

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

Hull York Medical School

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	Hull York Medical School
GMC’s decision	Complies with the CPSA requirements
Date of decision	20 March 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.

Assuring readiness for practice: a framework for the MLA§ (the MLA framework) was first

* 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).

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

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 CPSA requirements.

* 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.

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 Hull York Medical School, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

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

In reaching my decision I have considered the following documents:

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

Decision

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

* Moderation meetings involved CPSA review team leaders and a lay associate, also appointed through open campaign and who had undertaken bespoke ED&I training at the GMC, providing the patient and public perspective.

[†] Any factual inaccuracies identified by the assessment provider were addressed and rectified prior to referral to the decision maker.

decision. I have specified below the further information or advice and the reasons why I need it before a decision can be made.

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

Mandatory changes

There are no mandatory changes.

Recommendations

1. Requirement area 4: Standard setting

The assessment provider has advised that they set the standard for the first CPSA take using the borderline regression method (BRM) with the resit set using the same method and conjunctive standard but with the pass mark drawn from BRM from the main sit. The assessment provider advised they were seeking approval from the MBBS Programme Board and the Board of Studies for a conjunctive standard of a demonstration of a minimum level of competency in each competency domain assessed in all stations required to pass.

The CPSA Reviewers' report noted that they did not consider the BRM the most suitable approach to use for an OSLE, as the assessment blueprint is not the same for each candidate, as described at requirement 2 (CPSA design). The CPSA Reviewers' were pleased to note the likely implementation of the new conjunctive standard but cautioned against mixing two methods that are not designed to work together. Consequently, the CPSA

Reviewers advised ceasing using the BRM and moving to a domain-based approach as the primary method of standard setting and to consider whether any additional passing criteria is needed to supplement it.

Recommendation: The assessment provider should review their standard setting method, move to a domain-based approach as their primary method, and then consider introducing an alternative conjunctive standard.

2. Requirement area 19: Psychometric analysis

The assessment provider has described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA. Along with their planned changes to standard setting, the assessment provider has indicated that they have a further range of analyses planned for the CPSA, such as comparison of examiner mean scores, reliability and examiner performance across sites, days and circuits, and station analyses. Whilst welcoming and supporting the review the CPSA reviewers, given there is a considerable set of variables, they advise the assessment provider considers the outcomes of implementing the conjunctive standard, and its impact on candidate outcomes, before considering any further changes to the CPSA.

Recommendation: The assessment provider should appraise the impact of implementing the change to their standard setting approach, before introducing any new changes in light of their enhanced psychometric analyses.

I note that the assessment provider; Hull York Medical School has replied to the CPSA reviewers' advice report, acknowledging the above recommendations, and requested updates, stating:

'We would like to thank the reviewers for their helpful comments and recommendations, and for highlighting several areas of effective practice within our CPSA processes.'

Other than the School's comments and points of clarification to individual requirements in the footnotes [see below], we agree that the reviewers comments are factually correct. We will implement/incorporate the recommendations and provide the requested updates in our next submission.'

- Footnote 1 - Requirement area 1: Assessment strategy: *'The School's Code of Practice for Assessment and Evaluation is under review on an annual basis and will be adjusted to reflect any changes in portfolio requirements and attendance requirements on the course.'*
- Footnote 2 - Requirement area 2: CPSA design: *'For clarification, on any one day across all sites, candidates will sit the same simulated patient scenarios to assess a particular clinical curricula content. To maintain exam integrity, if this particular clinical curriculum content is assessed on a different day, a different simulated patient scenario is used.'*
- Footnote 3 - Requirement area 4: Standard setting: *'Since our submission we have gained approval from the Board of Studies and Joint Senate Committee to use the domain based conjunctive standard setting method in the CPSA.'*
- Footnote 4 - Requirement area 6: Content sampling: *'We would like to clarify that patient management is currently (academic year 2023-24) only assessed in the Y5 OLSER but this will*

change from next academic year (2024-25) when it will also be assessed in the Y4 OLSER. Consequently, the Y5 OLSER is currently 5 mins longer (30 mins) than the Y4 OLSER (25 mins) to account for this.'

