

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

## Buckingham Medical School, The University of Buckingham

This document records the General Medical Council’s (GMC’s) decision\* on whether an assessment provider<sup>†</sup> 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	Buckingham Medical School, The University of Buckingham
GMC’s decision	Complies with the CPSA requirements
Date of decision	07 June 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<sup>‡</sup> 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.

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

<sup>†</sup> 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.

<sup>‡</sup> Sections 5(2)(a) and (b).

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*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<sup>†</sup> 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

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\* 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.

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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 Buckingham Medical School, The University of Buckingham, 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 document:

- MLA CPSA - compliance report containing CPSA reviewers' advice.

#### Decision

I have considered the compliance report and I am satisfied that Buckingham Medical School, The University of Buckingham (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](#).

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\* 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.

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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.

### **Mandatory changes**

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

There are no mandatory changes.

### **Recommendations**

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

- The assessment provider should ensure that SPs receive ED&I training (Req.12)
- The assessment provider should use locked down devices of its own for examiners to mark in the CPSA (Req.17)
- The assessment provider should build in cross-checking at all stages of producing results data for the exam board and document it in the existing SOP (Req.18)
- The assessment provider should develop an SOP setting out how analysis of the CPSA feeds into exam review and decision-making thresholds for making post-assessment mark adjustments (Req.18)
- The assessment provider should enhance their cross-site analyses and demonstrate how it uses these to feed into the development of the CPSA (Req.19)

### **Reasons for the decision**

I am satisfied from the compliance report that Buckingham Medical School, The University of Buckingham, has demonstrated compliance with the CPSA requirements through its evidence submission, and the compliance report sets this out as well as recommendations and updates required in the next submissions, and an example of effective practice. I do not believe any of the recommendations or updates affect the provider's compliance with the CPSA requirements.

### **Signed**

Robin Benstead

### **Date**

07 June 2024

## **Annex A**

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

**Buckingham Medical School, The University of Buckingham**

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

## Buckingham Medical School, The University of Buckingham

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 Buckingham Medical School, The University of Buckingham (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 Buckingham Medical School, The University of Buckingham 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

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\* 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.

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specified in the MLA framework\* in order for the assessment provider to meet and be compliant with the CPSA requirements.

- The findings include the CPSA reviewers' recommendations<sup>†</sup> 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.

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\* 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).

<sup>†</sup> 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.

# Buckingham Medical School, The University of Buckingham

## Overview of CPSA reviewers' advice

### Overall advice statement from CPSA reviewers

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

In reviewing the CPSA submission we also identified an example of effective practice.

Our advice is based solely on a review of the written information and evidence submitted by Buckingham Medical School, The University of Buckingham, 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><b>Assessment strategy</b></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 described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA is sat in the final year of the programme.</p> <p>Practical procedures are assessed using an electronic portfolio (eportfolio). Students can be signed off during the junior rotation (year 3). The assessment provider told us that as part of a review of the preparation for professional practice that follows the senior rotation (year 4), they will extend the length of the Assistantship block to seven weeks, and use this as a point to recheck the competency of practical procedures that were signed off as earlier in the course. This will include ensuring appropriate documentary evidence is set out in the eportfolio. This will come into place in 2024-25 academic year, in time for the first cohort to take the CPSA as part of the MLA. We welcome this approach and look forward to seeing an update in the next submission.</p> <p>Practical procedures may also be reassessed in the CPSA in the context of a wider clinical consultation.</p> <p>As part of the eportfolio, students must demonstrate that they've achieved all the Professional values and behaviours outcomes from <i>Outcomes for graduates</i>. Students must pass all elements of the course before taking the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p> <p><b>Next submission:</b> The assessment provider should give an update on their process to</p>

