

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

## Edge Hill University Medical School, Edge Hill University

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	Edge Hill University Medical School, Edge Hill University
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<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.

<sup>†</sup> 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<sup>†</sup>.

A copy of the compliance report containing advice to the GMC on the CPSA submission by Edge Hill University Medical School, Edge Hill University, 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:

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

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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.

<sup>†</sup> Any factual inaccuracies identified by the assessment provider were addressed and rectified prior to referral to the decision maker.

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## Decision

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

I have considered the compliance report and I am satisfied that Edge Hill University Medical School, Edge Hill University (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 Edge Hill University Medical School, Edge Hill University (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 Edge Hill University Medical School, Edge Hill University (the assessment provider) is not compliant and does not meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#). I am escalating this to the Registrar for further consideration.

## Mandatory changes

There are no mandatory changes.

## Recommendations

### 1. Requirement area 4: Standard setting

The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment including their additional standard setting criteria used 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.

The assessment provider sets the standard for the first take using a modified Angoff

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method, which is an appropriate method for small cohorts, as is the case for this assessment provider. The assessment provider did not mention if the judges meet to discuss and agree all the 'within-station' domain ratings before the station scores are finalised. This can be an important step in the Angoff process to mediate for outliers and to reach consensus on the cut scores.

Recommendation: The CPSA reviewers recommend that the assessment provider reviews their standard setting process and incorporates an opportunity for judges to discuss and agree their ratings.

## 2. Requirement area 12: Simulated / real patients

The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score.

The assessment provider did not mention ED&I training for SPs. The CPSA reviewers recommended that the assessment provider introduces ED&I training for this group, this is particularly important given that SPs contribute to the candidate score in some stations.

Recommendation: The assessment provider should introduce ED&I training for SPs.

## 3. Requirement area 14: Feedback to examiners and simulated patients

The assessment provider has described how they plan to monitor examiners and SPs during and after the CPSA, and what feedback will be given to examiners and SPs.

The assessment provider explained that their process for providing and monitoring feedback to examiners and SPs is still under development. While recognising the limitations and challenges raised by data collection from small cohort sizes, they advised that, from January 2024, they plan to produce detailed analysis of station performance including examiner performance which will be used for feedback.

The assessment provider described that the principles underpinning the feedback will be to provide examiners with their performance in comparison with expectations and other examiners, to feedback any constructive comments from the candidates and external examiners, and to provide guidance for future development of examiner pools. Where there are any issues with examiners, the assessment lead will discuss with the examiner and where necessary additional training may be put on for the examiner.

The assessment provider does not currently provide any routine feedback to SPs on their performance. If issues are identified with SPs, this is managed by the SP lead who will discuss and remediate with the SP.

Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners.

Recommendation: The assessment provider should consider how to give and monitor feedback to all SPs to ensure the quality of the assessment.

## 4. Requirement area 15: Policies and procedures

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The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites. This is supplemented with information about central university policies, including processes for reasonable adjustments.

The assessment provider evidenced a range of policies and described the governance structure under which the CPSA will operate. They have provided the university guidelines for reasonable adjustments, which is supplemented in the medical school by a panel to discuss and agree any adjustments for clinical assessments (such as OSCEs) and any placement adjustment for candidates. Many policies are available on the assessment provider's website including mitigating circumstances, appeals and sickness absence. However, the CPSA reviewers recommended that the assessment provider should develop a standard operating procedure (SOP) covering the running of the CPSA on the day, for resilience and consistency.

Recommendation: The assessment provider should develop an SOP covering the running of the CPSA on the day and who is involved.

#### 5. Requirement area 18: Production of results

The assessment provider has shown how the CPSA mark data will be 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.

