

# Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – GMC’s compliance decision

## Lancaster Medical School, Lancaster University

This document records the General Medical Council’s (GMC’s) decision\* on whether an assessment provider† is compliant by meeting the clinical and professional skills assessment (CPSA) requirements annexed to the GMC’s MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

<b>Assessment provider</b>	Lancaster Medical School, Lancaster University
<b>GMC’s decision</b>	Complies with the CPSA requirements
<b>Date of decision</b>	01/11/2023

## Legislation and guidance

The Medical Act 1983, as amended, gives the GMC the function of promoting high standards in, and co-ordinating all stages of, medical education. The Act requires‡ the GMC to:

- determine the extent of the knowledge and skill required to obtain a primary UK qualification (PMQ) and secure that the instruction given is sufficient to equip candidates with that knowledge and skill, and
- determine the standard of proficiency required from candidates during examinations leading to a UK PMQ and secure the maintenance of that standard.

*Assuring readiness for practice: a framework for the MLA*§ (the MLA framework) was first

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\* The decision is made by a GMC Assistant Registrar, under delegated authority from the Registrar to act as an MLA decision maker.

† Assessment provider: either a UK awarding body offering a primary medical qualification (PMQ) or the GMC as a provider of the MLA to international medical graduates.

‡ Sections 5(2)(a) and (b).

§ Issued by the Registrar under his powers set out in sections 5(2)(a) and (b) of the Act.

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published in March 2021 and updated and reissued in November 2023. The MLA framework requires that, from the academic year 2024-25, a medical degree awarded by a UK university on the GMC's list of awarding bodies (the list) must include a pass in the MLA to be recognised as a PMQ.

The MLA framework stipulates that, from 1 May 2024, for a university to be able to be included in the list:

- medical degree programmes must include the MLA
- the MLA must have two parts – an applied knowledge test (AKT) and a clinical professional skills assessment (CPSA)
- each AKT must meet our AKT requirements
- each CPSA must meet our CPSA requirements
- the content of all AKTs and CPSAs must derive from the *MLA content map* and
- medical degree programmes must meet the GMC's published standards, requirements and outcomes relating to undergraduate medical education and training.

The AKT requirements, CPSA requirements and MLA content map are annexed to the MLA framework.

Compliance with the requirements must be maintained in order for an assessment provider's AKT and CPSA to count towards a candidate's MLA.

## Compliance process

Assessment providers submitted a narrative and supporting evidence (the submission) to the GMC, seeking to show how their CPSA complies with and meets the requirements.

The GMC's CPSA reviewers\* reviewed the submissions in teams of three and discussed them at meetings facilitated by the GMC MLA team.

The GMC MLA team sent requests for further information and clarifications to the assessment provider as required, based on the CPSA reviewers' initial review of the submission. These requests were to obtain the evidence necessary to finalise the CPSA reviewers' advice. They were not an indication of whether or not the assessment provider was considered to have met the CPSA requirements.

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\* GMC associates appointed following an open recruitment campaign for their expertise, experience and credibility in relation to assessment. All associates undertook bespoke Equality, Diversity and Inclusion (ED&I) training at the GMC before starting their role. Checks were completed for any conflicts of interest.

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Moderation meetings\* were held to ensure the CPSA reviewers had taken a consistent approach to considering the submissions.

The GMC MLA team prepared a compliance report containing the key features of the CPSA reviewers' advice, together with the reviewers' collective opinion on whether each requirement was, or was not, met. The compliance report also set out any changes to the assessment provider's CPSA that the reviewers advised the GMC should consider and any further information that should be provided in the next submission.

The compliance report was shared with the assessment provider to enable them to respond and to check for factual inaccuracies<sup>†</sup>.

A copy of the compliance report containing advice to the GMC on the CPSA submission by Lancaster Medical School, Lancaster University, including the assessment provider's response, is at Annex A.

