

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

## THE PLAB TEST

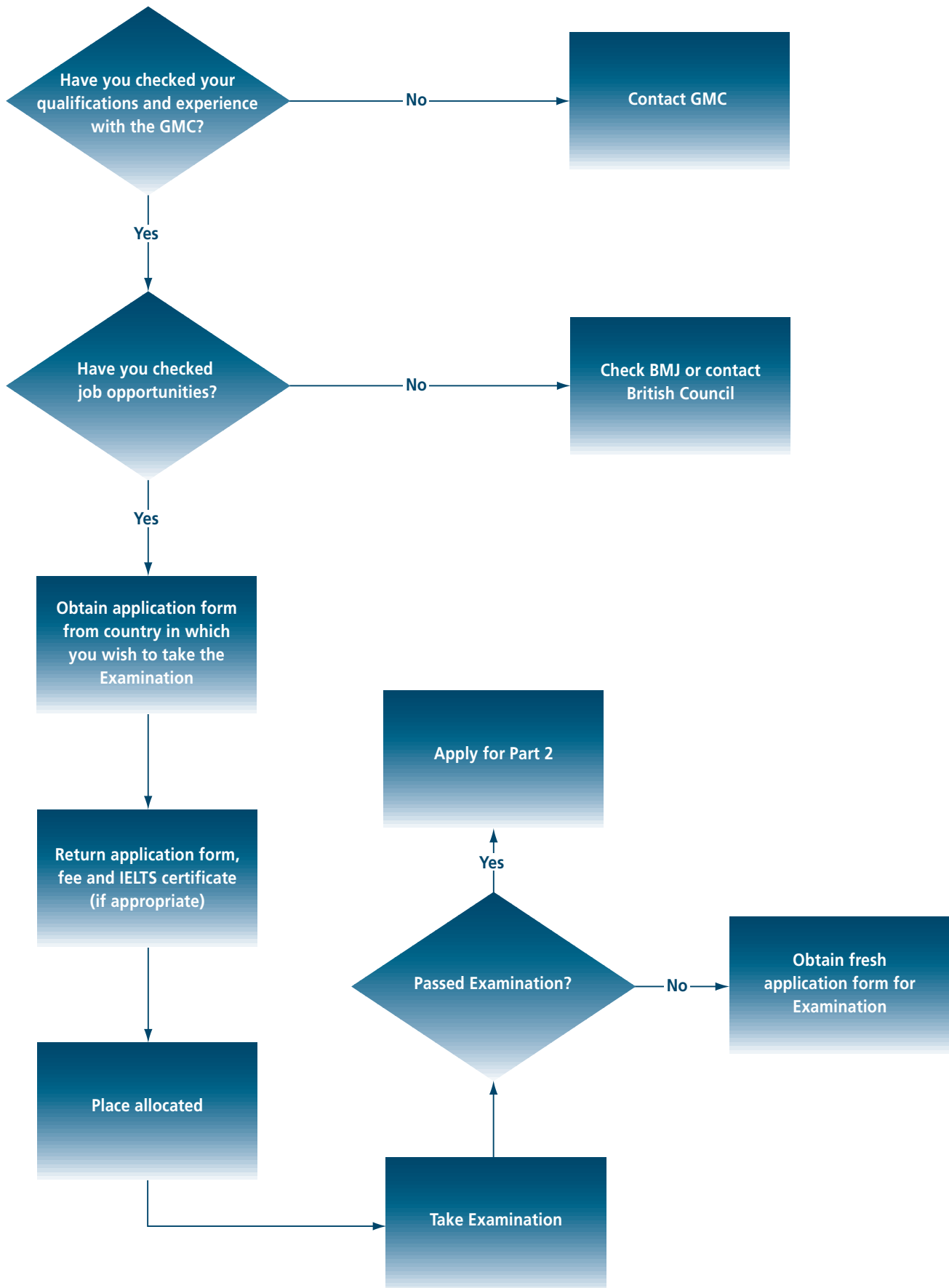
### PART 1

*Advice to  
candidates*

THE  
PROFESSIONAL  
AND LINGUISTIC  
ASSESSMENTS  
BOARD

# Flowchart showing application process

(see Annex G for contact details)



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### **This information is about Part 1 of the PLAB test**

You should receive the following documents with this information:

- An application form for Part 1 the Extended Matching Question (EMQ) Examination.
- A list of available test places.
- *Duties of a doctor.*

You can also find information about the PLAB test on the General Medical Council's website: **[www.gmc-uk.org](http://www.gmc-uk.org)**

## Introduction

A pass in the test conducted by the Professional and Linguistic Assessments Board (the PLAB test) makes a doctor eligible to apply for limited registration to practise medicine in the United Kingdom (UK). Before being granted limited registration a doctor must also satisfy the Registrar of the General Medical Council that he or she has the offer of an approved training post in the UK state healthcare service (the National Health Service or NHS) and is of good character. This booklet is about Part 1 of the test. Please read it before applying and use it as a reference guide. Throughout this document Part 1 of the test is also referred to as the Examination.

This booklet is intended to guide you through taking the Examination. It is divided into the following sections:

- 1** What is involved in the process?
- 2** Before applying for the Examination
- 3** When and where you can take the Examination
- 4** Applying for the Examination
- 5** Taking the Examination
- 6** After the Examination

### Annexes

- A** Information about the Examination
- B** Examination Regulations
- C** Equal opportunities policy
- D** Frequently asked questions
- E** Part 2 of the PLAB test - the Objective Structured Clinical Examination (OSCE)
- F** Assessment under limited registration
- G** Contacts

The examiners and question writers are aware that you may not be familiar with British culture or the National Health Service. This has been taken into account in the design of the Examination.

You should remember, however, that the UK is a multi-cultural society and you should not make assumptions about a patient on the basis of gender or ethnic origin. For example, you should not assume that women do not smoke or drink.

The doctor-patient relationship is very important in the UK. As well as preparing for the Examination by revising your knowledge and skills you must recognise that attitudes are also important. *Duties of a doctor* will guide you in this area.

We hope you will find this booklet helpful. We would welcome your views on it. If you have any comments, please send them to the PLAB Test Section at the General Medical Council.

# WHAT IS INVOLVED IN THE PROCESS?

## Section

### 1

This section gives a brief summary of what is involved overall.

## What is involved in the process?

### ***First two definitions:***

The **test** refers to the whole PLAB test which is in two parts.

The **Examination** refers to Part 1 of the test.

### ***Level***

A candidate's command of the English language and professional knowledge and skill must be shown to be sufficient for him or her to undertake safely employment as a senior house officer (SHO) in his or her first appointment in a UK hospital.

### ***Part 1***

Part 1 of the test is a three hour Extended Matching Question (EMQ) Examination. You can find details about the Examination in Annex A.

### ***Part 2***

Part 2 is a 14-station Objective Structured Clinical Examination (OSCE) and tests your clinical and communication skills. You can find out more about Part 2 in Annex E. You must pass Part 1 of the test before you can enter Part 2.

### ***Assessment under limited registration***

We will obtain reports on your performance during the first 12 months of your limited registration. The assessment will cover topics that either cannot be fully assessed in a formal test or with which we cannot expect you to be familiar before you begin working in the NHS. Renewal of your limited registration will depend on satisfactory reports. You will find details about this in Annex F.

# BEFORE APPLYING FOR THE EXAMINATION

## Section 2

This section tells you what to consider before you apply.  
Check the following:

- Are there jobs available in the specialty of your choice?
- Do you need to take the PLAB test to obtain limited registration?
- Are you eligible to take the PLAB test?
- Have you considered living expenses while you are taking the Examination?

## Before applying for the Examination

### ***Should you be taking the PLAB test?***

Passing the PLAB test is one of the ways in which you can satisfy the General Medical Council that you have the knowledge and skills which are necessary to practise medicine in the UK.

The General Medical Council must assure itself that you have these abilities before it can grant you limited registration. Limited registration will allow you to practise in the UK under supervision in approved training posts.

You may be exempt from the test. If you have not already done so, you should contact the General Medical Council's First Application Service (see Annex G for contact details) to find the best option for you.

### ***Qualifications and experience needed to enter the PLAB test***

Before you enter the PLAB test you must have obtained:

- **A primary medical qualification acceptable for limited registration**

*The General Medical Council's Registration Customer Services should have told you whether your primary medical qualification is acceptable. Acceptable qualifications include those listed in the World Directory of Medical Schools published by the World Health Organisation.*

- **Acceptable scores in the International English Language Testing Service (IELTS) test<sup>1</sup> (academic modules) taken a maximum of two years before the date you take Part 1 of the PLAB test - the Extended Matching Question (EMQ) Examination.**

*You must obtain the following minimum scores in the IELTS test: Overall: 7.0, Speaking: 7.0, Listening: 6.0, Academic Reading: 6.0 and Academic Writing: 6.0.*

The British Council runs the IELTS test in over 100 countries. You can obtain further information on IELTS from the British Council National Advice Centre or from the IELTS website: **www.ielts.org** (see Annex G for contact details).

We strongly recommend that you have the following:

- **12 months' postgraduate clinical experience from teaching hospitals or other hospitals approved by the medical registration authorities in the appropriate country.**

*It is possible to enter the PLAB test without this experience but you would be at a disadvantage. Without this experience you will initially only be granted limited registration at the grade of House Officer (the grade occupied by new medical graduates).*

<sup>1</sup> By law, this requirement does not apply to nationals of a Member State of the European Economic Area, other than the UK, and others with enforceable European Community rights.

