

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

School of Medicine, University of Liverpool

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 Liverpool
GMC’s decision	Complies with the CPSA requirements
Date of decision	5 December 2023

Legislation and guidance

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

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

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

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

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

‡ Sections 5(2)(a) and (b).

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

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

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

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

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

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

Compliance process

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

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

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

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

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

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

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

A copy of the compliance report containing advice to the GMC on the CPSA submission by School of Medicine, University of Liverpool, 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:

- 2023 Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report for School of Medicine, University of Liverpool.
- Response from the assessment provider (School of Medicine, University of Liverpool) to the 2023 Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report – as contained within that report.
- Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – guidance for MLA decision makers.

Decision

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

I have considered the compliance report and I am satisfied that School of Medicine, University

* 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.

of Liverpool (the assessment provider) complies with and meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

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

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

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

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

1. Requirement area: CPSA design

The assessment provider has given a description of how the CPSA is set at the standard of the start of the Foundation Programme (F1), however the CPSA reviewer's advice report recommends that this should be consistently reflected in all documentation for candidates and examiners.

Recommendation: The assessment provider should ensure that all documentation supplied to candidates and examiners consistently refers to the standard expected at the start of F1 when describing the standard or level of performance expected in the CPSA.

2. Requirement area: Feedback to examiners and simulated patients (SPs)

i. The assessment provider has explained that if it is felt that a candidate has been disadvantaged by concerns raised about an examiner's behaviour or performance, arrangements are made for the candidate to resit the station. In these cases, the assessment provider reviews the marks for both attempts and a decision is made on an individual basis on which mark is used. In their advice report, the CPSA reviewers recognise the need for fairness to candidates, but note that this needs to be balanced with patient

safety. Better practice would be that the result of the resit would be taken as the candidate's score, given that, in most cases where a station needs to be retaken, the score on the first attempt is not a reliable reflection of the candidate's performance.

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

ii. The assessment provider has explained that examiner performances are reviewed following the CPSA, including a psychometric analysis, with appropriate action taken in the case of outliers. This may include an invitation to further training, close monitoring or removal from the examiner pool. Feedback to SPs is passed on through the role playing agency to act on. However, the CPSA reviewers noted in their advice report that there appeared to be no evidence of any follow up.

Recommendation: The assessment provider should have a process in place to ensure that SP feedback passed on through the role playing agency is acted upon.

3. Requirement area: Simulated / real patients

The assessment provider has stated that it does not currently use real patients in the CPSA but plans to include them from the 2025/26 assessments.

Next submission: The assessment provider should provide an update on their plans to include real patients in their CPSA in their next submission.

I note that the assessment provider; School of Medicine, University of Liverpool has replied to the CPSA reviewers' advice report acknowledging the above recommendations and stating *'Recommendations for changes and updates will be addressed to improve the quality of the CPSA and information/evidence will be provided in the next submission'*.

Reasons for the decision

Based on the Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report provided to me, which I am aware was compiled through a review* of the assessment provider's submission and evidence by GMC associates (expert and lay) in order to offer the GMC independent expert advice, I am satisfied on the balance of probabilities that the School of Medicine, University of Liverpool has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

I have taken into account the advice set out in the CPSA reviewers' advice report. The CPSA reviewers have set out in detail, their independent expert advice on the assessment provider's submissions, against each of the CPSA requirement areas. Based on the findings made by the CPSA

* As per principles and compliance process detailed in Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – guidance for MLA decision makers.

reviewers in their report, there have been no concerns raised about the robustness or objectivity of the evidence they have considered and taken into account. I have also noted that the assessment provider has replied to the report to confirm it is factually accurate.

I have considered the recommendations made in the CPSA reviewers' report which I endorse and have detailed them in the Recommendations section above. However, I have noted that these are in the interests of improving standards - no concerns have been raised or identified about the extent of knowledge and skills tested, or the standard of proficiency. The assessment provider is otherwise reported by the CPSA reviewers to have met all of the 20 areas of [Requirements for the MLA Clinical and Professional Skills Assessment](#). No mandatory changes have been identified.

I can see that the assessment provider has replied to the report to state that the recommendations will be addressed to improve the quality of the CPSA, and information / evidence will be provided by them in their next submission. I understand the GMC will agree implementation plans with assessment providers for recommendations made.

