

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

College of Medical and Dental Sciences, The University of Birmingham

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	College of Medical and Dental Sciences, The University of Birmingham
GMC’s decision	Complies with the CPSA requirements
Date of decision	8 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.

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

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

[‡] Sections 5(2)(a) and (b).

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

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

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

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

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

Compliance process

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

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

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

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

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

CPSA requirements.

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

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

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

A copy of the compliance report containing advice to the GMC on the CPSA submission by College of Medical and Dental Sciences, The University of Birmingham, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

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

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submission relating to the College of Medical and Dental Sciences, The University of Birmingham, including the assessment provider's response.
- Guidance to decision makers: Medical Licensing Assessment - clinical and professional skills assessment

Decision

I considered the compliance report and need further information or advice to be able to make a

* 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.

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 College of Medical and Dental Sciences, The University of Birmingham (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 College of Medical and Dental Sciences, The University of Birmingham (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 College of Medical and Dental Sciences, The University of Birmingham (the assessment provider) is not compliant and does not meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#). I am escalating this to the Registrar for further consideration.

Mandatory changes

There are no mandatory changes.

Recommendations

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

- With regard to Assessment Strategy:
 - The assessment provider should document the quality assurance process for Direct Observation of Examination Skills (DOES) assessments, including passing criteria and how examiners are prepared to assess students.

- With regard to Standard Setting:
 - The assessment provider should document the application of the bona fide rule in a

standard operating procedure (SOP).

- The assessment provider should set out how the standard is set for DOES assessments and how they ensure that there's a shared understanding among examiners, to ensure that DOES assessments are set at the same level as the CPSA.
- The assessment provider should keep the standard setting method for the resit under review to ensure that it's working as intended.
- With regard to Content Sampling:
 - The assessment provider should document the processes for how they ensure equivalence of different 'tracks' at the sampling stage.
 - The assessment provider should map the CPSA and DOES to the *MLA content map* to demonstrate that together they sufficiently cover the breadth of MLA content.
- With regard to Simulated/Real Patients:
 - The assessment provider should ensure that simulated patients calibrate their performances before the start of the CPSA.
- With regard to Collaboration between examiners and patients:
 - The assessment provider should enhance consistency in marking across sites by exploring different ways that a calibration exercise could be run, either on the day of, or in the run up to, the CPSA.
- With regard to Feedback to examiners and simulated patients:
 - The assessment provider should put in place a clear remediation process for examiners they identify as outliers.
- With regard to Production of results:
 - The assessment provider should document the principles and analyses they undertake when considering whether to remove part or all of a station from a candidate's mark.
- With regard to Psychometric analysis:
 - When looking at station performance, the assessment provider should review stations with a low cut score as well as a high cut score.

Reasons for the decision

There are no issues of concern noted within the compliance report requiring mandatory changes by the assessment provider in order to be compliant with and meet the CPSA requirements. I have

also noted that the assessment makes reference to the 'effective practice' demonstrated by the assessment provider in the areas of *Quality of CPSA content* and also *Results and feedback to candidates*. Matters relating to 'Next submission' do not fall within the remit of my decision.

I am satisfied that the College of Medical and Dental Sciences, The University of Birmingham (the assessment provider) has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework. The assessment provider has set out how it meets the particulars of the separate requirements under the framework.

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

After due consideration, I am content to accept that advice and to issue a decision to College of Medical and Dental Sciences, The University of Birmingham including the eight aspects including recommendations.

Signed

Elliot Lane

Date

8 May 2024

Annex A

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

College of Medical and Dental Sciences, The University of Birmingham

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

College of Medical and Dental Sciences, The University of Birmingham

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 College of Medical and Dental Sciences, The University of Birmingham (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 College of Medical and Dental Sciences, The University of Birmingham 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

* 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.

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[†] 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 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).

† 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.

