



General Medical Council
Regent's Place,
350 Euston Road,
London NW1 3JN

By email:

Dear Sir/Madam,

Re: GMC Consultation on the Medical Licensing Assessment

I am writing in response to the GMC's consultation on the Medical Licensing Assessment (MLA). I welcome the opportunity to respond to this important consultation on behalf of the Royal College of Physicians (RCP). The RCP's response to the consultation is outlined below. However, we would welcome the opportunity to discuss this response and the MLA with the GMC further.

In preparation of this response the RCP has consulted with our members and fellows as well as representatives of the RCP's patient and carer network. The RCP supports the principle behind the introduction of the MLA and welcomes the GMC's mission to enhance patient safety through greater consistency. The RCP supports the introduction of an MLA as long as it delivers on the primary purpose of ensuring that doctors entering the NHS are safe and fit to practise through the demonstration of core knowledge, clinical skills and professionalism. It may also offer an opportunity to ensure communication skills and culturally appropriate practice (sensitivity, delivery, empathy, and person-centred care) are embedded in the assessment.

The RCP's patient and carer members in particular felt that the MLA would provide greater reassurance to patients over the core clinical and managerial competencies of doctors. The MLA may also provide an opportunity to improve standards in training for undergraduates, especially defining competencies for subjects like pharmacology and pathology. Key competencies such as communication skills and culturally appropriate practice (including sensitivity, empathy and person-centred care) could be included in the assessment. These are important skills that doctors must rely on throughout their careers and it is important that they are embedded in doctors training throughout their careers.

While the RCP welcomes the principles of the consultation, the MLA will make a significant change to the medical training of doctors and may have unforeseen circumstances. Particularly following the UK's vote to leave the European Union the RCP strongly recommends that GMC carefully considers the long term

implications of introduction of the MLA before it is introduced. I have included some areas which the RCP would welcome greater clarity:

Point of registration

Experience of clinical practice is an important part of all doctors' training and is a key competent of training in the UK. Under the new proposed system doctors will obtain full registration after passing the MLA and 'would need to show they have appropriate experience of practising medicine under supervision'. The RCP would welcome greater clarity on what stage doctors would achieve full registration and what opportunities will be available for doctors to gain experience of working in real life clinical settings prior to full registration. The RCP believes that full registration should be deferred until the completion of First Foundation Year of training. This would ensure that UK doctors have sufficient clinical experience prior to full registration. Experience of working in real life situations with patients is vital prior to full registration.

Implications for UK medical training

UK medical education and training is renowned internationally and some of the world's best medical schools are based in the UK. While the RCP fully supports the drive to reduce variability and improve consistency of medical training, this must not impact on the quality of training available in the UK. The introduction of a single assessment must not result in the creation of a training programme within medical schools simply aimed at ensuring that medical students pass the MLA. Achieving the minimum pass threshold of the MLA must not be the primary objective of any medical school.

Medical training should focus on developing well rounded doctors able to treat, and adapt to the changing needs of patients, throughout their entire careers. Medical schools must be given flexibility to ensure that they are able to maintain their differences in curricula and approach so they can continue provide a diverse range of choice. The RCP would welcome greater clarity on how the long term impact of the MLA will be assessed once it is implemented. This should include an independent evaluation to ensure that the MLA is improving the quality of doctors' training and improving the quality of patient care. The GMC should also consider the piloting the MLA to ensure that it benefits the delivery of patient care.

Potential cost of new exam

Many doctors in training have highlighted concerns regarding the potential additional costs that the introduction of the MLA may place on the medical training. Medical training already places significant financial costs to medical students. The RCP strongly recommends that the financial cost of hosting the new MLA must not be placed on medical students.

International doctors

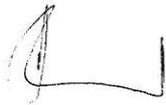
The RCP would further welcome clarity on how the MLA will impact on international doctors, particularly senior or middle grade doctors who have already completed speciality training. The MLA may act as a

disincentive for more senior experienced specialist doctors, whose skills may be more specialised than those being tested in the MLA, wanting to come and work in the UK. The RCP would welcome greater clarity on how the clinical skills of specialist doctors could be tested in accordance with the work which they will be undertaking in the UK, rather than more generic test for doctors at a more junior grade.