The assessment provider explained that, in the unlikely event of any missing marks, an emendation panel would discuss the anonymised candidate marks and make a judgement of the value of the missing mark based on the global score and the candidate's profile for the rest of the station. The assessment provider explained that this would be a very rare occurrence as their electronic marking platform does not allow for missing marks and any decisions would be reviewed by the emendation panel. However, given the high stakes nature of the MLA, the CPSA reviewers felt this approach is difficult to justify to the public or to candidates, and may inadvertently affect the pass outcome for borderline candidates, in the event of them being given the benefit of the doubt and awarded a mark for something they didn't demonstrate during the exam. The CPSA reviewers therefore advised that an alternative approach should be introduced, such as reinforcing the process to check for missing data at the end of the exam before examiners are released.

Recommendation: The assessment provider should develop an alternative approach to missing marks, such as introducing a process to check for missing data at the end of the CPSA. This should be documented in a SOP.

I note that the assessment provider; Edge Hill University Medical School, Edge Hill University has replied to acknowledge the CPSA reviewers' advice report, confirm it provides an accurate summary and that they have no points on which they feel they need to provide a response at this time.

#### **Reasons for the decision**

Based on the Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA)

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

I have taken into account the advice set out in the CPSA reviewers' advice report. The CPSA reviewers have set out in detail, their independent expert advice on the assessment provider's submissions, against each of the CPSA requirement areas. Based on the findings made by the CPSA reviewers in their report, there have been no concerns raised about the robustness or objectivity of the evidence they have considered and taken into account. I have also noted that the assessment provider has replied to the report to confirm that it is factually accurate.

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

I can see that the assessment provider has replied to the report to state that the recommendations will be implemented/incorporated to improve the quality of the CPSA. I understand the GMC will agree implementation plans with assessment providers for recommendations made.

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

**Signed**

Lisa Bond

**Date**

8 May 2024

## **Annex A**

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

**Edge Hill University Medical School, Edge Hill University**

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

## Edge Hill University Medical School, Edge Hill University

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 Edge Hill University Medical School, Edge Hill University (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 Edge Hill University Medical School, Edge Hill University 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.

## Edge Hill University Medical School, Edge Hill University

### Overview of CPSA reviewers' advice

#### Overall advice statement from CPSA reviewers

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

Our advice is based solely on a review of the written information and evidence submitted by Edge Hill University Medical School, Edge Hill University, 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 is a new school and at the date of submission their first cohort of students hadn't reached the final year of the course, so they hadn't run their CPSA. Their submission documented what they intended to do and drew on evidence from previous years of the programme and support from their partnership school.</p> <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 will be sat in the final year of the programme.</p> <p>Practical and clinical procedures will be assessed by WPBA. They will be reassessed in the CPSA by incorporating procedures into integrated stations. WPBA are assessed by Direct Observation of Procedural Skills (DOPS) and Mini-Clinical Evaluation Exercises (Mini-CEX). Students complete 13 DOPS and 13 Mini-CEX in each of years 4 and 5 which are assessed summatively. In year 5 these will be completed to the expected level of a doctor at the start of the Foundation Programme (F1).</p> <p>Professionalism is assessed throughout the programme as part of the assessment provider's ongoing professionalism assessment element. This is recorded in a dashboard which is reviewed by the Professionalism Assessment Panel (PAP). Students must pass all elements of the professionalism assessment, including their WPBAs, 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>

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 both real and simulated patients (SPs).</p> <p>The assessment provider will use an OSCE for their CPSA, consisting of 12 stations, taken over two days. Stations are 12 minutes long, with two minutes reading time. The CPSA is run at a single site four times in a single day. The assessment provider plans to use SPs in their CPSA.</p> <p>The resit runs in the same format as the main sit.</p> <p>The assessment provider has given a description of the model along with example stations evidencing how the CPSA design accurately represents a day one F1 standard.</p> <p>We advise that the assessment provider has clearly described how they reached the chosen model for their CPSA with support from their partner school and external examiner and described what each candidate needs to do on the day to complete the CPSA.</p>
3	<p><b>Scoring</b></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,</p>	Yes	<p>The assessment provider has described how each station will be scored and how the CPSA will be scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they've described how SPs contribute to the scoring.</p> <p>The assessment provider plans to use a domain-based scoring approach. All stations are assessed across the same set of domains, but domains are selected and weighted within individual stations, as determined by the nature of the station and the relevance and significance to the CPSA station content. For each station, the weighted domain scores are summed, with the overall score for the CPSA being the average of all station scores.</p> <p>The examiners mark each domain with no indication of the weightings. The domain marking criteria have four categories based on the candidate's competency level. The</p>

