

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

Norwich Medical School, University of East Anglia

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](#).

Assessment provider	Norwich Medical School, University of East Anglia
GMC’s decision	Complies with and meets the CPSA requirements
Date of decision	6 December 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

* 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.

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.

* 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.

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†.

A copy of the compliance report containing advice to the GMC on the CPSA submission by Norwich Medical School, University of East Anglia, 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:

- (Annex A) Norwich Medical School, University of East Anglia - MLA compliance report containing CPSA reviewers advice
- 18.1 MB BS Assessment Moderation Guidance
- The GMC's Compliance Guidance for CPSA Decision Makers

Decision

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

* 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.

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

[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.

Mandatory changes

There are no mandatory changes.

Recommendations

The assessment provider should seek to develop CPSA stations with scenarios dealing with aspects of professionalism, such as managing a challenging or complex situation.

The assessment provider should consider how to increase the number of stations that can be piloted each year so that all stations have been trialled before use in the CPSA.

Reasons for the decision

Based on the evidence and information provided I am satisfied that Norwich Medical School has demonstrated compliance with the CPSA requirements.

I have considered the advice given in the compliance report and am satisfied that the correct process has been followed and that sufficient evidence has been provided. I referred to document 18.1 in the submission in order to confirm that requirement 18a was satisfied.

I accept that the recommendations made by the CPSA reviewers are appropriate. Given the relatively large proportion of new stations in each CPSA I am satisfied that it is important for all stations to be piloted before use, to reduce the risk of stations needing to be suppressed from the results due to unexpected performance. I am also satisfied that the assessment provider should explore how professionalism issues can be incorporated within stations in order to make the most of the controlled environment in which to assess how candidates manage a challenging or complex situation.

These recommendations are issued in the interests of improving standards and I do not have concerns about the extent of knowledge and skills tested or the standard of proficiency. I note that the provider has already begun considering how to make improvements in these areas.

I note that there are a number of examples of effective practice in the compliance report.

No concerns or conflicts of interest have been brought to my attention.

Signed

Cathy Finnegan

Date

6 December 2023

Annex A

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

Norwich Medical school, University of East Anglia

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

Norwich Medical School, University of East Anglia

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 Norwich Medical School, University of East Anglia (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 Norwich Medical School, University of East Anglia 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

* 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 and updated in November 2023. 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).

compliant with the CPSA requirements.

- 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.

* 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.

Norwich Medical School, University of East Anglia

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that Norwich Medical School, University of East Anglia (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 Norwich Medical School, University of East Anglia meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include two recommended changes and nine updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by Norwich Medical School, University of East Anglia, including any clarifications or further information requested as part of that process, from the original submission in Q3 2022.

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</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 provider's CPSA is sat in the final year of the programme.</p> <p>Clinical procedural skills are assessed by WPBA, through competency sign offs utilising real patients while on clinical placement. Procedural skills are reassessed in the CPSA (often as an integrated task with other skills) to ensure the avoidance of skill decay and readiness for clinical practice. WPBA also involves sign off of three case-based discussions set at the level of the start of the Foundation Programme (F1) (which is the standard expected for a CPSA to form part of the MLA), and two formative observed patient examinations.</p> <p>Professionalism is assessed throughout the course with a separate professionalism module in years 1-5, which has to be passed in order to progress or graduate. Professionalism is not tested summatively in the CPSA because it's felt to be an artificial, high stress environment, but there are appropriate processes to capture professionalism lapses in the CPSA.</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>CPSA design</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 both real and simulated patients (SPs).</p>