			recheck practical skills and procedures in the assistantship.
2	<p><b>CPSA design</b></p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</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 simulated and real patients.</p> <p>The assessment provider will use an OSCE for their CPSA, consisting of 12 ten-minute stations run over two days. Candidates have one minute reading time between stations. The testing time is sufficient for a high-stakes clinical exam. The CPSA is run at two sites three times in a single day, with three to five parallel circuits, depending on candidate numbers.</p> <p>The resit will be held at a single site. It will follow the same format as the main sit.</p> <p>Previously, there were six ten-minute stations and three 20-minute stations. The assessment provider reviewed the design of the CPSA in consultation with their external examiners. We were pleased to see the proposed new design which will allow the assessment provider to sample more widely across the <i>MLA content map</i>. As the assessment provider hadn't run the CPSA in the new format at the time of submission, they should give an update in the next submission about its implementation.</p> <p>We advise that the assessment provider has clearly described the rationale and modelling for the CPSA design and described what each candidate needs to do on the day to complete the CPSA.</p> <p><b>Next submission:</b> The assessment provider should give an update on the changes to the design of the CPSA, including any analyses they've undertaken to support the changes.</p>
3	<p><b>Scoring</b></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 total score is calculated and provided example marksheets and examiner scoring guidance, including descriptors for candidate performances.</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>The assessment provider uses a domain-based scoring approach. There are four generic domains used in each station, supported by positive and negative indicators to aid examiners in their marking. Examiners also receive a station-specific calibration document setting out ‘word pictures’ of the expectations around passing and failing scores in each domain look like. This is used as part of the calibration discussion on the morning of the CPSA to help examiners reach a consensus on the characteristics of a borderline candidate in that station.</p> <p>The examiner also gives an independent global score on a six-point scale which is used to derive the station pass mark using the borderline regression method.</p> <p>Simulated patients (SPs) don’t contribute to the scoring, but examiners capture elements of the interaction with the SP in their marking.</p> <p>The standard is set at day one of the Foundation Programme (F1). This is made clear to the examiners in the calibration, but the example stations and global grade descriptors we saw didn’t make this explicit. The assessment provider has indicated that they have plans to refine their examiner documentation, including revising their global score descriptors, and we recommend that the assessment provider clarifies this across all their CPSA material to avoid any ambiguity.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p><b>Next submission:</b> The assessment provider should provide an update on the revised training materials for examiners and material on the day of the CPSA, showing how they reference the standard as F1.</p>
4	<p><b>Standard setting</b></p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA and demonstrated how it 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</p>

<p>underlying rationale for the chosen method(s), including:</p> <ul style="list-style-type: none"> <li>a. standard setting method at station and overall assessment level</li> <li>b. any additional passing criteria (eg minimum number of stations passed).</li> </ul>	<p>circuits and sites and the rationale and method for standard setting the resit.</p> <p>The assessment provider will set the standard for the first take at station-level, using a passing threshold of nine out of 12 stations. Within each station, the cut score is determined using the borderline regression method, being set at the midpoint between satisfactory and unsatisfactory, which is rounded to the nearest integer to provide the station cut score. There is no overall pass mark for the CPSA.</p> <p>The resit uses the same criteria, using the cut score from established stations, which have been previously used in a main sit. This approach is appropriate, as with small numbers of candidates in a resit it's difficult to generate a cut score using borderline regression. Where that's not possible – for example where a station needs to be significantly edited before reuse – the standard from a similar station is used. This, however, is a rare occurrence and we would discourage its use.</p> <p>To maintain the standard across different circuits, the assessment provider uses a Tukey test after the exam to identify variance in how stations performed. This is cross-referenced with the observations of the station moderator on examiner stringency. If required, the assessment provider may recalculate the cut score for a station. We talk further about the use of post-test adjustments in requirement 18 (Production of results).</p> <p>The assessment provider told us that they'd previously modelled the use of an overall cut score and a minimum number of stations to pass, and that this had the same outcome as the current standard setting method. As they review the changes to the design of the CPSA, they will review the standard setting method and model other methods to ensure that it remains appropriate.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p><b>Next submission:</b> The assessment provider should give an update on their review of alternative standard setting methods.</p>
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5	<p><b>Assessing professionalism</b></p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the content of the CPSA, for example professionalism is one of the four domains assessed in each station. As with the other domains, the descriptors include positive and negative indicators of professionalism and patient safety, according to the type of station.</p> <p>Where examiners give low scores in a domain, they're asked to give feedback to candidates, especially if the reason for the score relates to professionalism or patient safety. If they identify serious or persistent unprofessional or unsafe behaviour they must report it to a moderator, who will escalate to the chief invigilator.</p> <p>Additionally, professionalism scores and comments are reviewed by the assessment lead after the CPSA to identify any trends in candidate behaviour across stations.</p> <p>Professionalism issues identified in this way may be escalated through the assessment provider's concerns processes.</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><b>Content sampling</b></p> <p>Describe how the CPSA content relates to the <i>MLA content map</i>:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <p>i. Readiness for safe practice</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 CPSA is clearly aligned to <i>Outcomes for graduates</i>. We noted that work is underway to map the assessment blueprint to the <i>MLA content map</i>, including mapping to the clinical and professional capabilities, with transition to a new</p>

