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UKMLA: American dream or nightmare?

Dear Sir

The General Medical Council (GMC) recently announced its approval for a standardised examination for all medical graduates wishing to work in the UK. The proposed assessment, provisionally called the UK Medical Licensing Assessment (UKMLA), is comparable to the US Medical Licensing Examination (USMLE) and aims to standardise the knowledge and abilities of medical graduates. The UKMLA would replace both the current entry process for international graduates, the Professional and Linguistic Assessments Board test (PLAB), by 2019, and all UK graduate examinations by 2021 (GMC 2015).

By employing a universal examination system, all medical graduates must exceed a standardised pass mark in order to practice; ensuring new doctors have a consistent level of medical knowledge and skill. Graduates would be fairly compared to their peers when applying for foundation year training, eliminating the current educational performance ranking, which depend on each university cohort, curriculum and examination style, hence the medical student support for a national assessment system (Khan & Sear 2007).

Despite the discussed benefits of the UKMLA, many have expressed their concerns regarding a single national licensing examination. The British Medical Association Medical Student Committee (BMA-MSC) highlighted its poor evidence base, ultimately suggesting the UKMLA would be yet another national assessment fad (BMA 2015). Another widely discussed concern is the eradication of educational diversity. The UKMLA would eventually result in all UK medical schools sharing a single curriculum, leaving no room for innovation in medical education, with schools simply “teaching to the test”.

Studies have shown medical school education has an impact on postgraduate performance. Medical students with more intense undergraduate assessments went on to do better in postgraduate membership examinations such as MRCP and MRCPGP (Devine et al. 2015). This suggests that the style of undergraduate training may be a better determinant of academic ability than the current educational performance ranking system, highlighting the potential need for a standardised examination to clearly identify the more academically able students.

However, none of the studies addressed whether a standardised examination would ensure that all practicing doctors have the necessary competencies to maximise patient safety, as proposed by the GMC. It would be interesting to compare the level of patient safety between countries with a national licensing exam, such as the US, and those without, such as the UK. Without this information it is difficult to say whether setting a standardised examination will in fact improve patient safety and whether those who do better will be safer doctors.

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Simulated eye surgery: The future of ophthalmology training?

Dear Sir

Since the introduction of the Modernizing Medical Careers, the European Working Time Directive (EWTD) and competency-based training, many ophthalmology trainees are getting less surgical opportunities and some are still struggling to develop surgical competency (Rodrigues et al. 2013). Ideally, the training program should consist of a mixture of experiential learning, structured teaching and experience. Moreover, every training unit should have a simulated environment for trainees to practice and develop their surgical skills more rapidly. The emergence of high-fidelity virtual-reality simulators such as the EyeSi™ simulator, has contributed to raising the profile of