

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

Edinburgh Medical School, The University of Edinburgh

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	Edinburgh Medical School, The University of Edinburgh
GMC’s decision	Complies with the CPSA requirements
Date of decision	15 April 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 Edinburgh Medical School, The University of Edinburgh, 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 of Edinburgh Medical School, The University of Edinburgh, 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 decision. I have specified below the further information or advice and the reasons why I need it

* 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.

before a decision can be made.

I have considered the compliance report and I am satisfied that Edinburgh Medical School, The University of Edinburgh (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 Edinburgh Medical School, The University of Edinburgh (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 Edinburgh Medical School, The University of Edinburgh (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 compliance report the following recommendations are made:

- With regard to quality of CPSA content:

The assessment provider doesn't pilot stations before these are used in the CPSA. To ensure the quality of the content, the assessment provider should consider pre-testing stations before these are used in the CPSA.

- With regard to Examiners:

The assessment provider should consider implementing refresher training for all examiners.

- With regard to simulated/real patients:

The assessment provider should review its QA processes for ensuring consistency of performance of simulated patients, including considering running a calibration session

before the CPSA.

- With regard to feedback to examiners and simulated patients:
 - The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers. The assessment provider should consider how to give feedback to all examiners.
 - The assessment provider should review feedback on simulated patients and use it to shape their training.
- With regard to policy and procedures:

The assessment provider should produce an SOP covering how the CPSA is run.

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 one section makes reference to the 'effective practice' demonstrated by the assessment provider. Matters relating to 'Next submission' do not fall within the remit of my decision.

I am satisfied that Edinburgh Medical School, The University of Edinburgh (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 five aspects of the report, recommendations have been advised and these are set out above, including two separate recommendations in the aspect of *feedback to examiners and simulated patients*. 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 Edinburgh Medical School, The University of Edinburgh including the five aspects including recommendations.

Signed

Elliot Lane

Date

15 April 2024

Annex A

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

Edinburgh Medical School, The University of Edinburgh

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

Edinburgh Medical School, The University of Edinburgh

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 Edinburgh Medical School, The University of Edinburgh (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 Edinburgh Medical School, The University of Edinburgh 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.

Edinburgh Medical School, The University of Edinburgh

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

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

Our advice is based solely on a review of the written information and evidence submitted by Edinburgh Medical School, The University of Edinburgh, 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>Through years four to six, candidates complete a set number of WPBA as part of their clinical portfolio, which includes summative sign off of competency in clinical procedural skills. Practical procedures are not reassessed in the CPSA. The clinical portfolio promotes reflective practice relating to professional values and behaviours.</p> <p>Students must pass penultimate year assessments, attendance and professionalism requirements before being eligible to take 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>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	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 uses a 24 station sequential OSCE for their CPSA, consisting of two sequences of 12 stations. Each sequence is taken as six stations over two days. There are approximately two weeks between sequences.</p> <p>Candidates who pass the first sequence are exempted from taking the second. This is typical for a sequential model, where a high bar is set to pass the first sequence, to be confident that candidates have met the standard. This allows the assessment provider</p>

			<p>to concentrate on assessing candidates who have not yet demonstrated that they've met the required standard of proficiency.</p> <p>Stations are ten minutes long, with two minutes reading time. The CPSA is run at a single site five times in a single day, with four parallel circuits.</p> <p>The resit follows the same model described above with, typically, a single circuit, depending on the number of candidates taking the resit. There are three months between the first take and the resit.</p> <p>The assessment provider has given a detailed description of the sequential model along with several example stations demonstrating integrated skills, together with robust post-test reliability data, evidencing how the CPSA design accurately represents the standard of Foundation Programme year one (F1). They've also shown how they used post-CPSA analyses to confirm the design and structure of the CPSA.</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>
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</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They've provided example marksheets and examiner scoring guidance including descriptors for borderline candidate performance.</p> <p>The assessment provider uses a domain-based scoring approach, consisting of the same four domains in all stations. Each domain is equally weighted. SPs do not contribute to the scoring. Examiners record their marks electronically on tablets.</p> <p>While the approach is appropriate, we noted that the use of the same four domains could have the effect of diluting the focus on the task if a station is not well-constructed. We looked in requirement 7 (Quality of CPSA content) further to see how the assessment provider could assure itself that the scoring was appropriate to the station content.</p>

	by the simulated or real patient, and how they contribute to the overall score.		<p>Finalised scores are scaled to the MBChB Common Marking Scheme where the passing score is 60% and uploaded to the University Assessment and Progression Tool before release to students.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, 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 method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first sequence using the well-recognised borderline regression method with the following conjunctive standards: a pass in at least 50% of stations, and a score of at least 50% for each performance domain across the exam. To be exempted from taking the second sequence, candidates must meet the pass score plus one standard error of the estimate, as well as meeting the conjunctive standards. This sets a sufficiently high bar that the assessment provider can assure itself that candidates who pass the first sequence have demonstrated that they meet the standard of proficiency.</p> <p>The second sequence is set using the borderline regression method (using historical standards if number of candidates is small). Candidates who take both sequences pass if they've met the overall pass score for all 24 stations and fulfil the conjunctive criteria, which are the same as for the first sequence. No standard error is applied.</p> <p>The resit is set using the same approach, with historical standards given the small number of candidates.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p>