About the RCP

The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing almost 34,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'A. Goddard', written over a faint horizontal line.

Dr Andrew Goddard
Registrar

Response to questions

Q1. Do you support the aim of the MLA?

Yes

Comments:

The RCP supports the principle behind the introduction of the MLA. The RCP welcomes GMC's mission to enhance patient safety through greater consistency. The RCP supports the introduction of an MLA as long as it delivers on the primary purpose of ensuring that doctors entering the NHS are safe and fit to practise through the demonstration of core knowledge, clinical skills and professionalism. It may also offer an opportunity to ensure communication skills and culturally appropriate practice (sensitivity, delivery, empathy, and person-centred care) are embedded in the assessment.

The RCP's patient and carer members in particular felt that the MLA would provide greater reassurance to patients over the core clinical and managerial competencies of doctors. The MLA may also provide an opportunity to improve standards in training for undergraduates, especially defining competencies for subjects like pharmacology and pathology. Key competencies such as communication skills and culturally appropriate practice (including sensitivity, empathy and person-centred care) could be included in the assessment. These are important skills that doctors must rely on throughout their careers and it is important that they are embedded in doctors training throughout their careers.

Q2. What should we consider when defining the areas of knowledge and skill to be tested in the MLA?

Comments:

The RCP generally agrees with the principles in the consultation. The exam should comprise a sample of knowledge across the broad of competencies considered appropriate for a final year medical student.

Q3. Do you support this two-part framework?

Q4. Should the test of applied knowledge build on the banks of questions developed by the MSCAA and by the GMC for our PLAB test?

There are already significant Medical Schools resources for testing the competencies for medical students, these should be utilised under the MLA system.

Q5. For UK applicants, should the MLA test of clinical and professional skills be:

a delivered at a limited number of sites across the UK, including all the UK countries

b provided at each university separately, or

c should each university decide whether to run the test for its own students or arrange for them to take the test elsewhere?

The test should be delivered in the most efficient manner possible. Any additional cost of running the MLA exam should not be passed onto medical students.

Q6. For overseas applicants, should the MLA test of clinical and professional skills be:

- a delivered at one UK site for all candidates
- b delivered at a limited number of sites across the UK, including all the UK countries
- c provided by UK universities recognised by the GMC to provide this service?

Q8. Do you think that by 2022, UK medical schools should be able to prepare their students for MLA tests of applied knowledge and of clinical and professional skills that have pass marks set at the level needed for full registration?

Not sure. These timelines should be carefully considered following the UK's vote to leave the European Union. New arrangements with other nations in Europe, following the Brexit negotiations which should be completed by 2019, may impact on the implementation of the MLA.

Q9. Do you agree that the MLA should be used only to determine suitability for registration with a licence to practise and not to rank candidates for recruitment purposes?

Not sure

The RCP believes that the test should be pass fail and students should not be ranked.

Q10. Where MLA items are integrated into universities' written exams and OSCEs, should they expect their students to resit the whole assessment or should the candidates be able to take the standalone version of the relevant MLA test?

- Students should resit the whole assessment --No
- Students should resit a standalone version of the relevant MLA test--Yes

Q11. Do you think the exemptions from the MLA should be more or less extensive than those that currently apply to the PLAB test?

Q12. For UK candidates, should the cost of the MLA be met by the GMC and the medical schools?

Yes

Why? Students already invest a significant amount of resources in their medical training. The new additional cost of running the MLA should not be passed onto these students.

Q13. For overseas candidates, should the cost of the MLA be funded through fees to take the tests?

Q14. Do you support our proposal for a programme board at arm's length from, but accountable to, the GMC?

Q15. Is the proposed timeline:

appropriate

overly ambitious

too protracted?

Appropriate

As outlined above

Q16. What, if any, impact might the MLA have on doctors with particular protected characteristics?

Comments:

Q17. How can we best evaluate the more general impact of the MLA?

Comments:

Q18. Do you agree that our plans will meet the aim to create a single, objective demonstration that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice?

Q19. Do you have any other comments on our proposals and on how our aim could best be achieved?