## Decision

### GMC MLA decision maker's decision and reasons for decision

#### Documents considered in reaching decision

*Please list the documents considered in reaching your decision – such as the compliance report, any response/s from the assessment provider, any further information or evidence you've requested, any guidance considered.*

In reaching my decision I have considered the following documents:

- MLA CPSA compliance report
- Requirements for the MLA CPSA - Lancaster Medical School Submission
- MLA CPSA assessment -guidance for MLA decision makers

#### Decision

I considered the compliance report and need further information or advice to be able to make a decision. I have specified below the further information or advice and the reasons why I need it before a decision can be made.

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\* Moderation meetings involved CPSA review team leaders and a lay associate, also appointed through open campaign and who had undertaken bespoke ED&I training at the GMC, providing the patient and public perspective.

<sup>†</sup> Any factual inaccuracies identified by the assessment provider were addressed and rectified prior to referral to the decision maker.

I have considered the compliance report and I am satisfied that Lancaster Medical School, Lancaster University (the assessment provider) complies with and meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

I have noted the compliance report advises the GMC considers a number of recommendations.

I make recommendations to the assessment provider, set out in the recommendation section below.

I am NOT making any recommendations to the assessment provider for the reasons specified below.

I noted that the compliance report advises the GMC requires the assessment provider to make [add number] mandatory changes in order to be compliant with and meet the CPSA requirements. I am satisfied that Lancaster Medical School, Lancaster University (the assessment provider) will be compliant with and meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#) subject to implementing the mandatory changes listed below by 1 May 2024. If it is not possible to implement the changes then this should be escalated to the Registrar.

Based on the advice set out in the compliance report, I have formed a provisional opinion that Lancaster Medical School, Lancaster University (the assessment provider) is not compliant and does not meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#). I am escalating this to the Registrar for further consideration.

### **Mandatory changes**

N/A

### **Recommendations**

#### CPSA Design

- The assessment provider should keep the number of stations under review and consider how to mitigate threats to the reliability of the CPSA as student numbers increase, for example through looking at calibration of examiners across sites.
- Next submission: The assessment provider should give an update on how it has resourced the CPSA in the light of the rising candidate numbers.

#### Scoring:

- Next submission: The assessment provider should submit an update with examples of the new marking domains.

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### Standard Setting

- Where a station needs to be retaken, the assessment provider should consider using the resit score only for the candidate performance. Additionally, the process should be set out in a standard operating procedure (SOP).

### Quality of CPSA Content

- Next submission: The assessment provider should give an update on the work to ensure that station writers are up to date on ED&I training.

(Please note that the assessment provider has already responded to the recommendation of the independent CPSA reviewers that an update is provided on the work done on the station pack. The assessment provider clarified that a new system was implemented for the 21/22 and 22/23 exams. Examiners are now sent the generic information in advance and the exam pack on the day focuses on the station-specific information, along with the station-specific brief. Therefore, this recommendation is no longer extant).

### Results and feedback to candidates

- There's a short gap between the first sit and resit. While we recognise that candidates are supported during that time, the assessment provider should monitor the pass rate in the resit to ensure that candidates have sufficient preparation time for the resit.
- Next submission: The assessment provider should give an update on any exploration of alternative e-OSCE platforms and feedback options the assessment provider undertakes.

### Examiners

- Next submission: The assessment provider should give an update on the return to using ST3 and above as examiners.

(Please note that the assessment provider has already responded to the recommendation of the independent CPSA reviewers that it should consider how to strengthen its processes to ensure that examiners are calibrated consistently across sites. I consider the response is sufficient to explain the process for calibration across sites. Therefore, this recommendation is no longer extant).

### Simulated/real patients

- Next submission: The assessment provider should give updates on:

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- their work to recruit a diverse range of SPs; and
  - whether they've reintroduced real patients into the CPSA, and the effect this has had.

#### Production of results

- The assessment provider should put in place and document processes to produce results independently before cross checking takes place, to ensure any errors are detected.
- The assessment provider should create a SOP covering the principles of when a station should be removed from the CPSA.

#### Psychometric analysis

- Next submission: The assessment provider should provide an update on the progress of the ED&I impact project.

