

# **Call for evidence on the review of the Professional and Linguistic Assessments Board test**

30 January-30 April 2012

# About this call for evidence

We are reviewing the Professional and Linguistic Assessments Board (PLAB) test to make sure that it continues to be an effective, objective, fair, and non-discriminatory method to test whether international medical graduates have the knowledge and skills needed to work as doctors in the UK. This review will ensure that all our key interest groups continue to be confident in this method for assessment.

The latest review is being done by an independently chaired working group. They want to hear what our stakeholders think about various aspects of the PLAB test, including the public and patients, doctors, employers and educators.

This call for evidence will run from 30 January to 30 April 2012. It is open to all individuals and organisations who wish to respond. It will be followed by oral evidence sessions in May or June 2012 to explore some issues further. We do not yet know who will be invited to give oral evidence but we might contact you again about this.

We expect the working group to complete its review and to report to Council with recommendations in 2013. The broad issues being considered in the review and the members of the working group are listed in Annex B.

## The current PLAB test

Some international medical graduates need to pass the PLAB test before registering with the General Medical Council (GMC), whereas others do not. This is because of the legal framework (Annex A).

The PLAB test is set at the level of trainee doctors who have successfully completed the first year of the Foundation Programme. Passing the PLAB test does not show that a candidate is suitable for employment in a particular post. Employers have to use their own processes to ensure candidates are suitable.

## What the review doesn't cover

The review will only consider the issues listed in Annex B. It will not cover the English language proficiency of international medical graduates.

The review will not consider individual concerns or complaints about doctors who are licensed to practise in the UK. If you are concerned about a doctor, you can find advice on what to do on our website at [GMC | Concerns about doctors](#).

# How to respond

The call for evidence is web-based – we hope that most respondents will submit their responses to the questions through the GMC consultation website: [consultation welcome page](#).

Alternatively you can send your comments:

- by email to [plabtestreview@gmc-uk.org](mailto:plabtestreview@gmc-uk.org)
- by post to Neil Jinks, General Medical Council, Second Floor, 3 Hardman Street, Manchester M3 3AW.

Please limit your response for each question to two pages of text – a maximum of 10,000 characters (including spaces). This will help us analyse the responses we receive.

Please provide any evidence you have to support your views. But please do not send any additional material (unless requested in the questions)- we will contact you if we need any more information.

This information is available in Welsh, and can be made available in alternative formats or languages, such as large print or audio, on request. If you would like to request this information in an alternative format or language, please contact Neil Jinks on 0161923 6341 or email us at [plabtestreview@gmc-uk.org](mailto:plabtestreview@gmc-uk.org).

Please tell others about this call for evidence if you think they might be interested in responding.

Please read our privacy statement on page 15 of this document before submitting your response. It explains how we will process your information and asks whether you want us to treat your response as confidential. Please consider carefully whether it is necessary to submit information that identifies individuals.

## Questions

We would particularly like to hear your views on eight questions. Please answer as many or as few of the questions as you wish.

## Limiting the number of times that international medical graduates can sit the PLAB test

The PLAB test is divided into two parts: Part 1 is a written examination and Part 2 is a practical assessment.

Part 1 is a three-hour paper consisting of 200 single best answer questions and extended matching questions. Candidates are allowed an unlimited number of attempts to pass Part 1 if they do not pass first time.

Part 2 is taken by candidates who have passed Part 1. It is an objective structured clinical examination in which candidates have to work through 14 stations to test how they deal with different clinical scenarios. Candidates are allowed four attempts to pass Part 2. If they do not pass on the fourth attempt, they must resit and pass Part 1 again before they can resit Part 2.

**Question 1:** Do you think we should limit the number of times that international medical graduates may sit either the Part 1 examination or the Part 2 assessment? Please tell us about:

- a any evidence you have, or know about, that international medical graduates who require more than one attempt are less competent as practising doctors than those who pass first time

***We have no direct evidence about the competency of international medical graduates who require more than one attempt at the PLAB exam.***

***It is important that arrangements for both number of attempts of PLAB are consistent with the proposals agreed recently between the GMC and the Academy in respect of UK College examinations.***

***We would therefore propose that International Medical Graduates must demonstrate additional educational experience in order to re-enter PLAB after a maximum of six failed attempts. Intervention may still be appropriate before this stage.***

- b any different arrangements you think should be made for international medical graduates who have protected characteristics under the Equality Act 2010.<sup>1</sup>

***It should be the same***

Please remember to limit your response to two pages.

