

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

Imperial College School of Medicine, Imperial 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	Imperial College School of Medicine, Imperial College London
GMC’s decision	Complies with the CPSA requirements
Date of decision	15 April 2024

Legislation and guidance

The Medical Act 1983, as amended, gives the GMC the function of promoting high standards in, and co-ordinating all stages of, medical education. The Act requires[‡] the GMC to:

- determine the extent of the knowledge and skill required to obtain a primary UK qualification (PMQ) and secure that the instruction given is sufficient to equip candidates with that knowledge and skill, and
- determine the standard of proficiency required from candidates during examinations leading to a UK PMQ and secure the maintenance of that standard.

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

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

[‡] Sections 5(2)(a) and (b).

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

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

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

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

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

Compliance process

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

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

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

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

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

CPSA requirements.

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

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

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

A copy of the compliance report containing advice to the GMC on the CPSA submission by Imperial College School of Medicine, Imperial 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:

- The compliance report containing advice to the GMC on the CPSA submission by the Imperial College School of Medicine, Imperial College London including the assessment providers response
- Guidance for decision makers: Medical Licensing Assessment – clinical and professional skills assessment

Decision

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

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

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

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

I have considered the compliance report and I am satisfied that Imperial College School of Medicine, Imperial 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 Imperial College School of Medicine, Imperial 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 Imperial College School of Medicine, Imperial 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

There are no mandatory changes.

Recommendations

Scoring

- The assessment provider should update the examiner scoring guidance to include descriptors for what constitutes borderline candidate performance.

Examiners

- The assessment provider should ensure examiner training includes discussion about the attributes of the borderline candidate, to ensure examiners have a shared understanding of the level of performance expected.

Feedback to examiners and simulated patients

- The assessment provider should consider introducing a form of remediation for

underperforming examiners to enable them to be retained for future CPSAs.

- The assessment provider should consider developing an approach to monitoring and giving feedback to simulated patients with the role player agency.

Policies and procedures

- The assessment provider should develop a documented process for recording incidents on the day and how they were managed.

Production of results

- The assessment provider should document the process for removing a station and making post-assessment results adjustments.

Reasons for the decision

I am satisfied that the Imperial College School of Medicine, Imperial College London, has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

I note the CPSA reviewers' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary. As mentioned above, there are some recommended changes which the assessment provider has accepted, which is sufficient for us to monitor developments in the identified areas. None of the current recommendations will impede the School's ability to ensure that candidates are competently assessed on their preparedness to practise medicine as FY1 doctors.

The assessment provider has clearly demonstrated how it meets each requirement under the framework and has provided specific descriptions of the relevant processes it uses. I also note the CPSA reviewers identified effective practice in the following areas:

Content Sampling

- The online tool for assessing clinical reasoning and the ability to deal with uncertainty and complexity is an innovative approach.

Quality of CPSA content

- The assessment provider involves a wide range of stakeholders throughout the process of developing new CPSA materials. The involvement of role players and the Professional Values and Behaviours team to provide alternative perspectives is of particular note.

Security of CPSA content

- The assessment provider uses secure methods to share CPSA materials with all those involved, including arrangements for sharing SP instructions with the role player agency.

Simulated/real patients

- The training provided to simulated patients is detailed and comprehensive, with a strong emphasis on ED&I and consistency of performance, to support the effectiveness of the CPSA.

I have not been made aware of any concerns about the assessment provider's compliance with

equality and/or human rights legislation, nor any evidence of a conflict of interest amongst the CPSA reviewers. I note that checks were completed for any conflicts of interest before the reviews took place.

Signed

Emma Vinnicombe

Date

15 April 2024

Annex A

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

Imperial College School of Medicine, Imperial College London

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

Imperial College School of Medicine, Imperial 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 Imperial College School of Medicine, Imperial 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 Imperial College School of Medicine, Imperial College London 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.