#### **Reasons for the decision**

I am satisfied that Lancaster Medical School has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

The assessment provider has clearly explained how it meets the particulars of each and every requirement under the framework. It has provided specific descriptions of the relevant processes it uses and some real-life examples of how those processes have been implemented when assessing students or managing examiners/SPs/patients.

The assessment provider has acknowledged limitations and planned areas of development under each requirement, as appropriate. The recommendations we have made are sufficient to enable us to monitor those developments. None of the current limitations or challenges described by the assessment provider will impede its ability to ensure that candidates are competently assessed as to their preparedness to practise medicine as Foundation Year 1 doctors.

#### **Signed**

Emma Conacher

#### **Date**

01/11/2023

## **Annex A**

**Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – compliance report containing CPSA reviewers’ advice**

**Lancaster Medical School, Lancaster University**

# Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – compliance report containing CPSA reviewers' advice

## Lancaster Medical School, Lancaster University

This compliance report contains the advice from the independent CPSA reviewers\* to the GMC. The advice is based on their review of the information and evidence submitted by Lancaster Medical School, Lancaster University (the assessment provider†) to show how their CPSA complies with the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

By meeting these requirements, an assessment provider is demonstrating the quality, consistency and fairness of their CPSA to a standard that the GMC requires for the CPSA to count towards a candidate's MLA.

In preparing their advice, the CPSA reviewers used their expert judgement to consider whether each requirement had been met overall. They recognised that there may be both areas of strength and areas for development within a CPSA.

Their advice begins with an overview. The table of individual requirements that follows contains the CPSA reviewers' advice to the GMC on whether Lancaster Medical School, Lancaster University has demonstrated that the individual CPSA requirements have been met.

The table also sets out any changes that the CPSA reviewers advise the GMC should consider.

- Any mandatory changes‡ that the GMC requires must be implemented by the date specified in the MLA framework§ in order for the assessment provider to meet and be compliant with the CPSA requirements.

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\* CPSA reviewers: GMC associates appointed following an open recruitment campaign for their expertise, experience and credibility in relation to assessment. All associates undertook bespoke Equality, Diversity and Inclusion (ED&I) training at the GMC before starting their role. Checks were completed for any conflicts of interest.

† Assessment provider: either a UK awarding body offering a primary medical qualification (PMQ), or the GMC as a provider of the MLA to international medical graduates.

‡ The GMC will agree implementation plans for any mandatory changes the GMC requires assessment providers to make. Compliance must be maintained for the CPSA to count towards a candidate's MLA.

§ The MLA framework was published in March 2021. This requires that, from the academic year 2024-25, a medical degree awarded by a UK university on the GMC's list of awarding bodies must include a pass in the MLA to be recognised as a UK primary medical qualification (PMQ).



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- The findings include the CPSA reviewers' recommendations\* for changes, or areas for improvement, related to the CPSA requirements that the assessment provider should address, in line with effective practice, to improve the quality of their CPSA, and any updates or further information they advise that the assessment provider should provide in the next submission.

The findings also include the CPSA reviewers' advice on the areas of excellence, innovation and effective practice they identified.

A summary of the key elements of the reviewers' collective findings is included to outline the reasons for their advice. When preparing their advice, the reviewers concentrated on reaching an overall assessment of whether an individual requirement was met. In addition, they identified where a suggested change or a future update was needed, or an area of excellence, innovation and effective practice was demonstrated. With the reviewers forming an overall view and flagging areas to highlight for change or to commend, the report may not necessarily comment on each separate, detailed aspect of each requirement.

The report also includes the response from the assessment provider to the advice and recommendations.

The full report will be considered by the GMC when making their compliance decision and will be published on the GMC website, along with the compliance record of decision.

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\* The GMC will agree implementation plans with assessment providers for any recommendations. Compliance must be maintained for the CPSA to count towards a candidate's MLA. Non-engagement or lack of satisfactory progress with a recommended change may result in it becoming mandatory.

# Lancaster Medical School, Lancaster University

## Overview of CPSA reviewers' advice

### Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that Lancaster Medical School, Lancaster University (the assessment provider) meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

While not impacting on our overall conclusion that Lancaster Medical School, Lancaster University meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and eight updates, or further information, we consider are needed for the next submission.