	<p>include:</p> <p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>		<p>The assessment provider uses the finals OSCE for their CPSA, consisting of 18 stations over three days (six stations per day). Stations are eight minutes long, with 1.5 minutes reading time. The CPSA is run at a single site and takes place over three days with groups of candidates sitting the exam in successive rotations.</p> <p>The resit is identical in length and content coverage but is held over a single day with a long lunch break. We note that this potentially more demanding day has not generated any adverse feedback from candidates, but we'd encourage the assessment provider to keep this under review.</p> <p>The resit OSCE uses only stations previously used in a main sit and retains the cut scores from the main sit, plus the standard error of measurement (SEM) from the previous OSCE that includes the highest proportion of the reused stations. This is appropriate for an exam involving a smaller number of candidates.</p> <p>The assessment provider has clearly indicated throughout the submission that the CPSA is set at the level of the start of F1.</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.</p> <p>Next submission: The assessment provider should submit an update on any feedback from resit candidates relating to the length of the day and any further mitigations to address this.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global</p>	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 they have described how SPs contribute to the scoring.</p>

	<p>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>The assessment provider uses a checklist scoring approach. SPs contribute 2-4 marks in consultation skills stations, but this is not a fixed number and in most stations there is no SP mark. Real patients do not contribute to the scoring.</p> <p>We noted that the reason for there being no fixed proportion of SP scores is because it depends on the complexity of the station. Although only a small element of the total station score is contributed by the SP (based on the examples we saw of stations with SP marks in 2021-22 and 2023), we'd encourage the assessment provider to monitor this to ensure a consistent approach to scoring candidate performance.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Next submission: The assessment provider should submit an update on any changes to the proportion of SP scores to achieve greater consistency in their contribution to the overall score.</p>
4	<p>Standard setting</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 the rationale and method for standard setting the resit.</p> <p>The assessment provider has described recent changes to their standard setting approach to align with a move to a new exam software platform. In preparation for this move they carried out extensive comparative analysis and modelling which resulted in a standard set using the borderline regression method plus 1 SEM, with a conjunctive standard of a requirement to pass a minimum of 12 out of 18 stations required to pass.</p> <p>The resit uses stations previously used in a main sit and retains the pass marks that were calculated using a full cohort. The SEM for the resit is based on the previous OSCE</p>

			<p>Finals from which the highest number of stations in the resit were taken. The conjunctive standard is the same as for the main sit.</p> <p>The assessment provider has indicated that the method of calculating the cut score in the software, and the position of the conjunctive standard, will be kept under review, in accordance with advice from their external examiner.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Next submission: The assessment provider should submit an update on their review of the impact of the change in model, standard setting method and conjunctive standard, and any further planned developments as a consequence.</p>
5	<p>Assessing professionalism</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>Although some of the station marks cover aspects of professionalism (eg seeking consent) the assessment provider’s CPSA does not include stations testing professionalism issues in the CPSA. They have explained that this is on the basis that the assessment provider considers direct observation of behaviour in the workplace is a more valid measure of professionalism and is better assessed in the workplace, through WPBA and ongoing evaluation, overseen by the professionalism committee, throughout the programme. There is also a professionalism module which must be passed each year. While we endorse this approach, the CPSA provides a controlled environment in which to assess how candidates manage a challenging or complex situation, so we’d advise that the assessment provider explore how professionalism issues can be incorporated within stations.</p> <p>There are effective mechanisms to identify and follow up on unprofessional behaviours</p>

			<p>of individual candidates during the CPSA.</p> <p>We advise that overall the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should seek to develop CPSA stations with scenarios dealing with aspects of professionalism, such as managing a challenging or complex situation.</p>
6	<p>Content sampling</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>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described how the CPSA reflects the overarching themes of the content map and how it samples areas of clinical practice and clinical skills from across the whole programme. There is an appropriate range of skills coverage across the stations but, from the evidence we reviewed, the content map is not used proactively to sample stations for the CPSA. We'd encourage the assessment provider to develop a more systematic approach to mapping station content to the content map.</p> <p>The assessment provider has indicated that they are implementing new exam software systems that will enable the MLA mapping to be automatically generated. As part of this work, we'd encourage the assessment provider to develop the sampling approach so there is more consistent and explicit coverage of MLA content in each CPSA.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA, but it would benefit from clearer mapping to the <i>MLA content map</i>.</p> <p>Next submission: Once the new software systems are fully implemented, the</p>