Imperial College School of Medicine, Imperial College London

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that Imperial College School of Medicine, Imperial 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 Imperial College School of Medicine, Imperial College London meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and two 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 Imperial College School of Medicine, Imperial 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, assessing medicine and surgery. Some specialties (Obstetrics and Gynaecology, Paediatrics, Psychiatry and General Practice) are assessed in the penultimate year, with the same design and delivery as the final year CPSA. Both are set at the same level (the start of the Foundation Programme (F1)) so we advise that the assessment provider is covering the range of MLA content at the appropriate level of expected performance.</p> <p>Progression decisions are made each year by the Exam Board on review of students' summative assessment data. The final and penultimate years ('Phase 3') involves WPBA. This includes direct observation of procedural skills (DOPS), clinical placements with formative clinical assessments in each one, and the assessment of clinical reasoning and the ability to deal with uncertainty and complexity using an innovative online tool. There is regular tutor feedback to support reflective learning. Practical procedures and professionalism are also assessed in the context of the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should</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 a Practical Assessment of Clinical Examination Skills</p>

	<p>include:</p> <p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>		<p>(PACES) for their CPSA, consisting of 12 stations sat on a single day. Stations are ten minutes long, with two minutes reading time between stations. The CPSA is delivered at three hospital sites, with two parallel circuits running 12 times per day, over three consecutive days.</p> <p>The resit is the same, but with one circuit.</p> <p>The assessment provider has given a clear description of how the CPSA represents the broad range of skills and knowledge expected of a new F1 doctor, covering medical and surgical specialties that may be encountered both in primary and secondary care. The CPSA involves SPs and real patients, who are used in stations that assess a candidate's ability to elicit clinical signs. The PACES format encompasses both history-taking and examination skills; acute presentations and chronic conditions; data interpretation, imaging and instruments commonly encountered in clinical practice.</p> <p>The resit replicates the main sit in content and design, ensuring candidates have not previously seen the stations.</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>
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</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, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach, which is appropriate for the PACES format. Feedback from SPs and real patients is taken into account by the examiner for the scoring of the Professionalism and patient centred approach domain. The real patients and SPs also complete a separate feedback form for each candidate (which is not used for scoring) on which they rate a candidate's listening and attentiveness, communication, empathy and rapport, and the real patient or SP's willingness to see the 'doctor' again. A copy of the form is sent to the real patients and</p>

	<p>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>SPs in advance to ensure they are familiar with the format. Examiners are reminded to consult the patient before awarding scores.</p> <p>The examiner guidance includes ‘criteria for the failing candidate’ and ‘criteria for the excellent candidate’. However, the guidance would be strengthened if it also included descriptors for ‘borderline’ candidates, to ensure examiners have a consistent approach to identifying different levels of performance. Please also see our advice at requirement 11 (Examiners) relating to examiner training on defining the borderline candidate.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance, with the following suggested recommendation:</p> <p>Recommendation: The examiner scoring guidance should be updated to include descriptors for what constitutes borderline candidate performance.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including additional standard setting criteria they use 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/sites and the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the well-recognised borderline regression method, with additional conjunctive standards of a pass in at least 50% of stations, and a score of at least 50% for each performance domain across the CPSA. The use of these additional passing criteria prevents compensation for relatively poor skill performance on some elements of the assessment.</p> <p>The resit standard is also set using the borderline regression method, with the pass mark obtained from a previous main sit. This is an appropriate approach given the small number of candidates in the resit. For stations involving real patients, the pass</p>

			<p>mark is derived from the average borderline regression mark across the three days of the main sit. The conjunctive standards for the resit are the same as for the main sit.</p> <p>When developing their standard setting approach, the assessment provider modelled the outcomes with various conjunctive standards including minimum number of stations. As there is no consensus as to the optimal number (ranging from 50% to 75% across the sector) they chose the standard which achieved similar outcomes to historic pass/fail rates.</p> <p>Their rationale for the additional minimum threshold in each of the four domains (clinical skills, formulation of clinical issues, management and professionalism) is that it provides an opportunity for longitudinal assessment of clinical and professional capabilities across the CPSA.</p> <p>The assessment provider's move to borderline regression as their main method will enable them to monitor the implementation of the additional passing criteria.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Next submission: The assessment provider should submit an update on their monitoring of the two conjunctive standards alongside the introduction of the borderline regression method, to confirm their approach to standard setting the CPSA.</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. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>Station writing events include representatives from the assessment provider's Professional Values and Behaviours (PVB) team and Communications team to ensure that professionalism is incorporated within station content. These teams also review draft stations prior to piloting. Some stations involve a specific professionalism aspect such as communicating with a carer or relative, or ethical or legal issues pertinent to</p>