### ***Opportunities for work***

Before being granted limited registration you must have the offer of a job, so it is important that you find out about opportunities for work in the UK.

Passing the PLAB test will not guarantee you the offer of a job and you should be aware that there are fewer vacancies in some specialties than others. Additionally most PLAB test candidates find that there is a delay of several weeks, possibly months, between passing the test and starting a job.

You should note that doctors who hold limited registration cannot work as General Practitioners.

The General Medical Council does not have information on job opportunities. You can look for jobs in the BMJ Classified Section, or on their website: **[www.bmj.com](http://www.bmj.com)**

Alternatively, you can obtain information from the British Council National Advice Centre (see Annex G for contact details).

Another source of useful information is *Medical Training in the United Kingdom: A Guide for International Graduates*, published by the UK Government Departments with responsibility for Health. Details can be found at the Department of Health website: **[www.doh.gov.uk/medicaltrainingintheuk](http://www.doh.gov.uk/medicaltrainingintheuk)**

### ***What will it cost?***

The fee for Part 1 of the test is currently **£145**

Other costs you will incur at a later date include:

The fee for taking Part 2 of the test which is currently **£430**

The fee for checking your original documents when you apply for limited registration which is currently **£100**

The fee for limited registration which is currently **£290**

*These fees must be paid when you apply for limited registration.*

You should also consider living expenses if you are taking the Examination in the UK.

# WHEN AND WHERE YOU CAN TAKE THE EXAMINATION

## Section 3

This section gives you the approximate dates of the Examination and the locations at which it is run. You will have a separate list in your examination pack of the test places available in the country of your choice.

## When and where you can take the Examination

### *Dates and locations of the Examination*

You can take the Examination in:

- **The UK**  
Birmingham, London, Manchester
  
- **Egypt**  
Cairo
  
- **India**  
Chennai, Kolkata, New Delhi, Mumbai
  
- **Nigeria**  
Lagos
  
- **Pakistan**  
Islamabad, Karachi
  
- **Sri Lanka**  
Colombo

The Examination is run six times a year in the UK, approximately every two months, and three times a year at overseas centres.

# APPLYING FOR THE EXAMINATION

## Section 4

This section tells you how to apply and what will happen if you cancel your place. You should have an application form with this booklet. Please follow the instructions in this section carefully when you complete and return the form.

## Applying for the Examination

### ***Introduction***

The application form and list of available Examination places in your information pack relate to the country in which you expressed a wish to take the Examination. If you have an information pack for a different country, please contact the office in the correct country for a new information pack (see Annex G for contact details).

### ***Disabled candidates***

If you will need special arrangements to be made because you are disabled please request a special arrangements application form when you submit your application for the Examination.

Applications for special arrangements must be made **at least two months** before the date of the Examination and will be considered on an individual basis. Not all applications will be successful. In particular, your ability to practise safely will be taken into account. You can find details about this process in paragraphs 18 - 21 of the Examination Regulations in Annex B.

### ***Completing the application form***

The following notes are intended to help you complete your application form.

#### **Name**

You should use the name you gave to the General Medical Council when you made your first enquiry.

If this name differs from:

- The name on your IELTS certificate
- The name on the proof of identity you intend to use at the Examination

Or, when you apply for limited registration:

- The name shown on your diploma or other evidence of qualification

you will be required to provide **original** documentary evidence that the names on the different documents refer to you.

We will accept the following evidence:

- Your marriage certificate
- A declaration from the awarding body which granted you your IELTS certificate or your primary medical qualification, stating that both names relate to you

#### **Contact details**

We will usually contact you by post but may use telephone, fax or e-mail if we need to contact you quickly.

### IELTS result

You must insert the date you took the IELTS test and the scores you obtained. If this is your first application in the country in which you wish to sit the Examination you must enclose your original IELTS certificate. For subsequent attempts in that country you need not enclose a certificate as the office will have kept a record from your first application. The minimum IELTS scores you need are set out on page 11. Please remember that the certificate is valid for a maximum of two years from the date you took the IELTS test.

### Date on which you would like to take the Examination

A list of dates and Examination centres is enclosed. Please choose your preferred centres and dates from the list. An up-to-date list can also be found at the GMC website: [www.gmc-uk.org](http://www.gmc-uk.org)

### Enclosures

**Fees:** The fee of £145 must be paid in advance in sterling. Personal callers to the General Medical Council's office in London may pay fees in cash. Otherwise, fees paid in the United Kingdom must be in the form of a cheque, money order or postal order payable to 'General Medical Council'. Fees sent from other countries, or paid in other countries, must be by sterling bank draft or money order. These must be made payable to 'General Medical Council'. Please remember, where appropriate, to take bank charges into account when paying the fee.

If you have applied for asylum in the UK in accordance with existing law and your application has been granted, or you have been given exceptional leave to remain, we will waive the fee for the first two attempts at the examination. If you think you are eligible for a fee waiver, please obtain a letter from the Home Office stating that you are a refugee as defined above.

**IELTS certificate:** If this is your first application in the country in which you wish to take the Examination, please enclose your IELTS certificate.

**Do not enclose evidence of your primary qualification at this stage.** This will be checked by the General Medical Council when you apply for limited registration.

### Declaration

Please check the form carefully to ensure that the information is correct, and sign and date it. Then return it with the appropriate enclosures to the address at the end of the form.

### Notification of a place

Once your form has been processed, you will be sent a letter offering you a place in the Examination and a map showing you where the Examination centre is located.

We will try to give you a place in one of the Examinations of your choice. If there are no places available, we will write to you about other Examination dates.

***Cancellation by candidate***

If you want to cancel your place, please give the office which offered you the place as much notice as possible. You must return the letter offering you an Examination place. If you cancel early, we may be able to offer your place to another candidate waiting to take the Examination. You may not pass the letter offering you a place to anyone else.

If you cancel your place, you will be charged a fee. This will normally be deducted from the fee you paid to enter the Examination. The amount charged depends on the amount of notice you give.

**Cancellation charges**

The current cancellation charges are as follows:

**UK centres:**

<i>Period of notice</i>	<i>Cancellation charge</i>
Four months or more	<b>£70</b>
Between 21 days and four months	<b>£100</b>
Less than 21 days	<b>£145</b>

If you do not want to re-book a place, we will refund the balance of your fee.

**Overseas centres:**

<i>Period of notice</i>	<i>Cancellation charge</i>
Before closing date	<b>£20</b>
After closing date	No refund

***Postponement, cancellation or invalidation of Examinations***

If exceptional circumstances cause us to postpone or cancel an Examination, or to declare the results of an Examination to be invalid, you will be entitled to a full refund of the Examination entry fee. The General Medical Council will not be liable for any other costs.

***Examination regulations***

Please ensure that you read and abide by the regulations at Annex B.

# TAKING THE EXAMINATION

## Section 5

This section tells you about the actual day of the Examination. You will receive the details about when and where your Examination will take place in the letter offering you a place. This information may be sent to you shortly before the Examination if you are taking it outside the UK.

## Taking the Examination

### ***Arrival at the Examination***

You must make your own arrangements for travel and accommodation. It is important that you ensure that, having been allocated a place in the Examination, you are not prevented from attending by factors such as your ability to obtain leave from employment, or the availability of transport, or visa or other immigration formalities.

### ***Duration of the Examination***

The Invigilator's instructions will take about 30 minutes. The Examination will last three hours and collecting the Examination materials will take a further fifteen minutes. You will be required to be at the Examination centre for a **minimum** of three and three-quarter hours.

The letter offering you a place will tell you the time you should arrive at the Examination. If you arrive after the first half an hour of the Examination has passed, you will not be allowed to enter the Examination hall. You will not be permitted to leave the Examination hall in the first half hour or in the last half hour of the Examination.

Although we expect all Examinations to run to time, we suggest that you allow time for unforeseen delays when booking tickets for a return journey.

Water will not be available during the Examination. If you wish to bring some with you we suggest that you buy a half litre bottle of mineral water which is widely available.

### ***Proof of identity***

You must take proof of your identity to the Examination together with the letter from the General Medical Council or British Council offering you a place in the Examination. These will be checked at the Examination.

The following are acceptable forms of identification. To be accepted, the identification document **must** bear your photograph.

- Your passport
- Your UK Immigration and Nationality Department identification document
- Your Home Office travel document
- Your UK driving licence

**No other identification document will be accepted. If you fail to bring one of the identification documents listed above, or if the document does not bear your photograph, you will not be permitted to take the Examination.**

If the name on your identification document is different from that on the letter from the General Medical Council or British Council offering you a place in the examination, you **must** provide original evidence that you are the person named in that letter. We will accept the following evidence:

- **Your marriage certificate.**
- **A declaration from the awarding body which granted you your IELTS certificate or your primary medical qualification, stating that both names relate to you.**

If Examination officials are in **any** doubt about your identity or the authenticity of your documents the following process will take place:

The Chief Invigilator will take a polaroid photograph of you and ask you to sign it on the back to verify its authenticity. A photocopy of the identification document you have provided will also be taken and you will be asked to sign it to verify its authenticity. If you fail to comply with this process, you will not be permitted to take the Examination.

After the Examination, and if you have complied with the arrangements in the previous paragraph, you will be required to appear before the Head of the PLAB Test Section at the General Medical Council or the Examinations Manager at the British Council. He or she will carry out such investigations as he or she considers appropriate and will make a final decision about the matter. If he or she decides that the person who sat the Examination is not the person who is entitled to do so, the Examination attempt will be invalid and the matter will be reported to the Registrar of the General Medical Council so it can be considered in relation to a future application for limited registration.

