

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

Brighton and Sussex Medical School

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	Brighton and Sussex Medical School
GMC’s decision	Complies with the CPSA requirements
Date of decision	17 May 2024

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 published in March 2021 and updated and reissued in November 2023. The MLA framework

* 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.

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 Brighton and Sussex Medical School, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

Please list the documents considered in reaching your decision – such as the compliance report, any response/s from the assessment provider, any further information or evidence you've requested, any guidance considered.

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submissions by Brighton and Sussex Medical School, including the assessment provider's response.
- Guidance for decision makers: Medical Licensing Assessment – clinical and professional skills assessment.

Decision

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

I have considered the compliance report and I am satisfied that Brighton and Sussex Medical

* 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.

School (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 Brighton and Sussex Medical School (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 Brighton and Sussex Medical School (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

Assessing professionalism

- The assessment provider should explore good practice in designing stations with a specific professionalism focus, in order to create station scenarios dealing with professionalism issues, such as managing a challenging or complex situation, to include within the CPSA.
- The examiner guidance should be updated to include more explicit reference to the professional capabilities in the *MLA content map* and provide more clarity on the unprofessional behaviours that would trigger referral, including the expectation that candidates should behave in a professional manner during the CPSA, to enhance the consistency in examiners' approach to raising professionalism concerns with the Academic in Charge.

Content sampling

- The assessment provider should develop the clinical reasoning element of the patient examination stations to mitigate the predictability of these stations.

Examiners

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- The assessment provider should reintroduce video recordings to examiner training, to facilitate the discussion about different levels of performance. They should also expand the training on domain scoring to include discussion about performance expectations for the full range of scores.

Collaboration between examiners and patients

- The assessment provider should formalise the preparation time between examiners and SPs, with a documented procedure, to demonstrate there is sufficient time for discussion and rehearsal of the station before the start of the CPSA.

Feedback to examiners and simulated patients

- The assessment provider should develop and document their processes for providing feedback to examiners and SPs and monitoring its impact.

Psychometric analysis

- The assessment provider should ensure that the overall standard of the station and the levels of performance expected in each domain is maintained, when considering changes to a station to improve how well it discriminates between strong and weak candidates.

Reasons for the decision

I am satisfied that the Brighton and Sussex Medical School has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

I note the CPSA reviewers' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary. As mentioned above, there are some recommended changes. I note the assessment provider's intention to address a potential miscommunication about the Item Response in future submissions, and their clarification around the weighting of domains across stations. None of the current recommended changes will impede the School's ability to ensure that candidates are competently assessed on their preparedness to practise medicine as FY1 doctors.

The assessment provider has clearly demonstrated how it meets each requirement under the framework and has provided specific descriptions of the relevant processes it uses.

I have not been made aware of any concerns about the assessment provider's compliance with equality and/or human rights legislation, nor any evidence of a conflict of interest amongst the CPSA reviewers. I note that checks were completed for any conflicts of interest before the reviews took place.

Signed

Emma Vinnicombe

Date

17 May 2024

Annex A

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

Brighton and Sussex Medical School

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

Brighton and Sussex Medical School

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 Brighton and Sussex Medical School (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 Brighton and Sussex Medical School has demonstrated that the individual CPSA requirements have been met.

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

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

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

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

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

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

compliant with the CPSA requirements.

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

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

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

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

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

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

Brighton and Sussex Medical School

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

Our advice is based solely on a review of the written information and evidence submitted by Brighton and Sussex Medical School, 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 skills and procedures are assessed through directly observed practice (DOPs) in the final year, within clinical placements in local Trusts or in the simulation suite, depending on the skill. Successful completion of each procedure is to the level expected in Foundation Programme year one (F1) and successful completion of all these assessments is required for progression to receive a PMQ. They are not reassessed in the CPSA. Workplace-based assessments are also used to demonstrate competence at advanced psychiatry clinical skills in the final year. Students must also undertake Advanced Life Support training and complete the 'Foundation 0' module to experience a period of preparation for life as a foundation doctor.</p> <p>Progression requirements are clearly described, and we reviewed minutes of the exam board where progression decisions are made. We also reviewed the assessment strategy which was updated in 2023.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p>

