

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

University of Exeter Medical School, University of Exeter

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	University of Exeter Medical School, University of Exeter
GMC’s decision	Complies with the CPSA requirements
Date of decision	27/10/23

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.

* 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).

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

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

† 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.

CPSA requirements.

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 University of Exeter Medical School, University of Exeter, 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:

- University of Exeter MLA Compliance Report
- Compliance guidance for MLA CPSA 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.

* 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 University of Exeter Medical School, University of Exeter (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 University of Exeter Medical School, University of Exeter (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 University of Exeter Medical School, University of Exeter (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

Please detail here the mandatory changes the assessment provider must make.

No mandatory changes

Recommendations

Please detail here any recommendations you make to the assessment provider.

The assessment provider should ensure that information and instructions to candidates consistently refer to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.

Reasons for the decision

Please provide details for your decision below.

The findings in the report clearly refer to the CPSA requirements. Each finding is supported by a clear rationale. The findings are reasonable and proportionate, including the recommendation. The school has been given an opportunity to respond and accepts all findings, including the recommendation.

Signed

Kevin Connor

Date

27/10/23

Annex A

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

University of Exeter Medical School, University of Exeter

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

University of Exeter Medical School, University of Exeter

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 University of Exeter Medical School, University of Exeter (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 University of Exeter Medical School, University of Exeter has demonstrated that the individual CPSA requirements have been met.

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

- Any mandatory changes[‡] that the GMC requires must be implemented by the date specified in the MLA framework[§] in order for the assessment provider to meet and be

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

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

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

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

compliant with the CPSA requirements.

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

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

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

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

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

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

University of Exeter Medical School, University of Exeter

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that University of Exeter Medical School, University of Exeter (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 University of Exeter Medical School, University of Exeter meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include one recommended change and ten updates, or further information, we consider are needed for the next submission.

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

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

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA is sat in the penultimate year of the programme.</p> <p>The assessment provider has described a 'frequent look, rapid remediation' approach to assessment. The emphasis is on multiple frequent assessments which identify struggling students early so that support can be offered in a timely manner.</p> <p>Practical skills and clinical procedures are incorporated within OSCE stations. The year 4 termly OSCE requires candidates to demonstrate that they have clinical skills at the level of Foundation Programme year 1 (F1) doctors, in a standardised setting with tailored history-taking, a wide range of communication skills, clinical reasoning and gathering and interpreting data from physical examination or investigation results.</p> <p>As well as being integrated in the OSCE stations, practical skills and clinical procedures are also assessed through WPBA in year 5.</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>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of real and simulated patients (SPs). The standard is set at the start of F1.</p> <p>The assessment provider's CPSA originally consisted of three termly OSCEs of four</p>

	<p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>		<p>stations each. The assessment provider is making changes to the design of their CPSA from 2024.</p> <p>This will consist of a four station circuit at the end of term 2 and an eight station circuit at the end of term 3. Data from both terms will be combined to set the passing standard. Stations are 20 minutes long, with two minutes reading time. Candidates sit four stations per day. The CPSA is run at two sites with up to five circuits at Truro and seven¹ at Exeter.</p> <p>The resit will consist of 12 stations to be taken as four stations a day, across three days².</p> <p>The standard is set at the start of F1³. The assessment provider has described how this is integrated into station design, examiner training and quality assurance processes. However, the assessment provider should ensure that this is made clear on all documentation.</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 information and instructions to candidates consistently refer to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.</p> <p>Next submission: The assessment provider should submit an update on the changes to the design, how these have been implemented and how the standard has been maintained.</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.</p> <p>The assessment provider uses a domain based scoring approach. In addition,</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>candidates receive a global score for each station performance which is used in standard setting.</p> <p>SPs do not contribute to the scoring but can provide written feedback to candidates.</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 to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described how the standard is maintained over different circuits/sites and the rationale and method for standard setting the resit.</p> <p>The assessment provider will set the passing standard for the first take by combining the data from the term 2 and 3 OSCEs and using the borderline regression method. In addition, there is a conjunctive standard of eight stations required to pass. The assessment provider plans to increase the conjunctive standard by introducing one standard error of measurement (SEM) in their assessments.</p> <p>The resit of 12 stations will be set using the same method as above to ensure that the passing standard is consistent with the first attempt⁴.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Next submission: We support the assessment provider's updated standard setting strategy. The assessment provider should provide an update on this work and its</p>

			impact in the next submission.
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>Examiners receive training on the professionalism required of candidates during the assessment. Professionalism expectations are emphasised to candidates in OSCE briefings. There are effective processes in place to manage concerns, with remediation opportunities.</p> <p>The assessment provider has a comprehensive system in place for recognising and addressing unprofessional behaviours longitudinally throughout the programme through the use of professional judgements which are monitored by the termly Professionalism Panels.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>
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>	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 clearly explained their content sampling process and how this maps to the themes and domains of the <i>MLA content map</i>. We saw a blueprint which ensures that each OSCE diet tests an appropriate mix of areas of clinical practice, professional knowledge, practical skills and procedures, patient presentations, conditions and clinical and professional capabilities. The themes are covered in the breadth and depth of the OSCE stations as well as in the breadth of</p>