			<p>the case, such as capacity, consent or safeguarding, at a level expected of a new F1 doctor. In both history and examination stations, candidates are expected to present their findings and formulate investigation and management plans, taking into account the patient's values and wishes, and involving the multidisciplinary team. Domain 4 of the domain-based marking system assesses patient-centred approach and professionalism.</p> <p>As described at requirement 3 (Scoring), SPs and real patients receive a copy of the professionalism feedback form and guidance in advance of the CPSA.</p> <p>Mark sheets include a field for examiners to flag serious professionalism concerns. These are reviewed by the Head of Assessment with escalation to the Exam Board depending on the level of concern. All candidates flagged in this way, regardless of whether they have passed or failed, are required to meet with the Head of Year or Head of Assessment following release of results to receive detailed feedback and remediation advice.</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> <p>i. Readiness for safe practice</p> <p>ii. Managing uncertainty</p> <p>iii. Delivering person-centred care</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 MLA content map. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>There is sampling across a range of domains and areas of clinical practice, with clear mapping to the MLA content map and the requirement for candidates to demonstrate that they can identify and interpret clinical findings. The CPSA covers a range of both acute and chronic conditions and assesses the student's ability to manage both emergencies and chronic health conditions in both primary and secondary care settings. As described at requirement 1 (Assessment strategy), the assessment</p>

<p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>	<p>provider assesses some specialties in the penultimate year. The design and delivery is the same as the final year CPSA and they're both set at the same level.</p> <p>The overarching theme of managing uncertainty features in all parts of the CPSA, with stations involving real patients providing authentic experiences, while stations involving SPs are based on real cases. In the wider assessment strategy, students have access to an online tool designed to assess clinical reasoning and the ability to deal with uncertainty and complexity. The assessment provider was heavily involved in the creation of this programme which has been successfully rolled out to final year students.</p> <p>Prior the CPSA, candidates are required to have completed all their DOPS and their oxygen prescribing skill. One of the stations in the CPSA is an 'images and instruments' station where candidates are presented with a series of images and instruments commonly encountered in clinical practice and are asked structured questions. The station also involves discussion of clinical management issues and professionalism, as the candidate is expected to communicate appropriately to the examiner as though they were the patient (for the images) or a colleague (for the instruments).</p> <p>Candidates are expected to identify and interpret clinical findings in a range of stations, based on the areas of clinical practice in the content map.</p> <p>The assessment blueprint ensures consistency in the range of content and skills tested in the CPSA. After the CPSA, the metrics are reviewed to discuss the effectiveness of the objectives being assessed and make any adjustments to improve future exams.</p> <p>The sampling approach for the resit is the same as for the main sit, ensuring it does not cover the same material as was assessed in the main sit of that academic year.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the MLA content map.</p> <p>Effective practice: The online tool for assessing clinical reasoning and the ability to</p>
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			deal with uncertainty and complexity is an innovative approach.
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 writing and review process.</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>Station writers are trained by the Head of Assessment for the final year, at an in-person writing event. The assessment provider involves a range of appropriate stakeholders in the creation and development of stations, including module leads and other specialty consultants and GPs, education fellows and member of the PVB and Communications teams. Professional role players are also present at the writing day event, and all stakeholders interact. The training programme for the role players has a strong emphasis on ED&I and feedback from clinicians, examiners, educators, education fellows and the PVB team about the involvement of role players in the writing days has been extremely positive, in terms of the additional perspectives they brought to the process, and the avoidance of stereotypes.</p> <p>Following the writing event, new station materials are sent to the PVB and Communications teams for review, then piloted with role players before further adjustments. External examiners review the piloted stations and provide feedback to the Head of Year 6 Assessment who approves the final material with the module lead.</p> <p>Feedback is collected from examiners and SPs on the day of the CPSA which, together with post-exam station metrics, is reviewed ahead of the next writing day to improve the process for the next cycle.</p> <p>The assessment provider creates new material for the CPSA every year. While this represents a significant amount of work, they have robust quality assurance processes to ensure stations perform well on the day.</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</p>