	<p>include:</p> <p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>		<p>The assessment provider uses a sequential OSCE for their CPSA (introduced to year 2 in 2019-20 and first used in year 5 in 2022-23). All candidates take the first sequence and those at the borderline take the second sequence. The two sequences are at least one week apart.</p> <p>The CPSA is held over two days. Sequence 1 has seven 'short' (ten minute) stations plus two rest stations on day one, and two 'long' (20 minute) stations on day two: 110 minutes testing time in total. Sequence 2 has six short (ten minute) stations plus two rest stations on day one and two long (20 minute) stations on day two: candidates taking both sequences thus have a total of 210 minutes testing time. For both sequences, there is 90 seconds reading time between short stations and 120 seconds reading time between long stations.</p> <p>Sequence 1 is held at three sites with two parallel circuits on each site. Sequence 2 is held at two sites with two parallel circuits on each site.</p> <p>The assessment provider has described the rationale for the long and short stations, which provide an appropriate range and breadth of content. Long and short stations have equal weighting and a similar number of maximum marks, as the assessment provider's previous experience of double weighting the longer stations suggested a reduction in overall exam quality. Stations are pre-tested in real time using a foundation doctor playing the part of the candidate to ensure the CPSA accurately represents an F1 standard.</p> <p>Candidates who do not reach the passing standard at the second sequence will repeat Year 5.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA.</p>
3	Scoring	Yes	The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and described how examiners

	<p>Describe the rationale for the approach to scoring candidate 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>are guided to make consistent overall judgements about candidate performance, especially those at the borderline.</p> <p>The assessment provider uses a well-established domain-based scoring approach, with generic descriptors for each domain. Domains are equally weighted across stations.¹ Examiners then make a global judgement about the candidate’s overall performance in the station, based on their ability to carry out work as an F1 doctor, which is used for standard setting. Examiner training includes a facilitated discussion around the expected level of competence at F1, and the definition of a borderline candidate performance. The assessment provider has recently developed a new process to further reinforce examiners’ calibration of their marking at station level, through a facilitated discussion around the indicators for borderline and fail performances with all the other examiners for that station.</p> <p>SPs and real patients don’t contribute directly to the scoring, but their views are considered by examiners and reflected in the examiners’ scoring through ‘prompt’ questions such as: ‘Would you be happy to see this student again?’. It was unclear whether all examiners ask the same set of questions. We’d encourage the assessment provider to standardise the questions, to ensure examiners maintain a consistent approach. We refer to this again at requirement 11 (Examiners).</p> <p>We advise that the assessment provider has 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</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 used to arrive at a final pass mark and pass/fail outcome decision for each candidate.</p> <p>The assessment provider sets the standard for each sequence of the CPSA using the borderline regression method (BRM), plus the addition of standard error of measurement (SEM) to the raw pass mark. The station pass marks for sequence 1 are</p>