It is also worth highlighting that the CPSA reviewers noted a substantive 10 areas of 'effective practice' by the assessment provider spread over nine of the 20 areas of *Requirements for the MLA Clinical and Professional Skills Assessment*, which is to be commended.

No concerns regarding compliance with equality and / or human rights legal obligations been brought to my attention. As per the information in the Compliance process section above GMC associates were appointed following an open recruitment campaign and all associates undertook bespoke Equality, Diversity and Inclusion training before starting their role. Checks were also completed for any conflicts of interest. Given this, I am satisfied that all reasonable steps have been taken to ensure that any conflict of interests of those involved in the review process were identified and appropriately mitigated.

Signed

Lisa Bond

Date

5 December 2023

Annex A

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

School of Medicine, University of Liverpool

Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice

School of Medicine, University of Liverpool

This 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 Liverpool (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 reaching their conclusions, the CPSA reviewers used their expert judgement to consider whether each requirement had been met overall, while recognising that a CPSA may demonstrate both areas of strength and areas for development.

Their advice begins with an overall statement to the GMC. The table of individual requirements that follows contains the CPSA reviewers' advice to the GMC on whether School of Medicine, University of Liverpool 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‡ must be implemented by the date specified in the MLA framework§. This is because the CPSA reviewers advise that the change is needed in order for the assessment provider to be compliant with the CPSA requirements.

* 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, 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 [Assuring Readiness for Practice: A Framework for the Medical Licensing Assessment](#) 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).

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 their findings is included to outline the reasons for their advice. This means they've not necessarily commented on detailed aspects of each requirement, unless it relates to a suggested change, a future update, or an area of excellence, innovation and effective practice.

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 Liverpool

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that School of Medicine, University of Liverpool (the assessment provider) meets the CPSA requirements set out in the GMC's [Requirements for the Medical Licensing Assessment Clinical and Professional Skills Assessment](#) ('the CPSA requirements').

While not impacting on our overall conclusion that School of Medicine, University of Liverpool meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include three recommended changes and one update, or further information, we consider is needed for the next submission.

In reviewing the CPSA submission we also identified ten 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 Liverpool, 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>Practical procedures are assessed in years 3 and 4 using an OSCE format. In year 5, as well as being integrated in the CPSA OSCE stations, practical skills, clinical procedures and aspects of professionalism are also assessed through WPBA. Year 5 students must complete an electronic portfolio of WPBA with different requirements for each placement they attend. These are directly observed procedural skills (DOPS) based on <i>Outcomes for Graduates</i>.</p> <p>Progression review takes place before students sit the CPSA. Engagement, attendance, portfolio and professionalism are all reviewed during this process. This ensures that all students are ready to sit 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> <p>a. format</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider uses a sequential OSCE for their CPSA. There are two sequences. Each sequence consists of a total of 12 stations delivered over two days with candidates completing six stations per day. Stations are 11 minutes long, with two</p>

	<p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>		<p>minutes reading time. The full cohort sit sequence 1.</p> <p>The standard to pass for sequence 1 is set above that of a minimally competent candidate. This gives sufficient evidence that successful candidates have met the required standard for the CPSA and do not need to sit any further stations. Failing and borderline performing candidates take a second sequence of the same duration involving 12 stations delivered over two days, with all candidates completing six stations per day, so they are assessed on 24 stations in total. Due to the sequential model, there is no in-year resit.</p> <p>This format and large venue allows all candidates in the year cohort to sit the same assessment stations in a single day. The candidate sessions are reversed on day two so that they alternate between morning and afternoon sessions.</p> <p>The CPSA is run at a large single site with up to four sessions in a single day, and up to 16 parallel circuits. There can be 96 stations running simultaneously.</p> <p>The assessment provider has given a description of how the CPSA is set at the standard of the start of the Foundation Programme (F1), however we recommend that this should be consistently reflected in all documentation for candidates and examiners.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that all documentation supplied to candidates and examiners consistently refers to the standard expected at the start of F1 when describing the standard or level of performance expected in the CPSA.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have</p>