	<p>v. Patient presentations</p> <p>vi. Conditions</p> <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>assessment provider should submit an update to demonstrate how the stations and sampling approach relate to the <i>MLA content map</i>.</p>
7	<p>Quality of CPSA content</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>New stations are created by the clinical skills team with input from role players and the consultation skills teaching team. The new exam software includes a station writing template and the assessment provider has created guidance for writing SP instructions (with input from the role player agency) and a 'pick list' of phrases to create the marksheets. Stations are reviewed by clinical educators including OSCE leads, year 5 leads, GP representatives and teaching fellows to ensure alignment with <i>Outcomes for graduates</i> learning outcomes.</p> <p>All stations are reviewed after use and adapted as needed in light of examiner and student feedback, alongside psychometric data. The assessment provider has explained that each year around 50% of stations for the CPSA are completely new, to avoid predictability. A small number of new stations are piloted each year (two stations in the current year, at the time of the submission) utilising teaching fellows (Foundation year 3 doctors). While we support the trialling of new stations before use in a live exam, we noted the limited number of stations that could be piloted this way in a single year. Given the relatively large proportion of new stations in each CPSA we felt it was important for all stations to be piloted before use, to reduce the risk of stations needing to be suppressed from the results due to unexpected performance.</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</p>

			<p>clinical practice, with the following suggested recommendation:</p> <p>Recommendation: To consider how to increase the number of stations that can be piloted each year so that all stations have been trialled before use in the CPSA.</p> <p>Next submission: The assessment provider should submit an update on the pilot process. It would be helpful to include an example of a new station that has been piloted and reviewed through the process, to demonstrate how it works in practice.</p>
8	<p>Security of CPSA content</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. They have also described how they ensure security of the assessment content across different candidate rotations.</p> <p>The assessment provider has explained how the new exam software system, on which the CPSA has been delivered since academic year 2022-23, has improved security through robust access permissions. The station bank, which also holds results data, is currently duplicated on two university secure network drives, but going forward all CPSA data will be held on the new system only, which will further improve security. The assessment provider also has a policy that whole exam plans are never shared via email.</p> <p>Hard copies of station material in the days leading up to the CPSA are stored in a locked cupboard in a locked office with restricted access.</p> <p>On the day, candidates on different rotations are quarantined in secure spaces supervised by experienced university employed invigilators. We noted that candidates have fed back positively since this policy was introduced in 2013, having increased their perceptions of fairness.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>

9	<p>Familiarisation with the assessment process for candidates</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> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</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 sit OSCEs of an identical format throughout the five years of study with a further opportunity for a mock OSCE before the CPSA. There is an informative briefing document for candidates which includes marking criteria and the standards required to pass. Candidates are sent a video briefing to remind them of the rules and conduct expected, along with their personal timetable, with instructions and a copy of the quarantining policy, two weeks before the exam. There are appropriate instructions about logistics 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> <p>Effective practice: There is a wide range of mechanisms to ensure students are well prepared for the CPSA. Of particular note is the peer-led mock OSCE organised and delivered by junior doctors and guided by the clinical skills director and team, held at the CPSA venue. Students have expressed high satisfaction with this opportunity to further prepare for their CPSA.</p>
10	<p>Results and feedback to candidates</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>The information provided is detailed and comprehensive and enables all candidates to reflect and identify areas of strength and weakness across the CPSA. Unsuccessful candidates attend a 'results clinic' with senior members of faculty for personalised advice and support, along with written information. Candidates resitting in-year attend clinical placements with a series of tutorials targeted to common areas of weakness identified by the candidates themselves, with suitable pastoral support throughout the</p>