College of Medical and Dental Sciences, The University of Birmingham

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that College of Medical and Dental Sciences, The University of Birmingham (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 College of Medical and Dental Sciences, The University of Birmingham meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include 11 recommended changes and four updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by College of Medical and Dental Sciences, The University of Birmingham, 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>The assessment provider told us that they were in the middle of changing their curriculum and format of the CPSA at the time of submission. These changes will take place before the CPSA is run for those students graduating in academic year 2024/25. Our advice covers what the assessment provider told us they intended to do at the time of submission. Consequently, there are a number of requirements where they'll need to provide updates in the next submission.</p> <p>They are planning to reduce the CPSA from 14 to 12 stations by removing prescribing and physical examination stations. The rationale for this was that it will reduce overlap, with prescribing already being assessed in the Prescribing Safety Assessment (PSA) and physical examinations already being assessed through WPBAs known as Direct Observation of Examination Skills (DOES).</p> <p>Currently, students must complete and pass DOES assessments in each of the clinical years (3-5). In year 5, this consists of 12 DOES taken during the student's placement, all of which must be passed. They receive written feedback and have a further opportunity to submit evidence if they haven't passed. The DOES assessments are mapped to the Clinical Core 4 (CC4) learning outcomes.</p> <p>DOES assessments are recorded through the student's electronic portfolio, with the examiners signing them off on the student's device. The signed log is then locked and it</p>

			<p>cannot be edited.</p> <p>Practical skills and procedures are also assessed through the electronic portfolio in the same way.</p> <p>We didn't see evidence of how the assessment provider quality assures the DOES assessment sign off process. As physical examination skills will only be assessed through DOES, we recommend that the assessment provider documents the quality assurance process for DOES, including passing criteria and how examiners are prepared to assess students.</p> <p>In addition, we wanted to understand how the DOES skills map to the <i>MLA content map</i>. We talk about this further under requirement 6 (Content sampling).</p> <p>Professionalism is assessed throughout the course, with dedicated teaching opportunities. Students must pass all elements before taking the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA will fit with the suite of assessments used for graduation, with clear information on progression requirements, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should document the quality assurance process for DOES assessments, including passing criteria and how examiners are prepared to assess students.</p>
2	<p>CPSA design</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</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider will use a 12 station OSCE for their CPSA, which candidates take on a single day. This is reduced from the previous model, where candidates took 14 stations across two days.</p> <p>Stations are ten minutes long, with three minutes reading time. The CPSA is run at ten</p>

<p>and duration of stations.</p>	<p>sites, with different sites running the CPSA on different days. On each day, there are different station sets, or ‘tracks.’ Each track covers a similar spread of subject content. We understand the purpose of having different tracks is to enhance security of the CPSA, but we had some concerns about the implications for consistency - see our advice at requirement 6 (Content sampling).</p> <p>The number of candidates and the number of different sites that the CPSA is run at meant that we paid particular attention to how the assessment provider standardised it across sites. This was to ensure that candidates have a comparable experience and standards are maintained, no matter where they take the CPSA.</p> <p>The assessment provider uses four different station types in the CPSA. While we saw examples of the different station types, we noted that some covered skills such as physical examination that the assessment provider is moving out of the CPSA. We cover sampling further in requirement 6 (Content sampling) but note here that the assessment provider will need to give an update on the design in the next submission, including any analysis they’ve done to show how the updated model has worked.</p> <p>The resit follows the same format as the main sit.</p> <p>The assessment provider couldn’t use real patients in the CPSA during the Covid-19 pandemic but planned to reintroduce them in future. They were also looking at the possibilities of using high-fidelity simulation to simulate signs, and anticipated that they may use a mixture of both approaches.</p> <p>The assessment provider has given a detailed description of the model, along with the example stations evidencing how the CPSA design accurately represents a standard set at the start of the Foundation Programme (F1).</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>
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			<p>Next submission: 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>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <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>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider is currently moving from an anchor statement scoring approach to domain based 'chunking' marking, with two standard domains in each station for professionalism and communication. Other domains will be included depending on the task being assessed. As this is work that was being undertaken, we didn't see examples of how this approach will be used in stations and across the CPSA. The assessment provider will need to provide an update in the next submission.</p> <p>SPs (and real patients when they're reintroduced) don't provide a mark, but the examiner is prompted by their rubric to consult with them when marking. The SP, or real patient, indicates their view of the candidate's communication skills and performance through hand gestures and the marking rubric, so as not to be overheard by the candidate waiting outside to take the station.</p> <p>The overall score is scaled in line with university regulations, according to a bona fide rule under which candidates must get at least 50% overall and 50% to pass a station. Candidates only see their calibrated scores. We talk more about the implementation of this rule in requirement 18 (Production of results).</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Next submission: The assessment provider should give an update on the</p>