<p>station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	<p>set by BRM based on the entire cohort, which is appropriate. For sequence 2, where all stations have been used in a previous sequence 1, the previous BRM pass marks are used. This is normal practice for a 'resit' exam involving a smaller group of candidates.</p> <p>For sequence 1, 3 x SEM is added to the raw pass mark. It is unusual to see as many as 3 x SEM additions in a sequential test, however the assessment provider stated that this is to give them a very high degree of certainty that those candidates achieving a score above the final pass mark in the first sequence needed no further testing. For sequence 2, 1.96 x SEM is added to the combined raw pass mark for the two sequences, on the basis that having completed the additional test there is more information about those candidates' ability and therefore certainty that they have reached the passing threshold. There are no further passing criteria to pass the CPSA. We discuss this approach in the next paragraph.</p> <p>On reviewing the standard setting approach, we noted there were differences in station cut scores, the sum of which creates the raw pass mark for the CPSA overall. The candidate is awarded a pass so long as the sum of their scores on all stations is greater than the CPSA pass mark. This approach allows candidates to compensate for relatively poor skill performance on some stations. The assessment provider has indicated that the design of the CPSA means it tests across the blueprint and it is therefore not possible to reach the passing standard by compensating across stations. We would, however, advise they keep this under review.</p> <p>We noted at requirement 3 (Scoring) and elsewhere in this report that the assessment provider is enhancing their examiner calibration processes. This may have a positive impact on variation in station cut scores. Furthermore, the assessment provider's sequential OSCE model is relatively new – especially for the final year. We'd therefore recommend they gather further evidence to demonstrate that the CPSA is producing reliable pass/ fail outcomes and, if necessary, consider introducing an alternative conjunctive standard (such as a minimum number of stations required to pass). This would ensure candidates cannot compensate for lack of competency in core skills</p>
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			<p>through high scores elsewhere in the CPSA and add reassurance about their ability across all skill areas. Following this, the assessment provider should also consider whether it remains necessary to add 3 x SEM to the sequence 1 pass mark.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Next submission: The assessment provider should submit an update on their monitoring of the station cut scores and candidate outcomes, to determine whether an additional conjunctive standard would strengthen the CPSA, and then to consider whether it remains necessary to add 3 x SEM to the sequence 1 pass mark.</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 context of the CPSA through the domain descriptors, as shown on their domain marksheet. They have described how these descriptors map to the relevant outcome of <i>Outcomes for graduates</i> – though not explicitly to the <i>MLA content map's</i> clinical and professional capabilities. Currently, there are no stations with a specific professionalism focus. This is an area for development, as it would strengthen the CPSA and its relationship to the content map.</p> <p>The assessment provider has highlighted <i>Good medical practice</i> as a mechanism to brief examiners on the types of unprofessional behaviour that should be identified during the CPSA, using the phrase: 'Did this student's behaviour fall well below that expected by <i>Good medical practice</i>?' as a guide. We consider it would be more helpful if the guidance to examiners explicitly referenced the <i>MLA content map</i>.</p> <p>We noted that the assessment provider reminds examiners that candidates can be nervous and make 'silly' mistakes – this is a trigger for referral to the Academic in</p>

			<p>Charge (AiC) of the circuit on the day, for them to determine if further escalation is required. (The AiC is a senior member of faculty who is responsible for a circuit – there is also a lead AiC for the whole CPSA, who has additional responsibilities before and after the CPSA.) We consider it is important to emphasise to examiners that, regardless of nervousness, candidates are expected to behave in a professional manner. We were reassured to see that the assessment provider has developed a standard operating procedure (SOP) for the AiC, with guidance that they should discuss any professionalism concerns raised by examiners to ensure a good understanding of the concern, before flagging it for further action to the Phase Lead, as required.</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, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should explore good practice in designing stations with a specific professionalism focus, in order to create station scenarios dealing with professionalism issues, such as managing a challenging or complex situation, to include within the CPSA.</p> <p>Recommendation: The examiner guidance should be updated to include more explicit reference to the professional capabilities in the <i>MLA content map</i> and provide more clarity on the unprofessional behaviours that would trigger referral, including the expectation that candidates should behave in a professional manner during the CPSA, to enhance the consistency in examiners’ approach to raising professionalism concerns with the Academic in Charge.</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</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>We reviewed the CPSA station template used by station writers to create new stations,</p>