	<p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>WPBA that candidates are required to complete in order to demonstrate that they can identify and interpret clinical findings such as clinical signs, images, data and investigation results.</p> <p>Clinical placement blocks are aligned to the areas of clinical practice outlined in the content map and, to ensure constructive alignment between educational delivery and assessment, the blueprint of the termly CPSA mirrors the clinical placements groupings.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the 	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 clearly described their annual process for developing and designing new stations and reusing existing stations and how post exam feedback is implemented into station development via an OSCE Steering Group.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations, such as academic and clinical staff, specialty leads and external experts, to assure their authenticity and level of challenge. New stations also include patient/public involvement from inception.</p> <p>Station writing training occurs during discussion at away days and by peer collaboration. The assessment provider has described how stations are</p>

	<p>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>		<p>comprehensively piloted and adjusted before use.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p> <p>Next submission: The assessment provider told us that they're developing a station writing training resource during the academic year 2022-23. The assessment provider should provide an update on this in the next submission.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different sites and sittings.</p> <p>The assessment provider has described clear processes to maintain security of content between sessions and days. Content is shared electronically with SPs, who are encouraged to arrive paperless.</p> <p>The assessment provider does not quarantine candidates between sittings but has demonstrated efforts to mitigate security risks. 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</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>The assessment provider has described several mechanisms in place to ensure candidates are familiarised ahead of the CPSA, including experience of practical assessments by the time they reach year four, consistent marking criteria across OSCEs and clinical placement WPBAs, and briefings leading up to the day.</p> <p>The assessment provider also provides sample OSCE paperwork, student guides to</p>

	<p>criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>		<p>marking criteria and access to a suite of videos showing candidates performing at the various standards of an OSCE station.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>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>Detailed and comprehensive feedback is given to candidates across different aspects of the programme, including cumulative longitudinal breakdown of their performance by domain in OSCE assessments and, where applicable, performance across domains in all other WPBAs. It also includes information on how to use and interpret the feedback, to assist their reflection and strengthen their future learning. Additionally, where a student fails a termly OSCE, they're offered specific clinical skills remediation to assist development to the required standard.⁵</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance.</p> <p>Effective practice: Candidates at risk of not progressing are identified early so that remediation and additional support can be offered. Early opportunity to give feedback is a strength of this sequential approach to the CPSA.</p>
11	<p>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This included the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance, especially borderline candidates, and giving feedback to candidates.</p>

	<p>examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration d details of equality, diversity and inclusion (ED&I) training.</p>		<p>The assessment provider has described and demonstrated robust processes for training examiners, which includes training on giving high quality candidate feedback and benchmarking.</p> <p>The assessment provider has described a robust process for calibrating and reviewing OSCE stations to mitigate changes being suggested on the day. If on-the-day changes are needed, the assessment provider has a contingency plan to ensure prompt communication between sites to allow for a fast resolution and maintain consistency across sites.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated.</p> <p>Next submission: The assessment provider plans to introduce a post-training e-learning quiz and completion certificate for examiners. The assessment provider should provide an update in a future submission once this has been introduced.</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.</p> <p>The assessment provider uses an agency to supply and train SPs. The agency has an established record of recruiting and training people in this role. SPs have induction training to introduce them to medical consultations, guidance on patient portrayal and consistency of role player performance. All SPs undergo ED&I training upon recruitment.</p> <p>The assessment provider advised that they're in talks with the SP agency about SPs marking parts of the assessment.</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, with the following suggested recommendation:</p> <p>Next submission: The assessment provider is considering implementing SP marking in</p>

