

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

GKT School of Medical Education, King’s College London

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	GKT School of Medical Education, King’s College London
GMC’s decision	Complies with the CPSA requirements
Date of decision	15/03/2024

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 the GKT School of Medical Education, King's College London, 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:

- MLA CPSA compliance report
- MLA CPSA assessment – guidance for MLA decision makers
- Email from MLA team dated 08/03/2024, providing an update on further discussions within the MLA team and additional queries made of GKT School of Medical Education.

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 the GKT School of Medical Education, King's College London (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 the GKT School of Medical Education, King's College London (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 the GKT School of Medical Education, King's College London (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

N/A

Recommendations

CPSA Design

- The assessment provider should ensure that all documentation consistently refers to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.

Standard Setting

- For the resit CPSA, the assessment provider should use only well-performing previously used stations with reliable main sit borderline regression method (BRM) cut scores.

Collaboration between examiners and patients

- The assessment provider should continue to consider further ways to minimise variability across different sites, which should include their proposal to explore the use of item response theory (IRT) modelling, to manage site-level variation.

Feedback to examiners and simulated patients

- The assessment provider should develop the analysis of examiner performance, provide statistical feedback to examiners, and monitor the impact of the feedback on future marking.

Production of results

- The assessment provider should introduce an alternative solution, to replace intention marking, as a contingency in the event of significant disruption occurring during the CPSA.

External examiners

- The assessment provider should ensure that a minimum of two external examiners contribute to each quality improvement cycle of the CPSA.

Reasons for the decision

Pursuant to requirement 18., 'Production of Results', the assessment provider described their contingency plan in the event of significant disruption occurring during the CPSA which risks an incomplete mark, described as 'intention marking.'

This is where a domain is not fully observed due to an interruption (for example a patient needing to leave the station and cutting short a candidate's performance) so the examiner makes a judgement about how the candidate would have performed should they have completed the station.

The independent CPSA reviewers noted that given the high-stakes nature of the MLA, the approach is difficult to justify to the public or to students 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 advised that an alternative approach should be introduced, such as re-running the station at the end of the circuit for the candidate concerned, to ensure there is evidence on which to base the mark.

In the assessment provider's response to the Compliance Report, they stated that they would attempt to devise an alternative approach – however, there is no time to re-run a station, which would only be feasible if they cut the number of stations to 14. The assessment provider noted that in the past, they have rerun stations, but this became unwieldy as students would demand a rerun for minor disruptions. Nonetheless, the assessment provider stated that they will review their processes for an alternative contingency.

I queried with the MLA team whether they were satisfied that the assessment provider's response was sufficient to mitigate the public interest risk and the public protection risk in overmarking, given that no alternative process had yet been devised and the assessment provider noted the prohibitive difficulties in re-running stations.

The MLA team confirmed that they are content to pick the matter up with the assessment provider at the next stage, in line with the CPSA guidance. I am content to defer to the expertise of the CPSA reviewers on this matter, given the stated intention of the assessment provider to review their processes for an alternative contingency.

The MLA team also clarified their position on a matter which came to their attention on the morning of 29 February 2024, of a possible change in the assessment provider's assessment strategy relating to the number of attempts and the possibility of the need for a written update if the assessment provider wished to make the change before the first live CPSA.

The MLA team clarified in an email dated 8 March 2024 that the changes proposed by the assessment provider relate only to the MLA AKT and therefore do not impact upon the CPSA.

The assessment provider has otherwise explained how it meets the particulars of each and every requirement under the framework. There are two examples of effective practice. The assessment provider provided specific descriptions of the relevant processes it uses; for example with reference to standard operating procedures.

The assessment provider has acknowledged limitations and planned areas of development under each requirement, as appropriate. The recommendations we have made are sufficient to enable us to monitor those developments. None of the current limitations or challenges described by the assessment provider will impede its ability to ensure that candidates are competently assessed as to their preparedness to practise medicine as Foundation Year 1 doctors.

Signed

Emma Conacher, Assistant Registrar

Date

15/03/2024

Annex A

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

GKT School of Medical Education, King’s College London

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

GKT School of Medical Education, King's College London

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 GKT School of Medical Education, King's College London (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 King's College London, Faculty of Life Sciences and Medicine 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.