<p>to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>	<p>which includes the MLA area of clinical practice, area of professional knowledge, clinical and professional capabilities, and patient presentation and condition. We reviewed an example station list, which demonstrated how each station had been mapped to the station type and each domain of the content map. This enables the assessment provider to select an appropriate set of stations to fulfil the requirements of their CPSA blueprint.</p> <p>Selection of CPSA content is managed by the exam setting group, formed of academics from primary care, secondary care and psychiatry from each of the Trusts and led by the academic exam lead for the CPSA. Each sequence independently samples the full blueprint and covers a balanced range of primary and secondary care settings. In each sequence there is a station testing examination findings on a real patient and, at least, one station testing managing uncertainty. When selecting stations, the assessment provider also considers the two sequences together to ensure effective content coverage for candidates taking both sequences. We reviewed a step-by-step guide on how to create the CPSA blueprint for each sequence, so that the process can be carried out consistently at each assessment cycle, as well as a sample blueprint for sequence 1 and sequence 2, demonstrating how they covered the content map areas of clinical practice, areas of professional knowledge, and clinical and professional capabilities.</p> <p>We noted examples of stations which deal with complexity and uncertainty. The assessment provider has acknowledged that the examination of patients station is fairly predictable, so we'd advise they review the clinical reasoning aspect of these stations, to make them less predictable and therefore more authentic to an F1 situation.</p> <p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the content map and the requirement for candidates to demonstrate that they can identify and interpret clinical findings.</p>
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			<p>We advise that there is a suitable approach to selecting content for the CPSA and that it's appropriately mapped to the <i>MLA content map</i>, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop the clinical reasoning element of the patient examination stations to mitigate the predictability of these stations.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <p>a. how station writers are trained</p> <p>b. the process for creating, reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations. Stations are created either during a dedicated station writing event, or by a nominated academic as an outcome of the exam setting meeting. The station is then reviewed by senior faculty, the assessment lead, clinical skills team and by a specialist content expert if needed.</p> <p>There is a dry run of new (or significantly edited since previous use) stations in real time using F1 or F2 doctors as the candidate and viewed by a group of clinicians, academics and administrative staff, to ensure stations will run to time, have clear instructions for all participants and test the skills intended. Stations are also sent to the external examiner whose comments feed into the process.</p> <p>The SOP for the AiC on setting the blueprint and selecting stations for both exam sequences sets out the steps for content areas requiring new stations, reviewing previously used stations with appropriate people, and ensuring stations are correctly tagged against <i>Outcomes for graduates</i> and the <i>MLA content map</i>.</p> <p>We also reviewed information about the station lifecycle demonstrating how examiner, SPs and candidate feedback is taken into account when reviewing and revising stations post-exam. The SOP for the AiC includes the principles for making changes. The assessment provider has also developed an OSCE station review cycle</p>

			<p>and post-OSCE station review guidance SOP, which contains details of how to undertake a post-OSCE station review, and who is involved.</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>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits and sites.</p> <p>Stations are not shared with examiners in advance of the CPSA. Simulated patient station instructions are shared with SPs in the weeks leading up the CPSA and the SPs must sign a confidentiality agreement. Stations are shared with external examiners ahead of the CPSA using a secure area of the university SharePoint folder, using their designated email address.</p> <p>Candidates are quarantined both before and after the CPSA so information cannot be shared with those due to sit the exam later in the day. These arrangements are clearly described in the documentation for students.</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,</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance, and on the day, of the CPSA to ensure candidates are familiar with the format and expected standards of performance.</p> <p>We reviewed a written guide for students providing detailed information about the CPSA, and a presentation on Finals preparation. The sequential format of the CPSA is the same as in earlier years OSCEs and there are further practice opportunities. There</p>

	<p>covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>		<p>is appropriate briefing on the day.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
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>Examiner feedback is not currently quality assured, but the assessment provider has indicated that they would be reviewing a sample to help inform the examiner training events for the coming year.</p> <p>Candidates receive written feedback and their station scores following sequence 1. This enables unsuccessful candidates to help prepare for sequence 2. For candidates failing both sequences, there is a repeat year education support pathway, which involves mentoring and additional training tailored to the student's needs. The assessment provider has indicated that they plan to enhance this area of support for students going forwards.</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>Next submission: The assessment provider should submit an update on their planned changes to examiner training in respect of providing candidate feedback, and on their enhanced support package for unsuccessful candidates.</p>

