

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

School of Medicine, University of Leeds

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, University of Leeds
GMC’s decision	Complies with the CPSA requirements
Date of decision	29 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, University of Leeds, 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:

- The compliance report containing advice to the GMC on the CPSA submission by School of Medicine, University of Leeds, including the assessment provider's response
- Guidance to 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.

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

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

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

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

I noted that the compliance report advises the GMC requires the assessment provider to make mandatory changes in order to be compliant with and meet the CPSA requirements. I am satisfied that School of Medicine, University of Leeds (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, University of Leeds (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

Following a review of the compliance report the following recommendations are made:

- With regard to standard setting:
The assessment provider should ensure that the instructions to the candidate consistently describe the candidate as an F1 to avoid confusion.
- With regard to assessing professionalism:
The assessment provider should document the processes for raising and following up on concerns about professionalism.
- With regard to results and feedback to candidates:
The assessment provider should document the processes for resits given the move away from the sequential model.

Reasons for the decision

There are no issues of concern noted within the compliance report requiring mandatory changes by the assessment provider in order to be compliant with and meet the CPSA requirements. I have also noted that several sections make reference to the 'effective behaviours' demonstrated by the assessment provider. Matters relating to 'Next submission' do not fall within the remit of my decision.

I am satisfied that the School of Medicine, University of Leeds (the assessment provider) has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework. The assessment provider has set out how it meets the particulars of the separate requirements under the framework.

I have noted that with regard to three aspects of the report, recommendations have been advised and these are set out above. I consider that the recommendations we have made are sufficient to enable us to monitor those developments and support the assessment provider going forward. These are recommendations to support the ongoing process, and I am content that the assessment provider is currently in a position to satisfactorily deliver CPSA requirements.

After due consideration, I am content to accept that advice and to issue a decision to the School of Medicine, University of Leeds including the three recommendations.

Signed

Elliot Lane

Date

29 November 2023

Annex A

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

School of Medicine, University of Leeds

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

School of Medicine, University of Leeds

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 School of Medicine, University of Leeds (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 School of Medicine, University of Leeds 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.

School of Medicine, University of Leeds

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that the School of Medicine, University of Leeds (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, University of Leeds meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include three recommended changes and four updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by the School of Medicine, University of Leeds, 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 portfolio. They may be reassessed in the CPSA as part of an integrated task. Students must also complete a WPBA portfolio.</p> <p>Professionalism is assessed across the years and recorded in many course components (for example, team working, engagement, respect, and interaction with colleagues.)</p> <p>Students must pass all elements of the course before taking 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 include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	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>The assessment provider previously used a sequential model for their clinical finals exam. Due to university policy on assessment, the sit-resit design of the Medical School Applied Knowledge Test (MS AKT) means that the assessment provider can't continue to use a sequential design for the CPSA. As a result, some elements of the CPSA design had not been implemented at the time of submission and the assessment provider will need to provide an update on how the CPSA has run in the next submission.</p>

			<p>The assessment provider will use a 15 station OSCE for their CPSA, run across two days. On day one, there are six 12-minute stations and one rest station, with 90 seconds reading time. On day two, there are seven ten-minute stations and one rest station, with 90 seconds reading time. The CPSA is run at a single site four times in a single day, with 10-13 parallel circuits, depending on candidate numbers. Real patients are only used in physical examination stations.</p> <p>The resit mirrors the design of the main sit It's run across two days, with one or two circuits, depending on candidate numbers. No new stations are used in the resit, though stations may be edited before being reused.</p> <p>Specialties (paediatrics, obstetrics and gynaecology, and psychiatry) are assessed in the year 4 OSCE. The design and delivery are the same for years 4 and 5. The year 4 OSCE is set at the same level as the final year CPSA (Foundation Programme year one (F1)), so the assessment provider is covering the range of MLA content and tests all the necessary outcomes to demonstrate competence.</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 give an update on how the CPSA design has run, given the move away from the previous sequential model.</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've provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a suitable checklist scoring approach. SPs and real patients provide a separate patient satisfaction rating on a 1-5 scale, which is used for one of the conjunctive standards (See requirement 4 (standard setting)).</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>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</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 the additional standard setting criteria used to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described how the standard is maintained over different circuits and the rationale and method for standard setting the resit.</p> <p>The standard is set at day one F1. This is clear to the examiner in their station instructions. Candidates are told the level is F1 in their briefing, but in the example stations we saw, the candidate was sometimes described as a foundation doctor and sometimes as a final year student. We suggest that the assessment provider clarifies this across all their material to avoid any ambiguity.</p> <p>The assessment provider sets the standard for the first take using the well-recognised borderline regression method (BRM). They add one standard error of measurement (SEM), with conjunctive standards of 60% of stations passed overall and 60% of satisfactory patient ratings. The assessment provider noted that this last conjunctive standard reflected the BRM pass score, but they are looking to develop a form of criterion-based (looking at performance against set criteria) standard setting for the patient rating, subject to further research. We welcome the assessment provider's intention to explore this area and suggest that they should provide an update on progress in the next submission.</p> <p>The resit is set using the BRM if there are enough candidates to do so. Where there are</p>