			<p>clinical practice.</p> <p>Effective practice: The assessment provider involves a wide range of stakeholders throughout the process of developing new CPSA materials. The involvement of role players and the Professional Values and Behaviours team to provide alternative perspectives is of particular note.</p>
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 sites.</p> <p>CPSA content is not sent to examiners in advance: the first time they see the station materials is on site and they are not permitted to remove them from the station. Password-protected SP instructions are sent to the role player agency in advance, using a cloud-based email management system.</p> <p>External examiners review station materials in advance via 'View only' access to a secure drive and are reminded not to make local copies. (As noted at requirement 7 (Quality of CPSA content) they give feedback directly to the Head of Assessment.)</p> <p>SharePoint is used to store assessment materials and downloaded data, and to share station materials in development with specialty leads and Education Fellows and assessment staff. Printed materials are securely stored in a locked room with key card access for relevant staff and transported to sites in person by the site lead or deputy, with locked overnight storage. After the CPSA, materials are transported back to the faculty office and disposed of in a secure confidential shredding bin.</p> <p>Marking is done via a secure electronic platform. Data is uploaded automatically from the devices used by examiners (which is accessed via a new password for each session) and not stored locally.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA</p>

			<p>materials.</p> <p>Effective practice: The assessment provider uses secure methods to share CPSA materials with all those involved, including arrangements for sharing SP instructions with the role player agency.</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance, and on the day, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>Students are given a session on the CPSA in their introductory week of the final year, with a further session in their revision course just prior to their assessments. These sessions outline the assessment format and criteria for achieving a pass, with a template marksheet shared for transparency. Reference information is available via the assessment provider’s digital learning environment throughout the year, with updates and reminders relating to the CPSA issued via email through the weekly Bulletin newsletter.</p> <p>Candidates have the opportunity to practice at PACES sessions while on placement (using identical marksheets) with instant feedback, and at a mock PACES with the Head of the Medical School. Expected standards of performance are reiterated during the revision course.</p> <p>Information about the format and venue arrangements are sent in advance. Candidates receive a further briefing on the day.</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</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>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>		<p>Candidates receive their results via the student portal around two weeks after the Exam Board, which consists of their overall score (expressed as a percentage) and grade (pass/fail), with breakdown by station: their score, the pass mark and pass/fail. The report (which is generated in the exam management system) also includes examiner comments on the station domains.</p> <p>Examiner training includes advice on how to provide feedback. Their comments are inputted to the system directly during the exam. The paper-based SP forms are collated, and quality assured after the CPSA.</p> <p>Unsuccessful candidates are flagged in advance to the Welfare Team who offer meetings which are also attended by the senior tutor, Head of Assessment and Head of Year, following which a bespoke remediation plan is made.</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 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 recruited from the assessment provider's partner Trusts and allocated to stations by the Trust teams at each site. They are of consultant level in the specialties represented in the CPSA and currently involved in teaching students. We reviewed a document outlining who can examine in which stations, designed to ensure examiners are familiar with the subject matter. Examiners can examine their own specialties but are made aware that the standard is at the level expected of a new F1 doctor.</p> <p>Examiner training takes place around three weeks before the CPSA and is run by the Head of Assessment. The training is recorded and sent to any examiner who is unable</p>

			<p>to attend. A pre-recorded training video is also played at each site on each day of the CPSA to ensure consistency of training and information provided across each of the three sites. The Director of Clinical Studies is available at each site to answer examiner questions and deal with unexpected issues. The partner Trusts ensure examiners have up to date ED&I training, which they are required to complete on a regular basis.</p> <p>The training video on the day includes briefing on the global levels of performance expected, from 'excellent' through to 'fail', and, as noted in our advice and recommendation at requirement 3 (Scoring), the marking rubrics provided to examiners for each station outline the criteria for the excellent and failing candidate. Further to our recommendation there that the assessment provider should include descriptors for the borderline candidate within the examiner guidance, we advise that the examiner training held in advance of the CPSA should include further discussion on the attributes of a borderline candidate, as well as the reminder on the day.</p> <p>While it doesn't alter our advice that the requirement has been met, we weren't clear why examiners needed to be consultants, as doctors of other grades with equivalent experience may also be suitable and would widen the available pool for the assessment provider.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure examiner training includes discussion about the attributes of the borderline candidate, to ensure examiners have a shared understanding of the level of performance expected.</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. This includes appropriate training on giving feedback to candidates. The assessment provider has also described the involvement and preparation of real patients in the</p>

	recruited, trained, briefed and calibrated.		<p>CPSA.</p> <p>The assessment provider uses an agency to supply and train SPs. The agency has a strong commitment to training medical role players, with a comprehensive training programme which includes courses on ED&I, unconscious bias, giving structured feedback, and a standardisation course to ensure consistent performances. Training includes guidelines for role players' performance such as verbal responses, entrance and exits, generic responses (unless otherwise scripted), non-verbal behaviours and vocal delivery.</p> <p>SPs are also required to attend a training session in advance of the CPSA which involves the Head of Assessment and Education Fellows.</p> <p>Real patients are recruited by the assessment provider's partner Trusts, each of which has a team of teaching fellows who work with the Director of Clinical Studies to identify and recruit patients with conditions which align with the curriculum. The Head of Assessment reviews the list before the CPSA to check that the patients are appropriate and that a range of conditions is represented.</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 training provided to simulated patients is detailed and comprehensive, with a strong emphasis on ED&I and consistency of performance, to support the effectiveness of the CPSA.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and</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</p>