			implementation of domain based 'chunking' marking.
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including their use of additional standard setting criteria, to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described the rationale and method for standard setting the resit.</p> <p>The standard is set at the start of F1. This is clear to examiners and candidates in their station instructions.</p> <p>The assessment provider sets the standard for the first take using borderline regression (BRM), a recognised standard setting method, with a conjunctive standard of passing eight out of 12 stations.</p> <p>As noted in requirement 3 (Scoring), a bona fide rule is then applied to the score. From the evidence we saw, we were unclear at what point in the standard setting process the bona fide rule is applied, what effect – if any - it had on candidate outcomes, or what checks are in place. Consequently, we recommend that the assessment provider sets out the process in a standard operating procedure (SOP).</p> <p>We didn't see evidence of how the standard is applied for DOES assessments. While we wouldn't normally cover the standard of a WPBA in our advice, the assessment provider's rationale for removing the examination stations is that they're covered in the DOES assessments. Consequently, we recommend that the assessment provider should set out how the standard is set for DOES assessments and how there's a shared understanding among examiners to ensure that it's at the same level as the CPSA.</p> <p>The standard for the CPSA resit was previously set using the borderline group standard setting method, which uses a subset of examiner marks to set the standard. However, the assessment provider plans to move to use BRM, as they do for the main sitting. They intend to pool mark data from a station's previous uses to set the standard, with</p>

			<p>the rationale that the large dataset this provides will minimise the risk of large standard errors of measurement (SEMs) being produced by small candidate numbers.</p> <p>While using data from previous usage is appropriate for setting the standard in a resit, the pooling of data from previous uses is not a typical way to set the standard for a resit. We recommend that the assessment provider keeps this method under review to ensure that it's working as intended, modelling other ways to set the standard, if necessary.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should document the application of the bona fide rule in an SOP.</p> <p>Recommendation: The assessment provider should set out how the standard is set for DOES assessments and how they ensure that there's a shared understanding among examiners, to ensure that DOES assessments are set at the same level as the CPSA.</p> <p>Recommendation: The assessment provider should keep the standard setting method for the resit under review to ensure that it's working as intended.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the content of the CPSA within the marking domains, with at least one domain covering interaction and communication with the SP in stations with an SP, and with a number of stations covering professionalism in their content, for example probity, root cause analysis, patient safety, and communication between professionals.</p>

			<p>Examiners can raise patient safety and professional behaviour concerns through the electronic marking system. This is covered in examiner training. All concerns are reviewed by the academic year lead and raised at the board of examiners. The issues will then be followed up with candidates in person or via email, depending on the seriousness of the concern.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <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 	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the <i>MLA content map</i> and the requirement for candidates to demonstrate that they can identify and interpret clinical findings.</p> <p>The assessment provider showed us how they had mapped the previous 14 station OSCE to the <i>MLA content map</i>, and told us that there was an ongoing piece of work to map existing stations to the content map. We didn't see an example of how they would map the 12 station CPSA to the MLA content map, although they told us that they were developing rules around the number of stations styles, the broad domains assessed in year 5 and a policy to archive stations for three years after use in the CPSA.</p> <p>As described in requirement 2 (Design), the CPSA is run at ten sites, with different stations set or 'tracks' on different days. The assessment provider monitors circuits and days for any statistically significant influences on candidate performance. However, we didn't see how the assessment provider ensures that the stations on the</p>