In reviewing the CPSA submission we also identified seven examples of effective practice.

Our advice is based solely on a review of the written information and evidence submitted by the Lancaster Medical School, Lancaster University, including any clarifications or further information requested as part of that process, from the original submission in Q1 2022.

## CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p><b>Assessment strategy</b></p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment strategy is well thought out. It situates the CPSA, which is sat in the penultimate year of the programme, within the wider approach to assessment and with reference to <i>Outcomes for Graduates</i> and the Foundation Programme.</p> <p>Practical skills and procedures are signed off separately through an entrustability framework. A clear rationale is given for this approach, with evidence to back it up.</p> <p>Students must pass all progression requirements and assessments in year 3 before taking the CPSA.</p> <p>Year 5 is an apprenticeship year where assessment mirrors the format in postgraduate training, aiming to support the transition into the Foundation years and onwards. Students are assessed through WPBA, including the Year 5 e-Portfolio, Professional Educational and Training Assessments, and completion of the Preparing for Practice programme.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p><b>CPSA design</b></p> <p>Describe the rationale for the design of the CPSA. This should</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of real and simulated patients (SPs).</p> <p>The assessment provider uses a 14 station OSCE for their CPSA, run as two sets of</p>

	<p>include:</p> <ul style="list-style-type: none"> <li>a. format</li> <li>b. station type</li> <li>c. testing time, including number and duration of stations.</li> </ul>		<p>seven stations on consecutive days, with one rest station per set. Stations are ten minutes long, with one minute of reading time<sup>1</sup>. The CPSA is run at three sites, four times in a single day, with a minimum of two parallel circuits at a site.</p> <p>The resit mirrors the first take of the CPSA and is run on one day.</p> <p>The content of the CPSA reflects the three themes of the <i>MLA content map</i> and includes a strong element of professionalism. The CPSA is set at the level of Foundation Programme year one (F1).</p> <p>The assessment provider identified risks around delivering the current design with rising candidate numbers, but we were reassured that steps were underway to mitigate the risks, including the recruitment of an additional member of staff to help with the delivery of the CPSA.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA, with the following suggested recommendation:</p> <p><b>Recommendation:</b> The assessment provider should keep the number of stations under review and consider how to mitigate threats to the reliability of the CPSA as student numbers increase, for example through looking at calibration of examiners across sites (see requirement 11).</p> <p><b>Next submission:</b> The assessment provider should give an update on how it has resourced the CPSA in light of the rising candidate numbers.</p>
3	<p><b>Scoring</b></p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <ul style="list-style-type: none"> <li>a. within station (eg</li> </ul>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and have also described how SPs contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach with certain domains that feature in most stations, or stations of a certain type, for example introduction,</p>

	<p>domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>		<p>communication skills, generic skills (such as structure and fluidity), SP mark. There may also be elements that are marked done/not done. SPs contribute up to 5% of the marks in each station.</p> <p>The assessment provider inherited a fixed number of marks per station from their partner school (the medical school that supported the assessment provider as it went through the GMC approval process). It was demonstrated throughout the submission that this approach worked in the context of their CPSA.</p> <p>We noted that the assessment provider is currently reviewing their marking domains across the station bank.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p><b>Next submission:</b> The assessment provider should submit an update with examples of the new marking domains.</p>
4	<p><b>Standard setting</b></p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including their additional standard setting criteria used to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described how the standard is maintained over different circuits/sites and the rationale and method for standard setting the resit.</p> <p>The standard is set at day one F1. This is clear in all station materials and prior briefings.</p> <p>The assessment provider sets the standard for the first take using the borderline regression method, with a conjunctive standard of a pass in ten out of 14 stations.</p> <p>The standard is maintained in the resit with the use of the last summative use cut score, based on a historical standard for that station.</p>