## Ensuring appropriate periods of validity of passes in the Part 1 examination and Part 2 assessment

International medical graduates must pass the Part 2 practical assessment within three years of passing the Part 1 written examination. If they do not, they must resit Part 1. Generally speaking, they must be registered with a licence to practise within three years of passing Part 2.

**Question 2:** Do you think that these time periods are appropriate? Please tell us

about:

- a any evidence you have that these time periods might put patients at risk and so should be reduced (for example, because of the attrition of medical knowledge and clinical skills)

***No evidence available and we would be interested to see why three years was chosen. It should be based on evidence in case of appeals etc.***

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<sup>1</sup> Age, disability, gender reassignment or transgender, marriage and civil partnership, pregnancy and maternity, race or ethnicity, religion or belief, sex or gender, and sexual orientation.

- b any different arrangements you think should be made for international medical graduates who have protected characteristics under the Equality Act 2010.<sup>2</sup>

***No different arrangements should be made for “protected characteristics”. Patients expect their doctors to be able to perform competently and safely regardless of their “protected characteristics”.***

Please remember to limit your response to two pages.

## **Ensuring the PLAB test examines and assesses the right range of knowledge and skills needed for safe and effective practice in the UK**

*Good Medical Practice* is our core guidance.<sup>3</sup> It sets out the principles that lie behind good practice, so that both doctors and the public know what is expected of doctors practising in the UK. These principles describe medical professionalism in action.

The PLAB test has a blueprint.<sup>4</sup> This document sets out the scope and content of the test in terms of the topics, skills and procedures that a doctor who passes the test needs to know and be able to do. The blueprint is mapped against *Good Medical Practice*, the standards and outcomes that we require UK graduates to demonstrate before granting full registration,<sup>5</sup> and the Foundation Programme curriculum.

We already know<sup>6</sup> that many overseas qualified doctors can find the ethical framework in which healthcare is delivered in the UK very different compared with where they qualified. The main difference is the model of the patient-doctor relationship. In particular, individual autonomy, duty of confidentiality, and informed consent to treatment are highly important in the UK, and these concepts are articulated and regulated in formal legal, ethical and institutional policies.

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<sup>2</sup> Age, disability, gender reassignment or transgender, marriage and civil partnership, pregnancy and maternity, race or ethnicity, religion or belief, sex or gender, and sexual orientation.

<sup>3</sup> You can read this guidance on our website at [GMC | Good Medical Practice](#). We are reviewing the current edition (2006) to make sure it is up to date and fit for its many purposes. The new version is due to be published in 2012.

<sup>4</sup> The blueprint is on our website: [GMC | PLAB: Part 1 guidance](#) (see paragraph 11 of the guidance).

<sup>5</sup> The GMC is responsible for setting the standards and outcomes for postgraduate medical education and training in the UK. You can read about these standards and outcomes in *The Trainee Doctor* at [GMC | Postgraduate standards and guidance](#).

<sup>6</sup> Slowther A, Lweando Hundt G, Taylor R, Purkis J (2009) *Non UK qualified doctors and Good Medical Practice: The experience of working within a different professional framework. Report for the General Medical Council.* Warwick, University of Warwick.

**Question 3:** Does the PLAB test examine and assess the right range of knowledge and skills required for safe and effective medical practice in the UK, bearing in mind that employers are responsible for assessing a doctor's suitability for particular clinical posts? We are particularly interested in:

- a any values or principles in *Good Medical Practice* that you think the PLAB test does not currently examine or assess (adequately or at all)

***It is important to test ethical frameworks. Concepts of individual autonomy, duty of confidentiality and informed consent all need to be examined in both parts of exam. Part 2 needs to check whether doctors can apply this theory in practice.***

- b any values and principles identified in 3a that you think the PLAB test could (and should) examine and assess, and, bearing in mind the limitations of written examinations and practical assessments, how this might be achieved

***Theory of ethical frameworks can be tested in part 1. It is important that IMGs working in the UK have an understanding of the contextual and cultural issues of practising medicine in the UK. This is, however, not necessarily something that should sit within PLAB but should also be part of the induction for IMGs starting work in the UK. We note that the GMC has been consulting on this issue and welcome these developments.***

- c whether you think international medical graduates who have passed the PLAB test and are practising in the UK are so unfamiliar with values and principles contained in *Good Medical Practice* that patients are at risk of harm (please refer to the relevant paragraph(s) of *Good Medical Practice* and provide any evidence to support your views).

