

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

School of Medicine, Cardiff 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](#).

Assessment provider	School of Medicine, Cardiff University
GMC’s decision	Complies with the CPSA requirements
Date of decision	3 November 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 School of Medicine, Cardiff 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

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submission by School of Medicine, Cardiff University, including the assessment provider's response
- Guidance for decision makers: Medical Licensing Assessment – clinical and professional skills assessment

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.

I have considered the compliance report and I am satisfied that School of Medicine, Cardiff 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*](#).

* 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.

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 School of Medicine, Cardiff 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 School of Medicine, Cardiff 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

There are no mandatory changes.

Recommendations

I note that the CPSA reviewers made a recommendation in relation to the information given to candidates about the CPSA. There appears to be some inconsistency in how the passing level is described, with some information referring to the end of Year 4 as opposed to the start of Foundation Year 1. This may have the potential to cause uncertainty for candidates. The reviewers therefore recommended that the assessment provider should ensure that information and instructions to candidates consistently refer to the start of the Foundation Programme when describing the standard or level of performance expected in the CPSA.

The assessment provider has already accepted this recommendation, confirming that documentation being produced for 2023/24 will be amended to make students taking the ISCE aware that the passing level is equivalent of the performance of an F1 doctor. Therefore, I do not feel that I need to make this recommendation in my decision.

Reasons for the decision

- I am aware of the compliance process which must be followed and am satisfied that it has been followed. I note that in Q1 2022 the assessment provider submitted an account of how the CPSA requirements had been met. This submission was reviewed by the CPSA reviewers, and the assessment provider was given the opportunity to respond to their advice. I can see

from the report that the assessment provider has reviewed and responded to that advice.

- The compliance report that has been presented to me contains the CPSA reviewers' key conclusions in relation to each of the 20 CPSA requirements, as well as the assessment provider's comments. I am satisfied that the evidence is robust and objective.
- I note the CPSA reviewers' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary. As mentioned above, there is one suggested recommended change in relation to the information given to candidates about the CPSA, which has already been acted upon by the assessment provider.
- Additionally, the CPSA reviewers made five recommendations for updates, in relation to scoring, standard setting, assessing professionalism, quality of content and simulated/real patients. All feedback has been accepted by the assessment provider and an update provided, or a commitment made to include information in the next submission.
- It is pleasing to note that four examples of effective practice were highlighted by the reviewers, in relation to assessing professionalism, candidates' familiarisation of the assessment process, examiners and simulated/real patients.
- I have not been made aware of any concerns about the assessment provider's compliance with equality and/or human rights legislation, nor any evidence of a conflict of interest amongst the CPSA reviewers. I note that checks were completed for any conflicts of interest before the reviews took place.

Signed

Stephanie Howell

Date

3 November 2023

Annex A

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

School of Medicine, Cardiff University

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

School of Medicine, Cardiff 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 the School of Medicine, Cardiff 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 the School of Medicine, Cardiff 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

* 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).

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.

School of Medicine, Cardiff University

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that the School of Medicine, Cardiff 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 the School of Medicine, Cardiff meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include one recommended change and five 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 the School of Medicine, Cardiff 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>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 penultimate year of the programme.</p> <p>As well as being integrated in the stations, practical skills, clinical procedures and aspects of professionalism are also assessed through WPBA. Assessment of clinical skills and competencies includes supervised learning encounters (SLEs) during clinical placements, portfolios and a practical skills log through direct observation of procedural skills (DOPS). Assessment of professional behaviour includes completing all 'patient safety engagement contacts' through the programme, and maintaining good professional standing, monitored by the Professionalism Assessment and Competency Panel. The approach is programmatic, with emphasis on 'assessment for learning' and progression.</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 include:</p> <p>a. format b. station type</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 an integrated structured clinical examination (ISCE) for their CPSA, consisting of eight stations delivered in a single session. Station tasks are designed to mirror an authentic patient interaction as a junior doctor. The CPSA is run on two consecutive days with candidates attending for one day only. Blueprinting is</p>