<ul style="list-style-type: none"> <li>ii. Managing uncertainty</li> <li>iii. Delivering person-centred care</li> </ul> <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> <li>i. Areas of clinical practice</li> <li>ii. Areas of professional knowledge</li> <li>iii. Clinical and professional capabilities</li> <li>iv. Practical skills and procedures</li> <li>v. Patient presentations</li> <li>vi. Conditions</li> </ul> <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>assessment blueprint based on the MLA content map in the academic year 2023-24. The assessment provider should give an update in the next submission.</p> <p>At the time of the submission the assessment provider told us that the resit wasn't mapped to the assessment blueprint, but rather used previously used anchor stations which were selected to assess common patient presentations seen by F1 doctors. As part of the work mapping the CPSA to the content map, the assessment provider plans to ensure that both the main sit and resit are mapped to the same assessment blueprint.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>.</p> <p><b>Next submission:</b> The assessment provider should give an update on their work actively mapping the CPSA main sit and resit to the <i>MLA content map</i>.</p>
<p>7</p> <p><b>Quality of CPSA content</b></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"> <li>a. how station writers are trained</li> <li>b. the process for creating, reviewing and approving new stations, and reusing existing</li> </ul>	<p>Yes</p>	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring they are authentic and at the appropriate level of challenge.</p> <p>The assessment provider has clear station writing procedures and guidelines, and stations writers receive support from the OSCE coordinator and other senior clinicians involved in producing the CPSA.</p> <p>The quality assurance processes they described are robust and a station is checked from a number of perspectives during its development, including review by a validation panel with representatives of all local education providers (LEPs) through an iterative process. Before reuse, stations go through this process again.</p>

	<p>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>		<p>Feedback is collected from examiners, SPs and students on the day of the CPSA and post-exam station metrics are used when revising stations.</p> <p>The assessment provider is introducing a new group – the Phase 2 Assessment, Learning and Teaching Group – as a forum for discussing station feedback and results and station psychometrics from the exam board, with the aim of giving feedback to station writers and reviewers. We welcome the establishment of this group which will strengthen the quality assurance processes for stations. The assessment provider also told us that they would pilot stations before use to ensure that they’re at the level of F1 and are logistically and practically feasible.</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, with the following suggested recommendation:</p> <p><b>Next submission:</b> The assessment provider should give an update on their work to pre-test stations.</p>
8	<p><b>Security of CPSA content</b></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.</p> <p>The assessment provider uses two sites for running the CPSA. On the day of the CPSA, candidates are quarantined, with no access to devices. Performance statistics across the first and last sessions are reviewed post-CPSA to ensure assessment integrity has been maintained.</p> <p>All assessment materials are stored on the assessment team’s SharePoint site, with access limited to the assessment team. Examiners receive their station two days before the CPSA. It can only be sent to a work email. SPs receive their script (not the full station) a week before the CPSA from the Simulated Patient Lead to allow them time to prepare.</p>

			We advise that the assessment provider appropriately ensures the security of CPSA materials.
9	<p><b>Familiarisation with the assessment process for candidates</b></p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run 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, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>The assessment provider shares comprehensive information on the CPSA with candidates, for example information on the format, scoring and outcomes through the virtual learning environment (VLE). Candidates also have face to face talks in the induction week and with the assessment lead prior to the CPSA.</p> <p>As part of their preparation, candidates take a mock CPSA in phase 2 with full domain scores, global scores and written comments from the assessor.</p> <p>Two weeks before the CPSA, candidates receive an email with the itinerary and logistics, and they receive a 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><b>Results and feedback to candidates</b></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>All candidates see the number of stations they passed, their score relative to the cut score and their overall outcome for the exam. They also receive feedback on domains where they've underperformed, as well as any professionalism or patient safety issues the examiners identified on the day.</p> <p>In the resit, examiners give written feedback on all candidates.</p> <p>Unsuccessful candidates are supported by their personal tutor who receives details of their marks, examiner comments and station summaries for context. From these, they</p>