	<p>and how they contribute to the overall score.</p>		<p>assessment provider explained that this method ensures that candidates are being assessed by their overall performance in the station based on the examiner's expert opinion on the expected level of competency for a day one F1 doctor.</p> <p>Examiners are also asked to provide a global judgement score for each candidate. This does not contribute to the candidate score but is used for analysis and quality assurance, such as the correlation between the global judgement and station score.</p> <p>The marksheets include a clear description of the expected borderline candidate performance level for both the domain scoring and global score.</p> <p>SPs don't directly contribute to scoring however, the examiner is briefed to discuss the candidate's communication with the SP. This includes the candidate's manner, active listening and empathic and sensitive approach to the patient. The examiner is expected to consider the SP's comments when scoring this domain. This is highlighted in the marking scheme.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</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 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)</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment including their additional standard setting criteria used 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 assessment provider sets the standard for the first take using a modified Angoff method, which is an appropriate method for small cohorts, as is the case for this assessment provider. In this method of standard setting, a group of six to ten expert judges receive the station details. This includes the mark scheme with the domains and their weightings. The judges are asked to rate each domain (on a scale of 0-100) as to the expected level that a minimally competent borderline student would achieve on the domain. The ratings of all judges are then averaged to create domain scores for</p>

	passed).		<p>each station and these are summed to produce the station cut score. The assessment provider did not mention if the judges meet to discuss and agree all the ‘within-station’ domain ratings before the station scores are finalised. This can be an important step in the Angoff process to mediate for outliers and to reach consensus on the cut scores. We recommend that the assessment provider reviews their standard setting process and incorporates an opportunity for judges to discuss and agree their ratings.</p> <p>The assessment provider also plans to use a conjunctive standard of one standard error of measurement (SEM) and 66% of stations required to pass. This approach is appropriate.</p> <p>The resit is set using the same method described above.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p><b>Recommendation:</b> We recommend that the assessment provider reviews their standard setting process and incorporates an opportunity for judges to discuss and agree their ratings.</p>
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 will be 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 plans to identify unprofessional behaviours during the CPSA by use of a red flag system. Examiners are trained and briefed to note serious unprofessional, or dangerous, behaviours by candidates within their station. Examiners document the cause of the red flag on their electronic device using the electronic marking system. They then discuss this with a member of the academic team at the end of the OSCE session. All of the red flags are noted in the electronic marking system. A report of these is collated and anonymised from the system for review by a panel consisting of a minimum of three senior clinicians who must reach consensus on</p>

			<p>the outcome from any red flags.</p> <p>The assessment provider described the various outcomes and remediation opportunities that could be suggested by the panel depending on the severity of the concern. This could include feedback to the individual candidate, wellbeing support, a requirement to undertake additional learning or feedback/ teaching to the whole cohort if multiple candidates are flagged for the same reason.</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 MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <p>i. Readiness for safe practice</p> <p>ii. Managing uncertainty</p> <p>iii. Delivering person-centred care</p> <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <p>i. Areas of clinical practice</p> <p>ii. Areas of professional knowledge</p> <p>iii. Clinical and professional capabilities</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content will relate 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 will be designed and developed with the three overarching themes at the forefront. Stations will be clearly mapped using the assessment provider's CPSA blueprint to identify their link to the individual domains within the content map. OSCE station writers will be advised to ensure their stations map to the three overarching themes and domains. The station writers will be provided with the blueprint and content map for guidance when developing the stations. All station content mapping will be reviewed and checked by the assessment team prior to the CPSA.</p> <p>The assessment provider explained that all stations within the CPSA will have an element of interpretation of clinical findings to ensure candidates can demonstrate this in a number of ways, either as a discussion with the examiner or with the patient. This will be examined and forms part of their mark.</p> <p>The assessment provider evidenced a sample blueprint with an exemplar of how three sample stations map to the blueprint and described how this would be progressed for all stations to ensure that the overarching themes and six domains are sampled and</p>