GKT School of Medical Education, King's College London

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that GKT School of Medical Education, King's College London (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 GKT School of Medical Education, King's College London meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and five updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by GKT School of Medical Education, King's College London, 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>Annual progression is dependent on satisfactory completion of a portfolio (which includes a professional activities' record, engagement, mandatory training records and supervised learning events), project work, and summative written and clinical assessments. Prior to graduation, as well as passing the CPSA, candidates must demonstrate clinical competence through completion of directly observed procedures/ skills portfolios (which includes a range of WPBAs), a Foundation apprenticeship placement, and be in good professional standing.</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 	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>From academic year 2023-24 the assessment provider is moving from a sequential model to a single unified OSCE model for their CPSA. We support this move, as the sequential model involved an initial exam (part A) followed by a secondary assessment (part B) for borderline candidates, with only a very small percentage of candidates failing the first part and required to sit the second part. This limited the range of MLA content on which most candidates were assessed. This issue is resolved with the</p>

	and duration of stations.		<p>change to a single unified OSCE, which will consist of 16 stations distributed over two days.</p> <p>Stations will be eight minutes long, with two minutes reading time. The CPSA will be run at four sites, with multiple sittings, and between two and six parallel circuits on each site. Candidates are allocated to take their CPSA assessments at locations not related to the site of their placement and attend a different site each day. The resit CPSA will mirror the main sit in terms of the format, total testing time, number and duration of stations. The resit CPSA will be held on a single site.</p> <p>The CPSA is designed around scenarios that a doctor may encounter whilst working in the Foundation Programme and the candidate station instructions clearly state that they are Foundation Year One (F1) but it would be helpful if the documentation for all aspects of the CPSA (station materials, examiner training and marking guidance, expected level of performance) was more explicitly linked to readiness for F1.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that all documentation consistently refers to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in 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>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for candidate performance in each of the domains, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach plus a global judgement about each candidate's performance. Domains are consistent for each station type. All stations consider patient safety and interpersonal skills. Stations include a patient score (provided by real patients and SPs, who are given scoring</p>

	<p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>	<p>guidance) based on whether they would want to see the ‘doctor’ again.</p> <p>As noted elsewhere in this report, the assessment provider is introducing electronic marking for their CPSA. As this coincides with the move to a new OSCE model, we recognise this may present an opportunity for the assessment provider to review their scoring protocols.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Next submission: The assessment provider should submit an update on the introduction of electronic marking. This should include any impact on scoring protocols, or related developments.</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>	<p>Yes</p> <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 using the borderline regression method (BRM) with a conjunctive standard of 12 out of 16 stations (75%) required to pass. On rare occasions, a station may need to be removed from the results calculation – the threshold criteria for considering station removal are described in our comments at requirement 18 (Production of results) – so on these occasions the percentage would be slightly different.</p> <p>There is also an ‘overall minimum competency score’ calculated by summing the borderline regression scores, to ensure candidates have demonstrated competence in sufficient breadth and depth across all domains and stations.</p> <p>We were pleased to note that the assessment provider is adopting an approach of requiring a pass mark above the borderline regression cut point for their new CPSA,</p>

			<p>and that they no longer use any rounding up of candidate marks in their calculations. This is appropriate, as it avoids inadvertently affecting the assessment outcomes for candidates near the borderline.</p> <p>The approach to setting the standard for the resit mirrors that of the main sit. As the BRM cut score might be considerably skewed if used for a smaller number of candidates with a narrower spread of ability – the resit cohort – we’d advise that they use only ‘tried and tested’ stations in the resit, with established BRM cut scores from previous main sit CPSAs.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p>Recommendation: For the resit CPSA, the assessment provider should use only well-performing previously used stations with reliable main sit borderline regression method (BRM) cut scores.</p> <p>Next submission: The assessment provider should submit an update on the introduction of the new OSCE model and its impact on the standard setting approach.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the content of the CPSA, for example through the score from the patient perspective on the basis of the candidate’s interpersonal behaviour.</p> <p>There is also an effective standardised process to identify and follow up on concerns about individual candidates identified during the CPSA, with appropriate follow up, which includes the option of referral to the assessment provider’s Professionalism lead. The process for handling concerns is clear from both a candidate’s and</p>