Reasons for the decision

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

I have taken into account the advice set out in the CPSA reviewers' advice report. The CPSA reviewers have set out in detail, their independent expert advice on the assessment provider's submissions, against each of the CPSA requirement areas. Based on the findings made by the CPSA reviewers in their report, there have been no concerns raised about the robustness or objectivity of the evidence they have considered and taken into account. I have also noted that the assessment provider has replied to the report to confirm that (a few minor clarifications aside - see footnotes 1 to 4 as detailed above) it is factually accurate.

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

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

It is also worth highlighting that the CPSA reviewers noted four areas of 'effective practice' by the assessment provider, which is to be commended.

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

* As per principles and compliance process detailed in Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – guidance for MLA decision makers.

and appropriately mitigated.

Signed

Lisa Bond

Date

20 March 2024

Annex A

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

Hull York Medical School

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

Hull York Medical School

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 Hull York Medical School (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 Hull York Medical School 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 specified in the MLA framework§ in order for the assessment provider to meet and be

* 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.

§ 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).

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 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.

Hull York Medical School

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

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

Our advice is based solely on a review of the written information and evidence submitted by Hull York Medical School, 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, however it's complemented by the penultimate year clinical skills exam, which, like the CPSA, is set at the level of the start of the Foundation Programme (F1), has stations in the identical format to the year 5 exam, and enables broader testing across the <i>MLA content map</i> areas of clinical practice.</p> <p>The assessment provider has a longitudinal clinical assessment strategy, which actively incorporates clinical reasoning and complexity/uncertainty, with increasing assessment of the assessment provider's competency domains – described at requirement 2 (CPSA design) – through to the CPSA.</p> <p>Practical procedures and skills are demonstrated in years 3 to 5 with sign off by hospital clinical supervisors as 'competent under supervision' and, in year 5, through completion of an extensive electronic portfolio which includes work-placed based assessments (WPBA). Individual candidate performance, including completion of clinical procedural skills and other portfolio requirements, is reviewed in year 5.</p> <p>Professionalism in year 5 is assessed via several routes including attendance, performance and professionalism in clinical placements; reflective essays; a presentation, and WPBA (interprofessional education, case-based discussions, clerkings and Clinical Supervisor feedback per rotation), most of which are recorded in their electronic portfolio. The final rotation is an Assistantship, which involves the student shadowing an F1 doctor and is designed to aid the transition from undergraduate to F1</p>

			<p>training.</p> <p>Progress decisions are made in the Board of Examiners meeting. Satisfactory attendance, and satisfactory completion of all electronic portfolio requirements, and the completion of clinical placements, are criteria for entry into the end of year exams, including the CPSA.¹</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p> <p>Effective practice: The assessment of practical skills and professionalism is extensive and offers authentic preparation for the UK Foundation Programme.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider uses an objective structured long examination record (OSLER) for their CPSA, a format designed to simulate a real clinical encounter that observes and assesses clinical skills in an integrated manner. There is a mix of real patients and SPs. The assessment provider’s OSLER consists of six stations per candidate, taken on average as two stations per day over three days, depending on the size of the cohort. Stations are blueprinted across the clinical blocks in the assessment provider’s curriculum. Clinical areas that are not covered in the year 5 OSLER are covered in the year 4 OSLER, which is set at the same standard (F1). As part of the supporting evidence, we reviewed a table outlining how the clinical blocks map to all areas of clinical practice in the <i>MLA content map</i>.</p> <p>The station timings have recently been adjusted in light of feedback from examiners, external examiners and having reviewed OSLERs run by other assessment providers. Stations involve 15 minutes patient consultation/examination, then three minutes thinking time and 12 minutes for answering the examiner’s structured questions on problem solving and patient management; the total testing time for the whole exam is</p>