			their assessment. The assessment provider should provide an update on this work in the next submission.
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>They've also shown what steps they take to ensure that the station is being run in the same way across different circuits/sites. Both parties review the paperwork in advance of the assessment. On the day of the assessment, examiners receive a briefing and take part in a huddle discussion with other examiners (who are testing the same station) and SPs to help calibrate marking and standardise performance.</p> <p>Feedback from these discussions is reviewed at the OSCE planning meetings and aspects that can be used for iterative development are captured and actioned.⁶</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>Next submission: The assessment provider has advised that they are developing a template to structure examiner and SP huddles. The assessment provider should provide and update on this in the next submission.</p> <p>Effective practice: The assessment provider uses huddle discussions as an effective way to calibrate marking and capture examiner and SP feedback, which is used to develop exam content.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and</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>simulated patients, and how the impact of this feedback is monitored.</p>		<p>After each iteration of the exam, a psychometric analysis is conducted and the Post-Hoc OSCE Steering Group (OSG) reviews the data for possible examiner bias. If any examiner is identified as a significant outlier, they're ordinarily informed by the local clinical skills coordinators and, if considered necessary, offered additional one-to-one examiner training by a senior member of faculty before examining in future OSCEs.</p> <p>The agency supplying SPs has a quality assurance process that is based on observing SPs' performance and providing written feedback following the exam.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated.</p> <p>Next submission: The assessment provider has outlined a plan to provide bespoke feedback to all assessors in future. The assessment provider should provide an update in future submissions once this has been introduced.</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 detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has well-developed policies and procedures specifically for the CPSA, including standard operating procedures (SOPs), checklists for implementation, coordinator checklists, guidance on how to set up an OSCE station and OSCE staff role descriptions. In addition, they have a SOP in place to support candidates who need adjustments.</p> <p>Invigilators are present on each site throughout the OSCEs and document any issues that arise. They write an invigilators report (which is reviewed in OSCE Steering Group meetings). Specific incidents are logged, discussed and actioned when needed. An OSCE incident log is kept for events that occur pre or post OSCEs so that required</p>

			<p>actions are completed.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The assessment provider has described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, and the effort made to ensure consistency of experience for candidates on different sites and circuits. The assessment provider supplied a video walk-through of the clinical skills resource centre along with detailed floor plans and equipment lists.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of a quality assessment, through securing appropriate venues and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p> <p>Effective practice: The evidence submitted demonstrates excellent resources, facilities and space for a high stakes clinical assessment.</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. They have described the approach to dealing with missing data.</p> <p>The assessment provider has given a clear explanation of the electronic data acquisition via the electronic marking system, with evidence of robust validation procedures and documentation. The assessment provider has a SOP for paper-based marking as part of their contingency planning.</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.
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider has clearly outlined appropriate procedures for collecting results, quality checks and review of results data and how missing data is managed. They have described how the results are prepared for review and decision making at the OSCE steering group, including analysis on each assessor for each station. The process for producing results is well thought out and well delivered with suitable people involved. 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</p>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>Analyses include summary test performance descriptive data and analyses of score distributions. Item analyses are conducted at the station level (for example, facility and discrimination) and individual stations' contribution to the overall assessment construct are considered (for example, whether individual stations discriminate poorly/reduce overall test reliability). Failure rates are considered at the station level. All data is fed back to the clinical skills team and station data may be used to develop station content for future usage in OSCE assessments.</p> <p>A full bias analyses is run following each OSCE assessment, considering whether any</p>

	development of the CPSA.		<p>student-level or external factors (for example, gender, locality, ethnicity) are associated with test performance. These analyses are fed back to faculty and reasons for any systematic biases are discussed.</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>Next submission: The assessment provider should provide an update on the work on protected characteristics, and factors influencing variation in achievements, in the next submission.</p> <p>Next submission: We support the assessment provider's updated CPSA design and standard setting strategy. The assessment provider should provide a psychometric analysis on the impact of this work in the next submission.</p> <p>Effective practice: The assessment provider described how data on protected characteristics is used to ensure diversity in the curriculum and understand factors influencing variations in achievements.</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 demonstrated that external examiners are suitably briefed and have opportunities to observe the CPSA. The evidence showed examples of how the assessment provider uses the external examiners as critical friends: for example, when considering changes to standard setting and psychometric analyses.</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>Next submission: To supplement our understanding, the assessment provider should</p>

		set out how it recruits external examiners in the next submission.
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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

Many thanks for your detailed review of our processes to ensure that we are compliant with the CPSA requirements annexed to the GMC's MLA framework. Thank you for acknowledging the areas of Effective practice within our assessment approach. In addition, we will implement the recommendation in Section 2 CPSA design. Furthermore, we have noted the areas to develop and report on in our next submission. Many thanks again for working constructively with University of Exeter Medical School.

The endnotes below cover additional responses to individual requirements.

¹ **Assessment provider response:** Can be up to six circuits at Truro and nine circuits at Exeter

² **Assessment provider response:** We have finalised this as 12 stations over 2 days

³ **Assessment provider response:** Start of F1 doctor level

⁴ **Assessment provider response:** May we add that if a historical pass mark from whole cohort testing is not available for a OSCE station in the resit assessment then a pass mark will be set using a robust modified Angoff process

⁵ **Assessment provider response:** This more accurately describes our current approach: Detailed and comprehensive feedback on assessment performance is given to candidates across different aspects of the programme. Students are informed of their marks awarded per marking domain on each OSCE station. There are plans to include cumulative longitudinal breakdown of student performance by domain

in OSCE assessments and, where applicable, performance across domains in all other WPBAs.

⁶ **Assessment provider response:** Feedback from these discussions and any events on the day are captured in Invigilator reports and reviewed at the OSCE planning meeting