### ***Conduct during the Examination***

You will be provided with all the materials you need during the Examination. You may not use or refer to any other materials. You should not write down details of questions to take out of the examination hall.

Doctors in the UK often have to make decisions without the opportunity to consult others. Whilst they must never do this outside the limits of their professional competence, it is important that the General Medical Council ensures that they have the knowledge and skill to take these decisions. For this reason, candidates must take the Examination without help from materials or fellow candidates. Help from materials or fellow candidates will be regarded as cheating and taken very seriously. Details about this can be found in paragraphs 22 - 27 of the Examination Regulations in Annex B.

### ***Unforeseen events during the Examination***

If any unforeseen problems arise during the Examination, such as a fire alarm, you should follow the instructions of the Chief Invigilator.

# AFTER THE EXAMINATION

## Section 6

This section tells you what to expect once you have done the Examination.

## After the Examination

### ***Marking the Examination***

The Examination will be marked in the UK by computer.

### ***Standard setting***

For the first sitting of the Examination, the Professional and Linguistic Assessments Board determined the standard required to pass in accordance with a recognised method of standard setting. This standard is maintained by test equating.

This means that the standard for each examination will be the same, but the pass mark may vary, reflecting the difficulty of the questions set in the Examination.

### ***Temporary personal circumstances which might affect your performance***

Temporary personal circumstances which might affect your performance such as illness, pregnancy or bereavement will not be taken into account. This is because Examinations are held frequently and we would expect candidates in these situations to withdraw from an Examination and enter a later Examination.

### ***Notification of results***

#### ***Introduction***

At the end of the Examination, you will be told the date on which your results will be available. For Examinations held in the UK, results will be put in the post on that date.

We regret that results may not be collected from the General Medical Council's offices.

For Examinations held in all other countries, you can collect your results on that date from the British Council office in the city where you took the Examination. Results not collected will be put in the post the following day.

**We cannot give results by phone or fax because we cannot guarantee that they will remain confidential.**

#### ***For Examinations held in the UK where Examinations are not held simultaneously overseas***

The letter advising you of your results will be sent out by the General Medical Council between two and three weeks after the Examination. We regret that results may not be collected from the General Medical Council's offices.

#### ***For Examinations held in the UK and overseas simultaneously***

All papers will be marked together. Results from these Examinations will be available between four and five weeks after the Examination.

### ***What you should do next***

#### ***If you pass***

If you pass the Examination you will be sent an application form and information pack for Part 2 of the test - the OSCE - together with your results. You can only take Part 2 of the test in the UK.

#### ***If you fail***

If you fail the Examination you may re-apply. We will send you another application form with the letter informing you of your results.

### ***Feedback on your performance***

Your results will include information about your position in relation to the pass mark and the performance of the other candidates.

We will not give you a detailed breakdown of whether you answered individual questions correctly or incorrectly. There are two reasons for this. Firstly, and most importantly, such an exercise is of very limited value. If you fail the Examination, it means that you have not mastered a large part of the core knowledge, skills and attitudes a senior house officer needs to practise safely. Secondly, extended matching questions are updated and used again so we cannot let you take them away for discussion.

If the Chairman of the Examination Panel notices any general trends in the way candidates answer questions which might provide you with useful feedback, we will make this information available.

### ***Appeals***

You may not appeal against the mark you receive for the Examination. The examiners' decision is final.

# INFORMATION ABOUT THE EXAMINATION

## Annex A

This section gives you details about the Examination - the standard, the scope and the format. It also shows you some sample questions. We regret that we cannot provide a reading list.

## Information about the Extended Matching Question (EMQ) Examination

***The information in this annex is valid for Examinations which take place from July 2000 until further notice.***

***The PLAB test is subject to continuous evaluation and development. In consequence of this, minor changes may be made to the Examination as described in this annex. This annex is intended as a general guide to the content of the Examination.***

***If there are any major changes to the Examination we will publicise this widely and give you as much notice as possible.***

### Introduction

#### ***Standard of the Examination***

1. A pass in the PLAB test will demonstrate that the successful candidate has the ability to practise safely as a senior house officer (SHO) in a first appointment in a UK hospital. This is the standard laid down by the General Medical Council for the PLAB test.

#### ***Format of the Examination***

2. Part 1 of the test consists of an Extended Matching Question Examination, referred to throughout this annex as the Examination. The Examination paper will contain 200 questions divided into a number of themes. It will last three hours.
3. Information on how to approach the Examination and some sample questions can be found on pages 36-42.

#### ***Scope of the Examination***

4. The emphasis of the Examination is on clinical management and includes science as applied to clinical problems.
5. The Examination is confined to core knowledge, skills and attitudes relating to conditions commonly seen by SHOs, to the generic management of life-threatening situations, and to rarer, but important, problems.
6. The Examination assesses the ability to apply knowledge to the care of patients.
7. The subject matter is defined in terms of the skill and of the content.

### **Skills**

8. Four groups of skills will be tested in approximately equal proportions:
- a. **Diagnosis:** Given the important facts about a patient (such as age, sex, nature of presenting symptoms, duration of symptoms) you are asked to select the most likely diagnosis from a range of possibilities.
  - b. **Investigations:** This may refer to the selection or the interpretation of diagnostic tests. Given the important facts about a patient, you will be asked to select the investigation which is most likely to provide the key to the diagnosis. Alternatively, you may be given the findings of investigations and asked to relate these to a patient's condition or to choose the most appropriate next course of action.
  - c. **Management:** Given the important facts about a patient's condition, you will be asked to choose from a range of possibilities the most suitable course of treatment. In the case of medical treatments you will be asked to choose the correct drug therapy and will be expected to know about side effects.
  - d. **The context of clinical practice:** This may include:
    - i. *Explanation of disease process:* The natural history of the untreated disease.
    - ii. *Legal/ethical:* You are expected to know the major legal and ethical principles set out in the General Medical Council publication *Good Medical Practice*.
    - iii. *Practice of evidence-based medicine:* Questions on diagnosis, investigations and management may draw upon recent evidence published in peer-reviewed journals. In addition, there may be questions on the principles and practice of evidence-based medicine.
    - iv. *Understanding of epidemiology:* You may be tested on the principles of epidemiology, and on the prevalence of important diseases in the UK.
    - v. *Health promotion:* The prevention of disease through health promotion and knowledge of risk factors.
    - vi. *Awareness of multicultural society:* You may be tested on your appreciation of the impact on the practice of medicine of the health beliefs and cultural values of the major cultural groups represented in the UK population.
    - vii. *Application of scientific understanding to medicine:* You may be tested on the scientific disciplines which underpin medicine. Examples include anatomy, genetics and pathology.

### **Content**

9. The **content** to be tested is, for the most part, defined in terms of patient presentations. Where appropriate, the presentation may be either acute or chronic. Questions in the Examination will begin with a title which specifies both the skill and the content, for example, The management of varicose veins.

10. You will be expected to know about conditions that are common or important in the United Kingdom for all the systems outlined below. Examples of the cases that may be asked about are given under each heading and may appear under more than one heading.
11. ***These examples are for illustration and the list is not exhaustive. Other similar conditions might appear in the Examination.***
- a. **Accident and emergency medicine (to include trauma and burns)**  
*Examples:* Abdominal injuries, abdominal pain, back pain, bites and stings, breathlessness/wheeze, bruising and purpura, burns, chest pain, collapse, coma, convulsions, diabetes, epilepsy, eye problems, fractures, dislocations, head injury, loss of consciousness, non-accidental injury, sprains and strains, testicular pain.
  - b. **Blood (to include coagulation defects)**  
*Examples:* Anaemias, bruising and purpura.
  - c. **Cardiovascular system (to include heart and blood vessels and blood pressure)**  
*Examples:* Aortic aneurysm, chest pain, deep vein thrombosis (DVT), diagnosis and management of hypertension, heart failure, ischaemic limbs, myocardial infarction, myocardial ischaemia, stroke, varicose veins.
  - d. **Dermatology, allergy, immunology and infectious diseases**  
*Examples:* Allergy, fever and rashes, influenza/pneumonia, meningitis, skin cancers.
  - e. **ENT and eyes**  
*Examples:* Earache, hearing problems, hoarseness, difficulty in swallowing, glaucoma, 'red eyes', sudden visual loss.
  - f. **Gastrointestinal tract, liver and biliary system, and nutrition**  
*Examples:* Abdominal pain, constipation, diarrhoea, difficulty in swallowing, digestive disorders, gastrointestinal bleeding, jaundice, rectal bleeding/pain, vomiting, weight problems.
  - g. **Metabolism, endocrinology and diabetes**  
*Examples:* Diabetes mellitus, thyroid disorders, weight problems.
  - h. **Nervous system (both medical and surgical)**  
*Examples:* Coma, convulsions, dementia, epilepsy, eye problems, headache, loss of consciousness, vertigo.
  - i. **Orthopaedics and rheumatology**  
*Examples:* Back pain, fractures, dislocations, joint pain/swelling, sprains and strains.

j. **Psychiatry (to include substance abuse)**

*Examples:* Alcohol abuse, anxiety, assessing suicidal risk, dementia, depression, drug abuse, overdoses and self harm, panic attacks, post-natal problems.

k. **Renal System (to include urinary tract and genitourinary medicine)**

*Examples:* Haematuria, renal and ureteric calculi, renal failure, sexual health, testicular pain, urinary infections.

l. **Reproductive system (to include obstetrics, gynaecology and breast)**

*Examples:* Abortion/sterilisation, breast lump, contraception, infertility, menstrual disorders, menopausal symptoms, normal pregnancy, post-natal problems, pregnancy complications, vaginal disorders; scrotal swelling, testicular pain, torsion of the testes.

m. **Respiratory system**

*Examples:* Asthma, breathlessness/wheeze, cough, haemoptysis, hoarseness, influenza/pneumonia.

n. **Disorders of childhood (to include non-accidental injury and child sexual abuse; fetal medicine; growth and development)**

*Examples:* Abdominal pain, asthma, child development, childhood illnesses, earache, epilepsy, eye problems, fever and rashes, joint pain/swelling, loss of consciousness, meningitis, non-accidental injury, testicular pain, urinary disorders.

o. **Disorders of the elderly (to include palliative care)**

*Examples:* Breathlessness, chest pain, constipation, dementia, depression, diabetes, diarrhoea, digestive disorders, headache, hearing problems, influenza/pneumonia, jaundice, joint pain/swelling, loss of consciousness, pain relief, terminal care, trauma, urinary disorders, vaginal disorders, varicose veins, vertigo, vomiting.

p. **Peri-operative management**

*Examples:* Pain relief, shock, pre-operative assessment, post-operative management.