		<p>180 minutes.</p> <p>The design of the resit is identical to the main sit.</p> <p>The nature of the OSLER model means there is intrinsic variation in the assessment blueprint for individual candidates, as they're not taking identical stations at each site.² However, the assessment provider has sought to ensure that scenarios are of equal challenge and limit the variation as much as possible to ensure candidates have a fair and equitable assessment, such as a calibration exercise with other examiners who are examining the same or similar stations (depending on whether the station involves an SP or real patient) before the start of the exam. See also our comments at requirement 3 (Scoring).</p> <p>The assessment provider has recently made several improvements to the CPSA including revised and refreshed clinical examiner training and calibration, and provision of more structured questions for the examiners to ask each candidate. They noted that this is the likely reason for an increased reliability of the CPSA. They have been exploring the possibility of increasing from six to eight stations. However, along with other medical schools, they've recently expanded their student numbers and have indicated that they intend to allow the expansion to stabilise before considering a move to eight stations if required, while continuing to monitor the reliability of the CPSA, and building capacity to deliver clinical exams to an increased cohort size.</p> <p>While we agree with the assessment provider that 180 minutes is a reasonable testing time, a move to eight stations would enhance their range of content and sampling approach, and this should be part of the discussions to enable a decision to be made regarding implementation of eight stations in 2025.</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.</p> <p>Next submission: The assessment provider should submit an update on the possibility</p>
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			of increasing the number of stations in the CPSA, and the reasons for the decision.
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach, with all domains weighted equally within and across stations. The rationale for this is that each of the clinical competency domains are equally important in an OSLER that closely simulates a real patient consultation.</p> <p>While the OSLER model makes standardisation more challenging, the assessment provider has adequately described how they seek to mitigate the intrinsic variation in stations involving real patients. There is extensive calibration discussion between examiners who are examining similar stations, grouped in clinical areas where possible, where they consider the complexity/uncertainty of the patient’s case and key aspects to be elicited. This is taken into account when scoring the domains but does not affect the weighting of the domains overall: the intention is to ‘level the playing field’ in terms of the expectations of candidates’ level of performance in different patient encounters. The assessment provider has demonstrated examiner training and briefings showing how they ensure examiners have a shared understanding about the expected levels of performance at F1 for each of the competency domains, with clear grade descriptors for each level, currently graded A-E but (pending approval by the Board of Studies at the time of the submission) moving to numeric grades 1-6, to remove the implicit value-judgement associated with A-E grades.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p>
4	Standard setting	Yes	The assessment provider has described their rationale and method for standard setting

<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> <ul style="list-style-type: none"> a. standard setting method at station and overall assessment level b. any additional passing criteria (eg minimum number of stations passed). 	<p>the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including their additional standard setting criteria, to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described how the standard is maintained over different circuits and the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the borderline regression method (BRM). They have undertaken extensive conjunctive standard modelling relating to domains and, at the time of submission, they were seeking approval by the MBBS Programme Board and the Board of Studies for a conjunctive standard of a demonstration of a minimum level of competency in each competency domain assessed in all stations required to pass.³ The resit is set using the same method and conjunctive standard but with the pass mark drawn from BRM from the main sit.</p> <p>While the BRM is a well-recognised standard setting method for objective structured clinical exams (OSCEs), we do not consider it the most suitable approach to use for an OSLEP – especially one involving a diverse mix of real patients – as the assessment blueprint is not the same for each candidate, as described at requirement 2 (CPSA design). We were pleased to note the likely implementation of the new conjunctive standard, however, we’d caution against mixing two methods that are not designed to work together. We’d therefore advise that the assessment provider cease using the BRM and move to a domain-based approach as their primary method of standard setting – using the extensive modelling they’ve already undertaken in relation to candidates’ performance in the competency domains – and to consider whether they need any additional passing criteria to supplement it.</p> <p>Patients and SPs do not contribute to the scoring; however, they are asked if they have any professionalism concerns regarding the candidates and this is noted within the assessment process. Concerns are followed up appropriately if any professionalism issues are raised.</p>
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			<p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review their standard setting method, move to a domain-based approach as their primary method, and then consider introducing an alternative conjunctive standard.</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>Students' professionalism is assessed across the programme, as described in requirement 1 (Assessment strategy). The assessment provider incorporates assessment of professionalism in the content of the CPSA through the 'Relationship with the patient' domain and via professionalism feedback from examiners, SPs and real patients.</p> <p>There are clear processes and steps for dealing with professionalism issues identified during the CPSA, and appropriate follow up involving a Fitness to Practise committee as needed. There is clear information for candidates in the MBBS Handbook.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The CPSA is blueprinted across the areas of clinical practice covered by the clinical blocks and the more generic blocks (medicine, surgery and general practice) and across</p>