			<p>look for themes to inform and support the student’s development. Candidates can also meet with the Phase 2 Lead, Student Support Lead or Assessment Lead for additional support.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance.</p>
11	<p><b>Examiners</b></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 d details of equality, diversity and inclusion (ED&amp;I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated, including the criteria for appointment, ED&amp;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>Examiners are recruited from among consultants and GPs from the assessment provider’s LEPs. They must be at the level of Specialty Trainee 3 (ST3) or above, or a teaching fellow.</p> <p>All CPSA examiners must be trained by the assessment team prior to examining in the CPSA. This training is required every time there is a material change to the format (this has been every year recently with the switch between face to face and online provision and vice versa during the Covid-19 pandemic), or they must have been trained within the last two years and examined an OSCE within the last 12 months.</p> <p>Training is delivered via Microsoft (MS) Teams in two parts, covering the principles of an OSCE including the importance of fairness and ED&amp;I, and the practicalities on the day of an OSCE. The assessment provider told us that previously it ran separate calibration sessions, but it now uses the ‘word pictures’ described in requirement 3 (Scoring) to help examiners calibrate on the day of the exam. The assessment provider also told us that they will include an element of marking a candidate’s performance in examiner training.</p> <p>Examiners must be up to date with their own organisation’s mandatory ED&amp;I training.</p>

			<p>The assessment provider uses moderators to calibrate examiners before the CPSA and monitor them during the CPSA. They've documented the role and responsibilities of the moderator, who they describe as senior examiners who ensure their processes and outcomes are fair, valid and reliable and that the assessment criteria have been applied consistently.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're prepared to mark in the CPSA, with the following suggested recommendation:</p> <p><b>Next submission:</b> The assessment provider should provide an update on their work to include an element of marking a candidate's performance in examiner training.</p>
12	<p><b>Simulated/ real patients</b></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. While we saw evidence of their training, we didn't see evidence that it includes ED&amp;I training. We recommend that the assessment provider includes this in future training.</p> <p>The assessment provider told us that they only use SPs in the CPSA who have previous experience of participating in an OSCE station. This is appropriate, given the high stakes nature of the CPSA.</p> <p>We were pleased to hear that where an SP is playing a patient with mental health issues the assessment provider gives additional training from the mental health block lead. This helps the assessment provider ensure the role is played authentically.</p> <p>During the pandemic, the assessment provider stopped using real patients in their CPSA in common with many others. They told us that they're considering re-introducing real patients as SPs lack abnormal clinical signs on examination. We welcome this move.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the</p>

			<p>CPSA and has provided evidence of appropriate training and calibration, with the following suggested recommendations:</p> <p><b>Recommendation:</b> The assessment provider should ensure that SPs receive ED&amp;I training.</p> <p><b>Next submission:</b> The assessment provider should give an update on the re-introduction of real patients in the CPSA.</p> <p><b>Effective practice:</b> The assessment provider gives additional content-related training to SPs playing the role of patients with mental health issues.</p>
13	<p><b>Collaboration between examiners and patients</b></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>Examiners and SPs receive their briefings in the morning before the start of the CPSA. The assessment provider gives them 40 minutes before the CPSA begins to run through the station and identify any issues. Examiners then meet the moderator for that station to calibrate using the calibration guidance described in requirement 2 (CPSA design). The moderator has a calibration script which has been agreed beforehand to ensure consistency.</p> <p>The assessment provider told us how they've used learning from other assessments to ensure that the same approach is taken across sites, including the use of an MS Teams channel to allow moderators to communicate and escalate any issues that affect both sites.</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 both understand how the station should be presented and any issues are clarified.</p>
14	<b>Feedback to examiners and</b>	Yes	The assessment provider has described and demonstrated how they monitor

	<p><b>simulated patients</b></p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>		<p>examiners and SPs during and after the CPSA, and what feedback is given to them. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>Examiners receive their median global and mean domain scores against the station average and the average for the whole CPSA, which gives them a sense of whether they've been lenient or stringent in comparison to the other examiners for that station. If their marks are significantly different from other examiners, they will be retrained and monitored the next time they examine.</p> <p>SPs receive feedback from the Sim Patient Lead, either in person on the day or via email afterwards. The Sim Patient Lead will complete a similar observation form to the moderators.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated.</p>
15	<p><b>Policies and procedures</b></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>All candidates on the course complete an occupational health screening questionnaire and attend a fitness to study assessment with the assessment provider's occupational health teams. If this identifies that a candidate may need a reasonable adjustment, the occupational health team makes recommendations which are reviewed by the student support team, together with other relevant information, in order to make appropriate reasonable adjustments.</p> <p>The assessment provider has processes to capture feedback from moderators, examiners and SPs. Candidates receive a link to provide anonymous feedback. This is collated and reviewed, and the assessment manager and assessment lead provide a</p>