**Please remember that this is just a list of examples. Other similar conditions may occur.**

### ***How to approach the Examination***

12. The Examination paper will contain 200 questions in the extended matching format, divided into a number of themes. There are example questions on pages 38-41.
13. Each theme has a heading which tells you what the questions are about, in terms both of the clinical problem area, for example chronic joint pain and the skill required, for example diagnosis.

14. Within each theme there are several numbered items, usually between three and six. These are the questions – the problems you have to solve. There are examples below.
15. Begin by reading carefully the instruction which precedes the numbered items. The instruction is very similar throughout the paper and typically reads *'For each patient described below, choose the SINGLE most discriminating investigation from the above list of options. Each option may be used once, more than once or not at all.'*
16. Consider each of the numbered items and decide what you think the answer is. You should then look for that answer in the list of options (each of which is identified by a letter of the alphabet). If you cannot find the answer you have thought of, you should look for the option which, in your opinion, is the best answer to the problem posed.
17. For each numbered item, you must choose ONE, and only one, of the options. You may feel that there are several possible answers to an item, but you must choose the one most likely from the option list. **If you enter more than one answer on the answer sheet you will gain no mark** for the question even though you may have given the right answer along with one or more wrong ones.
18. In each theme there are more options than items, so not all the options will be used as answers. This is why the instruction says that some options may not be used at all.
19. A given option may provide the answer to more than one item. For example, there might be two items which contain descriptions of patients, and the most likely diagnosis could be the same in both instances. In this case the option would be used more than once.
20. You will be awarded one mark for each item answered correctly. **Marks are not deducted for incorrect answers nor for failure to answer. The total score on the paper is the number of correct answers given. You should, therefore, attempt all items.**
21. Names of drugs are those contained in the most recent edition of the British National Formulary.
22. Some questions relate to current best practice. They should be answered in relation to published evidence and not according to your local arrangements. If necessary, you should take steps to familiarise yourself with the range of equipment routinely available in teaching hospitals.
23. To help you familiarise yourself with the marksheet, there is a copy on pages 43-44. You will have two marksheets on the day – a purple one for questions 1 – 100 and a pink one for questions 101 – 200. Instructions on how to complete the marksheet are at the top of the first sheet.

## Sample Extended Matching Questions

**Theme:**      **Diagnosis of chronic joint pain**

### **Options**

---

- |          |                           |          |                      |
|----------|---------------------------|----------|----------------------|
| <b>A</b> | Ankylosing spondylitis    | <b>K</b> | Reactive arthritis   |
| <b>B</b> | Erythema nodosum          | <b>L</b> | Rheumatoid arthritis |
| <b>C</b> | Gout                      |          |                      |
| <b>D</b> | Haemochromatosis          |          |                      |
| <b>E</b> | Hyperparathyroidism       |          |                      |
| <b>F</b> | Joint sepsis              |          |                      |
| <b>G</b> | Medial cartilage tear     |          |                      |
| <b>H</b> | Osteoarthritis            |          |                      |
| <b>I</b> | Psoriatic arthropathy     |          |                      |
| <b>J</b> | Pyrophosphate arthropathy |          |                      |
- 

### **Instructions**

For each patient described below, choose the SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

- 1**    A 70 year old fit farmer presents with pain on weight bearing and restricted movements of the right hip.
- 2**    A 73 year old woman with rheumatoid arthritis on immuno-suppressive drugs presents with systemic malaise and fever and has redness, heat and swelling of the wrist.
- 3**    A 66 year old woman started frusemide two weeks ago and now presents with a red, hot, swollen metatarsal phalangeal joint.
- 4**    A 22 year old male soldier presents with a two week history of a swollen right knee, conjunctivitis and arthritis.
- 5**    A 30 year old man presents with a 10 year history of back pain, worse in the morning, and one episode of iritis.

**Theme: Investigation of confusion****Options**

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- |  |                             |
|--|-----------------------------|
| <b>A</b> Blood cultures                        | <b>K</b> Ultrasound abdomen |
| <b>B</b> Blood glucose concentration           |                             |
| <b>C</b> Chest x-ray                           |                             |
| <b>D</b> Computed tomography (CT) scan of head |                             |
| <b>E</b> Electrocardiogram (ECG)               |                             |
| <b>F</b> Full blood count (FBC)                |                             |
| <b>G</b> Mid-stream specimen of urine          |                             |
| <b>H</b> Serum urea and electrolytes           |                             |
| <b>I</b> Stool culture                         |                             |
| <b>J</b> Thyroid function tests                |                             |
- 

**Instructions**

For each patient described below, choose the SINGLE most discriminating investigation from the above list of options. Each option may be used once, more than once, or not at all.

- 6** An 84 year old woman in a nursing home has been constipated for a week. Over the past few days she has become increasingly confused and incontinent.
- 7** A previously well 78 year old woman has been noticed by her daughter to be increasingly slow and forgetful over several months. She has gained weight and tends to stay indoors with the heating on even in warm weather.
- 8** A 64 year old man has recently been started on tablets by his general practitioner. He is brought to the Accident and Emergency Department by his wife with sudden onset of aggressive behaviour, confusion and drowsiness. Prior to starting the tablets he was losing weight and complaining of thirst.
- 9** A frail 85 year old woman presents with poor mobility and a recent history of falls. She has deteriorated generally over the past two weeks with fluctuating confusion. On examination she has a mild right hemiparesis.
- 10** A 75 year old man with known mild Alzheimer's disease became suddenly more confused yesterday. When seen in the Accident and Emergency Department, his blood pressure was 90/60mmHg and his pulse rate was 40beat/min and regular.

**Theme: Causes of pneumonia**

**Options**

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- |          |                                    |          |                                 |
|----------|------------------------------------|----------|---------------------------------|
| <b>A</b> | <i>Bacteroides fragilis</i>        | <b>K</b> | <i>Streptococcus pneumoniae</i> |
| <b>B</b> | <i>Coxiella burnetii</i>           |          |                                 |
| <b>C</b> | <i>Escherichia coli</i> (Gram -ve) |          |                                 |
| <b>D</b> | <i>Haemophilus influenzae</i>      |          |                                 |
| <b>E</b> | <i>Legionella pneumophila</i>      |          |                                 |
| <b>F</b> | Mixed growth of organisms          |          |                                 |
| <b>G</b> | <i>Mycobacterium tuberculosis</i>  |          |                                 |
| <b>H</b> | <i>Mycoplasma pneumoniae</i>       |          |                                 |
| <b>I</b> | <i>Pneumocystis carinii</i>        |          |                                 |
| <b>J</b> | <i>Staphylococcus aureus</i>       |          |                                 |
- 

**Instructions**

For each patient described below, choose the SINGLE most likely causative organism from the above list of options. Each option may be used once, more than once, or not at all.

- 11** A 25 year old man has a three day history of shivering, general malaise and productive cough. The x-ray shows right lower lobe consolidation.
- 12** A 26 year old man presents with severe shortness of breath and dry cough which he has had for 24 hours. He is very distressed. He has been an IV drug user. The x-ray shows peri-hilar fine mottling.
- 13** A 35 year old previously healthy man returned from holiday five days ago. He smokes 10 cigarettes a day. He presents with mild confusion, a dry cough and marked pyrexia. His chest examination is normal. The x-ray shows widespread upper zone shadowing.
- 14** A 20 year old previously healthy woman presents with general malaise, severe cough and breathlessness which has not improved with a seven day course of amoxicillin. There is nothing significant to find on examination. The x-ray shows patchy shadowing throughout the lung fields. The blood film shows clumping of red cells with suggestion of cold agglutinins.

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**Theme: The treatment of menopausal symptoms****Options**

---

- |          |  |          |                    |
|----------|--|----------|--------------------|
| <b>A</b> | Clonidine  | <b>J</b> | Vaginal lubricant  |
| <b>B</b> | Combined hormone replacement therapy (HRT)       | <b>K</b> | Vaginal oestrogens |
| <b>C</b> | Dietary modification                             |          |                    |
| <b>D</b> | Hypnotic preparations                            |          |                    |
| <b>E</b> | Mineral supplements                              |          |                    |
| <b>F</b> | Oestrogen only hormone replacement therapy (HRT) |          |                    |
| <b>G</b> | Psychological support                            |          |                    |
| <b>H</b> | Referral to psychiatrist                         |          |                    |
| <b>I</b> | Regular exercise                                 |          |                    |
- 

**Instructions**

For each patient described below, choose the SINGLE most appropriate treatment from the above list of options. Each option may be used once, more than once, or not at all.