			<p>The standard is set with a 7-point global scale which the assessment provider has modelled and used consistently over many years.</p> <p>We noted that the assessment provider takes a ‘no detriment’ approach when a candidate needs to resit a station. In these cases, the assessment provider takes the better of the two scores for the station. We recognise the need for fairness to candidates, but this needs to be balanced with patient safety. More typically, the result of the resit would be taken as the candidate’s score, given that - in most cases - where a station needs to be retaken, the score on the first attempt is not a reliable reflection of the candidate’s performance.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p><b>Recommendation:</b> Where a station needs to be retaken, the assessment provider should consider using the resit score only for the candidate performance. Additionally, the process should be set out in a standard operating procedure (SOP).</p>
5	<p><b>Assessing professionalism</b></p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider integrates assessment of professionalism into its stations, for example through marks for the candidate introducing themselves and gaining consent from the patient. Additionally, the sampling approach ensures that the CPSA includes stations designed specifically to assess aspects of professionalism.</p> <p>There’s a strong emphasis on formative feedback to candidates on professionalism concerns (see also requirement 10 where candidates receive feedback on their professionalism from examiners).</p> <p>The assessment provider also gave examples of how professionalism concerns</p>

			<p>highlighted in the CPSA are considered at the exam board.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p> <p><b>Effective practice:</b> The assessment of professionalism is built into the CSPA, and lapses in professionalism by candidates are fed back on and considered at exam board, ensuring that unprofessional behaviours are followed up.</p>
6	<p><b>Content sampling</b></p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <p>i. Readiness for safe practice</p> <p>ii. Managing uncertainty</p> <p>iii. Delivering person-centred care</p> <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <p>i. Areas of clinical practice</p> <p>ii. Areas of professional knowledge</p> <p>iii. Clinical and professional capabilities</p> <p>iv. Practical skills and procedures</p> <p>v. Patient presentations</p>	Yes	<p>The assessment provider has clearly explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the MLA content map. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The content of the CPSA reflects the three themes of the content map and includes a strong element of professionalism.</p> <p>The assessment provider showed a clear process of mapping their sampling approach to the content map, together with wider evidence of consistent blueprinting across both first sit and resit CPSAs. A maximum of 50% new stations are used in the CPSA, with all being piloted before first use.</p> <p>The assessment provider outlined how candidates' ability to identify and interpret clinical signs is captured in the CPSA, either through using real patients, or through simulation (during the pandemic the assessment provider couldn't use real patients). This is supplemented through WPBA in years four and five, where candidates are required to demonstrate and evidence the ability to identify and interpret clinical signs to the level safe for day one F1.</p> <p>We advise that there's a suitable approach to selecting content for the CPSA and that it's appropriately mapped to the <i>MLA content map</i>.</p> <p><b>Effective practice:</b> The assessment provider uses a sampling approach which ensures</p>

	<p>vi. Conditions</p> <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>that they sample consistently across the content map domains.</p>
7	<p><b>Quality of CPSA content</b></p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <p>a. how station writers are trained</p> <p>b. the process for creating, reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>Processes for creating and testing new CPSA content are thorough, including oversight by a clinical assessment quality group (CAQG). A life cycle of a station with case examples demonstrated comprehensive quality management of the content.</p> <p>Station writers are given guidance on how to write stations. New writers are buddied with experienced writers. A range of stakeholders are involved throughout the station writing process, including lay members on the CAQG, F1 doctors who pilot stations and SP input at the calibration stage.</p> <p>Feedback is collected from examiners, patients and candidates on the day of the CPSA and post-exam station metrics are used when revising stations.</p> <p>The assessment provider recognised that the length of the station pack could prove a challenge for examiners to assimilate and is undertaking work to share generic information with examiners in advance, allowing them to concentrate on station-specific information on the day of the CPSA.<sup>2</sup></p> <p>The assessment provider identified that there is further work to be done on ensuring that station writers are up to date on Equality, Diversity and Inclusion (ED&amp;I) training.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p>