	<p>v. Patient presentations</p> <p>vi. Conditions</p> <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>different ‘tracks’ are of an equivalent level of challenge and have a similar breadth of coverage of the content map. Ensuring this equivalence is particularly important, given that we didn’t see evidence that examiners and SPs calibrate on stations before the CPSA (for more on this, see requirement 13 (Collaboration between examiners and patients)). We recommend that the assessment provider documents the processes for how they ensure this equivalence at the sampling stage.</p> <p>As noted in the assessment strategy, the assessment provider plans to remove examination stations from the CPSA with the rationale that these are assessed in DOES. We consider the assessment provider should map the DOES assessments to the <i>MLA content map</i>, alongside the CPSA, to show that the two assessments sufficiently cover the <i>MLA content map</i>, including the ability to identify and interpret clinical findings.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should document the processes for how they ensure equivalence of different ‘tracks’ at the sampling stage.</p> <p>Recommendation: The assessment provider should map the CPSA and DOES to the <i>MLA content map</i> to demonstrate that together they sufficiently cover the breadth of MLA content.</p> <p>Next submission: The assessment provider should give an update on how they’ve blueprinted the new format of the CPSA.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This</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>Stations are written at workshops led by specialty leads and there is a range of</p>

	<p>should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process. 		<p>experience among the writers (from F1 to consultant and allied health professionals) to encourage face validity in station construction. At these sessions, there is training in writing stations, sharing of best practice, and peer review of stations.</p> <p>The assessment provider collects similar information about their station writers to their examiners: for example, clinical experience, teaching experience, knowledge of the curriculum and course, EDI training status and protected characteristics.</p> <p>The assessment provider’s aim is to have a large enough bank to be able to archive stations for three years following use in the CPSA. To achieve this, they’ve recruited additional clinical teaching fellows to help produce stations under supervision. Alongside this, the assessment provider is expanding the stakeholders involved in the creation and review process, including professional simulators who act as SPs, recent graduates and patient groups.</p> <p>Stations are rehearsed in a ‘new OSCE question try out meeting.’ This includes a run through with clinicians playing examiners and candidates and SPs playing the patient.</p> <p>Feedback is collected from examiners and external examiners on the day of the CPSA and post-exam station metrics are used when revising stations. The assessment provider is moving to capture feedback digitally to streamline the process.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p> <p>Effective practice: The assessment provider involves a wide range of stakeholders in the construction of stations to support face validity.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content</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 sites.</p>

	is maintained.		<p>Assessment material is developed and stored securely in the exam software by the assessment provider and shared with the individual sites who deliver the CPSA. Access is via secure log in and managed by the assessment team, with different levels of permission. Access is time-limited for those delivering the CPSA at individual sites, who don't have access to the station bank or candidate marks.</p> <p>Standard documentation is supplied to sites by the assessment provider to support consistent experiences for candidates across the locations. These are also stored in the central platform and made available to individual sites.</p> <p>Marking takes place through tablets supplied by the assessment provider, which is particularly important given the number of individual sites running the CPSA.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <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>Candidates have taken OSCEs in a similar format in years 3 and 4 of the course. They have assessment briefings at the beginning of each academic year, followed by CPSA specific communications nearer to the time of the exam.</p> <p>A presentation on how the standard is set is available on the virtual learning environment. Candidates also have access to filmed example stations and marking rubrics, with performances set at different levels, so they know what's expected.</p> <p>Where candidates have time out of the course, the assessment provider runs Refresher of Clinical Skills (ROCS) in June each year in which candidates take eight stations in a similar format to the CPSA in order to practise the skills and receive feedback. The assessment provider told us that the ROCS builds candidate's confidence and helps them make the most of the learning opportunities in their clinical</p>