- 15** A 56 year old woman whose periods stopped five years ago has become increasingly depressed. She now feels life is no longer worth living and threatens suicide.
- 16** A 72 year old woman has experienced frequency of micturition intermittently for the last few months. Mid-stream urine (MSU) cultures have been persistently negative. She is well otherwise, but would like the symptoms resolved.
- 17** A married 52 year old woman who has a family history of breast cancer has been experiencing mild discomfort for a few hours following intercourse for the last month. She is worried about using hormones.
- 18** A 45 year old woman who has had a total abdominal hysterectomy (TAH) and bilateral salpingo-oophorectomy (BSO) for fibroids and menorrhagia complains of hot flushes, night sweats and mood swings. She has no other medical problems.

### *Answers*

- |    |   |
|----|---|
| 1  | H |
| 2  | F |
| 3  | C |
| 4  | K |
| 5  | A |
| 6  | G |
| 7  | J |
| 8  | B |
| 9  | D |
| 10 | E |
| 11 | K |
| 12 | I |
| 13 | E |
| 14 | H |
| 15 | H |
| 16 | K |
| 17 | J |
| 18 | F |

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General Medical Council PLAB Test Part 1

Full Name .....  
 Test Centre/Date .....

- Use pencil only   ● Make heavy marks that fill the lozenge completely
- Write your candidate number in the top row of the box to the right **AND** fill in the appropriate lozenge below each number.
- Give **ONE** answer only for each question

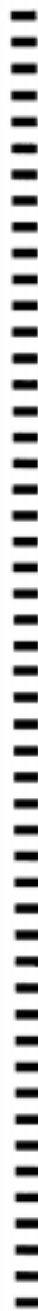
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84	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	84
85	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	85
86	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	86
87	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	87
88	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	88
89	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	89
90	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	90
91	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	91
92	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	92
93	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	93
94	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	94
95	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	95
96	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	96
97	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	97
98	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	98
99	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	99
100	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	100



## List of eponyms

These eponyms may appear in the Examination. The list is for illustrative purposes only, it is not exhaustive. Other eponyms might appear in the Examination.

Alzheimer's dementia	Korsakoff's psychosis
Barrett's oesophagus	Kreim test
Behçet's disease	Lesch-Nyhan syndrome
Boerhaave's syndrome	Lewy body dementia
Bornholm disease	Mallory-Weiss tear
Bowen's disease	Mantoux test
Budd-Chiari syndrome	Meckel's diverticulum
Burkitt Lymphoma	Ménière's disease
Charcot-Marie-Tooth disease	Munchausen's syndrome
Colles' fracture	Paget's disease
Conn's syndrome	Parkinson's disease
Coombs' test	Perthes disease
Creutzfeldt-Jakob disease	Pick's disease
Crohn's disease	Prinzmetal's angina
Cushing's syndrome	Raynaud disease
Down's syndrome	Reidel's thyroiditis
Duchenne muscular dystrophy	Reiter's syndrome
Epstein-Barr virus	Sengstaken-Blakemore tube
Fallopian tube	Sjögren's syndrome
Fallot's tetralogy	Stokes-Adams attacks
Fuch's corneal dystrophy	Swan-Ganz catheter
Gilbert's syndrome	Takayasu disease
Goodpasture's syndrome	Tay-Sachs disease
Guillain-Barré syndrome	Tietze's syndrome
Hartmann's solution	Tourette syndrome
Hashimoto's disease	Turner syndrome
Henoch-Schönlein syndrome	von Willebrand's disease
Hirschsprung's disease	Wenckebach phenomenon
Huntington's chorea	Wernicke's encephalopathy
Kaposi's sarcoma	Wolff-Parkinson-White syndrome
Kawasaki disease	Ziehl-Neelsen stain
Kleihauer test	

# EXAMINATION REGULATIONS

## Annex B

These are the regulations which govern the Examination. You should read them carefully so that you understand the Examination procedures. You must abide by them.

## Examination Regulations

### **Scope**

1. These Regulations apply to candidates taking Part 1 of the PLAB test, known as 'the Examination', from September 2000 until further notice.

### **Functions of the Professional and Linguistic Assessments (PLA) Board and associated committees**

#### *Registration Committee of the General Medical Council*

2. The functions of the Committee, as they relate to the PLAB test, are to:
  - a. Define the knowledge and skills needed for practice under limited registration.
  - b. Define policy relating to candidates.
  - c. Develop profiles for members of the Board and the panels.
  - d. Appoint members to the Board.
  - e. Approve Board decisions.
  - f. Arrange internal and external reviews on a regular basis.

#### *PLA Board*

3. The functions of the Board are to:
  - a. Recommend to the Registration Committee the scope of the PLAB test.
  - b. Recommend to the Registration Committee appropriate methods of assessment.
  - c. Recommend to the Registration Committee the minimum standard required in the IELTS test.
  - d. Review the efficacy of the PLAB test.
  - e. Develop the policies which relate to candidates.
  - f. Appoint panel members.
  - g. Arrange appropriate training for panel members.
  - h. Set criteria for the appointment of examiners for the PLAB test.
  - i. Approve panel decisions.

#### *Extended Matching Question Examination Panel*

4. The functions of the panel are to:
  - a. Recommend to the PLA Board changes to the Examination.
  - b. Appoint and train question writers.
  - c. Generate and test new questions to maintain the question bank.
  - d. Set the Examination papers (only members not involved in teaching on PLAB courses at the time).
  - e. Review Examination and question performance.

### The Extended Matching Question Examination

5. Before a candidate enters the Examination he or she must have obtained:
  - a. A primary medical qualification acceptable for limited registration.
  - b. The following scores in the IELTS test<sup>1</sup> (academic modules), obtained a maximum of two years before the date on which the candidate takes the Examination:
    - i A minimum overall band score of 7.0.
    - ii A minimum band score of 7.0 in the speaking section.
    - iii A minimum band score of 6.0 in each of the following sections: listening, academic reading and academic writing.
6. The candidate must bring proof of his or her identity to the Examination.
7. The following are acceptable forms of identification. To be accepted, the identification document **must** bear the candidate's photograph.
  - a. The candidate's passport.
  - b. The candidate's UK Immigration and Nationality Department identification document.
  - c. The candidate's Home Office travel document.
  - d. The candidate's UK driving licence.
8. **No other identification document will be accepted. If the candidate fails to bring one of the identification documents listed above, or if the document does not bear his or her photograph, he or she will not be permitted to take the Examination.**
9. If Examination officials are in **any** doubt about the identity of the candidate or the authenticity of the documents, the following process will take place:
  - a. The Chief Invigilator will take a polaroid photograph of the candidate and ask him or her to sign it on the back to verify its authenticity.
  - b. A photocopy of the identification document provided will also be taken and the candidate will be asked to sign it to verify its authenticity.
  - c. If the candidate fails to comply with the process at a. and b. above, he or she will not be permitted to take the Examination.
10. After the Examination, and if the candidate has complied with the arrangements in the previous paragraph:
  - a. He or she will be required to appear before the Head of the PLAB Test Section at the General Medical Council or the Examinations Manager at the British Council.
  - b. The Head of the PLAB Test Section at the General Medical Council or the Examinations Manager at the British Council will carry out such investigations as he or she considers appropriate and will make a final decision about the matter.
  - c. If he or she decides that the person who sat the Examination is not the person who is entitled to do so, the Examination attempt will be invalid and the matter will be reported to the Registrar of the General Medical Council so it can be considered in relation to a future application for limited registration.

<sup>1</sup> By law, this requirement does not apply to nationals of a Member State of the European Economic Area, other than the UK, and others with enforceable European Community rights.

11. If the name on the candidate's identification document is different from that on the letter from the General Medical Council or British Council offering the candidate a place in the Examination, he or she **must** provide evidence that he or she is the person named in that letter.
12. The General Medical Council will accept the following evidence:
  - a. The candidate's marriage certificate.
  - b. A declaration from the awarding body which granted the candidate's IELTS certificate or his or her primary medical qualification, stating that both names relate to the candidate.
13. The Examination shall consist of two hundred questions to be answered in three hours.
14. The Examination shall be held under invigilated conditions and candidates shall not be permitted to take into the Examination, or refer to, any books, notes, materials or other aids.
15. The candidate shall be awarded one mark for each question answered correctly. The Examination shall be graded pass or fail.
16. A candidate may have unlimited attempts at the Examination. However, an IELTS test report form is valid for up to two years from the date of the test to which it relates. A doctor who has not passed the Examination within this time will be required to retake the IELTS test.

#### **Personal circumstances which might affect a candidate's performance**

17. Temporary personal circumstances which might affect a candidate's performance will not be taken into account.
18. In exceptional circumstances special arrangements may be made to enable a disabled candidate to take the Examination. The Chairman of the PLA Board, in consultation with the Chairman of the Education Committee, or his or her nominee, and the Chairman of the Registration Committee, will consider every application for special arrangements on an individual basis. They will take into account the candidate's particular circumstances and the range of restrictions which it is open to the General Medical Council to impose upon the practice of a doctor to whom limited registration is granted.
19. An application for special arrangements to take the Examination should be made in writing, using the appropriate form, and should be submitted to the Head of the PLAB Test Section at least two months before the date on which the candidate wishes to take the Examination. Appropriate supporting evidence should be provided.
20. The Chairman of the PLA Board, in consultation with the Chairman of the Education Committee, or his or her nominee, and the Chairman of the Registration Committee, shall decide either to:
  - a. Dismiss the application.
  - b. Agree that special arrangements may be made.
21. The candidate shall be notified of the Chairman's decision in writing.

