GMC – Call for Evidence on the Review of the Professional and Linguistic Assessments Board test

1. I write with regard to the GMC Call for Evidence on the Review of the Professional and Linguistic Assessments Board Test (PLAB).

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this call for evidence. Our answers to the questions posed in the ‘Call for Evidence’ are as follows:
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?

Yes. The number of sittings that are reasonable could be informed by looking at the pass rate versus the number of attempts. This College believes it would be appropriate to limit the number of sittings for both parts of the exam to 4 attempts. One problem of taking a test too many times is that the applicant ‘learns’ the test, can become familiar with much of question bank, and validity therefore suffers. In addition, it is very wasteful on resources and reduces availability to those who have a reasonable chance of passing.

We also note that:

- the MRCGP examination group have found there is a flattening in the curve of improvement which appears to level out after four attempts; and

- for the London Deanery ‘Induction and Refresher Assessment,’ the number of attempts for a similar exam with a knowledge test and then Objective Structured Clinical Examination (OSCE) type test is limited to two.

2. Do you think that these time periods are appropriate?

We are of the view that a validity of 3 years is generous, but it would not be appropriate to reduce this period, which has to be sufficient in length to allow the agreed number of attempts at the second stage. We say this because:

- We believe the chances of UK employment decrease the longer a candidate takes to pass PLAB, and that they are also unlikely to remain in the UK for 3 years without a post, so a three year maximum should not disadvantage this group.

- We have found that GPs who have been away from practice for two years or more experience increasing difficulty returning. GP trainees who have been out of programme for more than 12 months usually find that their programme has to be extended.
However, the three year limit could risk disadvantaging candidates who take
maternity leave or have health/compassionate absence and are, therefore,
unable to sit the second part within that time frame. Special circumstances should
be considered.

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?

The College believes that ‘Good Medical Practice’ is an important document and
many of the principles and practices in the UK are very different from the
expectations of other health systems. There are a number of areas in ‘Good
Medical Practice’ that are not assessed in detail by PLAB, mostly in the attitudinal
and ethical and probity areas. These are difficult to test in an exam format, but
lack of familiarity with them in the context of the NHS could put trainees at a
disadvantage when starting specialist training. Many International Medical
Graduate (IMG) trainees take time to learn these issues, and induction to the UK
context, incorporated in PLAB would be welcome. We would recommend the
use of situational judgement tests (SJTs) as used by the National Recruitment
Office for General Practice Training as a suitable method for assessment of this
area. We have also found such SJT methods highly predictive of future
performance.

(Evidence:


It would be interesting to see how UK graduates at the end of FY1 perform in the PLAB exam as a cross check for equivalence of standards. Lack of equivalence of standards with FY1 may also be a reason for later differential performance in post graduate exams.

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?

Yes, but costs are an issue. The College believes a work based attachment with work based assessment of competencies would improve validity, but this would still have to be combined with an external test. Another way is a formal simulation centre.

Ideally the initial test should be taken at worldwide test centres (Part 2 could be taken in London) - to save candidates travelling with high expectations which end in disappointment.

The College does not believe that the completion of training courses would be a reliable or standardised way of assessing skills.

5. Do you think the information we provide helps international medical graduates to prepare adequately for the PLAB test?

We had some feedback that international candidates do not understand the full picture of the opportunities or requirements before they come. Nor do they fully appreciate the complexity and potential difficulties of getting employment after PLAB.

6. Are there any other steps we could take to help candidates to prepare better?

The regulator may need to ensure that false information and bad practice around the realities of PLAB are challenged, so that doctors abroad get a realistic picture that fairly reflects the U.K. situation.
7. Are there any advertising and recruitment methods that would increase awareness of opportunities to apply for a role as a PLAB associate?

We suggest that it would be appropriate to approach Deaneries, Royal Colleges and the GMC (who could send out information with their registration documentation) to assist with raising awareness of such opportunities.

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

- We hope that you are able to obtain evidence from PLAB trained doctors as we believe their views and experiences will provide valuable insight into ways of improving the system.

Yours sincerely

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Honorary Secretary of Council