***PLAB and Good Medical Practice in combination provide a reasonably robust assessment but certainly not one that is comprehensive. It would be incorrect to imply that all IMGs who have passed the PLAB are "so unfamiliar with values and principles contained in GMC that patients are at risk of harm". However common "anecdotal" and disciplinary experience suggests that it is possible to pass the PLAB and still be short of a general knowledge of UK culture, UK clinical culture, NHS operations etc. Some aspects are impossible to test by examination and are more so covered by induction, although certain basic requirements related to this must be mandatory.***

Please remember to limit your response to two pages.

**Question 4:** Could a system other than the PLAB test be used to prove that doctors are competent in some areas of medical knowledge and skills, such as advanced life support and basic trauma skills? Could successful completion of training courses be used and, if so, should it be? We are interested to hear your views on:

- a the knowledge and skills that you think could be demonstrated in an alternative way and whether you think such an approach is feasible or desirable

***Employers may reasonably impose requirements for advanced life support and basic trauma skills in the job description for particular posts. The “equivalence” however, can and is at times debatable. Not all courses would be necessary or appropriate and there for we suggest this is not attempted. It may also lead to doctors having to undertake expensive courses and how would these be validated.***

- b any risks that such an approach could pose and how we could adequately mitigate against these risks

***See above***

- c any implications of such an approach for international medical graduates who have protected characteristics under the Equality Act 2010.<sup>7</sup>

***We would expect doctors who treat patients to be able to resuscitate patients and manage basic trauma situations. The same challenges are already faced by the GMC and medical schools in selecting undergraduates into medicine. The same rules that apply for selecting doctors in this country must apply to IMGs.***

## Helping international medical graduates to prepare for the PLAB test

We provide information to help international medical graduates prepare for the Part 1 written examination and the Part 2 practical assessment. This is on our website: [GMC | Professional and Linguistic Assessments Board \(PLAB\)](#). It includes:

- a example questions for the written examination and scenarios for the practical assessment
- b how candidates should prepare for and approach the test

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<sup>7</sup> Age, disability, gender reassignment or transgender, marriage and civil partnership, pregnancy and maternity, race or ethnicity, religion or belief, sex or gender, and sexual orientation.

- c how candidates can ask for a reasonable adjustment if they have a disability
- d general information – for example, on job prospects and life in the UK- for international medical graduates to consider before they apply for registration.

**Question 5:** Do you think the information we provide helps international medical graduates to prepare adequately for the PLAB test? We are particularly interested to hear whether you think there is information we do not provide that would help international medical graduates, including those with protected characteristics under the Equality Act 2010,<sup>8</sup> to prepare better.

**Yes.**

**Question 6:** Are there any other steps we could take to help candidates to prepare better?

**No.**

Please remember to limit your response to two pages.

## **Recruitment of PLAB associates**

We generally recruit the board and panel members who oversee the PLAB test in the same way as other GMC associates, such as our fitness to practise panellists and those involved in quality assuring medical education and training. The profiles for board and panel members are given in Annex C. We select PLAB associates on the basis of current responsibilities, experience and competence. We work to ensure that recruitment is open and transparent.

Although medically qualified PLAB associates should represent the broad scope of the medical profession, some roles have been difficult to fill, such as the role of a trainee doctor who has passed the PLAB test and is in the second year of the Foundation Programme. Despite advertising in the national medical press and approaching the BMA's Junior Doctors Committee and the London Deanery, we have been unable to fill this role since June 2008.

We aim to use all appropriate advertising and promotion opportunities to recruit PLAB associates, but there might be others that could raise the profile of recruitment and extend the reach of our campaigns to the widest pool of candidates.

**Question 7:** Are there any advertising and recruitment methods that would increase awareness of opportunities to apply for a role as a PLAB associate? We are particularly interested to hear whether you think there are any methods that would encourage applications from potential PLAB associates with protected characteristics under the Equality Act 2010.<sup>8</sup>

***Why is it considered essential to have a trainee doctor who has passed the PLAB test and in the second year of the Foundation Programme? We do not use newly qualified doctors to conduct driving tests ... Whilst input from representative clinicians and candidates is helpful in an advisory manner (so that the examination process is sensitive, appropriate and comprehensible) it is far from clear that we need every category to be represented amongst the PLAB associates. It will be better to advertise beyond the London Deanery and send to all the Deans, Education Leads at Colleges to identify appropriate people.***

Please remember to limit your response to two pages.