### **Cheating and other misconduct**

- 22.** Cheating includes:
- Copying, stealing, appropriation or use of the work of another.
  - Permitting or assisting another to copy or use one's own work.
  - Taking into an Examination any materials or aids.
  - Using, attempting to use, assisting another to use or attempting to assist another to use any other unfair, improper or dishonest method to gain advantage in any part of the Examination process.
- 23.** Misconduct includes:
- Conduct in an Examination centre which the Chief Invigilator, invigilator or other official appointed to control the conduct of candidates thinks is causing disturbance to other candidates or affecting the proper running of the Examination.
  - Communicating or attempting to communicate with any other candidate during the course of an Examination.
  - Removal from the Examination centre any papers, answer sheets or other Examination materials.
  - Writing in or attaching to any papers, or giving orally, any message or appeal to an examiner.
  - The theft or concealment of any material which is the property of the General Medical Council or the Examination centre.
- 24.** An examiner, invigilator or other official as described in Regulation 23a above shall report without delay his or her suspicions of cheating or misconduct to the Chief Invigilator, who, in turn, will report the matter to the Board.
- 25.** Pending an inquiry by the Board into any allegation of cheating or misconduct by a candidate, the candidate's results shall be withheld.
- 26.** The Board shall impose upon any candidate who, in any Examination, cheats or misconducts him or herself, a penalty or combination of penalties from those described in Regulation 27, as it thinks fit.
- 27.** Penalties for cheating and misconduct include:
- Rendering the candidate's Examination attempt invalid.
  - Reporting the matter to the Registrar of the General Medical Council so that it can be considered in relation to a candidate's future application for limited registration.

### **Verification of marks**

- 28.** Candidates wishing to verify any mark or marks, by means of a clerical check, shall apply to the Head of the PLAB Test Section.

### **Adverse circumstances which affect the conduct of the Examination**

- 29.** If any adverse circumstances affect the conduct of the Examination for all candidates, the Chief Invigilator will take such action as he or she thinks fit. After the Examination, the Chairman of the PLA Board and the Chairman of the Examination Panel will consider the effect of the circumstances and take any further action they think appropriate.
- 30.** The Chairmen will report to the Registration Committee the circumstances and the action taken.

EQUAL  
OPPORTUNITIES  
POLICY

Annex  
C

This sets out our equal  
opportunities policy.

## Equal Opportunities Policy

The PLA Board has adopted the following Equal Opportunities Policy.

1. The PLA Board seeks to ensure that a doctor who passes the PLAB test is able to practise safely under supervision as a senior house officer in his or her first appointment.
2. The Board is committed to ensuring that the principle of equality of opportunity is applied in all areas of its operation.
3. The Policy of the Board is to provide equal opportunities for all on the basis of individual ability.
4. The Board aims to ensure that no unlawful or unfair discrimination (whether direct or indirect), victimisation or harassment takes place on grounds of race, colour, ethnic origin, nationality, citizenship, marital status, gender, sexual orientation, socio-economic status, age, religion, creed, disability or political persuasion.
5. The Board will apply the Policy to all those with whom it deals. It will seek to ensure that the Policy is observed by all those over whom it has control or influence including members of the Board, Panels, examiners, question setters, GMC staff, contract staff and examination candidates.
6. The Board will implement the Policy by drawing up codes of practice and by training. It will monitor and review the operation of the Policy.

A candidate who feels that this policy has been breached should write to the Chairman of the Registration Committee.

# FREQUENTLY ASKED QUESTIONS

## Annex D

This section answers questions  
that we are often asked.

## Frequently asked questions

Below you will find the answers to a number of questions we are often asked.

### ***Which qualifications are accepted? What if mine is not?***

These include all the qualifications listed in the World Health Organisation's World Directory of Medical Schools (WHO WDMS). The General Medical Council holds copies and it is a widely available reference book. If your qualification is not in the WDMS, you will probably not be able to apply for registration after passing the PLAB test. The General Medical Council will not lobby the WHO on your behalf and you should contact your medical school or the WHO in Geneva.

### ***What is the format of the test?***

Before entering Part 1 of the PLAB test, you must have obtained the required minimum scores in the IELTS test. The IELTS test report form is valid for up to two years from the date of the IELTS test to which it relates. The minimum IELTS scores are: Overall 7.0, Speaking 7.0, Listening 6.0, Academic Reading 6.0 and Academic Writing 6.0. PLAB Part 1 is in Extended Matching Question (EMQ) format. When you have passed PLAB Part 1, you must pass PLAB Part 2 – an Objective Structured Clinical Examination (OSCE) within two years.

### ***Can I complete my internship in the UK? Do I need to pass the PLAB test for this?***

Yes, you may undertake your internship in the UK, but you must pass the PLAB test first. Because the test is set at SHO level, it will be difficult to pass without any clinical experience.

### ***How can I get a job when I have passed?***

You should consult the British Medical Journal Classified Section ([www.bmj.com](http://www.bmj.com)) or get in touch with the British Council National Advice Bureau (see Annex G for contact details). The General Medical Council is not linked to the Department of Health or the NHS and we have no information about job vacancies. Passing the PLAB test does not guarantee you a job.

### ***Is Part 1 held overseas different from Part 1 in the UK?***

No, they are identical papers, held as far as possible under identical conditions. All papers are marked at the same time in the UK.

### ***How can I prepare for the PLAB test?***

We have no recommended texts or specimen papers. There are details about the content and other helpful information for Part 1 in Annex A of this document. We are aware of the existence of preparatory courses, but we do not inspect them and can make no comment on them.

### ***What sort of registration do I get when I pass PLAB and what sort of job can I do?***

You may apply for limited registration, which enables you to apply for supervised, educationally approved posts in the NHS. It is granted for individual jobs up to a maximum total period of five years.

### ***How do I get full (permanent) registration?***

Full registration allows you to work in unsupervised posts outside the NHS and is not subject to a maximum period. You must have completed at least two years' limited registration before applying for full registration.

### ***Can I have a reduction in the fee because of my special circumstances?***

The PLAB test is self-financing and all candidates, except asylum seekers, must pay the full fee for each attempt. If you are an asylum seeker and think that you may be entitled to a waiver of the fee, please see page 20.

### ***Does a pass in Part 1 of the test entitle me to any sort of registration?***

No. You must pass both parts of the test before applying for limited registration.

### ***How long is my IELTS/ Part 1 pass/Part 2 pass valid?***

You must pass Part 1 within two years of the date of your IELTS report form and you must pass Part 2 within two years of passing Part 1. You do not need a valid IELTS report to take Part 2. At the moment, there is no limit on the time within which you must apply for registration after you have passed Part 2.

### ***What about exemption from the PLAB test?***

You may be exempt from the PLAB test in certain circumstances. You should check this by contacting the General Medical Council's Registration Customer Services to ascertain your eligibility for registration (see Annex G for contact details).

### ***If I cancel my test place, what happens?***

Cancellation fees are set out on page 21 of this document.

### ***Can I take PLAB Part 2 outside the UK?***

No. This is held only in the UK.

### ***What is the pass rate?***

There is no set pass rate.

### ***What happens when I pass/ fail Part 1/ Part 2?***

If you pass Part 1, you will be sent an information pack and an application form for Part 2. If you fail Part 1, we will let you know in writing. We will not give results out over the phone or by fax. We will send you further application papers for Part 1 if you took the test in the UK. If you took the test at an overseas centre, you should contact that centre for another application form (or another centre if you would like to take the Examination in a different place). If you fail Part 2, the General Medical Council will send you a letter detailing your results and a further application form for Part 2. If you pass Part 2, you will be sent an application form and an information pack for limited registration.

### ***What level is the PLAB test set at?***

The PLAB test is set at the level of a SHO in a first appointment in a UK hospital. The emphasis of this Examination is on clinical management and science as applied to clinical problems. It is confined to core knowledge, skills and attitudes relating to conditions commonly seen by SHOs, the generic management of life-threatening situations and rarer, but important, problems.

### ***How many times may I take Part 1/Part 2?***

There is no limit to the number of times that you may take Part 1, but you must have a valid IELTS report form dated not more than two years before each attempt. You may have four attempts at Part 2, which must be within two years of your Part 1 pass. If you do not pass at your fourth attempt, you must re-take IELTS and Part 1. There are no exceptions to this rule.

PART 2 -  
THE OBJECTIVE  
STRUCTURED  
CLINICAL  
EXAMINATION  
(OSCE)

Annex  
E

This gives you a brief summary of what to expect at Part 2. You will be sent more detailed information when you pass Part 1.

## Part 2 of the PLAB test the Objective Structured Clinical Examination (OSCE)

### *Aim*

1. The aim of the OSCE is to test your clinical and communication skills. It is designed so that an examiner can observe you putting these skills into practice.