11	<p>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration and details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance and giving feedback to candidates.</p> <p>Examiners are recruited from each of the clinical placement provider Trusts and from local primary care clinicians. They must be regularly in contact with F1 doctors. Examiner training includes a discussion, facilitated by an experienced faculty member, about what would constitute the level expected for a passing candidate, and ED&I content around unconscious bias and reasonable adjustments. Examiners must also have completed mandatory ED&I training. Examiners are generally matched to stations in their specialty area.</p> <p>Previously, the assessment provider has incorporated videos at the examiner training sessions and we'd encourage them to reinstate the use of recorded performances to facilitate discussion of the borderline candidate and benchmarking. We also considered that the training could expand the section on marking domains, to include discussion on indicators for each level of performance, as it currently focuses on borderline and failing candidates only.</p> <p>Examiner training includes giving feedback to candidates. As advised in requirement 10 (Results and feedback to candidates), the assessment provider has indicated that they are reviewing their examiner training in respect of providing candidate feedback.</p> <p>As noted at requirement 3 (Scoring), and elsewhere in this report, the assessment provider has recently developed a new process to reinforce examiners' calibration of their marking at station level, through a facilitated discussion around the indicators for borderline and fail performances with all the other examiners for that station in different circuits, via Zoom video link (accessed through the university account) in breakout rooms on the day of the CPSA. This is led either by a circuit AiC (ideally</p>
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			<p>working in their own area of clinical practice), or an experienced examiner who has been contacted in advance to discuss the station and what is expected in the facilitation of the calibration discussion. The process is set out in SOPs with supporting documentation, which includes a: 'Guide to Calibration Discussion', to help structure the conversation by breaking down the station into knowledge, skills and behaviours expected. There is a WhatsApp group for all of the AiCs to communicate any changes identified at station level so they can be replicated at each site.</p> <p>We were pleased to see these developments to the examiner calibration process across circuits and sites, which, together with the review of the performance metrics described at requirement 19 (Psychometric analysis), should improve the consistency of examiners' marking and of candidates' experience of the CPSA.</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>Recommendation: The assessment provider should reintroduce video recordings to examiner training, to facilitate the discussion about different levels of performance. They should also expand the training on domain scoring to include discussion about performance expectations for the full range of scores.</p> <p>Next submission: The assessment provider should submit an update on their new examiner calibration processes. This should include how examiners elicit and take patient feedback into consideration.</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. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>SPs are recruited from three different actor agencies with longstanding OSCE experience. While we noted that all SPs have previous OSCE experience, we considered they should receive specific training about the CPSA, including ED&I considerations,</p>

			<p>standardised across the agencies. SPs receive a detailed brief of their station role two months prior to the exam. All those playing the same role on other circuits are trained together by the assessment provider to ensure consistency of approach.</p> <p>Real patients are recruited through the various clinical departments and are consented to take part by the Patient Educators Group (PEG). A database of patients who have consented is kept up to date. Patients willing and able to take part in the CPSA are briefed on what their role is and can decide if the station suggested is suitable for them. We reviewed the terms of reference and SOP for this process which is based on GMC guidance for patient and public involvement in undergraduate medical education.</p> <p>We advise that the assessment provider has clearly described how it involves SPs and real patients in the CPSA and has provided evidence of appropriate training and calibration.</p>
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. For stations involving real patients, the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find.</p> <p>Examiners do not see their station in advance of the CPSA. SPs receive their brief in advance and have access to the full station details on the day. Examiners and patients (simulated and real) have 30 to 40 minutes together in their station prior to the start of the exam, during which examiners are encouraged to discuss with the SP how the station should run or asked to examine the real patient to confirm the clinical signs. There is also a clinic letter with these described. The AiC on each site/ circuit briefs the examiner and actor in each station and answers any outstanding queries to ensure</p>

			<p>both are appropriately calibrated. If an issue with a station is raised, information is disseminated across sites via a WhatsApp group so changes can be consistently applied.</p> <p>We noted that the AiCs across sites agree these briefings in advance, to support a consistent approach across sites. However, we also noted that examiners are trained to prompt their SP to adhere to their role brief if this is not happening. We consider the risk of discrepancies occurring after the exam has started would be mitigated, and calibration further improved, if the station preparation between examiner and SP were strengthened, with clear guidelines to steer the discussion and rehearsal of the station.</p> <p>We advise that the assessment provider has 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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should formalise the preparation time between examiners and SPs, with a documented procedure, to demonstrate there is sufficient time for discussion and rehearsal of the station before the start of the CPSA.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>On the day, the AiC has responsibility for ensuring appropriate examiner behaviour. The lead AiC will deliver the on-the-day examiner briefing to all examiners, via a Zoom video link to all venues. Local AiCs facilitate the station calibration discussions and deal with queries. AiCs are required to observe all stations at least once during the CPSA and compare one or two stations across circuits to ensure consistency. This is included in their report on the CPSA.</p> <p>Examiners with outlying marking behaviours (identified through analysis of the results</p>