	<ul style="list-style-type: none"> <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>mapped adequately across the CPSA. We look forward to seeing a complete blueprint for the CPSA, including the resit, at the next submission.</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 provide a copy of their final blueprint for the CPSA, including the resit, which demonstrates how the CPSA is mapped to the <i>MLA content map</i>.</p>
7	<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 stations</li> <li>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</li> <li>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the</li> </ul>	Yes	<p>The assessment provider has described and demonstrated their planned processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>Station writers will be made up of university academic staff, case based/ team-based facilitators, clinical teachers/ educators and practising clinicians. Station developers will be recruited and selected based on their expertise in the topics around where there are stations that need developing for the blueprint.</p> <p>Station writers are trained using an online training programme. The online training will familiarise station writers with the purpose and design of the blueprint, the purpose of the assessments, the level of candidates and guidelines for developing clear, unambiguous stations, including examples. The training will include information about confidentiality and security. The station writers are asked to confirm that they have up to date ED&amp;I training. If a writer does not have recent ED&amp;I training, then a bespoke session will be delivered for them. ED&amp;I training is mandatory to be completed before any stations are accepted.</p> <p>New stations will be developed through OSCE writing workshops. An enhanced stations template has been devised specifically for the development of CPSA stations, which includes guidance as to expected level of performance and mapping for the <i>MLA content map</i>. Station writers will be familiar with the curriculum, with the teaching of</p>

	writing and review process.		<p>the candidates and expectations of the candidates at CPSA level.</p> <p>The assessment provider will involve a range of appropriate stakeholders in the creation and development of stations. As a new school, the assessment provider has worked with their partnership school to develop a detailed quality assurance process designed to benchmark a sample of stations for the CPSA. This includes a review of the station design, instructions, expectations, marking scheme and assurance of the appropriate level and standards. The review will be completed by a senior assessment lead from their partnership school, who will also review the CPSA blueprint and allocation of stations. Additionally, all stations will be reviewed by the external examiner before use.</p> <p>Members of the OSCE development panel will review the stations and develop it in terms of house style and quality required for the CPSA. Members of the assessment provider's Service User and Carers Council, which includes NHS patients, will be invited to review the station from the patient perspective. The stations will be trialled with members of staff acting as candidates, SPs and examiners to ensure that the station is feasible within the time limit and to check the marking domains and weightings are appropriate for the CPSA. Newly developed stations will be reviewed by the assessment provider's ED&amp;I lead to ensure that the stations reflect local patient diversity, and the Disability Liaison Lead to consider whether there is a need for reasonable adjustments for any of the students.</p> <p>Feedback is collected from examiners, patients and students on the day of the CPSA and used in station development. The assessment provider supplied an example of this process from an earlier year of the programme.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p>
8	<b>Security of CPSA content</b>	Yes	The assessment provider has described and demonstrated how they will maintain the