	<ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care b. Demonstrate how the CPSA maps to the individual domains: <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 c. Demonstrate that candidates can identify and interpret clinical findings. 	<p>‘urgency of care’ level. Station scenarios cover genders, various ages, primary and secondary care as well as home visits, and cover acute and chronic conditions. The assessment provider has demonstrated how the CPSA relates to the content map. The mix of simulated patient scenarios, supported by simulation manikins, and real patient encounters ensures candidates are assessed on their ability to elicit and interpret clinical findings.</p> <p>As described at requirement 2 (CPSA design), clinical areas that are not covered in the year 5 OSLEP are covered in the year 4 OSLEP. Stations for both years are set at the same level of challenge and standard (F1), all domains are tested across both OSLEPs, and the format and timing is the same⁴, so this is an acceptable way to ensure appropriate coverage of the content map at the appropriate level of expected performance.</p> <p>As also noted at requirement 2, the potential increase from six to eight stations would improve the range of content that can be tested in the CPSA and would reinforce their sampling approach.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>.</p> <p>Next submission: If the move from six to eight stations in the CPSA is implemented, the assessment provider should submit an update on its impact on the sampling strategy and content coverage.</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> <ul style="list-style-type: none"> a. how station writers are trained 	<p>Yes</p> <p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations involving SPs. New stations, and previously used stations that need revision in light of feedback, are developed by curriculum advisers, specialty leads and a team of clinical skills facilitators. The station then undergoes internal review</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 writing and review process.</p>		<p>by clinical academics, which includes ensuring the content of stations reflects the diversity of the population, before sending to the external examiner for further scrutiny. Their suggestions are reviewed and applied as appropriate by the phase lead. The station is then piloted at the hospital sites by the Student Liaison Office using foundation doctors playing the part of the candidate. These doctors are Hull York Medical School graduates and were school student representatives; chosen for their ability and understanding of the assessment process and for their individual characteristics.</p> <p>We reviewed training materials and station templates for real patient and SP stations, with example stations. The real patient station template includes standardised questions for the examiner to ask the candidate. Examiner guidance on scoring and feedback provision is the same for real patient and SP stations. Examiners on real patient stations receive additional standardised guidance and instructions, which inform the calibration session with examiners on similar stations on the day of the CPSA, to ensure they take into account any differences in the real patient (such as clinical signs to be elicited) and how to manage any variations in the patient’s history.</p> <p>Candidates, examiners, SPs and real patients (through an informal debrief), have the opportunity to comment after the CPSA. This feedback, along with station metrics, is considered at the Exams Working Party meeting ahead of the exam board meeting (and escalated appropriately as needed) and at the OSLER debriefing (‘wash-up’) half day session, held on site once the exam period is over, and contributes to the quality improvement decisions made about future examinations.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p>
8	<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 the security of assessment materials, including how station content is stored and shared</p>