			<p>after the CPSA, as discussed at requirement 18 (Production of results)) are required to meet the academic team for a discussion about the standard expected and are given additional training. If they are not responsive to this process they are not invited to examine in future CPSAs.</p> <p>We didn't see evidence of a feedback loop to examiners, to enhance their insight to their marking behaviours, so we'd advise that the assessment provider develop a formal mechanism for examiner feedback, including guidance on how to interpret the data.</p> <p>SPs are given feedback on the day by the AiC regarding their approach to the station construct. The assessment provider also takes feedback on SPs from examiners, candidates and the clinical skills team, and any significant concerns (such as taking phone calls or receiving texts during a station) are fed back via the actor agency. Actors who do not adhere to playing the SP role as agreed are not employed for future CPSAs.</p> <p>As the assessment provider uses three different agencies, we felt the feedback loop to SPs would be more rigorous if it was underpinned by a formal SOP.</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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop and document their processes for providing feedback to examiners and SPs and monitoring its impact.</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 a comprehensive set of information about central university policies relating to all aspects of the CPSA, such as mitigating circumstances, appeals, academic misconduct and complaints, with clear narratives to describe how these are applied.</p> <p>There is a comprehensive process for dealing with reasonable adjustments for candidates, in coordination with the university disability and dyslexia service. As well</p>

			<p>as dealing with accommodations for individual candidates, the assessment provider has indicated that they're exploring whether additional time during the CPSA would benefit certain groups of students, to inform their future practice in this area. This is described further at requirement 19 (Psychometric analysis).</p> <p>There are clear procedures for the delivery for the CPSA. The supporting evidence includes the recently updated 'OSCE delivery checklist', a detailed document demonstrating the step-by-step processes which take place across the year, before the CPSA, on the day, and after the CPSA, including the owner of each task.</p> <p>We noted several stages during the assessment cycle where the assessment provider is able to quality assure their procedures and identify future quality improvement, such as through the post-OSCE report prepared by the AiC after the CPSA, which identifies any deviations from process or issues that have occurred. This report is reviewed and discussed during the OSCE Results Review meeting. Any changes to process as a result of the meeting are recorded for the Annual Assessment report, which covers knowledge tests as well as OSCEs. The Annual Assessment report also includes a Conduct of Assessment report, which is prepared for the Phase Exam Board after each assessment, in line with the SOP outlined in the 'Guidance for post exam procedures and exam board reporting' document. Any issues are referred to the Director of Assessment. The Annual Assessment report is reviewed during the Annual Assessment Meeting with all faculty involved in assessment at the start of each academic year. Changes to process are discussed and agreed.</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</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>

	high stakes assessment with access to appropriate clinical resources.		<p>The assessment provider has made clear efforts to secure and book sufficient suitable sites to accommodate an increase in student numbers and deliver exams in a secure and protected environment, including provision for candidates with reasonable adjustments. They have described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, and staffing, with effort made to ensure consistency of experience for candidates on different sites and circuits. Candidates are allocated to sites by first honouring any reasonable adjustments and then at random.</p> <p>Where more than one station is allocated to a room, requiring screens between stations, careful consideration is made to the stations selected to those rooms. There are additional spaces for examiner, SP and candidate briefings and the quarantining of candidates. All sites are enabled to use the electronic marking system, with suitable arrangements to continue to run the CPSA if the Wifi goes down.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA 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>Marks are captured through the electronic marking software. Examiner marksheets are monitored during the exam by marshals from the exams team, who will check for any delays. At the end of each cycle examiners are asked to stay until final checks have been completed and the marshal gives the all-clear.</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</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</p>