			<p>examiner's/SPs' perspective.</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> <p>Effective practice: The process for handling professionalism concerns is clear and transparent, with effective mechanisms for dealing with individual candidates.</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations 	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, including opportunities for candidates to demonstrate that they can identify and interpret clinical findings.</p> <p>The CPSA is designed to assess the integration and application of skills in a clinical context, as well as testing individual skills, and the new 16-station model should facilitate the assessment provider's efforts to sample an appropriate, balanced spread of core skills and knowledge.</p> <p>The CPSA is clearly aligned to <i>Outcomes for graduates</i> but would benefit from more explicit mapping to the <i>MLA content map</i>. The new CPSA design offers an opportunity to demonstrate this.</p> <p>The 16 stations comprise different station types covering a range of core skills and knowledge areas, with four stations dedicated to physical examination, four to taking a medical history, three to communication skills, three to practical skills and two to holistic assessment of a patient. The MLA areas of clinical practice may be sampled across the range of station types, but the four physical examination stations focus on the core body systems, most frequently cardiovascular, respiratory, gastrointestinal and neurological. While not limited to these four systems, we'd encourage the assessment provider to monitor this approach to ensure the examination stations do not become predictable, and that limiting the scope of content in those stations</p>

	<p>vi. Conditions</p> <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>doesn't have a negative impact on their ability to test the range of the <i>MLA content map</i> across the whole CPSA.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately related to the <i>MLA content map</i>.</p> <p>Next submission: The assessment provider should submit an update on how the newly designed CPSA explicitly maps to the themes and domains of the <i>MLA content map</i>, and any further developments to the new model to ensure it enables the sampling of an appropriate, balanced spread of MLA content across the CPSA.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <p>a. how station writers are trained</p> <p>b. the process for creating, reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the</p>	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>New stations are created at workshops led by the OSCE lead, involving teaching and learning staff to cover the range of content areas. Training, guidance and templates are provided.</p> <p>The assessment provider involves a range of appropriate stakeholders in the development of CPSA stations: stations are reviewed by academic and administrative leads to refine all aspects including suitability for exam delivery; SPs and senior SP facilitators review patient briefs to ensure authenticity and provide the patient perspective, including ED&I considerations; and the external examiner provides peer review. New stations are trialled at a mock run through with SPs on a standardisation day around two weeks before the CPSA.</p> <p>Feedback is collected from examiners, SPs, candidates and external examiners on the day of the CPSA, which is used along with post-exam station metrics when reviewing station performance. Post-exam analysis includes performance by cohort, site and circuit. Poorly performing stations are reviewed in more detail and revised before future use or suspended from the live bank.</p>

	writing and review process.		We advise that the assessment provider has appropriate processes to produce quality assessment materials that reflect what new doctors might encounter in clinical practice.
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits/sites/sittings.</p> <p>The CPSA takes place on multiple hospital sites which are put under lockdown (ie exam floors are not used for any other purpose) for the CPSA.</p> <p>The supporting evidence supplied by the assessment provider included a standard operating procedure (SOP) which includes the processes to maintain the security of the assessment. For example: station materials are shared securely via dedicated university systems with restricted permissions; hard copies of stations are not introduced to the circuits until the morning of the exam, and stations are changed for each day of the exam.</p> <p>Candidates must hand in all electronic devices before starting the exam and are quarantined between morning and afternoon sittings in separate locations. All candidates are released from all sites simultaneously. This arrangement is accepted by candidates as part of the requirement of the CPSA.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in</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>This includes a guide containing information about logistics, marking schemes and standard setting, and station types. There are live webinars giving further information</p>