			<p>insufficient candidate numbers, or, where there are concerns with the quality of the pass marks, previously used BRM pass marks derived from a main sit are used. The assessment provider told us that it aims to use only previously used stations in the resit, but it may be necessary to include stations which have changed significantly since their last use in order to ensure blueprint coverage. In these cases, the standard is set using a modified Angoff.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that the instructions to the candidate consistently describe the candidate as an F1 to avoid confusion.</p> <p>Next submission: The assessment provider should give any updates on the work to create criterion-based standard setting for the patient satisfaction rating.</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>All stations include a professionalism section in the mark schemes for both examiners and patients, as well as stations incorporating elements of professionalism into the scenario. In particular ‘patient voice’ stations, candidates receive specific feedback on communication and professionalism.</p> <p>The assessment provider has described an appropriate process for identifying and following up on behaviours of individual candidates in the CPSA, with remediation opportunities. However, we did not see a documented process for this as part of the evidence.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to</p>

			unprofessional behaviours, with the following suggested recommendation: Recommendation: The assessment provider should document the processes for raising and following up on concerns about professionalism.
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</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 and demonstrated the process for content sampling at a station level and across the whole CPSA. Specialties are assessed in the year 4 OSCE, which is set at the same level as the CPSA (namely day one of F1), so we advise that the assessment provider is covering the range of MLA content at the appropriate level of expected performance.</p> <p>The assessment provider samples widely across a range of domains and areas of clinical practice, including stations where candidates can identify and interpret clinical findings. The assessment provider covers areas that are otherwise difficult to assess using a variety of approaches, including the use of video, and a paediatric station using children as SPs in the year 4 specialty OSCE. The approach ensures that the CPSA includes a breadth of stations suitable to the level of day one F1.</p> <p>The assessment provider is currently engaged in a curriculum review, one of the outcomes of which will be to ensure documented alignment with the content map.</p> <p>We advise that the CPSA reflects the overarching themes <i>MLA content map</i> but note that the assessment provider still has work to do to map the station bank and sampling strategy to the MLA content map.</p> <p>Next submission: the assessment provider should give an update on their work mapping the CPSA to the <i>MLA content map</i>.</p> <p>Effective practice: the assessment provider's approach ensures that they sample</p>

	findings.		across 'hard to write' areas (where it is challenging to devise a station testing a particular area) of the <i>MLA content map</i> . For example, using children as SPs in paediatric stations is logistically challenging, but adds authenticity to the scenario, and their inclusion in the specialty OSCE reflects the assessment provider's commitment to covering the <i>MLA content map</i> as widely as possible.
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>The assessment provider provides comprehensive training for new writers.</p> <p>The process for creating, reviewing and approving new stations, and reusing existing stations is well set out. As part of the evidence, the assessment provider supplied a life cycle showing the development of a station.</p> <p>As part of the development process, the assessment provider involves a range of appropriate stakeholders in the creation and development of stations, for example by actively seeking to involve marginalised communities in its patient carer community (PCC). Where patients are used in stations, the patient's story is co-created with the PCC in 'patient voice' stations.</p> <p>Feedback from examiners, patients and station leads, together with psychometric analysis, is reviewed at the end of year 'close loop' meeting, and stations are amended accordingly.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that reflect what new doctors might encounter in clinical practice.</p> <p>Effective practice: The assessment provider actively involves a range of stakeholders throughout the creation of stations to ensure their authenticity, both in terms of reflecting local communities and avoiding stereotypes. This includes using members of</p>

			the patient carer community to collaborate on writing patient voice stations.
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.</p> <p>The assessment provider doesn't release station content or information before the CPSA, and it doesn't quarantine candidates, who are reminded of the requirement for professional behaviour in the CPSA. Session allocation is reversed across the days, so that a candidate who has the first session on day one will have the last session on day two, and vice versa.</p> <p>The assessment provider monitors scoring patterns of different sessions and circuits as part of its quality assurance analysis, but the assessment provider hasn't identified any significant differences across sessions or circuits. Average marks per session are published to demonstrate that the model is fair and no candidate is advantaged or disadvantaged by the time they take the CPSA.</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>	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 receive a lecture on the assessment portfolio and the requirements for being entered into the final summative exams. This information is also available in the Code of Practice on Assessment and frequently asked questions (FAQs) on the virtual learning environment.</p> <p>For the CPSA, candidates attend a lecture covering the structure of the examination, information on scoring and standards, and key contacts if they require any additional</p>