	<p>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>		<p>have described the criteria and process for making post-assessment mark adjustments.</p> <p>Following each sequence, results and statistical reports are discussed by the academic exam lead, assessment lead and exams team, with appropriate checks to ensure accuracy of the data. The assessment provider has detailed written procedures for the review of the CPSA and principles for decision making in relation to post-assessment mark adjustments, including considering station removal, such as when the statistics demonstrate that an examiner is a significant outlier compared with other examiners marking the same station. As noted elsewhere in this report, the assessment provider has recently enhanced their examiner training and calibration, which is likely to reduce the risk of this occurrence, and we'd encourage them to monitor its impact on examiner performance.</p> <p>The assessment provider has also introduced a new process and possible actions to deal fairly with the situation where a candidate or candidates did not have a chance to complete a station. These are: the principle of only using scores that a candidate has earned for themselves; the aim of retaining as much data about the candidate's performance as possible; and maintaining the reliability of the assessment. We welcome this new process, which ensures the standard required to pass is maintained. The conclusions of the review of the CPSA are recorded in the exam board report and presented to the Board at their meeting.</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,</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.</p> <p>They have given a clear summary of the review that takes place after the CPSA, where feedback from examiners, candidates and staff are considered alongside the</p>

<p>evaluation and decision making. This should include:</p> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 	<p>psychometric data, to identify stations that have not performed as expected. As described at requirement 7 (Quality of CPSA content), the assessment provider has set out the process in the: 'OSCE Station Review Cycle & Post OSCE Station Review Guidance' document. The whole station is reviewed, including station content, mark schemes and examiner guidance.</p> <p>The analyses they undertake (such as correlation of station vs whole test and global score vs marksheet score, and reliability metrics), are appropriate. Additionally, as described at requirement 16 (Resources and space), the assessment provider makes an effort to ensure candidates have a consistent experience on different sites and allocates candidates to sites at random. After the CPSA, the assessment provider reviews the psychometric comparison of circuits to ensure there is no significant difference in overall performance by site. If this is found, the allocation rules are reviewed, and any changes in approach will be considered by the exam board. We welcome this analysis and approach to exploring any site-specific differences that may impact on candidates' experience or performance.</p> <p>The assessment provider has also described how they use item response theory (IRT) to determine how well the station discriminates between strong and weak performance. They have explained that if IRT demonstrates the station is not able to differentiate students at the borderline between pass and fail, the station may be rewritten to: 'make it easier for students'². While we welcome their efforts to ensure stations discriminate well between weaker and stronger candidates, we'd advise they apply caution when considering changing the station difficulty, to ensure the overall standard of the station and the levels of performance expected in each domain – especially around the borderline – is maintained. We'd also advise that they revisit the specification 'to make it easier for students', so it's clear to the station editor that the remit is to ensure more effective discrimination at the borderline.</p> <p>The assessment provider has described their wide-ranging approach to ED&I in the CPSA, including efforts to use actors from different ethnic backgrounds and simulation</p>
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			<p>models in non-white skin tones. Stations include a variety of sexual orientations and examiners are briefed to treat microaggressions about race, gender or sexual orientation as serious concerns. The assessment provider actively uses differential attainment (DA) and demographic information collected as part of the GMC's quality assurance activity and is planning further research to consider DA. This will be in relation to specific learning difficulties and declared mental health concerns and whether extra time in the exam would help level the playing field.</p> <p>We advise that the assessment provider has appropriately described the psychometric analyses they undertake, and how these are used to review and improve the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that the overall standard of the station and the levels of performance expected in each domain is maintained, when considering changes to a station to improve how well it discriminates between strong and weak candidates.</p> <p>Next submission: The assessment provider should submit an update on their ED&I research and how it has informed their practice. This should include the findings of their investigations into whether additional time benefits certain groups of students, and any impact on their provision of extra reading time in the CPSA.</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 supporting evidence includes briefing materials and a detailed external examiner handbook, which includes roles, responsibilities, the appointments process and guidance on external examiners' reports.</p> <p>The assessment provider has demonstrated how their external examiners play an active role in the CPSA, such as through reviewing stations, attending the CPSA, and attendance at exam board meetings, where they approve the decisions made by the</p>

		<p>Board and ensure due process has taken place. The assessment provider responds to external examiners' comments throughout the year and a formal response is made to the external examiners' end of year report by the Phase Lead.</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>
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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

The endnotes below cover the assessment provider's responses to individual requirements.

¹ **Assessment provider response:** In most cases domains are equally weighted across stations, however, in examination stations the examination domain is triple weighted (x3). This is to ensure we can assess the ability of the student to identify abnormal physical findings.

² **Assessment provider response:** We think this may have been a miscommunication that we're happy to address in future submissions. We do not use the IRT to make this easier for students.