	<p>performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>		<p>described how simulated patients (SPs) contribute to the scoring.</p> <p>The assessment provider has given clear detail and demonstration of scoring at station level, including a thorough description of how marks are weighted across individual elements to reflect the station task. In addition, each element of the marking criteria is assigned to a domain, which is used for giving feedback to candidates.</p> <p>In addition to this, examiners make an overall global judgement about the candidate's performance using a global rating scale. SPs contribute up to three marks overall, based on how they would feel about seeing the candidate again.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Effective practice: Examiners are provided with an executive summary of each station. It includes a synopsis of the station and highlights the key element being tested (anchor statement). There is an overview of the role and responsibilities for the examiner, advice on giving meaningful written feedback to candidates and information on how the station fits in with the curriculum.</p> <p>Effective practice: Examiners are provided with a detailed marking criteria which provides descriptors for an 'inadequate', 'adequate' and 'very good performance' for each element of the mark sheet. The key element being tested (anchor statement) and global rating of performance are again provided in this document. This provides a guide for examiners on the allocation of marks for each element of the station.</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>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including their additional standard setting criteria, is 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 sequences.</p> <p>The assessment provider sets the standard using the borderline regression method.</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>		<p>The sequence 1 standard is the sum of all stations plus the addition of two standard errors of measurement (SEM). If a candidate scores above this score, they don't have to take sequence 2. The full assessment standard is 24 stations from sequence 1 and 2. All sequence 2 stations have a previous standard set cut score from an equivalent full cohort (sequence 1). The total sum of 24 stations cut scores plus the addition of 1 SEM are the pass/fail criteria.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</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. For example, each station marking criteria has a separate section with descriptors for organisation and professionalism.</p> <p>The assessment provider has a comprehensive measuring professionalism policy, with appropriate mechanisms in place for recognising and addressing unprofessional behaviours. This policy is provided to students and includes an overview of the process, how professionalism is measured and recorded, how concerns are managed and the welfare and support available.</p> <p>Examiners can raise professionalism concerns during the exam using 'cause for comment' forms. 'Cause for comment' forms are reviewed according to the measuring professionalism policy and can be escalated as appropriate, for example, to the faculty health and conduct committee.</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>

			<p>unprofessional behaviours.</p> <p>Effective practice: Examiners are provided with ‘cause for comment’ forms to celebrate excellence as well as highlighting concerns. Comments can be made about behaviours displayed by candidates, including professionalism (e.g. teamwork, dress, attitude and communication).</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <p>i. Readiness for safe practice</p> <p>ii. Managing uncertainty</p> <p>iii. Delivering person-centred care</p> <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <p>i. Areas of clinical practice</p> <p>ii. Areas of professional knowledge</p> <p>iii. Clinical and professional capabilities</p> <p>iv. Practical skills and procedures</p> <p>v. Patient presentations</p> <p>vi. Conditions</p> <p>c. Demonstrate that candidates can</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 a comprehensive process for content sampling across the CPSA with a variety of appropriate stakeholders involved. The assessment provider provided a detailed worked example of the blueprint which demonstrated clear mapping to the content map, sampling across a range of domains and areas of clinical practice and the requirement for candidates to demonstrate that they can identify and interpret clinical findings.</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> <p>Effective practice: A wide range of stakeholders are involved in the provisional blueprinting process for the assessment. This includes members of the assessment and clinical skills teams, NHS Lead for Clinical Assessment and the clinical examination, procedural skills and acute theme teams. There are systems in place to ensure that outcomes from the process are fed back into station development.</p>

	identify and interpret clinical findings.		
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>Station writing workshops are run by the station development team and provide initial information and training on understanding the format of a station, current guidance and processes. The assessment provider invites considerable stakeholder input into the station development process. For example, a station was submitted for review by the SP team looking at authenticity from a patient perspective.</p> <p>Stations are created following a clear process which maps them to the overarching themes in the <i>MLA content map</i> and then trialled to ensure the task and level of challenge is at an appropriate level for entering clinical practice and reflects what F1 doctors might encounter in the workplace. Once a station has been used in an assessment, the results, psychometrics and feedback from candidates and examiners are used for further review and development. As part of the evidence, the assessment provider supplied a life cycle showing the development of a station and a demonstrating thorough quality management of the content throughout 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>Effective practice: Each station has a development log which records all changes made to a station over time in chronological order. This includes notes from the review process and piloting, post-exam performance data and feedback from candidates and examiners.</p>
8	Security of CPSA content	Yes	The assessment provider has described and demonstrated how they maintain the