	<p>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>		<p>about the CPSA, format and how the pass mark is set, along with relevant policies and procedures. These are uploaded to the virtual learning environment (VLE) platform so candidates can review them at any point prior to the CPSA. They are emailed with details of their test date and time and what to bring.</p> <p>On the day there is a pre-recorded briefing (also available on the VLE). Candidates also have the opportunity to observe the examiner briefing, to promote transparency.</p> <p>Candidates sit a formative OSCE in Year 4 of the same standard and receive written and verbal feedback. To prepare future candidates for the planned change in CPSA design, the new format will be implemented in the earlier year 3 summative and year 2 and 4 formative OSCEs.</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 and demonstrated detailed and comprehensive feedback given to candidates about their results and performance.</p> <p>Candidates receive written and statistical feedback. The examiner feedback is focussed on how to improve clinical skills and exam performance. The SP may also provide written feedback if they've given a low score. The written feedback is supplemented with statistical feedback detailing the candidate's performance overall, by station and by domain, so they can understand their strengths and weaknesses across the CPSA and improve in future practice.</p> <p>Unsuccessful candidates receive additional support from the OSCE lead.</p> <p>Examiners also provide general cohort feedback which informs the student webinars and is fed back to teaching staff.</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> <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>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance, and giving feedback to candidates.</p> <p>Examiners are drawn from a wide range of clinicians: consultants or GPs who engage with the clinical component of the course, including retired doctors up to five years after their last revalidation date; specialty trainees (or equivalent) at ST4 and above; and senior nursing staff.</p> <p>Examiners must have completed mandatory training on GDPR, unconscious bias and ED&I. Briefing on the day includes a refresher on the purpose of the CPSA and the examiner's role, the marking system and global scoring. The briefing is available all year via the virtual platform and sent to examiners with their examining calendar. Examiners always examine at a particular site due to their geographic location. Examiners are monitored by a Senior Examiner for each site, an internal quality peer examiner, and external examiners who peer review the marking. Examiners receive a recorded video briefing that is the same on all sites.</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 suggested recommendation at requirement 13 (Collaboration between examiners and patients) relating to cross-site calibration.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and</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 guidance on their contribution to the station score. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>SPs are initially involved in teaching, recruited through the communication skills team,</p>

<p>calibrated.</p>	<p>to enable ‘constructive alignment’ and ensure they are familiar with levels of expectation and giving feedback. The assessment provider has demonstrated clear efforts to ensure there are no known relationships or conflicts of interest between SPs and candidates taking the CPSA.</p> <p>SPs receive their brief three weeks before the CPSA and attend a standardisation day, led by the OSCE lead and senior SP facilitators, two weeks before the CPSA to minimise variation in performance across the four sites. They also receive a reference grid with guidance on which to base their scoring. They only receive information relevant to the role, not the entire station, which is appropriate as it limits the exposure of assessment materials prior to day of the exam.</p> <p>On the day, they receive a briefing from the SP facilitator at each site. At the calibration session with the examiners, they agree the level of emotion for the station. The senior SP facilitator monitors SP performance and provides constructive feedback. SPs also provide their own feedback on stations and other issues.</p> <p>‘Healthy volunteers’ are used as patients in procedural stations. Real patients (with clinical signs) are recruited either by local site teams or through the patient educator programme which teaches examination skills in the earlier years. The patient lead informally briefs them on the purpose and format of the CPSA and their involvement in it. The assessment provider has indicated that they plan to create a formal document setting out this process.</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.</p> <p>Effective practice: The assessment provider has mechanisms to ensure there are no known relationships or conflicts of interest between SPs involved in marking CPSAs and teaching, and with candidates taking the CPSA.</p> <p>Next submission: The assessment provider should submit an update on the real patient briefing documentation.</p>
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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 and sites. For stations involving real patients, the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find.</p> <p>The examiner and SP/ real patient have 30 minutes to calibrate the station prior to the OSCE circuit commencing. On each site, examiners and SPs on the same station on different circuits meet and rehearse the station together to ensure examiners are marking according to the detailed information about marking which is included in the station instruction packs. SPs are able to provide input having attended a standardisation day together (representing all sites) with the OSCE lead. For stations involving a real patient, the examiner examines the patient to assess their clinical signs alongside the station guidance. Academic leads on each site are available to provide guidance and continuity on the day, having checked all stations with the OSCE lead. Any changes to the station approach are communicated to all sites.</p> <p>Given the spread of site locations, meaning examiners at different sites cannot directly calibrate together on the morning of the CPSA, we recognise the assessment provider's efforts to manage the challenge of variability between sites, and we support the practice of local calibration and the relaying of information across sites. The assessment provider has indicated that they are actively exploring the use of item response theory (IRT) modelling to adjust for site-level variation and would welcome further guidance and collaboration with the GMC while evaluating the implications of this approach. The assessment provider has expertise and experience in IRT, and we'd encourage them to proceed with this option. In addition, to further mitigate variation across sites, we'd encourage the assessment provider to explore other solutions, such</p>
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			<p>as greater randomisation of examiners between sites.</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should continue to consider further ways to minimise variability across different sites, which should include their proposal to explore the use of item response theory (IRT) modelling, to manage site-level variation.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>The assessment provider identifies suboptimal examiner performance through review of the scores, reports from candidates, and review of the quality of the feedback to candidates. This is taken forward by the undergraduate lead at each site. To date, the assessment provider has not provided statistical feedback based on psychometric analysis of the CPSA. However, as outlined in our comments at requirement 11 (Examiners) relating to inter-site variability, variation in examiner standards and scoring has a potential impact on candidates undertaking the same station on different sites, so we advise that enhanced analysis should be carried out and that data from this analysis informs the feedback given to examiners. The impact of this feedback on future marking should be monitored.</p> <p>SP performance (particularly new SPs) is reviewed by the SP facilitators who provide guidance and direction aligned with the standardisation opportunities. Performance on the day is monitored by the senior SP facilitator and senior examiner at each site and informal feedback is provided via the SP facilitator.</p> <p>We advise that the assessment provider has appropriately described how examiner</p>