5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the context of the CPSA. For example, one of the four domains in each station covers professionalism. Candidates must score at least 50% in the professionalism domain to pass the CPSA.</p> <p>We also saw an example station incorporating elements of professionalism into the scenario. More generally, stations include a focus on patient-centred care, which is captured in the marking domains.</p> <p>The assessment provider has a process in place for raising ‘significant concerns’ that arise during the CPSA, with an element on the examiner marksheet if the examiner observes unprofessional behaviour or patient safety issues. Candidates and SPs/real patients are also encouraged to report any significant perceived unprofessional behaviour they observe, which will be investigated at the time by the exam coordinator and lead examiner.</p> <p>All issues related to professionalism will be discussed at the exam board, with a range of escalation options available, up to referral to the Fitness to Practise Committee.</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</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described and demonstrated the process for content</p>

		<p>to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>
<p>7</p> <p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, 	<p>Yes</p>	<p>sampling at a station level and across the whole CPSA, with broad themes for each station to maintain consistency of sampling across sittings, with one set of stations in the morning and one in the afternoon. The assessment provider told us how the CPSA mapped to the overarching themes of the content map and showed us an example of how it mapped to the clinical and professional capabilities. They also showed where candidates demonstrate that they can identify and interpret clinical findings, for example in stations containing real patients.</p> <p>The CPSA covers all areas of clinical practice, apart from Obstetrics and Paediatrics which are assessed in the year five OSCE. However, elements from both areas may feature in the CPSA where the knowledge and skills are more generic.</p> <p>We noted that the assessment provider will have further work to map the CPSA and station bank to all the content map domains. They should give an update on this in the next submission. However, at this stage we advise that the CPSA meets the requirement: there's a suitable approach to selecting content for the CPSA and it is appropriately mapped to the <i>MLA content map</i>.</p> <p>Next submission: The assessment provider should give an update on their work mapping the CPSA to the <i>MLA content map</i>.</p> <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>Station writers are recruited from clinical teaching staff involved in year six placements. The assessment provider runs regular training sessions, and new writers are mentored by experienced writers. There's a standardised template for creating a new station, allowing them to write directly into the exam software. Once the station is submitted, it's reviewed and edited by the year six lead, then circulated to a review</p>

	<p>reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>		<p>group of experienced writers for further review before inclusion in the bank. Feedback is given to the author.</p> <p>SPs and real patients don't currently contribute to the development or testing of stations. The assessment provider told us that they hope to include SPs in the development of stations in future as they widen the SP pool, and we look forward to an update on this in the next submission. The assessment provider also told us that they don't have the resources to pre-test stations before use. Nevertheless, we recommend that they could look at ways to run through stations before use in the CPSA (possibly as part of their work on involving SPs in the development of stations). This would enhance the quality of the stations, in addition to trialling them for logistical and practical feasibility.</p> <p>As noted in requirement 3 (Scoring), a run-through would have the additional benefit of ensuring that the content appropriately covers the four marking domains.</p> <p>Feedback is collected from examiners, SPs and real patients on the day of the CPSA and post-exam station metrics are used when revising stations. Station content is also reviewed for currency on a three-year rolling cycle.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider doesn't pilot stations before they're used in the CPSA. To ensure the quality of the content, the assessment provider should consider pre-testing stations before they're used in the CPSA.</p> <p>Next submission: The assessment provider should give an update on the work to include SPs in the development of stations.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain security of assessment materials, including how station content is stored and shared with all</p>

	<p>security of the assessment content is maintained.</p>		<p>those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits/sittings.</p> <p>The assessment provider limits access to the station bank, with most of the editing of stations taking place within the bank. Only station authors and reviewers have access to stations as they are being created.</p> <p>During the CPSA, the material remains secure on the tablets. The only station material circulated in advance is the SP brief, which is sent out two weeks before to allow them to learn their script.</p> <p>The assessment provider runs the CPSA at a single site. There are two sessions in the morning and two in the afternoon. The assessment provider doesn't quarantine candidates. Instead, they change stations halfway through the day to allow them to release candidates after the first group has finished.</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>	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 are familiar with the format of the CPSA, as the design and delivery are the same as in previous years of the course.</p> <p>They receive a presentation on the CPSA, along with a Q&A session. Information on the format, scoring and standards is provided on the virtual learning environment. Alongside these, they have a short formative OSCE as part of their revision sessions to familiarise them with the timings and format.</p> <p>On the day, each group of candidates receives a standardised briefing covering the structure of the CPSA, the timings, confidentiality requirements and how to raise any</p>