	<p>c. testing time, including number and duration of stations.</p>		<p>the same for each day and care is taken to minimise variation in stations so that all candidates' exam experience is equivalent. Stations are 15 minutes long, with four minutes reading time. The CPSA is run at two sites: a large venue accommodating the majority of candidates on parallel circuits over two to three floors, and a smaller venue with a single circuit. All circuits run simultaneously on the day.</p> <p>The resit follows the same format. The assessment provider ensures no candidate will resit the same stations as in their first sit.</p> <p>The standard of assessment is at the level of a doctor in Foundation Programme year one (F1).</p> <p>The number of stations and days were changed from 12 stations over three days to eight stations in a single day, in light of the need to deliver a modified assessment during the Covid-19 pandemic, and has been retained. The rationale and modelling in support of the redesign of the CPSA, reinforced by increased WPBA, is well made and supports the programmatic approach. Student, examiner and administrator feedback has been positive, as noted by the external examiner in 2021. Station length is appropriate for the complexity of the tasks the candidate is required to complete.</p> <p>We advise that the assessment provider has clearly described the rationale and modelling for the CPSA design and described what each candidate needs to do on the day to complete the CPSA.</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 judgement)</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example stations with marking domains and examiner scoring guidance, including descriptors for candidate performance at fail, borderline, pass and excellent, and they have described how SPs contribute to the scoring.</p> <p>The assessment provider uses a scoring approach based on domain marks and a global rating. SPs provide a formative rating for professionalism, but this does not contribute to the overall score or standard setting. However, the findings of a pilot study in 2017-</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>18 showed a significant and positive correlation between the examiner rating and the SP rating of professionalism, demonstrating the quality and value of the SP feedback.</p> <p>The overall score is scaled in line with university regulations. We reviewed a clear description of this process.</p> <p>The domain descriptors are scrutinised as part of the quality management of stations (see requirement 7: quality of CPSA content) to ensure the descriptor for performance at the passing level is equivalent to the performance expected of an F1 doctor.</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 in the next submission to show how the pilot study findings have been used to inform developments to the role of simulated and real patients in the context of summative clinical assessments and clinical placement.</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 it's applied at station level, and for the overall assessment, including their additional standard setting criteria, to arrive at a final pass mark and pass/fail outcome decision for each candidate. They've also described the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the borderline regression method with a conjunctive standard of a requirement to pass six out of eight stations to limit compensation and ensure candidates have demonstrated competence across the breadth of clinical and professional skills.</p> <p>The resit is also set using the borderline regression method, unless there is only a small number of resit candidates, in which case stations that have previously performed reliably in a main sit are used, along with the standards from the main sit. (The assessment provider ensures that no candidate resits the same station.)</p>

			<p>The provider employs a full-time psychometrician and has demonstrated supporting evidence of modelling analysis undertaken for the ISCE to ensure reliability and reproducibility of outcomes.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Next submission: As the CPSA has been recently redesigned, the assessment provider should submit an update in the next submission to demonstrate how the standard is maintained across years, including resit ISCEs.</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>The assessment provider incorporates assessment of professionalism in the content of the CPSA, including a professionalism domain in each station and formative feedback from SPs to provide the patient perspective, with good modelling data to support this.</p> <p>There are also effective mechanisms to identify and follow up on unprofessional behaviours of individual students, with remediation opportunities.</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>Next submission: Linked to our comments at requirement 3 (Scoring) the next submission should include an update on whether patient feedback on professionalism has been introduced in a summative context.</p> <p>Effective practice: There is robust assessment of professionalism across the programme, and it's clearly demonstrated how the CPSA feeds into this. The practice of collating, scrutinising and sharing common safety alerts with examiners, students</p>