<p>Describe and demonstrate how the security of the assessment content is maintained.</p>	<p>security of assessment materials, including how station content will be stored and shared with all those involved in the CPSA.</p> <p>The assessment provider described detailed principles to ensure that the security of assessment materials is maintained and tracked. These include; ensuring that electronic items only exist in a single secured location with records of access; items are not stored on local computers only on secured cloud drives; paper materials within meetings are collected in at the end of meetings; printed material is stored in locked filing cabinets with restricted access when not in use and that electronic transmission of assessment materials to SPs and examiners is via secured restricted cloud locations with emails providing notifications but not used for transmission of assessment material. The assessment provider has policies in place to deal with possible breaches.</p> <p>The assessment provider acknowledged that as they're a small school using two core base hospitals for training, there's a risk of examiner familiarity with candidates. To mitigate this, they plan to run two parallel circuits within the CPSA and allocate the examiners into trust themed circuits. The candidates will be allocated to the opposite circuit from their base trust. Examiners will be asked to review their list of candidates during the briefing and highlight any close relationships with the candidates they are examining. This close relationship is defined as an educational supervisor, a clinical subdean, familial or family friends. This is also included as part of the station examiner calibration checklist.</p> <p>Where placements have occurred outside of the trusts, they'll ask these examiners to check the candidate lists and, if they're familiar with candidates on that circuit, swap the examiners to the other circuit. If the assessment provider is unable to swap an examiner due to familiarity with candidates on both circuits, they plan to ask the external examiner and internal moderator to monitor that station during the examining of the familiar candidates. We agree that this approach is satisfactory.</p> <p>Between the morning and afternoon sessions candidates who have completed the CPSA are quarantined with monitoring by university staff. Candidates are prohibited to</p>
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			<p>access any electronic devices until the afternoon candidate group have arrived and are secured without their electronic devices.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
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 format of the CPSA, including location, timings and processes will be familiar to candidates as it's the same as in the year 3 and 4 summative assessments. Candidates will receive an assessment briefing at the start of the academic year providing more detail on the CPSA and how learning outcomes may be assessed, with guidance on expected performance, including example videos of station performance at the level expected within the CPSA (day one F1). Candidates receive a blueprint outlining the learning outcomes and assessment mapping and weightings for the final year. The briefing allows candidates to ask questions regarding the format of the exam and blueprint in the year of study. They also receive a student handbook for their final year.</p> <p>Candidates receive a further briefing on the day of the CPSA which includes guidance on behavioural expectations.</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</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 the feedback given to candidates. The feedback that candidates receive to assist their reflection and</p>

	any feedback is assured, as well as what support is given to unsuccessful candidates.		<p>strengthen their future learning will be in thematic format based on the domains of the mark schemes, the specialties tested and the main themes of each station. On the day results are released, candidates' personal academic tutors, year lead, assessment lead and head of school are available to support the candidates. Any candidates who have failed are given priority.</p> <p>Unsuccessful candidates are encouraged to complete a remediation plan document in discussion with their personal academic tutor. All candidates failing an OSCE across the programme will be offered drop-in sessions in the clinical skills and simulation centre (CSSC). A broad range of areas relevant to the level and OSCE they're resitting are offered and candidates may request specific skills they wish to practice. The drop-in sessions are supported by the clinical skills and simulation leads.</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 will be recruited, trained, briefed and calibrated. This includes 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>CPSA examiners will be made up of university academic staff, clinical teachers and practising clinicians. Examiners will be recruited and selected based on their expertise in the topics/ areas of potential stations and expertise deemed appropriate for the year of study, with year 5 requiring consultant level, GP or equivalent assessors.</p> <p>Before the CPSA, the assessment provider requires all examiners to have undertaken OSCE training or updated their training within that academic year. All new examiners will have to complete training before assessing. The training is delivered online and will consist of an OSCE briefing including level expectations, scoring guidance, familiarisation with the electronic marking system, expected examiner behaviour,</p>