	c. how the CPSA will be run on the day.		<p>issues.</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>Candidates get a report on their performance, including station scores, domain scores and free-text feedback from examiners. The CPSA lead reviews all free text feedback. Where inappropriate or poorly phrased comments are identified, they edit or rephrase before releasing it to candidates. In addition, the lead discusses issues with the examiner and major or recurrent issues are discussed at the exam board before being fed back into examiner training, if necessary.</p> <p>Unsuccessful candidates meet the year six director to discuss their feedback and understand how to prepare for the resit. There is a six week assistantship and six week elective following finals. For candidates who need to resit the CPSA, these are both reduced to four weeks, giving them a four week period of revision for the resit which incorporates sessions led by teaching fellows.</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>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – and giving feedback to candidates.</p> <p>Clinicians involved with teaching on the clinical components can become an examiner. They must be at the level of Speciality Trainee 3 (ST3) or above. Doctors can examine</p>

	<p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&I) training.</p>		<p>for two years after retirement.</p> <p>The assessment provider noted that the literature suggests that training may have limited long-term impact on how an examiner marks. In this context, their approach is to run an initial training session covering ED&I in relation to assessment, unconscious bias and examiner conduct, along with calibration and scoring exercises using exemplar material. New examiners then shadow an experienced examiner before they're allowed to examine in the CPSA, which gives them experience of the CPSA.</p> <p>The assessment provider doesn't run refresher sessions for examiners as such. Instead, they use the briefing on the morning of the CPSA to remind examiners of station timings, calibration, marking scheme, feedback and conduct. As noted later in requirement 14 (Feedback to examiners and simulated patients), the assessment provider doesn't provide feedback to examiners. Despite the assessment provider's reservations as to the long-term utility of training, we recommend they explore providing refresher training to ensure that examiners continue to have a common conception of their task and the expected levels of performance, including the ED&I elements of the CPSA.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should consider implementing refresher training for all examiners.</p> <p>Effective practice: New examiners shadow an experienced examiner before examining in the CPSA, which allows them to gain experience of the CPSA.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA,</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. The assessment provider has also described the involvement and preparation of real</p>

<p>and demonstrate how they are recruited, trained, briefed and calibrated.</p>	<p>patients in the CPSA.</p> <p>The assessment provider recruits SPs mainly through the Edinburgh Volunteer Network or by word of mouth. They receive training on ED&I and giving effective feedback. SPs attend two two-hour training sessions, as well as an annual training event.</p> <p>Real patients with suitable clinical signs are recruited from both general practice and hospital clinics by the Edinburgh Patient Partnership Supporting Assessment and Teaching (EPPSAT).</p> <p>We noted that the assessment provider has a pool of SPs and real patients that skews towards older adults. They're working to increase the diversity of the pool through an initiative involving local drama students. We look forward to seeing an update on their work in the next submission, which would enhance the authenticity of the CPSA.</p> <p>Scenarios are sent to SPs two weeks before the CPSA to allow them to familiarise themselves with the role. We noted that the only time that SPs have to calibrate among themselves is on the morning of the CPSA itself. To ensure consistency of performance, it may be better to run a dedicated session before the day of the CPSA.</p> <p>SP performance is monitored during the exam and, in the first instance, inconsistency is fed back by the examiner or station lead. For persistent issues, the SP coordinator will take the place of the SP for the rest of the exam session and afterwards they decide whether the SP should continue to be involved in the CPSA.</p> <p>We recommend that the assessment provider should look at its quality assurance (QA) processes around the training and monitoring of SPs to ensure consistency of performance of SPs.</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>
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			<p>Recommendation: The assessment provider should review its QA processes for ensuring consistency of performance of simulated patients, including considering running a calibration session before the CPSA.</p> <p>Next submission: The assessment provider should give an update on its plans to recruit a more diverse pool of simulated patients.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>They've also shown what steps they take to ensure that the station is being run in the same way across different circuits. For stations involving real patients, the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find.</p> <p>On the morning of the CPSA, there's a group calibration with SPs and examiners for the same station. Following this, on each circuit the examiner and SP run through the scenario individually. There's approximately 35 minutes to cover all of this. We felt the timings were tight to cover everything sufficiently. Our recommendation in requirement 12 (Simulated/ real patients), that the assessment provider should consider running a calibration session with SPs before the CPSA, would help to address this.</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the CPSA to ensure that they understand how the station should be presented and any issues are clarified.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p>