			<p>and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop the analysis of examiner performance, provide statistical feedback to examiners, and monitor the impact of the feedback on future marking.</p>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>We reviewed a standard operating procedure (SOP) outlining the roles and processes for the CPSA on the day, along with an example incident report, and a reasonable adjustment case study. There is a clear and transparent approach to managing ‘personalised assessment arrangements’.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a 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. There is effort to ensure consistency of experience for candidates on different sites and circuits.</p> <p>Each site has separate areas for examiners, SPs, real patients and healthy volunteers. The examiner area includes equipment to deliver the pre-recorded standardised briefing. Candidates have separate, secure quarantine areas.</p> <p>The station cubicles on each circuit are separated by sound-proofed boards to simulate a busy ward environment. We reviewed an example circuit floor map and photos. All circuits are stewarded by invigilators, a lead invigilator and a senior examiner.</p>

			<p>Technical rooms are used for storage of equipment.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>The assessment provider is introducing electronic marking for the CPSA., which addresses a previously identified problem of missing marks while using a paper-based system. We advise that this is monitored as it is implemented, to ensure examiners are confident about using the devices, and that it is performing optimally on all sites. Score data is collated electronically via the marking devices which are stored securely at each site and returned to the assessment provider’s central offices when the CPSA is finished.</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> <p>Next submission: The assessment provider should submit an update on the introduction and implementation of electronic marking relating to its use on the different sites, including any problems with devices, servers or wifi capability, to ensure complete data acquisition across all sites.</p>
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</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 discussed at the Assessment Sub Board to identify how the station, overall CPSA and cohort has performed, using appropriate psychometrics. If any station has performed particularly poorly, as identified through the cut score, variance or pass rate analysis, contextual feedback from examiners, candidates and senior examiners (at all</p>