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		<p>unconscious bias and confidentiality and security. The assessment provider requires examiners to have undertaken ED&amp;I training within the last three years. However, where an examiner's ED&amp;I training falls outside of the three years the assessment provider will provide online ED&amp;I training before attendance at the CPSA.</p> <p>The assessment provider told us about their plans to develop online calibration videos for examiners ahead of year 4 and 5 OSCEs. These videos will provide examiners with examples of different levels of performance including fail, borderline pass and pass to allow calibration of expectations and marking prior to attendance at the OSCE. These videos will be made available for both internal and external OSCE assessors with an exemplar mark scheme. We support this development and look forward to seeing an update on this in the next submission cycle.</p> <p>Before the CPSA, examiners will be advised to revise the online training materials and attend a briefing at the beginning of the examination. The briefing includes an outline of the expected level of performance of candidates. Before the CPSA, examiners are provided with an overview of the type of station they'll be examining but the detail of the station and mark scheme are only provided following the examiner briefing at the start of the day. On the day of the exam, examiners are given time to familiarise themselves with the station, raise any questions and meet with the SP. Examiners are issued with a marking scheme with clear written instructions.</p> <p>At the end of the CPSA, examiners will be invited to attend a debrief session to provide feedback and discuss the station examined. This feedback will be used as part of the ongoing review of the implementation of the CPSA, the stations and to inform the emendation panel of any issues within stations from the examiner perspective.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA.</p> <p><b>Next submission:</b> The assessment provider should provide an update on their plans to develop online examiner calibration videos to be used for examiner training.</p>
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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. This includes appropriate training on their contribution to the station score.</p> <p>The assessment provider recruits most SPs through their simulated patient programme. Individuals who are interested in becoming an SP sign up for an introductory workshop. During the workshop, potential SPs run through simplified scenarios using the script template and they're debriefed on their performance. They learn more about the role, the benefits, and what is expected of them. The SP lead discusses with them how they must conduct themselves and the qualities needed from them to ensure consistency and a standardised approach. This is followed by a debrief which encourages self-assessment and peer review. Following this session, successful applicants must sign an agreement form and a code of conduct.</p> <p>Where SPs are required for complex stations, for example paediatric stations or breaking bad news, the assessment provider will use SPs from an agency supplying actors. The assessment provider will work with the agency to ensure actors are appropriately trained and cover diverse patient characteristics.</p> <p>SPs receive details of their station before the CPSA via a secure sharing platform to allow them to familiarise themselves with the role. On the day of the CPSA, SPs have an opportunity to run through their station with the SP lead and ask any questions before the main calibration with the examiners.</p> <p>Where SPs are contributing to the score of the station, the SP and examiner will discuss the mark based on whether the SP feels that they would like to be seen by the candidate again.</p> <p>The assessment provider did not mention ED&amp;I training for SPs. We recommend that the assessment provider introduces ED&amp;I training for this group, this is particularly important given that SPs contribute to the candidate score in some stations.</p> <p>At the end of the CPSA, SPs will be invited to attend a debrief session to provide</p>
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			<p>feedback and discuss the station examined. This feedback will be used as part of the ongoing review of the implementation of the CPSA, the stations and to inform the emendation panel of any issues within stations from the SP perspective.</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><b>Recommendation:</b> The assessment provider should introduce ED&amp;I training for SPs.</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 will be given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>On the day of the exam, examiners and SPs attend separate briefings before coming together for calibration. Examiners are supplied with a pack of detailed station information, which includes guidance on how the station should run and points to cover during calibration. During calibration, members of the OSCE development panel are available to support the examiners and SPs in running through the station and discussing the expectations of the candidates.</p> <p>During the CPSA, the external examiner and members of the OSCE development panel will observe the stations via video feed to ensure consistency is maintained through the day. Any moderation notes made during the day will be fed into the emendation panel.</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified.</p>
14	<p><b>Feedback to examiners and simulated patients</b></p>	Yes	<p>The assessment provider has described how they plan to monitor examiners and SPs during and after the CPSA, and what feedback will be given to examiners and SPs.</p>