			<p>placements.</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>The assessment provider has described and demonstrated that detailed and comprehensive feedback is given to candidates, including information on how to use and interpret the feedback, to assist their reflection and strengthen their future learning.</p> <p>Candidates receive both personalised and generic feedback. This includes their calibrated mark in each station and the average overall mark. The assessment provider also includes feedback from examiners, either as free text or from picklists of common feedback and feedforward points.</p> <p>The assessment provider quality assures a sample of examiner feedback, looking at coherence, feedback and EDI integrity. Giving feedback is covered in examiner training. With the introduction of the domain marking, the assessment provider plans to give candidates contextualised feedback based on the domains. We welcome this development and look forward to an update in the next submission.</p> <p>Unsuccessful candidates are supported by an initial one to one meeting with the year lead or deputy to discuss and reflect on their feedback and identify areas or strategies for improvement before the resit. The assessment provider has a number of routes that can be tailored to the candidate's needs as they prepare for the resit. We noted one example, ROCS, in requirement 9 (Familiarisation with the assessment process for candidates).</p> <p>We advise that the assessment provider has appropriately described the information</p>

			<p>and support they give to candidates about their results and performance.</p> <p>Effective practice: The assessment provider has effective mechanisms to support unsuccessful candidates in preparing for the resit with a number of routes tailored to the candidate’s needs.</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 d details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and standardisation to ensure examiners adopt a common approach to scoring, to identifying different levels of performance – especially borderline candidates –and to giving feedback to candidates.</p> <p>In the CPSA, examiners must be specialty trainee 6 or above. Allied healthcare professionals may examine if they have substantive clinical experience in the area being assessed.</p> <p>Examiners must attend training every three years and provide evidence of ED&I training. Training covers different station types, giving feedback and includes a calibration marking exercise.</p> <p>The assessment provider was in the process of updating its examiner training with a pre-recorded presentation to allow examiners to watch it in their own time. This will allow more time for calibration between the examiners in the training session.</p> <p>On the day of the CPSA, examiners receive a standardised pre-recorded briefing, covering their role, the marking rubric and how to raise a concern about the student or the assessment process. The senior invigilator is on hand to answer questions.</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>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real</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>patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>		<p>The assessment provider recruits and trains professional simulators through the Interactive Studies Unit (ISU), which provides SPs across healthcare programmes in the College of Medical and Dental Sciences. The assessment provider told us that they regularly review the demographic make-up of the SP pool and are targeting recruitment accordingly.</p> <p>Recruitment is by referral or application. All SPs must be trained and validated before they can appear in the CPSA. We noted that in-person training and calibration had been halted during the Covid-19 pandemic, but we would expect this to have resumed by the time the CPSA is run for those students graduating in academic year 2024/25.</p> <p>SPs receive their script in advance of the assessment and meet an hour before the CPSA to go through the through the documentation associated with their station and familiarise themselves with the station. We didn't see evidence of how the assessment provider calibrates performances across sites. Consequently, we recommend that this is an area they need to address in future in order to ensure fairness and consistency of the candidate experience.</p> <p>As noted in requirement 2 (CPSA design), the use of real patients was halted during the pandemic, but the assessment provider expects to reintroduce them in future.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that SPs calibrate their performances before the start of the CPSA.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>There is standard documentation across sites which examiners and SPs discuss the</p>

	<p>patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>		<p>station before the CPSA and the assessment provider monitors examiners, host site and circuit time for any statistically significant influence on candidate performance. However, there's no requirement to rehearse the station and, there is a risk that examiners may interpret the marking rubric in different ways and that the SP may play the role in a different way to another site. We couldn't see how the assessment provider currently mitigates this risk. We recognise that this may prove challenging given the number of sites involved, but we recommend that the assessment provider should explore ways to enhance calibration, including making rehearsing the station on the morning of the CPSA compulsory.</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should enhance consistency in marking across sites by exploring different ways that a calibration exercise could be run, either on the day of, or in the run up to, 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>Examiners receive box and whisker plots comparing their scores to other examiners on the same station. The feedback is reviewed by the Academic Year Lead and Assessment Team who may discuss it with the examiner if they appear to be at outlier. If they're an outlier on more than one occasion, the reasons are explored with the examiner. If, despite further training they continue to be an outlier, they are not asked to examine again.</p> <p>While this is appropriate, we were unclear at what point the remediation process is</p>