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<sup>8</sup> Age, disability, gender reassignment or transgender, marriage and civil partnership, pregnancy and maternity, race or ethnicity, religion or belief, sex or gender, and sexual orientation.

## **Other issues of interest**

**Question 8:** Is there anything else you would like the working group to consider in relation to the key tasks listed in Annex B?

**No.**

Please remember to limit your response to two pages.



## Responding as an individual

Are you responding as an individual?

Yes

No

If yes, please complete the following questions. If not, please complete the 'responding on behalf of an organisation' section.

Which of the following categories best describes you?

<input type="checkbox"/>	Doctor	Medical student	Other healthcare professional
<input type="checkbox"/>	Medical educator (teaching, delivering or administrating)	Academic with special interest in examination or assessment methodology	Member of the public
<input type="checkbox"/>	Other (please give details)	<input type="text"/>	

If you are a doctor, where did you graduate?

<input type="checkbox"/>	England	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Scotland
<input type="checkbox"/>	Wales	<input type="checkbox"/>	Other – European Economic Area	<input type="checkbox"/>	Other – rest of the world

What is your country of residence?

<input type="checkbox"/>	England	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Scotland
<input type="checkbox"/>	Wales	<input type="checkbox"/>	Other – European Economic Area	<input type="checkbox"/>	Other – rest of the world

### Information about you

We are committed to valuing diversity and promoting equality of opportunity. To help ensure that our calls for evidence reflect the views of the diverse UK population, we aim to monitor the types of responses we receive. This will help us to understand better if particular groups of people have similar views on the PLAB test. Although we will use this information in the analysis of the consultation, it will not be linked to your response in the reporting process. Answering these questions is optional and any information collected will be held securely.

<b>What is your age?</b>			
<input type="checkbox"/>	0-18	19-24	25-34
<input type="checkbox"/>	35-44	45-54	55-64
<input type="checkbox"/>	Over 65	<input type="checkbox"/>	Prefer not to say
<b>Are you:</b>			
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male

<b>What is your ethnic origin? (Please tick one)</b>			
Asian or Asian British			
<input type="checkbox"/>	Asian or Asian British	Bangladeshi	Indian
<input type="checkbox"/>	Pakistani		
<input type="checkbox"/>	Any other Asian background, please specify	<input type="text"/>	
Black or Black British			
<input type="checkbox"/>	Black or Black British	African	Caribbean
<input type="checkbox"/>	Any other Black background, please specify	<input type="text"/>	

Chinese or other ethnic group

Chinese Any other

background, please specify

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Mixed

White and Asian

White and Black African

White and Black Caribbean

Any other mixed background, please specify

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White

British

English

Gypsy or Irish traveller

Irish

Northern Irish

Scottish

Welsh

Any other white background, please specify

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Other ethnic group

Arab

Any other ethnic group, please specify

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Prefer not to say

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**What is your religious background?**

<input type="checkbox"/>	No religion	Christian Protestant (including the Churches of England, Scotland, Wales and Ireland plus all other Protestant Christian denominations)	Christian Roman Catholic
<input type="checkbox"/>	Buddhist	Hindu	<b>D</b> Jewish
<input type="checkbox"/>	Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say

**How would you best describe your sexual orientation?**

<input type="checkbox"/>	Bisexual man or woman	Gay man	Gay woman or lesbian
<b>D</b>	Heterosexual or straight man or woman	Prefer not to say	

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out day-to-day activities.

**Would you describe yourself as having a disability?**

<input type="checkbox"/>	Yes	No	Prefer not to say
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**If you describe yourself as disabled, it would be helpful to know if one or more of the following categories apply to you:**

<b>D</b>	Physical impairment (such as difficulty using your arms)	Visual impairment	Hearing impairment
<input type="checkbox"/>	Mental health condition (such as depression)	Learning disability or difficulty (such as Down's syndrome)	Specific learning disability (such as dyslexia) or cognitive impairment (such as autism)
<input type="checkbox"/>	Illness or health condition (such as cancer, HIV or epilepsy)		

<input type="checkbox"/>	Other (please specify)	:	:
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### Responding on behalf of an organisation

Are you responding as an organisation? Yes  No

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section.