			<p><b>Effective practice:</b> Throughout the life cycle of a station, the assessment provider has effective mechanisms through the CAQG to pilot, capture feedback and revise stations accordingly.</p> <p><b>Next submission:</b> The assessment provider should give an update on the work to ensure that station writers are up to date on ED&amp;I training.</p> <p><b>Next submission:</b> The assessment provider should give an update on the work on the station pack.</p>
8	<p><b>Security of CPSA content</b></p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA.</p> <p>We saw evidence of how station content is stored so that only the relevant members of the assessment team can access it and how CPSA information is shared with venues, SPs and examiners, as well as data download and sharing with exam board and external examiners.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p><b>Familiarisation with the assessment process for candidates</b></p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance and on the day, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>Candidates are given multiple occasions on which to familiarise themselves with the level and format of the CPSA before the exam, including an assessment talk setting out the level and expectations and a formative finals OSCE to familiarise them with the format and expectations of the CPSA. They receive verbal and written feedback on their performance in each station.</p> <p>In the runup to the CPSA, candidates receive venue information and an exam briefing.</p>

	<p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>		<p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p><b>Results and feedback to candidates</b></p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>Examiners are provided with guidance on giving feedback during training and, post-exam, the assessment provider conducts extensive quality assurance of their free text feedback prior to releasing it to the candidates.</p> <p>The assessment provider has described and demonstrated detailed and comprehensive feedback given to candidates, including information on how to use and interpret the feedback, to assist their reflection and strengthen their future learning. Candidates also receive specific feedback from examiners on their professionalism.</p> <p>The assessment provider is exploring alternative e-OSCE platforms to enhance feedback quality and consistency, and make it easier for examiners to give feedback.</p> <p>Unsuccessful candidates are supported by an initial meeting with a senior member of staff to discuss the candidate's results and feedback and devise a support plan. They may also be referred to the student support team.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance, with the following suggested recommendation:</p> <p><b>Recommendation:</b> There's a short gap between the first sit and resit. While we recognise that candidates are supported during that time, the assessment provider should monitor the pass rate in the resit to ensure that candidates have sufficient</p>

			<p>preparation time for the resit.</p> <p><b>Next submission:</b> The assessment provider should give an update on any exploration of alternative e-OSCE platforms and feedback options the assessment provider undertakes.</p>
11	<p><b>Examiners</b></p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&amp;I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This included the criteria for appointment, ED&amp;I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance - especially borderline candidates - and giving feedback to candidates.</p> <p>The assessment provider has described and demonstrated stringent and robust processes for appointing, training and briefing examiners, which includes capturing conflicts of interest and training on giving high quality candidate feedback.</p> <p>The assessment provider requires all examiners to be trained and calibrated before examining. This includes aspects of unconscious bias training in addition to examiners having completed their own organisation's ED&amp;I training.</p> <p>We noted that recruiting examiners during the pandemic had been a challenge for the assessment provider, and that the intention is to return to using Specialty Trainee 3 (ST3) grade and above for examiners in future.</p> <p>We noted that examiners are well-prepared for the day of the CPSA, and the assessment provider intends to return to running an examiner 'huddle' at each site. However, we saw limited evidence for how examiners are calibrated across sites. Given the challenges we noted under the design requirement, strengthening the CPSA in this area may serve as a mitigation for threats to its reliability.<sup>3</sup></p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, with the following suggested recommendation:</p> <p><b>Recommendation:</b> The assessment provider should consider how to strengthen its</p>

			<p>processes to ensure that examiners are calibrated consistently across sites.</p> <p><b>Next submission:</b> The assessment provider should give an update on the return to using ST3 and above as examiners.</p> <p><b>Effective practice:</b> The assessment provider captures conflicts of interest from examiners.</p>
12	<p><b>Simulated/real patients</b></p> <p>Describe how simulated/real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role.</p> <p>The assessment provider uses an agency to supply and train SPs. All receive ED&amp;I training through the agency.</p> <p>The assessment provider identified the challenge of recruiting a diverse range of SPs across multiple venues and described the work underway to address this.</p> <p>Real patients were previously used in the exam, but this was stopped during the pandemic. The assessment provider planned to reintroduce real patients once they were able to.</p> <p>There is a dedicated SP calibration session a few days before the OSCE, led by academic staff from the assessment provider, to run through each of the stations to resolve unforeseen issues with scripts and standardise performances across SPs and circuits. SPs are also trained and calibrated to give marks through this session.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p><b>Effective practice:</b> The assessment provider uses professionally trained SPs in complex station scenarios which allows them to sample across the content map themes and domains.</p> <p><b>Next submission:</b> The assessment provider should give updates on:</p>