			<p>placement.</p> <p>The assessment provider has explained that examiners' free text formative feedback is not scrutinised by the assessment team before sharing with candidates as it is resource intensive and may delay the issuing of results and feedback. The assessment provider has addressed this through appropriate examiner training and briefings. All examiners have senior teaching roles and experience in educational feedback, which provides further reassurance.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance.</p> <p>Effective practice: There is significant personalised support for unsuccessful candidates to prepare for their resit through the results clinic, written information and focused tutorials aligned to learning objectives while on placement in local clinical departments.</p>
11	<p>Examiners</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&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&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>We were pleased to note that examining at Finals is considered a privilege and that the assessment provider normally has no problem recruiting examiners. The assessment provider's criteria for examining in the CPSA is that they are senior clinicians, are actively involved in the course, have previously assessed in summative OSCEs, and that there are no concerns about the reliability of their marking shown through the data.</p> <p>Formal face-to-face training sessions continued during the Covid-19 pandemic, but we noted that formal retraining/ refresher training was suspended and remains non-</p>

			<p>compulsory, apart from those who have not assessed in the preceding academic year, or who are identified as not falling into the normal range of inter-assessor marking. The assessment provider is monitoring this, and we'd encourage them to consider reintroducing refresher training every two years.</p> <p>There is a 45-minute calibration session before the CPSA which provides a good opportunity to discuss the station in detail and refresh examiners understanding of the borderline candidate, and the different levels of performance expected, and includes 30 minutes to run through the station with the SP.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA.</p> <p>Next submission: The assessment provider should submit an update on the reintroduction of the retraining requirement.</p>
12	<p>Simulated/ real patients</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. This includes appropriate training on their contribution to the station score. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>The assessment provider uses an agency to supply and train SPs. All receive ED&I training, which includes unconscious bias.</p> <p>All SPs are provided with the station script in advance to learn their role. An online calibration meeting is held the day before the OSCE, where SPs on the same stations go through their roles to ensure that they're all playing the part the same way. Any queries are referred to the OSCE team.</p> <p>We noted the assessment provider's comments about the difficulty recruiting actors representing a wide demographic range due to the local population demographics, and</p>

			<p>the challenge to recruit non-white actors. We acknowledge their efforts to mitigate this while avoiding a tokenistic approach. We'd encourage the assessment provider to continue to aim for a diverse spread of protected characteristics in station scenarios.</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>Next submission: The assessment provider should submit an update on their continued work to develop CPSA scenarios with more inclusive and diverse patient characteristics, in the next submission.</p>
13	<p>Collaboration between examiners and patients</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. A half hour calibration session is scheduled before the start of the CPSA for this purpose.</p> <p>For stations involving real patients (which may involve university-recruited volunteers with normal clinical signs), the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find. A half hour session before the start of the CPSA is scheduled for this interaction.</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 both understand how the station should be presented and that any issues are clarified.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is</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 examiners and SPs. 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 is moving from an end of year manual analysis to a process supported by the new exam software and preparing new explanatory text to aid examiners' interpretation of their feedback report, which details their individual</p>

	monitored.		<p>performance statistics and marking relative to other examiners.</p> <p>General feedback on SPs is provided to the role player agency in discussion at twice yearly meetings, while specific issues or concerns are discussed before and after exams. The agency’s lead role player for each station provides quality assurance and feedback to SPs on the day, ensuring consistency of performance across circuits.</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>Next submission: The assessment provider should submit an example of the new examiner feedback report, with the accompanying explanatory text.</p>
15	<p>Policies and procedures</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. They’ve also described the main committee that oversees all OSCEs (the OSCE Management Group), and its membership, and where candidates can access relevant policies. This includes guidance for candidates with disabilities. The OSCE policies are also made available to the Learning and Teaching Support team to enable them to deal with candidate queries.</p> <p>The assessment provider uses a ‘yellow card’ system for reasonable adjustments (RAs), where the candidate can determine when their disability may affect their performance and only apply the RA when it is required. Examiners are advised of the system in the briefing and only notified in advance if the adjustment needed influences the set up or delivery of a station. Depending on the volume and complexity of the adjustments required, the medical school disability lead might also attend during set up and on the day.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>