#### Which of the following categories best describes your organisation?

<input type="checkbox"/>	Body representing doctors	Government department	Medical school (undergraduate)
<input type="checkbox"/>	NHS organisation	Body representing patients or public	Independent healthcare provider
<input type="checkbox"/>	Postgraduate medical institution	UK regulatory body	Overseas regulatory or licensing authority
<input type="checkbox"/>	Medical royal college		
<input type="checkbox"/>	Other (please specify)		

#### In which country is your organisation based?

<input type="checkbox"/>	UK wide	England	Northern Ireland
<input type="checkbox"/>	Scotland	Wales	Other (European Economic Area)
<input type="checkbox"/>	Other (rest of the world)		

# Privacy statement

Please read this privacy statement before submitting your response. You will need to tell us if you want your response to be treated as confidential.

## **Sharing concerns about a professional**

If we receive information about an identifiable doctor or other professional that raises concerns about their fitness to practise, we may need to take action or disclose relevant information to an appropriate body.

## **Sharing information outside the remit of this work**

We understand that issues overlap, and you may need to provide us with background information that is not directly within the remit of this work. Any information of this kind provided in the evidence will be collated, and forwarded to the appropriate body, dealing appropriately with any sensitive or confidential information. Other bodies might include, for example, other healthcare regulatory or professional bodies.

## **Freedom of information**

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to, for example, information provided in confidence and information to which the Data Protection Act 1998 applies. Please tell us if you would like us to treat your response as confidential. We will take this into account if a request for your response is made under the Freedom of Information Act 2000.

## **Data protection**

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the responses to the call for evidence. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the call for evidence to third parties for quality assurance or approved research projects on request.

## **Registration for international medical graduates**

The Medical Act 1983, as amended in 2006, sets out the legal criteria that must be met before a doctor may be granted full registration with a licence to practise.<sup>1</sup> Broadly, these criteria depend on nationality and the country where a doctor qualified: the UK, the European Economic Area (EEA) or elsewhere in the world.

### **UK graduates**

UK graduates are entitled to full registration (and a licence to practise) if their fitness to practise is not impaired, they hold a recognised UK primary medical qualification and have satisfactorily completed an acceptable programme for provisionally registered doctors - the first year of the Foundation Programme. UK graduates are granted provisional registration (and a licence to practise) to undertake this training.

### **EEA nationals**

The criteria for registration of EEA nationals (or those with enforceable community rights) who graduate in the EEA are based on Directive 2005/36/EC on the recognition of professional qualifications.

EEA nationals (and those with enforceable community rights) are entitled to full registration if they hold one or more European primary medical qualifications and their fitness to practise is not impaired. They are entitled to provisional registration so that they can gain the clinical experience needed to obtain a European primary medical qualification if their fitness to practise is not impaired. Provisional registration restricts EEA nationals to undertaking the first year of the Foundation Programme.

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<sup>1</sup>There are separate provisions for doctors wishing to obtain specialist or GP registration. These provisions are not within the scope of the review of the PLAB test.

There are separate provisions for EEA nationals and exempt people who have acceptable overseas qualifications<sup>2</sup> or qualifications that have been accepted by other European states.<sup>3</sup> These doctors do not have to pass the Professional and Linguistic Assessments Board (PLAB) test.

## International medical graduates

Before full registration and a licence to practise can be granted to all other doctors who graduate outside the UK, known as international medical graduates, they must satisfy the GMC's Registrar that:<sup>4</sup>

- a they hold an acceptable overseas qualification or they have passed the examinations needed for such a qualification
- b they have the knowledge, skills and experience needed to practise as a fully registered doctor in the UK
- c unless they are an exempt person, they have the necessary knowledge of English
- d their fitness to practise is not impaired.

The Medical Act does not specify how international medical graduates should satisfy the Registrar as to their knowledge and skills. In practice, they may do so either by:

- a passing the PLAB test
- b having an offer of sponsorship with an organisation approved by the GMC for that purpose
- c having an acceptable postgraduate qualification.

Most international medical graduates satisfy the Registrar by passing the PLAB test. In 2010, we granted full registration in an approved practice setting<sup>5</sup> to 2,709 international medical graduates. Of these, 1,490 (55%) had passed the PLAB test.