	<p>Describe and demonstrate how the security of the assessment content is maintained.</p>		<p>security of assessment materials, including how station content is stored and shared with all those involved in the CPSA.</p> <p>The assessment provider has described extensive and well evidenced security measures including an exam material security plan for clinical assessment which covers identification, storage, printing, transfer, review and retention. There is further guidance on actions necessary if any problems are identified.</p> <p>There are clear processes in place to maintain security of content between sessions and days and all examiners and SPs are briefed on security and confidentiality of all assessment materials. Students are required to sign a confidentiality agreement with details about inappropriate sharing of any content.</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> <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. 	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>The assessment provider has evidenced extensive mechanisms in place to ensure students are familiarised ahead of the CPSA, including an overview presentation of assessments at the start of the academic year, a handbook, assessment factsheets, an online discussion board, and various briefings. These include information on the format of the assessment, expected standards of performance and more detailed information about extenuating circumstances, 'fit to sit' and the appeals process.</p> <p>The use of similar OSCE examinations in Years 3 and 4 is also helpful in ensuring that students are familiar with the approach and standards of assessment.</p> <p>On the day of the assessment, there is a candidate briefing before the start outlining the arrangements for how the CPSA will run, incident reporting and exam integrity. Candidates are also given the opportunity to debrief after the assessment, including</p>

			<p>the option to speak to a member of the assessment team on a one to one basis.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them of what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>The assessment provider has described and demonstrated how it provides feedback to both successful and unsuccessful candidates through an online system. Candidates are given initial advice on how to interpret their feedback, with analysis by domains and individual station scores, followed by examiner comments.</p> <p>Unsuccessful candidates are offered a comprehensive support package. Remediation takes place according to the supporting clinical learning policy, which includes pathways for both educational and pastoral support. An initial one-on-one evaluation with a clinical skills lecturer allows for reflection on learning needs, discussion about learning opportunities, and personal development planning, with ongoing follow-up. A student wellbeing team is also available if needed.</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> <p>b. training to support examiners'</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>The majority of examiners are consultant level doctors (or equivalent). The assessment provider invites participation from doctors who have completed their foundation training and above, however there's only a limited number of spaces available for</p>

	<p>preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&I) training.</p>		<p>these doctors to examine in the CPSA.</p> <p>The assessment provider has described a comprehensive online examiner training package which is updated each year and includes an interactive marking exercise, with feedback for individuals on their marking given at the end. There are two versions, one for new examiners and a refresher package for returning examiners. The package includes a certificate of completion and requires examiners to keep their equality and diversity training record up to date.</p> <p>On the day of the assessment, examiners are provided with an initial audio overview for each individual station. Examiners attend a ‘huddle’ briefing with other examiners and a member of the clinical skills team. This covers a summary of the key elements for the station including timings, marking criteria, questioning, interaction with the patient and any specific elements highlighted by the station development team. Examiners are given specific advice on feedback in individual station materials.</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 assessment provider has created an online Clinical Assessment (OSCE) Portal which provides examiners with information about the assessments, access to examiner training - including marking exercises - an OSCE booking system and a comprehensive ‘frequently asked questions’ section.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score. The assessment provider has also described the involvement and preparation of voluntary patients (VPs) in the CPSA.</p> <p>The assessment provider uses a professional agency to supply and train SPs. All receive a comprehensive training package, which includes ED&I training. SPs also receive</p>

