality legislation
- Consider how the *Outcomes* should reflect and flow through to our *Generic Professional Capabilities* and other new or revised documents such as the 2016 FP Curriculum.

Key issues following the MLA consultation

- Should the MLA scope be wide-ranging like PLAB or restricted to patient safety skills?
- What should change in the *Outcomes for graduates*?
- What should be in scope for the *Outcomes* but out of scope for the MLA?
- How well can professionalism or situational judgement be assessed?

Proposals for testing applied knowledge

- MCQs or similar arrangements
- Building on PLAB Part 1 and MSCAA bank
- Computer-based
- Standard set through a modified Angoff

Key issues following the MLA consultation

- Should MLA knowledge items be embedded in university tests or delivered in separate tests?
- Should the MLA applied knowledge test be held at universities or at assessment centres?
- Will universities have necessary IT for computer based testing by 2022?
- Are Single Best Answers all we need?

Proposals for testing clinical and professional skills

- OSCE or similar
- Reflecting best practice at medical schools, in PG training and in PLAB Part 2 as revised
- Using trained examiners, simulated patients, manikins and other simulation
- Using standardised stations and facilities
- Not at one UK centre.

Key issues following the MLA consultation

- How to build a consensual assessment design for testing clinical and professional skills?
- Following PLAB Part 2 towards longer stations and testing integration of skills?
- And any place for real patients?
- Delivered by universities locally or at clinical assessment centres across the UK?

Next steps and timeline

When...	What...
2017	<p>GMC...</p> <p>consults on the principles underlying the MLA</p> <p>consults on revised <i>Outcomes for graduates</i></p> <p>considers responses and decides the way forward</p>
2018-2021	<p>GMC, working with the four UK governments, medical schools and other key partners, blueprints, develops and pilots the MLA</p>
2022	<p>First 'live' assessment of the MLA</p>

Key issues following the MLA consultation (1)

- For the GMC with stakeholders and experts:
 - Revising *Outcomes for graduates*, scoping and blueprinting
 - Agreeing assessment models, testing, piloting
 - Building up test content
 - Sourcing examiners, IT and facilities
- For the medical schools:
 - Reviewing curricula where necessary
 - Changing regulations where necessary
 - Considering scope to rationalise assessment
 - Making sure applicants and students informed

Key issues following the MLA consultation (2)

- For governments:
 - Timing of registration
 - Implications of Brexit
 - Constitutional settlement
 - Professional regulation
- For all:
 - Is 2022 really achievable?
 - A phased approach?

Thank you

- The consultation has shown recognition of the case of change but raised many questions about the way ahead
- Join our Reference Community to keep in touch
- More information at www.gmc-uk.org/mla and mla@gmc-uk.org