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National Assessment of Medical Undergraduates - A Position Paper from the Medical Schools Council

1. There has been recent debate on the desirability of a UK-wide national assessment for medical undergraduates prior to provisional registration with the General Medical Council (GMC). At present, a medical undergraduate who has a primary medical qualification from a UK Medical School is eligible to apply for provisional registration, which is granted by the GMC subject to a satisfactory declaration of fitness to practise. Quality assurance of the overall standards of achievement by medical undergraduates depends upon each University's internal quality assurance process, aided by external examiners, and by the Quality Assurance of Basic Medical Education process run by the GMC.
2. The potential benefits of a national licensing assessment include the following: (i) society can be reassured that all UK graduates have passed the same assessment; (ii) the content of such an assessment can be matched closely to areas that enhance patient safety and (iii) such an assessment could be rigorously developed to have high reliability. However, there is no evidence that a significant number of UK graduates have not reached an acceptable standard of competence or knowledge. In a survey undertaken by Postgraduate Deans in 2005 only 3 of 5833 UK doctors caused concern over their clinical competence in the first year of practice.
3. There are also risks to developing a national assessment to be taken during the undergraduate period: (i) the GMC has encouraged the development of a diversity of undergraduate curricula across the UK and this innovation may be inhibited; (ii) such an assessment would drive learning at the expense of the rest of the medical course; (iii) results from such an assessment would inevitably be used to infer the relative performance of Medical Schools: since the available evidence indicates that the majority of the variation in performance between Schools can be accounted for by differences in admission criteria, there could be an adverse impact on widening participation and (iv) a uniformity of provision of medical graduates would cut across health policy aimed at matching workforce to regional demand.
4. The costs in time and resources to mount a suitable assessment should not be underestimated. The examination would require considerable piloting prior to introduction and administration would be expensive, requiring the capacity to assess over 8000 students per year. Timing will be a critical issue to allow students to complete the diverse curricula in place, and for outcomes to be available prior to the start of Foundation Year 1 (FY1) posts. Although a written or computer-delivered assessment would be the easiest to

administer, simply assessing knowledge would have less validity and credibility than a broader but much more expensive clinical examination in reassuring society of the quality of newly graduated doctors.

5. A recent impetus in the debate on national assessment is the potential for examinations to be used to rank medical undergraduates prior to their application for FY1 posts. Such an assessment would become a high-stakes examination requiring an even higher predictive validity than a national assessment developed to license graduates and quality assure medical schools. To provide a comprehensive assessment of a student's knowledge, skills, attitudes and behaviours would require much more than a computer delivered multiple choice question paper. Any examination designed to test competence is unlikely to be useful in determining excellence, because almost all UK graduates will do reasonably well in tests of competence. A stronger case can be made for a national ranking assessment being used as part of a selection process for higher specialist training, although it would seem preferable to select on the basis of previously determined attributes for each specialty. A national assessment during the Foundation Years also has the potential to assess "value-added" after qualification, during this period of combined training and practice. If a national assessment for ranking purposes is introduced shortly after qualification, it would be another argument against introducing a national assessment for medical undergraduates on the grounds of reducing examination burden and redundancy in terms of quality assurance.
6. There are alternatives to a national assessment for the purposes of quality assurance, including the development of agreed criteria for judging performance of external examiners and shared training for them. Most Medical Schools have a lead external examiner with demonstrable expertise in assessment who can quality assure the examinations. Many Schools already share examination questions through various partnerships and research on variability between Schools revealed by these shared assessments will be useful to address the uncertainty over the benefits of a national assessment. Finally the QABME process could be strengthened to focus even more on assessment, tied to more definitive outcomes being made explicit by the GMC, and the QABME teams could meet all external examiners.
7. In conclusion, the Medical Schools Council believes that the possible benefits of a national assessment for licensing or quality assurance purposes are outweighed by the risks and resource requirements. Any national assessment designed to assess competence will be unhelpful for ranking purposes. If a national assessment for ranking is developed, this should be separate from the licensing examination, which should remain a University-based assessment with enhanced external input.