	<p>security of the assessment content is maintained.</p>		<p>with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different sessions.</p> <p>All CPSA materials are stored on a secure Microsoft Teams channel with limited access. The station scenario is shared with SPs via email with password protection (passwords sent in a different email) ahead of their training session, to identify any questions they may have. Station materials are not printed out unless the online marking fails on the day, in which case station material would be printed on site for immediate use.</p> <p>Candidates are not quarantined as the holistic nature of the OSLEP and complexity of the tasks and range of clinical competency domains assessed in the 30-minute station means there is minimal chance of gaining an advantage through collusion. Additionally, candidates sit different scenarios of equal challenge on different days. The assessment provider conducts post-hoc analysis of overall performance, which has not revealed any cause for concern to date, but would prompt further investigation.</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>The longitudinal assessment approach and formative opportunities in the same format, with written and verbal feedback, means candidates are well prepared to take the CPSA in the final year.</p> <p>There is a comprehensive range of information for candidates in written communications, remote and face to face briefings, and through the virtual learning environment (VLE). This includes guidance on the structure, conduct, marking, grade descriptors, categories of competence (domains), timings and station types.</p> <p>There is further detailed information about what to expect on the day, such as what to</p>

	c. how the CPSA will be run on the day.		<p>bring and dress code.</p> <p>The assessment provider has also supported students with general MLA preparation and has held webinars (recorded and uploaded to the VLE) and other talks.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>The assessment provider has described and demonstrated individual level and cohort level feedback given to candidates along with their results, which includes constructive written examiner feedback (which the assessment provider checks for appropriateness and that comments match the scoring) on strengths and areas for improvement for every station, to strengthen their future learning. We reviewed a standard operating procedure (SOP) for the data checking process.</p> <p>For unsuccessful candidates, there is prompt support, with pastoral support available from the Student Support team within 24 hours of the results being released and academic support through one-to-one meetings with the Phase 3 Lead later the same week. Following these meetings, where station performance is discussed, a bespoke remediation plan and revision timetable is developed, with the involvement of clinical 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</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</p>

	<p>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>		<p>candidates – and giving feedback to candidates.</p> <p>To be able to examine in the CPSA, examiners must be hospital consultants, GPs or higher-level trainees; must demonstrate ED&I training by certificate via NHS eLearning4health and Unconscious Bias training; must have attended the assessment provider's examiner training and must observe an experienced examiner with a period of shadow marking.</p> <p>The assessment provider has recently revised their training programme which includes discussion on the effects of bias; a calibration exercise; discussion about levels of performance and grading, facilitated through a series of videos, including borderline performance, and discussion on giving comprehensive and constructive feedback to candidates.</p> <p>On the day, examiners on all sites receive a pre-recorded briefing to ensure consistency, followed by a calibration exercise with other examiners who are examining the same (for those involving SPs) or similar (for those involving real patients) stations. This exercise is documented and includes expectations at the level of a week one F1 doctor.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA.</p> <p>Effective practice: The assessment provider has a robust and comprehensive process to ensure examiners are well prepared to examine in the CPSA, including the opportunity for new examiners to familiarise themselves through shadowing an experienced examiner.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are</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. They have also described the involvement and preparation of real patients in the CPSA.</p> <p>The assessment provider recruits and trains SPs themselves. These are well known to</p>