			and teaching staff enables unprofessional behaviours to be considered and addressed at all levels.
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> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>	Yes	<p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the <i>MLA content map</i> for each station. The mapping work has been identified as an example of best practice by the external examiner.</p> <p>The assessment provider has described the integrated approach of the new model and demonstrated how they ensure a breadth of sampling across the assessment blueprint, with consistent coverage of the MLA clinical and professional capabilities across the two days.</p> <p>The assessment provider has also described where and how candidates can demonstrate their ability to identify and interpret clinical findings. We noted that the pandemic restricted their use of real patients with clinical signs (and that this would be reconsidered when restrictions were lifted – see also our comments at requirement 12) and that the current CPSA, as described in the submission, relies more on SPs. However, we also noted the supplementary use of WPBA aligned with the CPSA to provide reassurance that candidates were demonstrating competence in the clinical environment, through assessment of practical clinical skills and aspects of professionalism, including patient safety contact points. We’re therefore confident that the assessment provider tests all the necessary outcomes to demonstrate competence.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped 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 they're authentic and at the appropriate level of challenge.</p> <p>The development and scrutiny of CPSA content operates within a robust governance framework.</p> <p>Creating, reviewing and approving new stations is the responsibility of the 'Practice Panel'¹, a group composed of academic and professional support staff who hold senior roles in each key area of the undergraduate medical curriculum. The group includes NHS consultants, ensuring the assessment content is valid and authentic. Other subject experts may be specifically recruited and trained as station writers. All are made aware that the standard expected is F1. The assessment provider has described the station writing process which includes briefing materials and a station writing template. We reviewed a training pack and standard operating procedure (SOP) which included roles and responsibilities, and a confidentiality agreement.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations, including diverse patient representation through the SPs.</p> <p>Feedback is collected from examiners, SPs and candidates (who may complete an evaluation form at the end of their exam), and post-exam psychometric data are used when reviewing and revising stations, feeding into the quality management process.</p> <p>The assessment provider has explained the station reuse policy. Once an assessment diet is complete, stations may be used in subsequent formative ISCEs or as a resource for students.²</p> <p>The example minutes of the post-test Practice Panel meeting which we reviewed included a proposal to introduce an additional stage into the process of station development that included piloting new stations. As the trialling of new stations offers the opportunity to assess logistical and practical feasibility as well as station complexity prior to the first time they're used, we'd encourage this improvement to</p>
---	---	-----	---

			<p>the process.</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>Next submission: The assessment provider should submit an update on the introduction of piloting new stations before use in the CPSA, as an additional stage to their station development process.</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 sites.</p> <p>The large main site enables nearly all candidates to take the CPSA simultaneously, on parallel circuits. The CPSA at the smaller site is run concurrently, with examiner and SP calibration conducted virtually.</p> <p>Candidates are corralled between sessions and are not permitted access to their mobile devices. Fresh stations are used each day. The assessment provider ensures that no candidate resitting the CPSA sees the same stations as in their first sit.</p> <p>Examiners are not given access to CPSA content until the day of the exam, and all sign a confidentiality agreement. As all documentation on the day is provided electronically, there are no paper copies of assessment materials. SPs are provided scripts for their role (not the entire station) in advance by secure email and sign a conflict of interest declaration for every exam they participate in.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p>Familiarisation with the</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing</p>