			<p>triggered. Consequently, we suggest that the assessment provider should put in place a clear process for remediation of examiners who are outliers.</p> <p>SPs receive feedback from the Interactive Studies Unit (ISU) director, following the board of examiners. This is in addition to feedback they receive as part of their training and work with the ISU.</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 put in place a clear remediation process for examiners they identify as outliers.</p>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has advised that students requiring reasonable adjustments will be supported through the OSCE assessment according to their needs, which may include additional reading time. They advise that students with extra time have an extra 45 seconds reading time at each station. Although the assessment provider states that students are supported according to their needs, it is not clear whether a bespoke decision is made in relation to each student. Such an approach would recognise that it's important for a policy to be open to making reasonable adjustments to meet a specific student's needs, reflecting the fact that the same condition can impact individuals in different way such that the mitigations in place need to be sufficient to reduce/remove any disadvantage for a particular student.</p> <p>The assessment provider uses reasonable adjustment plan cards, which the candidate presents to the examiner at the beginning of the station. The cards don't explain the underlying condition but give the examiner instructions about potential symptoms that</p>

			<p>the candidate shouldn't be penalised for. Examiners are told in the briefing if there are any candidates with reasonable adjustments on the circuit. While the use of the adjustment plan cards is good practice, we suggest that the assessment provider should monitor the readiness of examiners to implement the adjustments, given that they have to interpret and integrate the instructions into their marking at the beginning of the station.</p> <p>Candidates can raise concerns about the CPSA through an assessment irregularities form.</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>Next submission: The assessment provider should provide further detail – with examples – about how it considers and implements reasonable adjustments and to support students through the CPSA according to their individual needs.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The assessment provider has ten sites, provided by their Local Education Providers (LEPs). Candidates are familiar with the locations from their clinical placements. The CPSA usually takes place in the Education Centre at each LEP, which is a dedicated learning and assessment space. Resources are supplied by the site, with the assessment provider providing simulation models and dummy drug vials for prescribing stations.</p> <p>The assessment provider gives each site guidance on set up and station layout to ensure consistency and fairness. Each site has its own senior invigilator who attends a training session in advance of the CPSA to clarify their role, assessment procedures and</p>

			<p>actions they can take in the case of irregularities.</p> <p>Members of the assessment team observe the CPSA for quality assurance purposes, completing an observation form which is reviewed after the CPSA. Senior invigilators, examiners and observers are asked to report any irregularities in the running of the CPSA. As noted in requirement 15 (Policies and procedures), candidates may also report any perceived irregularities on the day. All reports are discussed at the Board of Examiners and decisions are made to ensure that candidates aren't disadvantaged by an irregularity in the conduct of the CPSA.</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>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>Mark data is captured on a tablet, with candidate information pre-loaded. It is then sent back to the assessment team in real time, who can identify if there are any missing marks. Where there are Wifi issues which mean data can't be uploaded, the marks remain on the tablet until the connection is restored.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.</p>
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board,</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The bona fide rule is applied within the system during the production of results, before being exported for checking by the assessment team. The assessment provider checks all fail and borderline results, as well as 10% of the data. The assessment provider is</p>