			<ul style="list-style-type: none"> <li>• their work to recruit a diverse range of SPs</li> <li>• whether they've reintroduced real patients into the CPSA, and the effect this has had.</li> </ul>
13	<p><b>Collaboration between examiners and patients</b></p> <p>Describe and demonstrate how the examiner and simulated/real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>Thorough calibration takes place on the day of the CPSA at an individual site, with the examiner and SP rehearsing the station and escalation processes in place to deal with any issues or questions.</p> <p>Additionally, sessions are run prior to the day of the exam to ensure that staff at all sites understand any calibration or set up issues (although this was not possible during the pandemic).</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified.</p>
14	<p><b>Feedback to examiners and simulated patients</b></p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to them. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>The assessment provider has processes on the day and after the CPSA to capture feedback on issues arising from examiner or SP behaviour, dealing with underperformance and providing feedback to both groups.</p> <p>Where there is a significant issue with an examiner's conduct, the examiner is asked to reattend examiner training before examining again. Attendance and related performance are reviewed. Where there is a persistent issue after feedback and</p>

			<p>retraining, examiners will not be allowed to examine again.</p> <p>For SPs, feedback is gathered from the examiners and by moderators and the site lead. This feedback is reviewed as part of the post-exam process. Where an issue is identified, it would initially be fed back to the SP company, with SPs not being used again if the issue is significant.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated.</p> <p><b>Effective practice:</b> The assessment provider gives annual personalised feedback to all examiners, giving them insight into how they have scored candidates in comparison to their peers.</p>
15	<p><b>Policies and procedures</b></p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has demonstrated that there are policies and procedures in place to deal with all aspects of the CPSA. For example, we reviewed detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>We advise that the assessment provider has well-developed policies and procedures specifically for the CPSA, including a thorough process for ensuring that examiners are aware of the reasonable adjustments put in place for candidates.</p>
16	<p><b>Resources and space</b></p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The assessment provider has described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, including a 'table top' meeting of staff from all the venues two weeks prior to the CPSA, to ensure</p>

			<p>consistency of experience for candidates on different sites and circuits.</p> <p>The assessment provider also takes steps to ensure that there is communication across sites between those running the exam. For example, using WhatsApp groups to communicate any changes, including those to stations.</p> <p>The assessment provider works to ensure comparability of candidate experience. For example, a candidate will attend a different venue on each day (apart from those who require a specific venue as a reasonable adjustment). Session allocation is also reversed across the days, so that a candidate who has a morning slot on day one will have an afternoon slot on day two, and vice versa.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of a quality assessment through securing appropriate venues, and the resources needed so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p><b>Data acquisition</b></p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day.</p> <p>The assessment provider has demonstrated that comprehensive procedures are in place to maintain the integrity of results data as they are downloaded from the iPads examiners use to mark candidates.</p> <p>Procedures are in place in the event of missing data, or a failure of the electronic marking system.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.</p>
18	<p><b>Production of results</b></p> <p>Describe and demonstrate how results data are combined and</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p>

	<p>checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>Feedback from all participants in the CPSA, including candidates, is reviewed to proactively identify any issues with stations and fed into any discussion of post-assessment mark-data changes.</p> <p>Processes are in place for cross-checking of the results data; however, the process is overseen by a small team with no dedicated psychometrician, and the manual manipulation of data is at risk of error.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the following suggested recommendations:</p> <p><b>Recommendation:</b> The assessment provider should put in place and document processes to produce results independently before cross checking takes place, to ensure any errors are detected.</p> <p><b>Recommendation:</b> The assessment provider should create a SOP covering the principles of when a station should be removed from the CPSA.</p>
19	<p><b>Psychometric analysis</b></p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <p>a. what analyses are conducted</p> <p>b. how the analysis is used to improve station quality</p>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They've described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>Analyses are usually undertaken by the Deputy Director of Assessment<sup>4</sup>. Analyses look at station level descriptive statistics, as well as site, circuit and morning vs afternoon sessions, which are appropriate for the design of the CPSA.</p> <p>Feedback on examiners, SPs, stations and candidates are considered as part of the post-exam analysis. In addition, the assessment provider routinely undertakes ED&amp;I analyses.</p>