	<p>familiarise themselves with the station content.</p>		<p>checking what clinical signs the candidate should find.</p> <p>The examiner and SP, or real patient, are given a minimum of 30 minutes together in the exam room prior to the start of the CPSA. SPs receive comprehensive instructions in advance and a calibration session to ensure consistency across circuits. All SPs who will be performing the same case watch a run-through of the station and have an opportunity to ask questions about the role and how they should respond in different scenarios. Examiners receive their materials on the day, which includes comprehensive instructions with which to familiarise themselves with the station and ensure consistency across circuits and sites. This includes timings for each station, prompts, and both core and supplementary examiner questions. The need for consistency is also emphasised at the examiner training sessions. There are education fellows on each site to assist with queries from the examiner or SP.</p> <p>For real patients, each examiner will meet and examine the patient in their station to confirm clinical signs on the day.</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>Following the CPSA, examiner marking data is generated in the electronic system and is provided to each examiner outlining their performance as compared to other examiners examining the same station at the same time. They are offered the opportunity to discuss their individualised feedback with the Head of Assessment. Any examiner identified as underperforming is logged on a spreadsheet in the faculty education office and their performance is reviewed the following year to check for</p>

			<p>improvement.</p> <p>Consistent underperformance is flagged to the Director of Clinical Studies and the examiner would not be invited to examine in future. As an alternative, we'd advise the assessment provider to consider additional intervention for an examiner who is underperforming, such as repeat training. This may develop and improve their skills and mitigate the need to remove them from the examiner pool.</p> <p>Written feedback on an SP is only provided if there is a concern with their performance or behaviour on the day. If so, the agency is contacted and the agency advises the SP how to improve. If there are repeated issues, the assessment provider asks the agency not to allocate the SP to future CPSAs.</p> <p>We didn't see evidence of routine monitoring and feedback to SPs via the agency. Given the agency's demonstrable commitment to training and quality of performance, we'd encourage the assessment provider to develop this aspect of SP management.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should consider introducing a form of remediation for underperforming examiners to enable them to be retained for future CPSAs.</p> <p>Recommendation: The assessment provider should consider developing an approach to monitoring and giving feedback to simulated patients with the role player agency.</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 set of documents, including a standard operating procedure (SOP) for</p>

		<p>running the CPSA on the day, and a roles and responsibilities document, which is shared with the Trust teams who deliver the CPSA at each site. Guidance for running the electronic marking system is provided to each 'circuit marshal' who is responsible for monitoring it during the CPSA and for flagging any issues to the site lead and other circuit marshals to ensure consistent action is taken across sites.</p> <p>We noted that the assessment provider does not currently use an incident form as any incident is flagged in real time to the site lead and senior member of staff on site and attempts made to resolve it there and then. Any follow up actions will be communicated to the programme officer. We'd advise the process is documented formally, so incidents and actions taken can be reviewed after the CPSA or by the Exam Board.</p> <p>Appropriate policies, such as mitigating circumstances, academic misconduct, appeals and arrangements in respect of disability, are available on the digital learning environment.</p> <p>There are appropriate processes for making reasonable adjustments for the CPSA, including consideration by the Disability Advisory Service or Occupational Health. Their recommendations and supporting evidence is passed to the university Registry for approval and for review by the faculty education office to ensure the adjustments recommended can be reasonably facilitated. However, the assessment provider does not "normally" allow additional time in the CPSA because they consider that time is one of the competencies being assessed. They would, however, offer rest breaks or practical assistance as a mitigation. What's important is that the assessment provider's policy is open to making reasonable adjustments to deal with a situation where these mitigations were not sufficient to reduce/remove any disadvantage for a particular student.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented, with the following suggested</p>
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			<p>recommendation:</p> <p>Recommendation: The assessment provider should develop a documented process for recording incidents on the day and how they were managed.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment, with access to appropriate clinical equipment and resources.</p> <p>The assessment provider uses three clinical sites for the CPSA which have been reviewed as suitable by the faculty education office and Head of Assessment. Stations take place in individual rooms at each venue, with access to appropriate facilities and station equipment. Additional rooms are available on the circuit for rest breaks for candidates with reasonable adjustments, and for administrative staff. Circuits are secure, with access limited to those involved in the CPSA. We reviewed example photos and floor plans, and the task list detailing station 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>Data acquisition is via the electronic marking platform. Examiners watch a training video on the day to ensure they can complete the electronic marksheets correctly. Examiners cannot submit their scores until all parts of the marksheet have been completed. Circuits are monitored by marshals who track the live data and, at the end of the CPSA, check that all marksheets have been completed in full before examiners are released. This latter task is needed because examiners can save their marksheets during the CPSA and come back to them later. The marshal will visit the station to check for technical issues if an examiner has not submitted their scores. Examiners also</p>