	<p>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>developing a written SOP for data transfer and management, which we welcome.</p> <p>We noted that the assessment provider could exclude the results for a station, or a part of a station, for a single candidate if they identified an irregularity with the running of the station. the assessment provider told us when they would consider such a change that it would be a rare occurrence, and that it would only happen after consultation with the Academic Year Lead, Board of Examiners and external examiners. However, , we didn't see evidence of how the assessment provider would ensure that the decision was fair and equitable for all candidates. We recommend that the assessment provider documents the principles and analyses they undertake when considering whether to remove part, or all, of a station from a candidate's mark.</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 recommendation:</p> <p>Recommendation: The assessment provider should document the principles and analyses they undertake when considering whether to remove part or all of a station from a candidate's mark.</p> <p>Next submission: The assessment provider should submit the SOP for data transfer and management.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>The assessment provider conducts its psychometric analysis on the scaled results. With so many sites, it's particularly important that the assessment provider ensures that candidates receive a fair and comparable assessment wherever they take it, so we</p>

	<p>a. what analyses are conducted</p> <p>b. how the analysis is used to improve station quality</p> <p>c. how the analysis informs the development of the CPSA.</p>		<p>were reassured to see that the assessment provider looks at performance between sites and by time and day.</p> <p>The assessment provider also produces station level analysis, looking at typical measures including mean, standard deviation, median, minimum, maximum, standard error of measurement, the number and percentage of passes and each station's discrimination score.</p> <p>The assessment provider told us that stations with a high cut score are flagged for further investigation. While this may be appropriate, we recommend that they should also identify and investigate any stations with a low cut score.</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>Recommendation: When looking at station performance, the assessment provider should review stations with a low cut score as well as a high cut score.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has three external examiners for the year. The assessment provider demonstrated that external examiners are suitably briefed and have opportunities to observe the CPSA, usually visiting two sites in a single day.</p> <p>External examiners review all stations and the CPSA blueprint. After the CPSA, they meet student representatives to collect feedback on their experience in the CPSA. They feed this back at the Exam Board, where they also have input into the discussions around professional behaviours, safety alerts and any assessment irregularities.</p> <p>We advise that the assessment provider has clearly described how external examiners</p>

		play a role in the quality assurance and improvement of the CPSA.
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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

We accept the MLA CPSA reviewers' advice and confirm that there are no factual inaccuracies. Regarding the recommendations:

Assessment strategy; Recommendation: The assessment provider should document the quality assurance process for DOES assessments, including passing criteria and how examiners are prepared to assess students.

Response: Agree

Standard setting; Recommendation: The assessment provider should document the application of the bona fide rule in an SOP.

Response: Agree

Standard setting; Recommendation: The assessment provider should set out how the standard is set for DOES assessments and how they ensure that there's a shared understanding among examiners, to ensure that DOES assessments are set at the same level as the CPSA.

Response: Agree

Recommendation: The assessment provider should keep the standard setting method for the resit under review to ensure that it's working as intended.

Response: Agree

Content sampling; Recommendation: The assessment provider should document the processes for how they ensure equivalence of different 'tracks' at the sampling stage.

Response: Agree

Content sampling; Recommendation: The assessment provider should map the CPSA and DOES to the *MLA content map* to demonstrate that together they sufficiently cover the breadth of MLA content.

Response: Agree

Simulated/ real patients; Recommendation: The assessment provider should ensure that SPs calibrate their performances before the start of the CPSA.

Response: Agree; we will work on methods of better achieving this.

Collaboration between examiners and patients; Recommendation: The assessment provider should enhance consistency in marking across sites by exploring different ways that a calibration exercise could be run, either on the day of, or in the run up to, the CPSA.

Response: Agree; we will work on methods of better achieving this in the run up to the CPSA.

Feedback to examiners and simulated patients; Recommendation: The assessment provider should put in place a clear remediation process for examiners they identify as outliers.

Response: Agree

Recommendation: The assessment provider should document the principles and analyses they undertake when considering whether to remove part or all of a station from a candidate's mark.

Response: Agree

Psychometric analysis; Recommendation: When looking at station performance, the assessment provider should review stations with a low cut score as well as a high cut score.

Response: Agree