	c. how the analysis informs the development of the CPSA.		<p>The assessment provider uses the psychometric analysis to inform station design, including monitoring stations longitudinally.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</p> <p><b>Effective practice:</b> The assessment provider routinely analyses ethnicity and gender outcomes to understand attainment differences and has also commissioned a project looking at the ED&amp;I impact on outcomes.</p> <p><b>Next submission:</b> The assessment provider should provide an update on the progress of the ED&amp;I impact project.</p>
20	<p><b>External examiners</b></p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner’s comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has demonstrated that external examiners are suitably recruited and briefed and have opportunities to observe the CPSA. The evidence showed how they use the external examiners as critical friends, for example when considering changes to the design of the CPSA.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p>

## Assessment provider’s response

The assessment provider has the right to reply to the CPSA reviewers’ advice. If they have responded it will be included below or attached.

Assessment provider’s response

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We welcome the comments and recommendations provided by the review team.

At the time of the original submission a number of 'usual' processes and logistics had to be suspended or altered in the context of the impact of the Covid-19 Pandemic on delivery of medical education and assessments. Since then, we have been able to return to the 'Examiner huddle' for general briefing of all examiners on the day. In addition, we have been able to return to station-specific in-person briefing and calibration across circuits, within venues. To ensure calibration of examiners across circuits and across venues, university and site-specific representatives are designated to lead the briefing on each station (similar to a 'Lead Examiner' process). These representatives are all briefed prior to the exam on the key points for calibration for each station. The University representatives and Site Leads then brief and calibrate the examiners on the stations they have been designated to brief at their venue (with all examiners from all circuits for that station being briefed together). Thus, there is standardised briefing and calibration of examiners across circuits and venues. Since the return to 'normal' space requirements due to the end of social distancing requirements, we have been able to return to the use of fewer venues, with a maximum of three venues per exam (usually only two).

The endnotes below cover additional responses to individual requirements.

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<sup>1</sup> **Assessment provider response:** In 22/23 we were able to increase this 'reading time' between stations to 2 minutes. This has enable examiners to have more time between candidates to provide written narrative feedback for students. This has worked very well, improving volume and quality of feedback to candidates.

<sup>2</sup> **Assessment provider response:** This is now in place, implemented in 21/22 and 22/23 exams. Examiners are sent the generic information in advance, the exam pack on the day focuses on the station-specific information, along with the station-specific brief. The examiners all attend the 'examiner huddle' for a reminder about key general exam issues/ exam probity etc.

<sup>3</sup> **Assessment provider response:** At the time of our initial submission we had been limited in some processes due to the impact of the Covid-19 pandemic on OSCE delivery. We have now been able to return to the 'Examiner huddle' for general briefing of all examiners n the day. In addition we have been able to return to station-specific in person breifing and calibration acorss circuits within venues. To ensure

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calibration of examiners across circuits and venues, University and Site-specific representatives are designated to lead the briefing on each station (similar to a 'Lead Examiner' process). They are all briefed prior to the exam on the key points for calibration for each station, and there is a station briefing document for reference. The University representatives and Site Leads then brief and calibrate the examiners on the stations they have been designated to brief at their venue (with all examiners from all circuits for that station being briefed together). Thus there is standardised briefing and calibration of examiners across circuits and venues. Since the return to 'normal' space requirements due to the end of social distancing requirements, we have been able to return to the use of fewer venues, with a maximum of three venues per exam (usually only two).

<sup>4</sup> **Assessment provider response:** Due to a slight change in roles since the submission these analyses are currently done by the Director of Assessment and Director of Clinical Assessment.