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<p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	<p>The assessment provider explained that their process for providing and monitoring feedback to examiners and SPs is still under development. They acknowledged the challenge in collating robust data on examiner performance from an exam with only a small cohort of candidates. While recognising this limitation, they advised that, from January 2024, they plan to produce detailed analysis of station performance including examiner performance which will be used for feedback. Some examiners and SPs may receive feedback from the moderators viewing the stations via video feeds on the day, this will further be developed to permit examiner and SP feedback across all of the stations.</p> <p>The assessment provider described that the principles underpinning the feedback will be to provide examiners with their performance in comparison with expectations and other examiners, to feedback any constructive comments from the candidates and external examiners, and to provide guidance for future development of examiner pools. Where there are any issues with examiners, the assessment lead will discuss with the examiner and where necessary additional training may be put on for the examiner.</p> <p>We note the assessment provider’s plans and their acknowledgement of the challenges raised by small cohort sizes. We advise that their plans are appropriate in the circumstances. We look forward to seeing an update on this in the next submission. We also recommend that they should put in place a clear monitoring and remediation process for examiners.</p> <p>The assessment provider does not currently provide any routine feedback to SPs on their performance. If issues are identified with SPs, this is managed by the SP lead who will discuss and remediate with the SP. We recommend that the assessment provider should consider how to give and monitor feedback to all SPs to ensure the quality of the assessment.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance will be monitored during the CPSA and how feedback will be given</p>
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			<p>and evaluated, with the following suggested recommendations:</p> <p><b>Recommendation:</b> The assessment provider should put in place a clear monitoring and remediation process for examiners.</p> <p><b>Recommendation:</b> The assessment provider should consider how to give and monitor feedback to all SPs to ensure the quality of the assessment.</p> <p><b>Next submission:</b> The assessment provider should provide an update on their plans to implement and evaluate feedback for examiners, including feedback from moderators.</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. This is supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider evidenced a range of policies and described the governance structure under which the CPSA will operate. They have provided the university guidelines for reasonable adjustments, which is supplemented in the medical school by a panel to discuss and agree any adjustments for clinical assessments (such as OSCEs) and any placement adjustment for candidates. Many policies are available on the assessment provider’s website including mitigating circumstances, appeals and sickness absence. However, we recommend that the assessment provider should develop a standard operating procedure (SOP) covering the running of the CPSA on the day, for resilience and consistency.</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, with the following suggested recommendation:</p> <p><b>Recommendation:</b> The assessment provider should develop an SOP covering the running of the CPSA on the day and who is involved.</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 CPSA will run on a single site at the clinical skills and simulation centre. The OSCE suite consists of up to eight adjustable sized rooms, with floor to ceiling noise reducing walls and doors, five separate consulting rooms and a separate set of four breakout rooms. Within the suite of rooms there's a centrally controlled audio system to facilitate the timing notifications of the CPSA. The majority of rooms are covered by cameras to allow secure streaming of the video and audio from the room to allow for remote moderation of stations.</p> <p>In some stations, high-fidelity manikin will be used to complement the SPs. SPs will provide the voices of the patients while manikins will be used for physical examinations, performing procedures and eliciting clinical signs. To reflect the diversity of the local population, mannequins of different ages and different skin tones are part of the inventory.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p><b>Data acquisition</b></p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>The assessment provider uses an electronic marking platform for their CPSA to ensure accurate data acquisition. The system warns the examiner of any missing marks in real time when the sessions is completed, highlighting the candidates where marks are missing. At the end of each session the data is uploaded to the server and checked for completeness before any electronic devices are removed from stations and any examiners leave site.</p>

			<p>In the event of a system failure, paper marksheets are available to examiners to ensure that the CPSA continues. Paper marksheets are checked for completeness before examiners leave for the day. If paper marksheets are used, these would be entered by a member of the school administration team and accuracy verified by a member of academic staff.</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><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 will be accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider described appropriate procedures for quality checks and review of results data. Data will be prepared by a medical statistician and checked by a second academic before being reviewed by the emendation panel.</p> <p>An emendation subgroup will meet once the CPSA results are ready for an initial discussion. This group will include the statistician, assessment lead and phase lead. Following this, the metrics will be reviewed by the emendation panel, consisting of a minimum of five academics and clinicians. The panel will review feedback from the examiners and SPs, external examiners, and candidates, alongside the psychometric analysis of the station scores. The panel may propose adjustments to results where specific criteria have been met and this would be warranted and defensible. Post-assessment adjustments will be discussed and agreed at the Curriculum and Assessment board and Assessment board, which includes the external examiner.</p> <p>The assessment provider has clearly described the post-assessment adjustment criteria in their submission and explained that they plan to develop a SOP for their emendation panel. We look forward to receiving an update in the next submission.</p> <p>The assessment provider explained that, in the unlikely event of any missing marks, the</p>