<p>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> <ul style="list-style-type: none"> a. assessment format, including the criteria for achieving a pass b. expected standards of performance c. how the CPSA will be run on the day. 	<p>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>There are extensive mechanisms in place to ensure students are familiarised ahead of the CPSA. This includes talks, an assessment handbook, a guide containing expectations of conduct during clinical assessments, information regarding the format and standard setting for the ISCE (with example stations and mark sheets), and a formative ISCE, during which candidates can practise a range of stations under exam conditions. We noted that candidates are informed they'll be assessed at the level of the end of Phase 2 of the course (end of year 4). Elsewhere in the submission, it's confirmed that the domain marking descriptors are scrutinised to ensure performance at the passing level is equivalent to the performance expected of an F1 doctor. To avoid confusion, it would be advisable to refresh all documentation to ensure candidates have a clear understanding that the CPSA is set at the level of the start of F1.</p> <p>The assessment provider has also designed a virtual learning resource covering a range of medical specialties and domains, with images and video content. External examiners and students themselves have given positive feedback about this resource.</p> <p>Candidates receive a briefing and further instructions 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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that information and instructions to candidates consistently refer to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.</p> <p>Effective practice: Among the rich opportunities for candidates to familiarise with the assessment process, the virtual ISCE resource is an innovative approach to ensure candidates are well prepared to sit 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>Examiners are trained to provide skilled, objective, feedback aimed at developing students at all levels, including those achieving highly, by identifying individualised areas to strengthen their future learning. Candidates performing less well receive advice on how to improve. All candidates are encouraged to discuss their feedback with their personal tutor or year director to develop their personalised learning plan.</p> <p>The feedback includes comparative data and information about how candidates should interpret it to understand and reflect on their relative performance in each domain of competence. All candidates also receive a summary of common ‘safety alerts’ showing examples of poor attitude, behaviour, skills or knowledge displayed in the CPSA, including patient safety concerns. Candidates who directly receive a safety alert are contacted to provide bespoke remediation.</p> <p>The feedback additionally includes information relating to aspects of professionalism and communication skills, including formative feedback from the patient perspective contributed by SPs.</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>
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>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This included 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 reviewed the role description and criteria for becoming an examiner. Examiners are recruited from a wide range of clinical backgrounds including consultants, GPs, SAS</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>		<p>doctors and specialist registrars, as well as individuals appointed on a named basis such as recently retired GPs who continue to teach in the classroom regularly, and clinicians from the wider multidisciplinary team such as nurse specialists. Examiners for the two sites are recruited and distributed centrally to minimise bias.</p> <p>The comprehensive examiner training package includes face-to-face (strongly encouraged for new examiners), or online, training every two years, calibration videos and an opportunity for new examiners to observe and shadow an experienced examiner during a cycle of stations. Training includes ED&I considerations and reasonable adjustments in the CPSA.</p> <p>Through the ISCE information packs, there is clear evidence of examiner calibration processes on the day to ensure a common understanding of the required performance of candidates for each element of the station across circuits and sites. This includes domain performance criteria for each station at the level of fail, borderline pass and excellent, the examiner briefing, and the calibration exercise involving examiners marking the same station on all circuits and sites.</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>Effective practice: The quality control of examiners through training, shadowing, peer-review processes, psychometric analysis, ED&I considerations, and calibration on the day demonstrates a robust approach to all aspects of examiner recruitment and training.</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</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>SPs are experienced role players many of whom are also involved in communication skills workshops. The assessment provider recognises the importance of including a diverse range of SPs in the CPSA and also recruits professionally trained actors with learning disabilities from a professional theatre company. They also work with local</p>

<p>calibrated.</p>	<p>schools to provide GCSE drama students trained in role play to enable the CPSA to test communication skills with younger patients.</p> <p>Training is delivered by the clinical assessment lead, communication skills lead and curriculum specialty leads. It includes ED&I training and face-to-face sessions to discuss and role play stations with each group of SPs undertaking that role, to ensure consistency. Training is supported by a booklet outlining the requirements of their role, tips on giving feedback and what to expect if there is a clinical examination element to their role. The assessment provider's briefing and training of SPs has previously been identified by the GMC* as an example of good practice, in addition to being highlighted by external examiners. SPs are also involved in the design of stations to provide patient perspectives.</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: During the pandemic, the use of real patients in the CPSA was restricted due to an assessment of the risks towards patients of all ages, real and simulated. The next submission should include an update on the re-evaluation of the risk assessment and the increasing inclusion of real patients in the CPSA.</p> <p>Effective practice: The use of actors with intellectual disabilities, supplemented with the use of local GCSE drama students for child health stations, demonstrates an innovative approach, and the involvement of the SPs in station development enhances the authenticity of the CPSA.</p>
--------------------	--

* *Assessment in undergraduate medical education* (2011)

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.</p> <p>They've also shown what steps they take to ensure that the station is being run in the same way across different circuits and the two sites. For stations involving a technical procedural skill, examiners and SPs receive a technical briefing, either verbally or as a video demonstration via iPad.</p> <p>The assessment provider has described a detailed approach to calibrating stations run on parallel circuits, with guidance on the purpose, processes and key points to be discussed on the day, with the aim of achieving consistency. The calibration for each station involves all examiners and all SPs on that station, with examiners and SPs from the smaller site joining virtually, running through all aspects of the station with particular attention to the required performance of candidates. A record of the exercise is made by the 'station lead' (an experienced examiner).</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>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 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 developed an approach to monitoring and providing feedback on examiner and SP performance and behaviours, through observation and peer review processes, which includes ED&I considerations. Examiners also receive statistical feedback from the psychometrician allowing them to benchmark their performance against other examiners.</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.
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 described and documented processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across the two sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>With comprehensive supporting evidence, the assessment provider has set out the people involved at each stage, including the university Disability and Dyslexia Service team, and their responsibilities for assessing and providing advice to students and making recommendations on individual adjustments, in addition to an inclusive assessments policy.</p> <p>Standard operating procedures (SOPs) are reviewed on an annual basis, in addition to the annual 'wash up' meeting, to review all aspects of the running of the CPSA. The ISCE team follows and contributes to the College of Biomedical and Life Sciences guidance for managing unusual and unforeseen circumstances, which is an iteratively produced document helping to standardise and improve the clinical assessment experience for all students.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates in 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 assessment provider has described and demonstrated detailed evidence of the venue spaces, station layout and set up, technical equipment and clinical skills</p>