### *Overall format*

2. When you enter the Examination room, you will find a series of 14 booths, known as 'stations'. Each station requires you to undertake a particular task. Some tasks will involve talking to or examining patients, some will involve demonstrating a procedure on an anatomical model.
3. You will be required to perform all tasks. You will be told the number of the station at which you should begin when you enter the Examination room. Each task will last five minutes.
4. Your instructions will be posted outside the station. You should read these instructions carefully to ensure that you follow them exactly. An example might be: **'Mr McKenzie has been referred to you in a rheumatology clinic because he has joint pains. Please take a short history to establish supportive evidence for a differential diagnosis.'**
5. A bell will ring. You may then enter the station. There will be an examiner in each station. However, you will not be required to have a conversation with the examiner; you should only direct your remarks to him or her if the instructions specifically ask you to do so. You should undertake the task as instructed. A bell will ring after four minutes 30 seconds to warn you that you are nearly out of time. Another bell will ring when the five minutes are up. At this point, you must stop immediately and go and wait outside the next station. If you finish before the end, you must wait inside the station but you should not speak to the examiner or to the patient during this time.
6. You will wait outside the next station for one minute. During this time you should read the instructions for the task in this station. After one minute a bell will ring. You should then enter the station and undertake the task as instructed.
7. You should continue in this way until you have completed all 14 stations. You will then have finished the OSCE.

ASSESSMENT  
UNDER LIMITED  
REGISTRATION

Annex  
F

You will be assessed during your  
period of limited registration.

## Assessment under limited registration

We will obtain reports on your performance during the first 12 months of your limited registration. The assessment will cover topics that either cannot be fully assessed in a formal test or with which we cannot expect you to be familiar before you begin working in the NHS. Renewal of your limited registration will depend on satisfactory reports.

A copy of the form which supervisors complete is below. From this form you can see the areas on which you will be assessed and the criteria for assessment.

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

**Date:**

**To:**

**Report on the performance of Dr**

**GMC Ref No.**

We understand that you have been directly supervising Dr[insert drs name] during the past few months.

### **Why we need your report**

Before renewing a doctor's limited registration, we must, by law, be satisfied that he/she is of good character and has the necessary knowledge, skill and experience. Your report will help us to decide whether further limited registration should be granted to the doctor named above.

Until your report has been received the doctor cannot be considered for further registration.

### **Good medical practice**

All registered doctors must comply with the standards of competence, care and conduct described in the GMC's publication *Good Medical Practice*. These are the standards which patients have a right to expect of their doctors, and it is against these standards that doctors will be judged.

The notes on pages 2-5 of this form are intended to help you assess the performance of the doctor in relation to the standards set out in *Good Medical Practice*. Please read the notes carefully before completing the report form on pages 6-8.

### **To whom should the report be sent?**

Please return your completed report direct to: Registration Directorate, GMC, 178 Great Portland Street, London W1W 5JE.

If you would like us to acknowledge receipt of your report, please let us know.

Please note that, if requested, the doctor will be provided with a copy of your report.

### Definitions and guidance:

**Acceptable:** This refers to conduct and performance which are consistent with the standards described in *Good Medical Practice*. It is intended to describe a safe standard of practice. Performance does not need to be excellent for a doctor to be deemed acceptable.

**Unacceptable:** This refers to conduct and performance which clearly depart from the standards described in *Good Medical Practice* and where there is a question as to the trainee's suitability for further supervised employment in the hospital service. It indicates repeated or persistent failure to comply with the professional standards appropriate to the work being done by the doctor, particularly where this places patients or members of the public in jeopardy.

**Cause for concern:** This category should be used where there have been problems with a trainee's conduct or performance which are sufficient to give cause for anxiety, but where conduct or performance are not so consistently poor as to be defined as 'unacceptable'. This category should NOT be used to describe doctors whose performance is safe and within an acceptable range for their experience and seniority, but who are nevertheless capable of development and improvement within the normal course of their training.

***Pages 3-5 of this document provide further guidance on the assessment of specific aspects of practice. If, when completing the corresponding sections of the form on pages 6-8, you describe any aspect of this doctor's performance as 'unacceptable' or giving 'cause for concern', would you please give reasons for this assessment, if possible with examples, in the space provided on page 8. This will help us to decide whether further limited registration should be granted and, if so, on what basis.***

	<b>Acceptable Performance</b>	<b>Cause for Concern</b>	<b>Unacceptable</b>
<b>1. GOOD CLINICAL CARE</b> Assessment of the patient's condition based upon:			
<b>History taking</b>	Systematic, complete and properly documented.	Sometimes incomplete, inaccurate and/or poorly recorded.	Often incomplete, inaccurate and poorly recorded.
<b>Physical examination and recognition of clinical signs</b>	Appropriate and accurate. Elicits and recognises clinical signs.	Lacks basic skills and misses some signs. May also misconstrue signs.	Lacks basic skills. Often misses signs and/or misinterprets them.
<b>Providing or arranging investigations and treatment</b>	Provides/arranges appropriate and timely investigations and treatment. Competent in interpretation of tests and diagnoses.	Investigations and treatment may be inappropriate. May fail to interpret tests, symptoms and signs correctly. Sometimes fails to act promptly.	Investigations inappropriate or incomplete. Fails to interpret tests correctly. Often fails to interpret symptoms and signs correctly. Fails to act promptly.
<b>Judgement &amp; patient management</b>	Reliable judgement. Awareness of complications. Safe ward/out-patient management. Aware of limitations and seeks advice appropriately.	Sometimes unreliable. May fail to grasp significance of findings or take appropriate action. May fail to notice complications or to act appropriately. May fail to recognise limitations and to seek advice when needed.	Often unreliable. Fails to grasp significance of findings or to take appropriate action. Fails to notice complications or to act appropriately. Fails to recognise limitations and to seek advice when needed.
<b>Practical skills</b>	Sound practical ability.	May be clumsy or have difficulty with practical procedures.	Clumsy and rough. Often has difficulty with simple procedures.
<b>Involvement of doctors and other health care professionals in providing clinical care</b>	Consults colleagues and makes referrals when appropriate. Keeps colleagues informed when sharing care of patients.	Sometimes fails to consult colleagues or refer when appropriate. Does not always keep colleagues informed when sharing care of patients.	Patients put at risk because of failures to consult colleagues, refer appropriately or keep others informed when sharing care.
<b>Standard of record keeping</b>	Keeps clear, accurate and contemporaneous records. Reports relevant clinical findings, decisions made, information given to patients and drugs or treatment prescribed.	Record keeping not always sufficiently thorough or systematic to enable a colleague to take over patient care, if necessary.	Fails to keep up to date records. Entries sketchy. Clinical care compromised and patients potentially at risk because poor quality of record keeping.
<b>Use of resources</b>	Pays due regard to efficacy and the use of resources.	Sometimes omits to pay regard to efficacy and the use of resources.	Often disregards efficacy and the use of resources.
<b>Use of technology</b>	Competent in the use of IT necessary for patient care, such as information storage and retrieval systems.	Has some problems using the IT systems relevant to the work efficiently.	Unable to use IT systems relevant to the work.
<b>2. TREATMENT IN EMERGENCIES</b>	Can be relied upon to take prompt and suitable action within the limits of his/her competence and to seek assistance where necessary.	May under/over-react to emergencies.	Often under/over-reacts to emergencies. Patients put at risk because of inability to respond appropriately.

	<b>Acceptable Performance</b>	<b>Cause for Concern</b>	<b>Unacceptable</b>
<b>3. MAINTAINING GOOD MEDICAL PRACTICE</b>			
<b>Basic science and clinical knowledge and skills</b>	Keeps knowledge and skills up to date. Takes part in regular and systematic medical and clinical audit. Responds constructively to performance appraisals.	Knowledge and skills inadequate or outdated in some areas, or inappropriately applied. Participation in audit patchy.	Knowledge and skills often inadequate or out of date. Does not participate in audit. Responds poorly to assessments of performance. Reluctant to address deficiencies.
<b>Ethical and legal framework of practice</b>	Observes and keeps up to date with the laws and statutory codes which affect his/her work.	Not always up to date with the laws and statutory codes which affect his/her work.	Unfamiliar with or disregards the laws and statutory codes which affect his/her work.
<b>4. PROFESSIONAL RELATIONSHIPS</b>			
<b>Professional relationships with patients</b>	Establishes and maintains trust of patients. Listens to and respects their views, and their right to be involved in decisions about their care. Respects confidentiality and the privacy and dignity of patients. Accessible. Responds honestly and constructively to complaints or if things go wrong.	Lacks empathy with patients and may find it difficult to maintain their trust.	Lacks rapport with patients to the detriment of good clinical care. Often inaccessible when on duty. Responds poorly to complaints and criticisms.
<b>Working with other doctors</b>	Accessible. Works constructively as part of the clinical team. Respects the skills and contributions of others.	May have some difficulty fitting in with seniors, juniors or peers.	Poor team player. May undermine effectiveness of the team or confidence in its individual members.
<b>Working with other health care professionals</b>	Accessible. Respects the skills and contributions of other health care workers. Delegates and refers appropriately.	Careless of others. May generate rather than solve problems. Delegation and referral to others not always appropriate.	Rude and arrogant. Poor relations with other staff likely to hinder good patient care.
<b>5. COMMUNICATION SKILLS</b>	An effective communicator who listens well and gives patients information in a way they can understand.	Poor command of English and/or explanatory skills. Is sometimes misunderstood. Does not always listen or understand.	Very poor command of English and/or explanatory skills. Fails to listen or understand. Can appear indifferent and/or patronising.
<b>6. TEACHING AND TRAINING (IF APPLICABLE)</b>	Contributes effectively to the training and education of others. Ensures that juniors are properly supervised. Honest and objective in assessing the performance of others.	Needs to develop further the skills, attitudes and practices of a competent teacher.	Neglects teaching and supervisory responsibilities. Honesty and objectivity in assessing others may be questionable.