			<p>response which is published on the VLE.</p> <p>The assessment provider has processes in place to capture complaints from candidates through either feedback or the student appeals process. They told us that they would review these processes to provide a more defined and transparent pathway for candidate to lodge a complaint arising from the CPSA.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p> <p><b>Next submission:</b> The assessment provider should give an update on their work to review the student appeals process.</p>
16	<p><b>Resources and space</b></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 will run the CPSA at two sites and has described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of a quality assessment through securing appropriate venues, and the resources needed so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p><b>Data acquisition</b></p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing</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>Examiners submit marks on their own devices via a web-based interface. Through it they can check the name, number and photograph of the candidate when they enter</p>

	<p>data identified during the CPSA itself.</p>		<p>the station. The data are collected live during the CPSA and can be seen by the OSCE manager. Candidates aren't moved on until all the marks are submitted. Additionally, during breaks, the OSCE manager checks the marks to identify and rectify any anomalies.</p> <p>The processes described are appropriate, however, we noted that the assessment provider allows examiners to use their own devices to assess candidates. While we saw no evidence that this had caused issues in the exam to date, allowing examiners to use their own devices is both a security risk to the assessment materials, and, potentially, a distraction from the task in hand. We recommend that the assessment provider should use locked down devices of its own in the CPSA.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and the processes in place to ensure scores are accurate and complete, with the following suggested recommendation:</p> <p><b>Recommendation:</b> The assessment provider should use locked down devices of its own for examiners to mark in the CPSA.</p>
18	<p><b>Production of results</b></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>As noted in requirement 17 (Data acquisition), electronic submission of results means that there's a minimal risk of missing data. The OSCE manager monitoring the real-time dashboard can resolve individual issues as they occur and conducts a sense check of the data at the end of the session.</p> <p>While we saw a process for checking the data, we noted that it required manual intervention at a number of points. The process would be more robust if the assessment provider ensured that there is cross-checking at each stage of results production which is captured in the existing standard operating procedure (SOP).</p>

			<p>The assessment provider has the option to remove stations if they don't perform as expected, or to change the marks for a circuit where the Tukey test has identified statistically significant difference. We saw an example of where the assessment provider had made post-assessment mark-data changes, but we weren't clear what other considerations had gone into making the change. We caution against making changes at an individual circuit level and recommend that the assessment provider should document the process, including guiding principles for how they make post-assessment mark-data changes at the board of examiners.</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, with the following suggested recommendations:</p> <p><b>Recommendation:</b> The assessment provider should build in cross-checking at all stages of producing results data for the exam board and document it in the existing SOP.</p> <p><b>Recommendation:</b> The assessment provider should develop an SOP setting out how analysis of the CPSA feeds into exam review and decision-making thresholds for making post-assessment mark adjustments.</p>
19	<p><b>Psychometric analysis</b></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> <ul style="list-style-type: none"> <li>a. what analyses are conducted</li> <li>b. how the analysis is used to</li> </ul>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>In analysing the CPSA, the assessment provider looks at the typical psychometric measures for an OSCE, at both the station level and across circuits and administrations, including examiner performance. These are presented to the exam board when discussing candidate outcomes. The assessment provider also told us that they perform high level cross-site analyses. We recommend that the assessment provider</p>

	<p>improve station quality</p> <p>c. how the analysis informs the development of the CPSA.</p>		<p>should enhance their cross-site analyses and demonstrate how these are being used to feed into the development of the CPSA.</p> <p>Following the exam season, the psychometric measures are considered as part of a wider review of assessment processes through the Phase 2 Assessment Learning and Teaching committee. This committee brings together relevant stakeholders from assessment, curriculum and the student body.</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, with the following suggested recommendation:</p> <p><b>Recommendation:</b> The assessment provider should enhance their cross-site analyses and demonstrate how it uses these to feed into the development of the CPSA.</p>
20	<p><b>External examiners</b></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 review the blueprint and observe the CPSA. The evidence showed they use the external examiners as critical friends. We were reassured to see that they consulted the external examiners when making the changes to the design described in requirement 2 (CPSA design).</p> <p>We welcomed the assessment provider’s decision to appoint a second external examiner to contribute to the quality improvement cycle of the CPSA.</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 assessment provider has acknowledged the report and has confirmed it provides an accurate summary. They have no points on which they feel they need to provide a response at this time.