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<sup>2</sup> An acceptable overseas qualification is any qualification granted outside the EEA that is accepted for the purposes of practice in the UK. Our Council decides which qualifications are acceptable in the UK in line with defined criteria.

<sup>3</sup> Sections 19, 19A and 21 of the Medical Act.

<sup>4</sup> Section 21B of the Medical Act.

<sup>5</sup> Under section 440 of the Act, fully registered UK graduates and international medical graduates new to the register in the UK must work in an approved practice setting for 12 months. Our criteria for approved practice settings are on our website: [approved practice settings](#).

If they have not undertaken a programme of practical training (an internship), international medical graduates may be granted provisional registration (and a licence to practise) to participate in the first year of the UK Foundation Programme. They may then use evidence of successful completion of this training to demonstrate that they have the experience required for full registration.<sup>6</sup>

Before they can be granted provisional registration (and a licence to practise), international medical graduates must, however, demonstrate that they have the necessary knowledge and skills by passing the PLAB test.

You can find detailed information on the PLAB test on the GMC's website: [GMC | Professional and Linguistic Assessments Board \(PLAB\)](#).

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<sup>6</sup> Section 21C of the 1983 Medical Act.

## **Broad themes of the review and members of the working group**

### **Aim of the review**

The review will make sure that the Professional and Linguistic Assessments Board (PLAB) test continues to be an effective, objective, fair, and non-discriminatory method to test whether international medical graduates have the knowledge and skills needed to work as doctors in the UK. This review will ensure that all our key interest groups continue to be confident in this method for assessment.

### **Key tasks**

The key tasks of the review are to consider and make recommendations to Council on four broad themes.

#### **Theme 1: Ensuring standards**

- To review whether the knowledge and skills demonstrated by a pass in both parts of the PLAB test continue to be equivalent to those of doctors who have successfully completed the first year of the Foundation Programme.
- To examine whether there should be a limit on the number of attempts at passing the test to ensure public confidence in the standards of practice in the UK.
- To review whether the periods of validity of passes in both parts of the PLAB test are appropriate.

#### **Theme 2: Content**

- To review whether the blueprint (which sets out the scope and content of the PLAB test in terms of the topics, skills and procedures) is consistent with the outcomes for provisionally registered doctors described in *The Trainee Doctor* (which replaces *The New Doctor*).

- To consider the extent to which the PLAB test could (and should) further assess knowledge and application of the values and principles of *Good Medical Practice*.

### **Theme 3: Confidence**

- To review the reliability and validity of the PLAB test.
- This will include examining whether:
  - a the scoring systems and standard setting reflect best practice
  - b the Part 1 written examination and Part 2 objective structured clinical examination stations are fit for purpose and reflect current examination and assessment best practice
  - c the test reliably and accurately differentiates between candidates who meet the required standards of both parts of the test and those who do not.
- To review whether the PLAB test and its administration remain compliant with the requirements of the Equality Act 2010. This will include the processes for appointing panel members and examiners and for dealing with complaints by candidates.

### **Theme 4: Outcomes**

- To examine whether international medical graduates granted full registration after passing the PLAB test are more or less likely than other cohorts of doctors to experience difficulties in medical practice in the UK.
- This will include:
  - a examining existing research on the experiences of graduates making the transition to the workplace
  - b examining any evidence of disparity between the success rates of UK medical graduates and international medical graduates in postgraduate examinations and assessments
  - c examining the implications of any further research on parts a and b that is needed as part of the review.

### **Members of the working group**

Dr Kathy Boursicot- Reader in Medical Education and Head of Assessment,  
St George's, University of London

Mr Ian R Cumming OBE (chair)- former Chief Executive of NHS West Midlands (until October 2011), National Director for Quality (Department of Health (England), from October 2011), Chief Executive of North Bristol NHS Trust (from April 2012)

Professor Jane Dacre- GMC Council member (medical)

Dr Sue Davison – GMC Council member (lay)

Professor Derek Gallen – National Director UK Foundation Programme and Postgraduate Dean (Wales Deanery)

Dr Alison Graham – Medical Director, NHS Lanarkshire, and Chair of the Scottish Association of Medical Directors

Ms Roswyn Hakesley-Brown CBE – Chair, Board of Trustees, Patients Association

Dr Abrar Hussain- trainee psychiatrist (registered with a licence to practise, passed the PLAB test in 2004)

Professor ■ C McManus – Professor of Psychology and Medical Education, University College London

## Profiles of PLAB associates

### The PLA Board

The Professional and Linguistic Assessments (PLA) Board (PLAB) oversees the PLAB test. The PLA Board has ten members who are recruited against specific profiles to ensure that its membership is representative of the broad scope of the medical profession, including general practice. The appointment profiles for the members of the PLA Board are set out in the table below.