			<p>resources, and the people involved in running the CPSA on the day. The two sites offer equivalent assessment space and follow identical processes. The detailed station information packs, including equipment lists and photographs for room set up, demonstrates clearly the effort made to ensure consistency of experience for candidates on all circuits.</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>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 itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>The assessment provider has given a clear explanation of the technical and administrative processes around data acquisition via the electronic marking system. The method is robust and supported by documented validation procedures. A contingency paper marksheet option is in place (but not needed to date) in the event of unresolvable technical problems during the CPSA.</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</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 processes for quality checks and review of results data, and the people involved at each stage. A detailed SOP for data validation is included in the supporting evidence. We reviewed an example of the report to the exam board which set out the outcomes of the scrutiny of results by the Practice Panel, and minutes of the post-test Practice Panel meeting which provided an</p>

	<p>results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>example of post-test adjustments and other decisions relating to the CPSA.</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>
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, 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> <p>c. how the analysis informs the development of the CPSA.</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. They have described how psychometric analysis is used to monitor station and examiner performance and to improve the CPSA.</p> <p>The assessment provider has clearly explained how data are reviewed at the post-test meeting before outcomes are considered and evaluated by the Examining Board. We reviewed example analyses which included average station scores, reliability, station performance, comparison over days 1 and 2, and differential attainment of candidates according to language, fee status, gender, ethnicity, disability and mature vs non-mature students. Metrics for individual stations are checked and, where stations are not performing as expected, they're further scrutinised to identify the cause so that appropriate action can be taken, including decisions on results and future station development.</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>
20	<p>External examiners</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>		<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 described and demonstrated external examiners' involvement in the scrutiny and quality assurance of the CPSA throughout the academic year, with information about the university appointments process and</p>

		<p>policies, and a detailed external examiner handbook. External examiners attend exam boards and prepare an annual report. Issues highlighted in the report are discussed and followed up, with any resulting actions fed back to the central university as well as to the external examiners themselves, demonstrating the quality loop.</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

We have reviewed this submission and other than two comments which we have added to the document we are in agreement that it is factually correct. Below is a response to each of the areas identified as requiring consideration before the next submission.

Next Submission (Section 3) Simulated patients. There has been no further development, but this is on the action plan for discussion post COVID.

Next Submission (Section 4) We will include information about how standards are maintained across years in the next submission.

Next submission (Section 5) assessing professionalism, this is linked to the comments from requirement 3. This will be addressed now we are post COVID.

Next submission: (Section 7) Piloting new stations has proven very successful and effective in ensuring the quality and standard is in keeping with what is expected. Stations were revisited following the pilot based on the feedback from all participants including examiners and simulated patients. We initially piloted new year 4 stations this has now been expanded to include new year 2 stations.

Recommendation (Section 9) - We accept the recommendation. To avoid confusion in the ISCE we will ensure students are aware that the passing level is equivalent of the performance of an F1 Doctor. Documentation being produced for 23/24 will include this.

Next submission (Section 12) - In May 23 we reintroduced real patients to the year 4 ISCE having completed a revised risk assessment. We will continue to involve real patients in the examination stations.

We are pleased to note that four areas of effective practice have been identified which we will feedback to the relevant bodies within the school.

The endnotes below cover additional responses to individual requirements.

¹ **Assessment provider response:** For clarity please note the Practice group are responsible for strategic decision making and for approving the blueprint for the ISCE. Scrutiny Panels are responsible for reviewing and approving new stations. See evidence for panel composition.

² **Assessment provider response:** Station are reused however, we ensure that students do not see the same station twice.