<p>recruited, trained, briefed and calibrated.</p>	<p>the medical school and have been through general training relating to their involvement in teaching and assessment with a specific standardisation exercise in advance of the CPSA, plus ‘on the day’ calibration to ensure those on the same station are delivering it the same way. They are selected for the CPSA in consideration of their suitability for the station scenario. Their training includes Unconscious Bias Awareness. There is a further briefing on the day, before the start of the CPSA.</p> <p>Real patients are recruited by the site teams according to their availability and current clinical problems. They are briefed about the logistics of the day, what the specific station will cover and reminded only to answer questions as asked by the candidate in the history taking and not to guide them in any way. There is extra guidance for examiners in stations involving real patients, described at requirement 13 (Collaboration between examiners and patients).</p> <p>While the limitations of using volunteer patients means the assessment provider cannot purposefully recruit according to demographics, patients are reflective of the wider local population, and they take ED&I considerations into account for all involved in the CPSA, including individual requirements for specific dress, food preferences, time for prayer, accessibility, etc, such as preparing information in braille for a blind SP.</p> <p>SPs and real patients don’t currently contribute to scoring but they can inform the examiner if they feel there is a professionalism issue, which will be followed up by the University Assessment Team. The assessment provider is currently piloting an innovative method to incorporate patients’ perspective on students’ conduct and professionalism during clinical assessments across the course, through a clear feedback structure.</p> <p>We advise that the assessment provider has clearly described how it involves SPs and real patients in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Next submission: As a potential area of effective practice that could be shared with</p>
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			other assessment providers, the assessment provider should submit an update on the results of their patient feedback pilot.
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/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>Following separate briefings for examiners and patients/SPs, for stations involving SPs, the examiners and SPs from different circuits meet to rehearse the station together to ensure equity of marking and calibration of performance, and to clarify any aspects of the scenario.</p> <p>For stations involving real patients, the examiner and patient meet in their station and discuss the scenario. The examiner follows instructions for examining the patient before the start of the CPSA, to check the clinical signs that the candidate should elicit. They undertake a documented calibration exercise to ensure candidates have an equitable assessment, which includes considering the level of difficulty of the patient's presentation, including history and examination; whether the presentation is likely to be seen frequently, infrequently, or rarely, by F1 doctors, and the level of management expected to be initiated by an F1 doctor. Examiners are instructed to monitor any variations in the patient's history as the CPSA progresses and consider if these relate to candidate factors or to the patient.</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified.</p>

14	<p>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>Currently, examiners are provided with their summary scores, compared (anonymously) to other examiners on the same station type, and a copy of their free text comments to candidates, for reflection. The assessment provider is introducing new assessment software which will enable them to provide longitudinal statistical feedback, information that could also be used for targeted training if needed, for example to address stringent or lenient marking behaviour.</p> <p>Formal feedback is not provided to patients or SPs, unless something specific occurs, where it will be discussed individually via the academic lead for communication skills. Although the assessment provider has indicated that the SPs are well known to the school, we feel it would enhance the CPSA if there was a formal feedback loop to inform future SP performances.</p> <p>The assessment provider has clear internal quality assurance processes for the CPSA led by senior academic university staff on each site.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated.</p> <p>Next submission: The assessment provider should submit an update on the introduction of the new assessment software and how they are using the enhanced data to provide feedback to examiners and monitor their marking.</p>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal</p>	Yes	<p>The assessment provider has described and documented detailed processes and procedures to support the delivery of the CPSA, with comprehensive information about central university policies, such as their Code of Practice for Assessment and Evaluation</p>

	with all aspects of the CPSA.		<p>of MBBS (which includes progression requirements and number of attempts permitted); mitigating circumstances (which includes a 'fit to sit' policy and the process for considering exceptional circumstances evidence for candidates falling ill on the day); appeals and complaints (which includes the specified grounds).</p> <p>They have also described the procedure and people involved for dealing with exam misconduct, and the possible outcomes.</p> <p>There are suitable processes for dealing with applications for reasonable adjustments, which involves the approval of a disability officer and a disability support plan. The assessment provider has an inclusive approach to station reading time and has built in extended reading time for all candidates, with provision to run a separate circuit for any candidate who needs extra time.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p> <p>Effective practice: The policies, procedures and governance arrangements for the CPSA are comprehensive, well presented and up to date, with clear and transparent published codes of practice.</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 CPSA is held at three hospital sites which are equivalent in terms of space provision. These are within university clinical teaching and assessment spaces which meet quality standards set by the medical school, with mock wards and consultation rooms. There is collaborate working across the hospital trusts to provide the same model of a diverse set of simulation equipment. There are separate rooms for examiner briefings and breaks.</p>

			<p>In the supporting evidence, the assessment provider submitted a detailed checklist for planning and setting up the stations, demonstrating effort made to ensure consistency of experience for candidates on different sites and circuits.</p> <p>The assessment provider has described modelling to allow for an increased number of medical students to ensure themselves that the venue space will be adequate for a larger cohort.</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's CPSA is marked electronically using digital devices. The system does not allow examiners to move on if a mark is missing so individual station scores cannot be missed. The live data is downloaded to a central dataset to which key staff on all sites have access, enabling the assessment provider to check that all data has been captured accurately before examiners leave.</p> <p>Examiner briefing includes a reminder to check candidates' ID to ensure all data collected is an accurate record of that candidate's performance.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.</p>
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board,</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>As described at requirement 17 (Data acquisition) the electronic marking system prevents missing marks, and the assessment provider checks data has been captured</p>