Skills, knowledge and experience needed	Possibly fulfilled by	Number in this category
<ul style="list-style-type: none"> <li>Running an integrated assessment system in medicine at undergraduate level</li> <li>Overview of F1<sup>1</sup> training</li> <li>Clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>Director of medical studies</li> </ul>	1
<ul style="list-style-type: none"> <li>Developing, analysing and reviewing assessment in medicine</li> </ul>	<ul style="list-style-type: none"> <li>In charge of development of a major assessment</li> <li>Medical educationalist</li> </ul>	1
<ul style="list-style-type: none"> <li>Developing F2<sup>2</sup> training</li> <li>Overview of F1 training</li> </ul>	<ul style="list-style-type: none"> <li>Postgraduate dean or associate postgraduate dean with responsibility for training and appraisal, possibly with responsibility for overseas doctors</li> </ul>	1
<ul style="list-style-type: none"> <li>Hospital consultant with F2 trainees on team</li> </ul>	<ul style="list-style-type: none"> <li>Hospital consultant with F2 trainees on team</li> </ul>	1

<sup>1</sup> The first year of the UK Foundation Programme.

<sup>2</sup> The second year of the UK Foundation Programme.

<b>Skills, knowledge and experience needed</b>	<b>Possibly fulfilled by</b>	<b>Number in this category</b>
<ul style="list-style-type: none"> <li>Partnership with the public</li> </ul>	<ul style="list-style-type: none"> <li>Member of a patient organisation or the GMC's Patient Reference Group</li> </ul>	2
<ul style="list-style-type: none"> <li>International medical graduate's perspective</li> </ul>	<ul style="list-style-type: none"> <li>International medical graduate who has passed the PLAB test</li> </ul>	1
<ul style="list-style-type: none"> <li>Post-PLAB F2 trainee's perspective</li> </ul>	<ul style="list-style-type: none"> <li>Doctor who, having passed the PLAB test, is working as an F2 trainee</li> </ul>	1
<ul style="list-style-type: none"> <li>Link to Part 1 Panel (<i>ex officio</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Chair of the Part 1 Panel</li> </ul>	1
<ul style="list-style-type: none"> <li>Link to Part 2 Panel (<i>ex officio</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Chair of the Part 2 Panel</li> </ul>	1

## Composition of the Part 1 Panel

The Part 1 Panel is, broadly speaking, responsible for recommending developments in the Part 1 examination and ensuring that the examination is of the appropriate standard. The Panel comprises 13 members and reports to the PLA Board.

The Part 1 Panel's membership should comprise:

- the chair of the PLA Board, *ex officio*
- normally no fewer than three and as many co-opted members as necessary to represent the broad scope of the medical profession and the following knowledge, skills and experience:
  - a knowledge of the duties and responsibilities of a F2 trainee in relevant specialties
  - b knowledge and skill in relevant specialties
  - c question writing, piloting and standard setting
  - d gathering and analysing data to review the validity or reliability of questions and examinations
  - e expertise in running examinations that can be marked by computer.

## Composition of the Part 2 Panel

The Part 2 Panel fulfils a similar role to that of the Part 1 Panel, but for the Part 2 practical assessment. It comprises 15 members and also reports to the PLA Board. The Part 2 Panel's membership should comprise:

- the chair of the PLA Board, *ex officio*
- normally no fewer than three and as many co-opted members as necessary to represent the broad scope of the medical profession and the following knowledge, skills and experience:
  - a knowledge of the duties and responsibilities of F2 trainee in relevant specialties
  - b knowledge and skill in relevant specialties
  - c station writing, piloting and standard setting
  - d gathering and analysing data to review the validity or reliability of stations and examinations
  - e expertise in running objective structured clinical examinations.
- an expert in the assessment of communication skills in medicine to attend meetings of the Part 2 Panel on a consultancy basis.