	<b>Acceptable Performance</b>	<b>Cause for Concern</b>	<b>Unacceptable</b>
<b>7. ATTITUDES</b>			
<b>Reliability and probity</b>	Dependable. Displays honesty and integrity. Acts in the best interests of patients.	Occasionally unreliable or lacking in integrity. May forget to do things, sometimes to the detriment of patients.	Often unreliable. Fails to do things, often to the detriment of patients. Lacks integrity.
<b>Initiative</b>	Shows initiative and takes responsibility.	Needs pushing and fails to show initiative.	Very limited. Gives confusing instructions. No initiative.
<b>Timekeeping</b>	Punctual and reliable. Always contacts the unit to warn of a problem.	Often late to the unit and to clinics.	Often late to the unit and to clinics. Often fails to warn of a problem.
<b>8. ADMINISTRATION</b>	Well prepared and organised. Can be relied upon to deal with tasks required.	Often behind with/neglects routine administration.	Poorly organised and careless.
<b>9. OCCUPATIONAL HEALTH</b>	Follows safe practices relating to chemical, physical and psychological hazards in the workplace.	Not fully conversant with relevant practices and procedures.	Disregards responsibilities to patients and colleagues by adopting unsafe working practices.

# Annex F

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**Trainee's name:** .....

**Grade specified in the trainee's contract:**

**substantive/honorary/locum/other (delete as appropriate)**

**Specialty:** .....

**Hospital(s):** .....

**Duration of employment: from .....to.....**

**Full time/Part time ..... On call rota 1 in .....**

**No. of clinical sessions (half day) per week .....**

Please show your assessment of this doctor by placing a tick in the appropriate box.

	Acceptable Performance	Cause for Concern	Unacceptable
<b>1. GOOD CLINICAL CARE</b> Assessment of the patient's condition based upon:			
History taking			
Physical examination and recognition of clinical signs			
Providing or arranging investigations and treatment			
Judgement & patient management			
Practical skills			
Involvement of doctors / other health care professionals in care			
Standard of record keeping			
Use of resources			
Use of technology			

	Acceptable Performance	Cause for Concern	Unacceptable
<b>2. TREATMENT IN EMERGENCIES</b>			
<b>3. MAINTAINING GOOD MEDICAL PRACTICE</b>			
Basic science and clinical knowledge and skills			
Ethical and legal framework of practice			
<b>4. PROFESSIONAL RELATIONSHIPS</b>			
Professional relationships with patients			
Working with other doctors			
Working with other health care professionals			
<b>5. COMMUNICATION SKILLS</b>			
<b>6. TEACHING AND TRAINING (IF APPLICABLE)</b>			
<b>7. ATTITUDES</b>			
Reliability and probity			
Initiative			
Timekeeping			

## Annex F

	Acceptable Performance	Cause for Concern	Unacceptable
<b>8. ADMINISTRATION</b>			

<b>9. OCCUPATIONAL HEALTH</b>			
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Have there been any complaints upheld against this doctor or has the doctor been involved in any adverse clinical incidents as a result of poor performance?	Yes	No
Has this doctor's performance been seriously impaired by reasons of ill health?	Yes	No

If you have answered 'yes' to either of the questions in the boxes immediately above, please provide further details on the final page of this report.

Is this doctor suitable for further supervised employment in the hospital service?	Yes	No
Is the doctor making progress in his or her specialty?	Yes	No
Have you discussed this report with the trainee?	Yes	No

Please provide any additional comments you wish to make in the box below. **If you have marked any aspect of this doctor's conduct or performance as giving cause for concern or unacceptable you must substantiate your assessment by providing examples and reasons.** You should also provide further details if you have answered 'No' to the questions in the boxes immediately above.

Additional comments (continue on separate sheet if necessary):

**Print name of supervising consultant:** .....

**Signature of consultant:** ..... **Date:** .....

**Contact address:** .....

**Telephone No:** ..... **Fax No:** .....

# CONTACTS

## ANNEX G

Check this list to see who can best help you with any query you may have.

## Contacts

Before you take the PLAB test

Options for limited registration and qualifications needed

*Please note that you will receive the same response by e-mail as you will by phone.  
You may find e-mail cheaper.*

### General Medical Council

178 Great Portland Street  
London  
W1W 5JE  
United Kingdom

**Registration Customer Services**  
Tel: 44 20 7915 3630  
Fax: 44 20 7915 3558  
E-mail: [firstcontact@gmc-uk.org](mailto:firstcontact@gmc-uk.org)

### UK Government Department of Health

Website: [www.doh.gov.uk/medicaltrainingintheuk](http://www.doh.gov.uk/medicaltrainingintheuk)

## Job opportunities in the UK

### British Medical Journal Classified Section

Website: [www.bmj.com](http://www.bmj.com)

### The British Council National Advice Centre

Bridgewater House  
58 Whitworth Street  
Manchester  
M1 6BB  
United Kingdom

Tel: 44 161 957 7218  
Fax: 44 161 957 7029  
E-mail: [ed@britcoun.org](mailto:ed@britcoun.org)

## Immigration/visa requirements

### Immigration and Nationality Directorate

Block C, Whitgift Centre  
Croydon Surrey  
CR9 2AR  
United Kingdom

Tel: 44 0870 606 7766

## The IELTS test

### The British Council National Advice Centre for Postgraduate Medical Education (NACPME)

Bridgewater House  
58 Whitworth Street  
Manchester  
M1 6BB  
United Kingdom

Tel: 44 161 957 7218  
Fax: 44 161 957 7029  
E-mail: [ed@britcoun.org](mailto:ed@britcoun.org)

### IELTS

Website: [www.ielts.org](http://www.ielts.org)

## Applying for and taking the Examination

### The United Kingdom

#### The General Medical Council – PLAB Test Section

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178 Great Portland Street  
London  
W1W 5JE  
United Kingdom

Name: Candidate Services  
Tel: 44 207 915 3630  
Fax: 44 207 915 3558  
E-mail: [plab@gmc-uk.org](mailto:plab@gmc-uk.org)

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### India

#### New Delhi

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British High Commission  
British Council Division  
17 Kasturba Gandhi Marg  
New Delhi 110 001

Name: P V Chaary  
Tel: 91-11 3710111/3710555  
Fax: 91-11 3710 717  
E-mail:  
[pv.chaary@in.britishcouncil.org](mailto:pv.chaary@in.britishcouncil.org)

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#### Chennai

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British Deputy High Commission  
British Council Division  
737 Anna Salai  
Chennai 600 002

Name: Nirupa Fernandez  
Tel: 91-44-852 5002  
Fax: 91-44-852-3234  
E-mail:  
[nirupa.fernandez@in.britishcouncil.org](mailto:nirupa.fernandez@in.britishcouncil.org)

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#### Kolkata

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British Deputy High Commission  
British Council Division  
5 Shakespeare Sarani  
Kolkata 700 071

Name: Suchitra Mukherjee  
Tel: 91-33-282 9108/9144  
Fax: 91-33-282-4804  
E-mail:  
[suchitra.mukherjee@in.britishcouncil.org](mailto:suchitra.mukherjee@in.britishcouncil.org)

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#### Mumbai

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British Deputy High Commission  
British Council Division  
Mittal Tower 'C' Wing  
Nariman Point  
Mumbai 400 021

Name: Vivek Singh  
Tel: 91-22-222 3560  
Fax: 91-22-285-2024  
E-mail:  
[vivek.singh@in.britishcouncil.org](mailto:vivek.singh@in.britishcouncil.org)

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## Pakistan

### Karachi

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The British Council  
20 Bleak House Road  
Near Cant's Station  
Karachi  
(PO Box 10410)

Name: Karima Kara  
Tel: 92 21 5670391-7  
Fax: 92 21 5683694  
E-mail:  
karima.kara@britishcouncil.org.plc

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### Islamabad

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The British Council  
Block 14  
Civic Centre  
G-6  
Islamabad

Name: Shahnaz Farooq  
Tel: 92 51 111 424 424  
Fax: 92 51 111 276 683  
E-mail:  
shahnaz.farooq@  
britishcouncil.org.plc

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## Sri Lanka

### Colombo

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The British Council  
49 Alfred Gardens  
(P O Box 753) Colombo 3  
Sri Lanka

Name: R. B. Nedumaran  
Tel: 94 1 581171-2  
Fax: 94 1 587079  
E-mail: balachandran.nedumaran@  
britishcouncil.org.plc

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## Egypt

### Cairo

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The British Council  
192 Sharia El Nil  
Agouza  
Cairo

Name: Hala Hamad  
Tel: 202 3031514  
Fax: 202 3443076  
E-mail:  
Hala.Hamad@eg.britcoun.org

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## Nigeria

### Lagos

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The British Council  
11 Alfred Rewane Road  
(formerly Kingsway Road)  
Ikoyi  
Lagos

Name: Bimbo Fashola  
Tel: 2341 269 2188  
Fax: 2341 269 2193  
E-mail:  
bimbo.fashola@ng.britishcouncil.org

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## After the Examination

### **Results**

*Queries only – we will not give you your results on the telephone:*

### **Examination taken in the UK:**

Contact the GMC at the address given in the letter informing you of your results.

### **Examination taken overseas:**

Contact the British Council office in the city where you took the Examination.

### **For another application form for Part 1:**

Please contact the centre listed under 'Applying for and taking the Examination' in the country where you wish to sit the Examination.

### **For information on Part 2:**

Please contact the GMC at the address given in the letter informing you of your results.

# The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- recognise the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;
- make sure that your personal beliefs do not prejudice your patients' care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise;
- avoid abusing your position as a doctor; and
- work with colleagues in the ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.