	<p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>		<p>information.</p> <p>The assessment provider uses a Peer Assisted Learning (PALs) community to support preparation for the CPSA. Practice exams are student-led but supported by the assessment provider to ensure material is reflective of the content and difficulty of the CPSA.</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: The assessment provider supports the PALs community in delivering preparatory material for candidates.</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 feedback is assured, and what support is given to unsuccessful candidates.</p> <p>Candidates receive their grade and written feedback for each station covering areas of good performance and areas for improvement. This is the same format as for all in course assessments. Candidates use a ‘feedback action’ form to identify common areas of strengths and areas for improvement based on their feedback in the formative and summative assessments. They reflect on their exam preparation and summarise their immediate and longer-term action plans based on the summary of their feedback.</p> <p>The assessment provider is exploring the use of text analytics to improve the feedback candidates receive. This is with the aim of ensuring more detailed themes are identified for individual candidates, as well as cohort level feedback on the holistic performance in the station domains.</p> <p>Unsuccessful candidates are supported by a meeting with a member of the year 5 leadership team to review their feedback and identify areas to focus on as part of remediation, as well as meeting with their educational supervisor to discuss how they approach revision. They take part in all remaining clinical placements to prepare for</p>

			<p>the resit, as well as attending bespoke sessions with the clinical skills team.</p> <p>We noted that the current documentation didn't reflect the revised CPSA design and that the assessment provider will need to update this to ensure candidates understand the process for resits in the new model.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should document the processes for resits given the move away from the sequential model.</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>Consultants, GP, and speciality trainees (ST3 and above) who are involved in teaching and clinical supervision can become examiners. Retired doctors can examine for four years after their last reaccreditation date.</p> <p>All examiners must attend face to face OSCE examiner training workshops before they are eligible to examine and must attend refresher training every three years.</p> <p>During training, examiners mark against three video performances and complete feedback. This is then followed by group discussion. Additional station-specific calibration takes place on the day of the CPSA.</p> <p>Examiners must complete mandatory NHS equality and diversity training. This is supplemented in the examiner training which covers core elements of ED&I, and equity, as principles and how they could impact the assessment process.</p>

			We're satisfied 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.
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 and real patients 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.</p> <p>The assessment provider uses the PCC to source SPs and real patients. All attend training sessions to familiarise themselves with the station they're a part of and to understand the marking. The training includes ED&I, principles of assessment and calibration. SPs do additional station-specific calibration on the day of the CPSA, as described in requirement 13 (Collaboration between examiners and patients).</p> <p>Feedback from SPs and real patients is gathered by the patient coordinators at the end of the CPSA and fed into the assessment 'close loop' meetings to develop stations and procedures for future assessments.</p> <p>As with requirement 7, the use of the PCC ensures that the assessment provider is taking steps to include a diverse range of SPs and real patients in the CPSA.</p> <p>We advise that the assessment provider has clearly described how it involves SPs and real patients in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Effective practice: The assessment provider makes use of its PCC to include a diverse range of patients in the CPSA.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real</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>On the day of the CPSA, all examiners, SPs and real patients review the content of the</p>

	<p>patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>		<p>station as a group, led by the station lead. Following this, examiners and patients have the opportunity to run through their station individually.</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 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>Examiners and the SP coordinator are sent histograms which allow them to understand their marking. Where they find lenient, stringent or inconsistent marking, the SP coordinator will follow up with SPs and the Continuing Professional Development (CPD) coordinator will follow up with examiners. If necessary, the SP or examiner may be required to be retrained.</p> <p>Where examiners have undergone retraining, they're supported in their next CPSA and their marking is reviewed on the day to ensure consistency. They'll also be monitored in the data analysis and if flagged again would have to meet with the head of assessment or year lead before being allowed to continue examining.</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>
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, supplemented with information about central university policies, including processes for making reasonable adjustments. The only gaps in procedures are noted in suggested recommendations elsewhere in the requirements and don't affect our recommendation that the assessment provider</p>