		<p>training on scoring.</p> <p>The assessment provider runs workshops with the SP role player agency to provide a general overview of the assessment, confidentiality, professionalism, practical aspects for the day and SP marking. This includes a marking standardisation exercise with an open discussion around calibration appropriate for an F1 and a detailed run through of each station. SPs are involved in station development with a focus on bringing a patient’s perspective to the discussion.</p> <p>On the day of the CPSA, groups of SPs attend briefings with a member of the station development team to discuss station content and agree areas of standardisation.</p> <p>The assessment provider also uses VPs for some stations. VPs are recruited by a university staffing agency once requirements have been confirmed, for example age and gender. Prior to the assessment, they receive a group briefing with a member of the station development team where they can discuss what is required. VPs are used in examination stations and do not communicate with candidates, meaning they do not require the same level of calibration. Station content, introduction, appropriate dress/behaviour, standardised aspects, and any special history or examination elements are all discussed. Prior to the CPSA, there is an additional chance for conversation between individual VPs and examiners. VPs are not involved in station development and do not contribute to scoring.</p> <p>The assessment provider does not currently use real patients in the CPSA but plans to include them from the 2025/26 assessments.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Next submission: The assessment provider should provide an update on their plans to include real patients in their CPSA in the next submission.</p> <p>Effective practice: SPs are integrated into station development activities with a</p>
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			particular focus on authenticity from a patient perspective.
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/VP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>The assessment provider has described and demonstrated how examiners and SPs/VPs are given the opportunity to meet and familiarise themselves with station content on the day of the CPSA in group briefings. This ensures that individual stations are being run in the same way across different circuits.</p> <p>If the station has a VP, the executive summary details their role for the examiner and any support that may be required. Both examiners and VPs are advised to discuss the different aspects to ensure both are aware of what signs the candidate should find.</p> <p>If the station has an SP, the executive summary details the key elements being tested for the examiner and the marking criteria includes details of the SP scoring. Both examiners and SPs are advised to discuss the different aspects to ensure both are aware of how the station should run and any questions from the SP are clarified.</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> <p>Effective practice: The assessment provider issues ‘huddle notes’ for each station with clear guidance on the purpose, process and points to be discussed before the assessment. This demonstrates robust efforts to achieve consistent and common performances and the standards expected.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what</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</p>

<p>feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	<p>future marking behaviours and how they deal with underperformance.</p> <p>The assessment provider has explained how examiner and SP behaviours are monitored on the day by allocating QA roles within both groups. This is complimented by a document which describes the escalation process in place if concerns are raised from the QA process about an examiner’s behaviour or performance. This can include close monitoring or, if necessary, an examiner can be removed for further briefing.</p> <p>In these circumstances, if it is felt that a candidate has been disadvantaged, arrangements are made for them to resit the station. We noted that, in these cases, the assessment provider reviews the marks for both attempts and a decision is made on an individual basis on which mark is used. We recognise the need for fairness to candidates, but this needs to be balanced with patient safety. Better practice would be that the result of the resit would be taken as the candidate’s score, given that – in most cases – where a station needs to be retaken, the score on the first attempt is not a reliable reflection of the candidate’s performance.</p> <p>Examiner performances are reviewed following the CPSA, including a psychometric analysis, with appropriate action taken in the case of outliers. This may include an invitation to further training, close monitoring or removal from the examiner pool. Feedback to SPs is passed on through the role playing agency to act on. However, we didn’t see evidence of any follow up.</p> <p>We advise that assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendations:</p> <p>Recommendation: Where a station needs to be retaken, the assessment provider should consider using the resit score only for the candidate performance. Additionally, the process should be set out in a standard operating procedure (SOP).</p> <p>Recommendation: The assessment provider should have a process in place to ensure that SP feedback passed on through the role playing agency is acted upon.</p>
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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 detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites. This is supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure standardisation across different circuits. This is supplemented with information about central university policies, including processes for reasonable adjustments which link to the principles of <i>Welcomed and valued</i>. The assessment provider provided comprehensive documentation which demonstrates a high level of organisation, such as a full risk assessment and SOPs covering set up, pre and post assessment activities and staff roles. The external examiner’s report provided comments on an excellent level of organisation during the assessment.</p> <p>We advise that assessment provider has appropriately described how the CPSA operates within the context of a policy framework which make it clear to staff and candidates how procedures are implemented.</p> <p>Effective practice: The assessment provider has evidenced a comprehensive and detailed range of policies and SOPs for all aspects of the CPSA. This ensures the CPSA is delivered smoothly and consistently, within the context of a robust and transparent policy framework.</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 hires a large single venue for their assessments and transportation is provided for students to and from the venue, accompanied by staff to ensure effective communication with the assessment site and offer support to students if needed. The assessment provider provided clear evidence of the venue</p>