	<p>including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>accurately at the end of the CPSA.</p> <p>The assessment provider has robust procedures for quality checks and review of results data, with a full SOP for collecting, combining and downloading results, and converting domain and global grades to numeric scores for standard setting calculations, with appropriate quality assurance and cross checking at each step.</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>
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> <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>	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 currently uses a fairly limited range of statistics for the CPSA, although they've demonstrated how the outcomes of their psychometric analysis has informed decisions about changes to the CPSA, such as introducing a conjunctive standard to the CPSA (see requirement 4 (Standard setting) relating to the number of stations required to pass) following the modelling of different conjunctive standards on the fail rates from the last four academic years.</p> <p>Along with their planned changes to standard setting, the assessment provider has indicated that they have a further range of analyses planned for the CPSA, such as comparison of examiner mean scores, reliability and examiner performance across sites, days and circuits, and station analyses. We welcome their plans to interrogate their data more usefully, which will support the review and evaluation of the CPSA, for example by feeding into station quality development and examiner feedback. However, as there is a considerable set of variables, we advise they consider the outcomes of implementing the conjunctive standard, and its impact on candidate outcomes, before</p>

			<p>considering any further changes to 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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should appraise the impact of implementing the change to their standard setting approach, before introducing any new changes in light of their enhanced psychometric analyses.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>There are six external examiners across the programme, with a range of expertise, two of which focus on the CPSA, which includes observation, meetings with students, attendance at exam board meetings, and review of stations, exam documents and processes.</p> <p>The assessment provider has described and demonstrated examples of the external examiners' involvement across the CPSA throughout the academic year, showing how they use the external examiners as critical friends. For example, they've introduced a conjunctive standard to the Year 5 CPSA from 2023-24, in light of the external examiners' consideration of the pass rates in the OSLER.</p> <p>The supporting evidence includes an example external examiner report, demonstrating a structured approach with the assessment provider's response to their comments and appropriate reporting within the assessment provider's governance framework.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p> <p>Effective practice: The assessment provider has demonstrated an effective relationship</p>

			with the external examiners, with evidence of the feedback loop.
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Assessment provider's response

The assessment provider has the right to reply to the CPSA reviewers' advice. If they have responded it will be included below or attached.

Assessment provider's response

We would like to thank the reviewers for their helpful comments and recommendations, and for highlighting several areas of effective practice within our CPSA processes.

Other than the School's comments and points of clarification to individual requirements in the footnotes, we agree that the reviewers comments are factually correct. We will implement/incorporate the recommendations and provide the requested updates in our next submission.

The endnotes below cover additional responses to individual requirements.

¹ **Assessment provider's response:** The School's Code of Practice for Assessment and Evaluation is under review on an annual basis and will be adjusted to reflect any changes in portfolio requirements and attendance requirements on the course.

² **Assessment provider's response:** For clarification, on any one day across all sites, candidates will sit the same simulated patient scenarios to assess a particular clinical curricula content. To maintain exam integrity, if this particular clinical curriculum content is assessed on a different day, a different simulated patient scenario is used.

³ **Assessment provider's response:** Since our submission we have gained approval from the Board of Studies and Joint Senate Committee to use the domain based conjunctive standard setting method in the CPSA.

⁴ **Assessment provider's response:** We would like to clarify that patient management is currently (academic year 2023-24) only assessed in the Y5 OLSER but this will change from next academic year (2024-25) when it will also be assessed in the Y4 OSLER. Consequently, the Y5 OLSER is currently 5 mins longer (30 mins) than the Y4 OLSER (25 mins) to account for this.