<p>simulated patients, and how the impact of this feedback is monitored.</p>	<p>The assessment provider doesn't currently give feedback to examiners. This follows their rationale in requirement 11 (Examiners) that training may have a limited long-term effect on examiner marking. Here, they consider that feedback may impact subsequent marking behaviour in unpredictable ways. The assessment provider noted that their assessment team is currently researching whether examiner background characteristics impact scoring in OSCEs. We'd welcome an update on this work and its application to the CPSA in the next submission.</p> <p>We asked what the assessment provider would do if they identified an examiner who was an outlier when they reviewed the results. They noted that, with the small numbers of candidates an examiner typically sees, it would be difficult to separate the examiner from other sources of variance in the station, but that if an outlier was identified, the marks would be discussed at exam board. The assessment provider told us that they would update their Code of Practice (COP) to include this.</p> <p>Issues with examiner conduct are discussed at the exam board and appropriate remedial action agreed, which is then followed up with the examiner.</p> <p>SPs are monitored and issues are addressed on the day. We didn't see evidence of how feedback is monitored or fed back into their training. We recommend that the assessment provider ensures that this information is reviewed and fed back into SP training.</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 recommendations:</p> <p>Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers. The assessment provider should consider how to give feedback to all examiners.</p> <p>Recommendation: The assessment provider should review feedback on simulated patients and use it to shape their training.</p>
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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 submitted Key Roles and Responsibilities, setting out the duties of each member of staff on the exam circuit. They also submitted a COP, setting out the construction, delivery, scoring and standard of the CPSA. In several requirements they've identified specific areas of the COP to update. We've given advice in the relevant places relating to the updates needed. In addition, we felt that a more detailed standard operating procedure (SOP) for the CPSA would have helped us understand how the CPSA is run. We felt that this would also be of benefit for the assessment provider and recommend that they produce such a document to supplement the two documents above.</p> <p>The assessment provider has an inclusive design which considers reading time, floor space and a maximum of six stations per circuit. Where a candidate needs a reasonable adjustment, they are signposted towards the central university Disability Office. Disability advisors observe the CPSA and adjustments are discussed and agreed with the School Adjustment Coordinator before implementation. The assessment provider told us that to date they'd always been able to accommodate recommended adjustments.</p> <p>We advise that the assessment provider has appropriately described how the CPSA</p>

			<p>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>Recommendation: The assessment provider should produce an SOP covering how the CPSA is run.</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 runs the CPSA at their clinical skills centre, which is split into single rooms and four-bedded bays, arranged around a central area. We saw evidence of the venue spaces, station layout and set up, equipment and clinical skills resources.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of a quality assessment through securing appropriate venues, and the resources needed so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day. They have described the approach to dealing with missing data.</p> <p>Examiners mark on tablets, with candidate marks preloaded in the running order for the circuit. All fields are compulsory and examiners can't submit incomplete marks. Scores cannot be submitted for a candidate if incomplete. Submissions are monitored by the exam coordinator.</p> <p>Data is uploaded in real time, or when Wifi is restored if there's an outage. The assessment provider has appropriate back up procedures in place, including spare tablets and paper mark sheets.</p>

			We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>Results are exported directly from the exam system as a csv file and then passed to the psychometric team for analysis.</p> <p>The assessment provider outlined the approach and thresholds to making post-assessment mark-data changes, including when a station would be excluded from the results. We noted that they intend to update their COP to document the process.</p> <p>Scaling to the MBChB Common Marking Scheme happens at the end of the process, and the results are checked before being released to candidates.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results.</p> <p>Next submission: The assessment provider should provide their updated Code of Practice documenting the process and thresholds for making post-assessment mark-data changes, including when a station would be excluded from the results.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p>	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 has given a clear description of how all data are reviewed at the post-test meeting before outcomes are considered by the exam board, with</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>examples of the analyses routinely carried out by the psychometrician.</p> <p>Analyses look at station level descriptive statistics, as well as a detailed psychometric report on the CPSA, including comparison with performance data from previous academic years.</p> <p>Stations flagged in the analysis are reviewed to identify and, if possible, remedy problems. If a station can't be revised, it's removed from the station bank.</p> <p>As noted in requirement 2 (CPSA design), the assessment provider demonstrated how post-CPSA analysis feeds back into changes to the design of the CPSA.</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>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 QA 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>New and existing external examiners attend an annual training event where they're updated on any changes to courses or related assessments.</p> <p>External examiners should attend a least one day of the CPSA each year. They have access to all station material and observe multiple stations across the day. At least one external examiner must attend the exam board for it to be quorate.</p> <p>The external examiner's report covers exam material, processes, conduct, standards and their attendance at exam boards. The assessment provider produces an annual QA evaluation which summarises their response and action points arising from the reports.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the QA and improvement of the CPSA.</p>

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 thank the reviewers for their detailed assessment and report on our CPSA and the helpful recommendations to enhance our processes going forward. We confirm that the report is factually correct.