16	<p>Resources and space</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 CPSA is delivered in a bespoke area designed specifically for Clinical Skills Teaching and Assessment, with up to six cubicles in each simulated ward area, divided by standard NHS curtains, providing adequate space and clinical authenticity. The assessment provider is aware of the challenge of managing noise levels and works with the disability team to mitigate the impact for candidates with impaired hearing.</p> <p>The sound system is integrated and centrally controlled alongside a timer system. All equipment is stored on site. There are appropriate spaces in the same building for registering, briefing and quarantining candidates, and a room available for prayer, reflection or medical needs.</p> <p>The assessment provider uses real drugs in teaching and assessment as they find it improves face validity and allows better testing of skills. We were reassured that they have appropriate safety protocols in place, including a senior teaching nurse and senior teaching pharmacist in the department who oversee the ordering, storage, and use of drugs in the clinical skills area.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p>Data acquisition</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</p>	Yes	<p>The assessment provider has described in detail how the CPSA mark data are accurately captured and validated on the day and has described the approach to identifying and dealing with missing data.</p> <p>The assessment provider uses an online tablet-based marking system to collect and collate CPSA results data, with technical assurances to avoid incomplete data capture, which is supplemented with administrative checks. This includes checking for a full</p>

	itself.		<p>data set from each examiner before the examiner is allowed to leave the exam area.</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>Production of results</p> <p>Describe and demonstrate how results data are combined and 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>	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>The assessment provider has clearly described the post-assessment analysis of results within the software, and detailed procedures for checking and preparing materials for the exam board. This includes investigating any irregularities that occurred during the CPSA. Issues that may result in mark or cut score adjustments are discussed as part of a moderation process, for which there is clear guidance, in line with the university policy on moderation of assessment.</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.</p> <p>Effective practice: There are detailed steps to prepare for the exam board, supported by documentation, with a range of suitable people involved and appropriate triggers for escalation, in order to finalise the results and recommendations for each individual candidate. This includes considering exam irregularities and extenuating circumstances, and a clear process for moderation of marks and any adjustments made.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review,</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 have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p>

	<p>evaluation and decision making. This should include:</p> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 		<p>There is a moderation meeting held after the CPSA to discuss the psychometric analysis alongside reports from the OSCE leads, invigilators, and any assessment irregularities reported by the delivery team or submitted by candidates. The meeting is underpinned by a standard operating procedure, with pre-agreed parameters that trigger discussions and guide decision making.</p> <p>Analysis includes differential attainment at station level and overall, for self-reported characteristics and additional factors.</p> <p>Psychometric station performance data is considered when reviewing or creating CPSA content, a process which will be improved through the implementation of the new exam software.</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>Effective practice: The assessment provider has a range of projects considering ED&I, including a BAME working group that supports multiple initiatives, and the routine monitoring of differential attainment (DA) by ethnicity, gender, disability, fee paying status and other factors such as whether the student had an interruption to their studies (such as through intercalation), and entry through widening access (medicine with a gateway year).</p> <p>Next submission: As differential attainment is difficult to interpret where there is a limited number of individuals in groups sharing a protected characteristic, we'd be interested to see how this analysis progresses in the longer term.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the</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</p>

<p>external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	<p>external examiner's comments and advice as part of the quality improvement cycle.</p> <p>There is a suitable recruitment policy and process for appointing two external examiners with appropriate clinical and senior educational roles and experience of undergraduate medical assessment.</p> <p>The assessment provider has a formal process for external examiner feedback reports, which are reviewed by appropriate academic staff and then presented to the relevant committees. There are suitable mechanisms for the assessment provider to respond to the feedback and take appropriate actions, including escalation where necessary, and to collate good practice to be put forward to the Faculty Learning and Teaching Quality Committee.</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

Thank you for this report. We have already made or have plans to make improvements in the areas of recommendation and will provide an update as requested. LKB