<p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	<p>sites, including site lead, internal quality and external examiners) is reviewed for quality issues. If the Board considers that the station quality cannot be determined, the station will be considered for removal from the results. This happens rarely, and all decisions regarding station exclusion are discussed, agreed and minuted at exam boards with external examiner presence.</p> <p>The assessment provider has a contingency plan in place in the event of significant disruption occurring during the CPSA risking an incomplete mark, described as ‘intention marking’. This is where a domain is not fully observed due to an interruption (for example a patient needing to leave the station and cutting short a candidate’s performance) so the examiner makes a judgement about how the candidate would have performed should they have completed the station.</p> <p>The assessment provider has explained their rationale for this approach, which is intended only to be used if the examiner believes there has been sufficient evidence to provide a mark, with all instances formally recorded and reviewed in examination boards with scrutiny from the external examiners. However, given the high stakes nature of the MLA, we feel this approach is difficult to justify to the public or to students, 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 re-running the station at the end of the circuit for the candidate concerned, to ensure there is evidence on which to base the mark.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the following suggested recommendation:</p>
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			<p>Recommendation: The assessment provider should introduce an alternative solution, to replace intention marking, as a contingency in the event of significant disruption occurring during the CPSA.</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> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 	Yes	<p>The assessment provider has given a clear description of how all data are reviewed in examination boards with examples of the psychometric analyses routinely carried out, such as the results file comparing candidate scores on different circuits, days and sites.</p> <p>Stations are reviewed according to site, circuit, timing (morning and afternoon), cohort fail rate. Station performance is compared to the previous performance of the same station or same station type. When scrutinising stations, feedback from candidates or examiners (as described in our comments at requirement 18 (Production of results), above) is also considered when deciding whether a station should be removed from the analysis, before further review, amendment before use in a future CPSA, or removal from the station bank.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data, with the suggested recommendations at requirements 13 (Collaboration between examiners and patients) relating to the use of item response theory (IRT) modelling to explore and manage site-level variation, and at requirement 14 (Feedback to examiners and simulated patients) regarding the statistical analysis of examiner performance.</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</p>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>They have described and demonstrated examples of the external examiner's involvement across the CPSA throughout the academic year, such as reviewing new</p>

<p>to their advice.</p>	<p>stations and providing station feedback on the day, peer review of examiner marking, and discussion of results at exam boards, including decisions to remove stations.</p> <p>While there are three external examiners covering various aspects in the final two years of the programme, we felt it was a potential weakness that there is a single external examiner for the final year CPSA. An additional external examiner would provide an additional source of feedback and enhanced external input in CPSA processes including capacity to attend meetings.</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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that a minimum of two external examiners contribute to each quality improvement cycle 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.

CPSA design

The school will rebrand and re-record the existing examiner briefing to include this information. The school will also include this in the examiner training material.

Scoring

The school can confirm that there have not been any missing marks since using the online marking system. It highlighted the variability in examiner marking performance, which the school will prioritise and include in the examiner training.

Standard setting

The removal of the sequential format has led to an increased number of students needing to take the resit - as would be anticipated. We currently feel that the impact of COVID in previous years (which hampered both learning opportunities and assessment practice) is now being seen in conjunction with the increase in stations in the CPSA, which in turn affects cognitive load etc.

As such, the exam board made post hoc adjustments to compensate for this. This year, we feel we have comparable numbers in the resit as would have been expected if the same standards and format had been applied in previous years. We will provide evidence of this in the next submission.

Whilst we accept and will endeavour to provide only previously used stations for the resit, our bank only really exists from 2018, with the intervening impact of COVID. Hence it is young and small. As such we have not had much opportunity to reuse stations and the BRM cut scores relate, in the main, to a single cohort of approx. 400 students.

In previous years, the cut scores for sequential and resit exams have therefore been based on the 5year average of all the same station type eg for a history station, there will be between 2-3 history stations per year. So, the cut score for a resit history station is the average of 5 (years) x 3 (stations/year) x 400 (students/cohort) leading to 6000 data points vs the proposed 400 from reusing stations.

To assist this, as we move forward, we will be comparing the cut scores generated from these 2 approaches.

We would be grateful for the thoughts of the panel on this approach.

Content sampling

We are in the process of mapping all new stations against the MLA content map. We are compiling the current blueprints vs the MLA map and hope to use this to improve our blueprint creations.

Simulated/ real patients

The patient briefing is currently being written - due by end of Feb. Would the reviewing team like to see this now or at the next

submission?

Collaboration between examiners and patients

As part of this, we will look at examiner performance (along the lines of the PLAB II examiners) and will formally see the impact of IRT

Feedback to examiners and simulated patients

We are exploring how to create this level of feedback to examiners and to incorporate "how to analyse feedback" in examiner training

Data acquisition

We have learnt that wifi issues do hamper data collection, but these issues are surmountable. Most importantly, it has not prevented 100% data capture

Production of results

We will attempt devising an alternative approach - however there is no time to re-run a station. This would only be feasible if we cut the number of stations to 14.

In the past we have rerun stations, but this became unwieldy as students would demand a rerun for minor disruptions. This became unsustainable and was abandoned. Nevertheless, we will review our processes for an alternative contingency

External examiners

This will be referred to the Senior Leadership Team.