			<p>emendation panel would discuss the anonymised candidate marks and make a judgement of the value of the missing mark based on the global score and the candidate’s profile for the rest of the station. The assessment provider explained that this would be a very rare occurrence as their electronic marking platform does not allow for missing marks and any decisions would be reviewed by the emendation panel. However, given the high stakes nature of the MLA, we feel this approach is difficult to justify to the public or to candidates, and may inadvertently affect the pass outcome for borderline candidates, in the event of them being given the benefit of the doubt and awarded a mark for something they didn’t demonstrate during the exam. We’d therefore advise that an alternative approach should be introduced, such as reinforcing their process to check for missing data at the end of the exam before examiners are released. We recommend that this is documented in a SOP.</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 develop an alternative approach to missing marks, such as introducing a process to check for missing data at the end of the CPSA. This should be documented in a SOP.</p> <p><b>Next submission:</b> The assessment provider should provide an update on their plans to introduce a SOP for their emendation panel which includes their approach to post-assessment mark-data changes including criteria and thresholds.</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,</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>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 improve station quality</li> <li>c. how the analysis informs the development of the CPSA.</li> </ul>		<p>The assessment provider looks at appropriate psychometric measures, at both the station level and across circuits. The assessment provider has given a clear description of how all data are reviewed before outcomes are considered by the emendation panel, with an example of the analyses routinely carried out.</p> <p>The assessment provider explained that, in the event of serious concerns about a station, further analysis will be conducted to provide insight. Decisions about whether to exclude a station will be made by the emendation panel prior to confirmation of results. The implications and outcomes of any post-assessment mark-data changes will be presented and discussed at the emendation panel prior to discussion and agreement at the Curriculum and Assessment board and Assessment board, which includes the external examiner.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</p>
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 will play a role in the quality assurance and improvement of the CPSA and how they will engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider explained that they currently have one external examiner for year 5 of the programme. In addition, in the first year of the CPSA, their partnership school will be acting in a similar role with a focus on ensuring that the level and content balance is appropriate for the CPSA. When the arrangement with the partnership school ends, they plan to appoint a second external examiner to strengthen the quality assurance for the CPSA and the other assessments within the final year of the programme.</p> <p>In advance of the CPSA, the external examiner will receive the blueprint and station documentation for the first sit and resit CPSA. The external examiner will be asked to review and quality assure the stations and the blueprint mapping across the two</p>

		<p>sittings, ensuring that they are set at an appropriate level for day one F1 doctors and that they sample the <i>MLA content map</i> in a balanced and appropriate manner across both sittings.</p> <p>On the day of the CPSA the external examiner is provided with access to view and moderate most of the stations via video and audio feed. The focus of the role on the day will be around station, examiner and SP consistency between circuits, fairness and consistency of candidate experience and ensuring that the examiners mark to the appropriate level for the CPSA. During the quarantine break and at the end of the CPSA the external examiner can talk to the candidates about their experiences.</p> <p>The external examiner is invited to observe the examiner brief, individual station calibrations and the examiner debrief session at the end of the day. Following the examiner debrief session, the external examiner will be asked to highlight any feedback where issues within station, candidate, examiner, or SP performance has occurred. This feedback is noted for emendation and the blueprint and emendation committee and OSCE development team.</p> <p>The external examiner will formally present their feedback from the CPSA as part of the exam board for discussion of the results and performance. This feedback will be part of the external examiner report for which a formal response will be written and discussed at programme and an action plan generated, where appropriate.</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.

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### 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.