			<p>spaces, station layout and set up, equipment and clinical skills resources, with effort made to ensure consistency of experience for candidates on different circuits. The external examiner's report provided reflects on an excellent level of organisation during the CPSA.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the 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 uses an electronic exam management system to prepare and administer their assessments. Scores are recorded on the day of the assessment using a tablet computer. Examiners cannot move on to the next candidate until marks have been awarded in each section, and invigilators using a floor marshal system can monitor their circuit to ensure marks have been awarded for individual candidates. This ensures scores are accurate and complete with no missing data.</p> <p>The system is also monitored by members of the technology team to ensure that data is being received throughout the CPSA, with appropriate processes in place to address any issues. The session does not end until all marks are entered into the system. The assessment is graded in real time, which allows for rapid marking, checking, processing, and publication of results.</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</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>As mentioned in requirement 17 (data acquisition) the assessment provider uses an</p>

	<p>results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>electronic marking system combined with various quality checking processes on the day to ensure that data capture is complete and missing data is addressed before the end of the assessment.</p> <p>The assessment provider has appropriate procedures for quality checks and review of results data, with suitable people involved. The examining board discuss all results and decisions for adjustments as a group. The assessment provider evidenced examples of post exam adjustments which are recorded and reported in the examination board report documents. We advise that decision-making is supported by robust statistical evidence.</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>The assessment provider has dedicated assessment team members to provide exam and individual station level psychometrics for all clinical assessments across the course. Throughout the assessment cycle, information from station level metrics is used to improve assessment quality. Station level psychometric analysis are included in each station's development log, along with station comments.</p> <p>The assessment provider has given a clear description of how the full set of psychometric data is reviewed by the examination board. This includes recognised psychometric analyses, for example, Cronbach's alpha, SEM for the full sequence, station cut scores using BRM, percentage error for the session and circuit, number of candidates in the 'just safe' category and the number who pass and fail in each group.</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.
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 described and demonstrated how external examiners are recruited and trained. Each external examiner receives a comprehensive package of information including a programme handbook, programme regulations, module descriptions, assessment briefing and the external examiners report from the previous year.</p> <p>External examiners are suitably briefed and have opportunities to observe the CPSA. They’re asked to comment on the appropriateness of the assessment and to suggest improvements. They also attend the Board of Examiner meetings which allows them a further opportunity to give opinions on the course, assessment and the conduct of the Exam Board itself. The assessment provider supplied evidence which shows that this assessment has been cited as area of excellence by the external examiner.</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> <p>Effective practice: The assessment provider has demonstrated how external examiners are comprehensively trained and given opportunities to act as critical friends, for example, when considering changes to 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 can confirm that the MLA compliance report regarding the CPSA element is factually accurate.

Thank you for your comments regarding effective practice:

- 3 - Scoring (executive summary for examiners and marking criteria)
- 5 - Assessing professionalism (cause for comment forms for examiners)
- 6 - Content sampling (using a wide range of stakeholders for blueprinting)
- 7 - Quality of CPSA content (station development logs)
- 11 - Examiners (online clinical assessment portal)
- 12 - Simulated patients (integration into station development activities)
- 13 - Collaboration between examiners and patients (huddle notes to achieve a consistent approach)
- 15 - Policies and procedures (comprehensive policies and SOPs)
- 20 - External examiners (comprehensive training and opportunity to act as critical friends)

Recommendations for changes and updates will be addressed to improve the quality of the CPSA and information/evidence will be provided in the next submission:

Three recommended changes:

- 2 - CPSA design - the assessment provider should ensure that all documentation supplied to candidates and examiners consistently refers to the standard expected at the start of F1 when describing the standard or level of performance expected in the CPSA.
- 14 – Feedback to examiners and real patients - where a station needs to be retaken, the assessment provider should consider using the resit score only for the candidate performance. Additionally, the process should be set out in a standard operating procedure (SOP).

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- 14 – Feedback to examiners and real patients - the assessment provider should have a process in place to ensure that SP feedback passed on through the role playing agency is acted upon.

One update/further information regarding the use of real patients:

- 12 – Real patients - the assessment provider should provide an update on their plans to include real patients in their CPSA in the next submission.