			<p>meets this requirement.</p> <p>The assessment provider sets out roles on the day of the CPSA, so that everyone knows what they're doing. Any incidents on the day are recorded in an incident log. This is used in conjunction with the psychometric analysis after the exam and any incidents are discussed at the 'close loop' meeting.</p> <p>We saw a well-developed approach to implementing reasonable adjustments, where the assessment provider works with the central university disability services to ensure reasonable adjustments are implemented in the CPSA. Where candidates receive extra time, the assessment provider monitors the effect of the extra time (see requirement 19).</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> <p>Effective practice: The assessment provider's approach to reasonable adjustments is comprehensive and the effects actively monitored.</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>Currently, the CPSA is held at a single site. Templates, set up and organisation are the same across years 3-5. The OSCE logistics planning team manages the set up. On the day before the CPSA, a run-through takes place with representatives from disability services, estates, and student volunteers from other schools across the University to ensure that all facilities and routes into the CPSA are clearly marked and that candidate instructions have been placed in the correct position.</p> <p>The assessment provider is currently designing a purpose-built assessment and clinical skills centre on campus, with a focus on accommodating candidates who require</p>

			<p>reasonable adjustments. We noted that this focus on considering reasonable adjustments in designing the centre reflects the assessment provider's wider focus on reasonable adjustments to ensure equity and fairness for candidates.</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> <p>Next submission: The assessment provider should give an update on the progress of their assessment and clinical skills centre and how this meets the requirement.</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>Examiners record their marks on iPads. All marks must be completed before they can be submitted, and the system has been set up to avoid manual manipulation of the data as they are downloaded. In the event of a loss of connection to the Wifi, the data are stored on the iPad until it reconnects. The assessment provider also ensures that it has additional IT support and additional routers at the venue to minimise the chance of this happening.</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</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>Before the examiners leave the venue, the assessment coordinator checks that all marks have been submitted. The data are then downloaded and checked before being sent to the two psychometricians, who analyse them independently.</p> <p>In the rare event that a station is removed, all issues are thoroughly investigated using</p>

	<p>identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>the OSCE incident log, scoring and psychometric analysis and examiner/candidate feedback on the station and delivery of 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, 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>Analyses look at station level descriptive statistics, as well as site, circuit and morning vs afternoon sessions, which are appropriate for the design of the CPSA. Feedback on examiners, role players, stations and candidates are considered as part of the post-exam analysis.</p> <p>The assessment provider also identifies instances of lenient or stringent marking from examiners or SPs, as well as those who are consistently misaligned in their marking. They use this information to follow up on training needs or to review station constructs and mark schemes.</p> <p>In addition to these analyses, the psychometricians analyse the data for group effects looking for any scoring patterns within and across stations by gender, ethnicity, disability status, type of examination adjustment provided and widening participation status.</p> <p>One example of the impact of these analyses that we saw is that the assessment provider identified that candidates with extra time and additional rest breaks were getting higher scores. As a result of this, they moved away from a fixed amount of extra time to a range of adjustments, while at the same time including rest stations for all candidates. This had the double effect of reducing the statistical trend to the point</p>

			<p>it's no longer significant and increasing candidate perceptions of equity and fairness.</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 two dedicated psychometricians analysing assessment data and feeding back into the development of the CPSA. The assessment provider has demonstrated their commitment to analysis and use of the data for research to improve the CPSA and promote equity and fairness for all candidates.</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>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has demonstrated that external examiners are suitably recruited, trained and briefed and have opportunities to review stations and observe the CPSA. The evidence showed how they use the external examiners as critical friends, for example when considering changes to the design of the CPSA to remove the sequential element.</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 taking the time to review our submission and associated evidence. We are incredibly pleased to see the reviewers' comments are favourable and demonstrate that we meet the requirements for the CPSA. The suggestions for improvements and recommendations for next steps/ future submissions are incredibly useful and we again thank the reviewers for the time taken to make these suggestions. We will integrate these into our strategy moving forward and agree these would make positive additions. We are keen to showcase our innovations and progress during the next submission. The areas of effective practice identified are numerous and showcase our commitment to effective assessment practice, and we are keen to work with other providers to share good practice in these areas.

Overall, this has been a very positive and useful experience for us. We will start to integrate the feedback received into our planning, continue with our areas of effective practice, and look forward to showcasing our developments in the next submission. Thank you again to the reviewers for the detailed comments and incredibly comprehensive review and to the GMC team for their detailed communications, support, and guidance through this process.

Dr Jenn Hallam- Head of Assessment, School of Medicine