			<p>have the option to call a marshal via a 'Help' button on the system.</p> <p>Live technical support is available during the CPSA. A Wifi connection is required at the start and end of the exam, but marks continue to be logged on the system if there is a Wifi outage during the exam. The system will sync when Wifi is restored. Paper marksheets are taken to each site as a contingency in case of complete system failure and printing facilities are available on each site.</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, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board.</p> <p>The assessment provider has appropriate procedures for quality checks and review of results data, with suitable people involved. Manual checks are completed on the results data, which are downloaded from the system and calculated using pre-set formulae to produce results outcomes. The marks of any failing candidate are manually checked in full prior to the Exam Board. We reviewed an SOP detailing the step-by-step results checking guidance and an example of the assessment metrics presented to the Exam Board. However, it was unclear who undertakes these checks and whether there is any cross-checking, so we'd advise that the assessment provider updates their documentation to make this clear.</p> <p>The assessment provider has informed us that they haven't yet needed to suppress any stations from a live CPSA, but the procedure would be to remove the station following a review of the psychometric analysis by the Head of Assessment and Director of Assessment. Results would be calculated on the basis of the remaining stations which would remain equally weighted. We encourage the assessment provider to document this process to ensure consistency of approach for future CPSAs.</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</p>

			<p>in place to ensure accurate handling of data and calculation of results, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should document the process for removing a station and making post-assessment results adjustments.</p> <p>Next submission: The assessment provider should submit the updated documents detailing who undertakes the manual checking processes.</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 has given a clear description of the analyses routinely calculated and how all these are reviewed by the Director of Assessment and Head of Assessment. The psychometric analyses are reviewed by the assessment team after each CPSA. The Head of Assessment provides feedback to the specialty leads responsible for writing the stations. The analysis informs the next station writing event when the preparation of material for the subsequent year CPSA takes place.</p> <p>The Head of Assessment presents the CPSA results and psychometric analysis to the Exam Board, comparing three years of exam data including pass marks, average scores, minimum/ maximum scores and fails, enabling the Exam Board to monitor and compare results over time.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</p>
20	<p>External examiners</p>	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</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>	<p>external examiner’s comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has described and demonstrated examples of the external examiners’ involvement across the CPSA throughout the academic year, for example they are sent new stations to review as described at requirement 7 (Quality of CPSA content); they are sent a recording of the examiner training session in advance of the CPSA, and they attend the examiner briefing on the day. They also have full access to the online curriculum map and digital learning environment.</p> <p>External examiners attend the CPSA at all three sites on different days to review the process and view all stations in real time. They provide feedback in person at the Exam Board.</p> <p>The supporting evidence includes an example external examiner report. The assessment provider reviews their comments and agrees action points for the following year.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p>
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Assessment provider’s response

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

- We have reviewed the recommendations above and taken on board the advice. We will look to update our processes and will include them in our next submission where appropriate.
- Please note, the Station Names used in the CPSA have been updated. They are now:
 - Cardiac Examination
 - Respiratory Examination
 - Abdominal Examination

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- Neurological Examination
 - Musculoskeletal Examination
 - Breast & Vascular
 - Diabetes & Endocrinology
 - Secondary Care History (*formerly Surgery History*)
 - Primary Care History
 - Professional Practice (*formerly Medicine History*)
 - Images & Instruments
 - Acute Care