

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

Keele University School of Medicine

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	Keele University School of Medicine
GMC’s decision	Complies with the CPSA requirements
Date of decision	29 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.

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 Keele University School of Medicine, 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 Keele University School of Medicine, including the assessment provider's response.
- Guidance to decision makers: Medical Licensing Assessment - clinical and professional skills assessment.

Decision

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

I have considered the compliance report and I am satisfied that Keele University School of

* 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.

Medicine (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 Keele University School of Medicine (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 Keele University School of Medicine (the assessment provider) is not compliant and does not meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#). I am escalating this to the Registrar for further consideration.

Mandatory changes

There are no mandatory changes.

Recommendations

Following a review of the advice within the compliance report the following recommendations are made:

- With regard to Security of CPSA content:

To mitigate the predictability of test content, and further enhance the security of the CPSA material, the assessment provider should limit the information provided to candidates in advance about the content of the stations in the CPSA and to release it as close to the start of the CPSA as possible.

- With regard to Production of results:

The assessment provider should develop an SOP with rules, thresholds and processes for making post-assessment mark adjustments.

Reasons for the decision

There are no issues of concern noted within the compliance report requiring mandatory changes by the assessment provider in order to be compliant with and meet the CPSA requirements. I have

also noted that several aspects in the assessment make reference to the 'effective practice' demonstrated by the assessment provider. Matters relating to 'Next submission' do not fall within the remit of my decision.

I am satisfied that Keele University School of Medicine (the assessment provider) has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework. The assessment provider has set out how it meets the particulars of the separate requirements under the framework.

I have noted that with regard to two aspects of the report, recommendations have been advised and these are set out above. I consider that the recommendations we have made are sufficient to enable us to monitor those developments and support the assessment provider going forward. These are recommendations to support the ongoing process, and I am content that the assessment provider is currently in a position to satisfactorily deliver CPSA requirements.

After due consideration, I am content to accept that advice and to issue a decision to Keele University School of Medicine including the two aspects including recommendations.

Signed

Elliot Lane

Date

29 April 2024

Annex A

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

Keele University School of Medicine

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

Keele University School of Medicine

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 Keele University School of Medicine (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 Keele University School of Medicine has demonstrated that the individual CPSA requirements have been met.

The table also sets out any changes that the CPSA reviewers advise the GMC should consider.

- Any mandatory changes‡ that the GMC requires must be implemented by the date 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.

Keele University School of Medicine

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

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

Our advice is based solely on a review of the written information and evidence submitted by Keele University School of Medicine, including any clarifications or further information requested as part of that process, from the original submission in Q3 2022.

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA is sat in the final year of the programme.</p> <p>Students undertake a 30-week clinical assistantship in Year 5 to develop the core clinical competencies expected of foundation doctors to enable a smooth transition into foundation training posts, followed by an eight-week elective. The assessment provider described and demonstrated the range of portfolio requirements that must be completed. These include a summative classroom assessment of five 'higher risk' procedural skills, and further WPBA covering all practical skills and procedures in the <i>MLA content map</i>. The assessment provider clearly explained their rationale for selecting and testing the five skills, based on the potential higher risk to patients. Their supporting evidence of the effectiveness of this combined approach to assessing practical skills and procedures included graduates' own high ratings of their preparedness for practical procedural skills at the start of the Foundation Programme (F1), based on their responses to questions in the GMC's national training survey.</p> <p>Students must also undertake an appraisal where they construct a Clinical, Knowledge, Skills, and Professionalism professional development plan with supporting evidence of completion. This is assessed during the end of their assistantship by their professional development tutor.</p> <p>The CPSA is situated after the assistantship period, giving unsuccessful candidates an opportunity to resit following the elective period.</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.
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 clinical examination (OSCE) for their CPSA, consisting of 14 stations over two days (seven stations per day), held in clinical education centres at their two main teaching hospitals. At the time of the submission there were four circuits split across the two venues, rising to five circuits in 2024-25. There are four cycles per circuit per venue – two in the morning, two in the afternoon. All stations are nine minutes, 30 seconds in length, plus one minute reading time outside the station and 30 seconds to move between stations. The reading material is given to candidates ten minutes before they enter the circuit. The assessment provider has also retained a change introduced during the Covid-19 pandemic of “pre-releasing” basic station information (titles, settings and skills tested) 72 hours in advance of the examination, intended to negate the need to quarantine candidates.</p> <p>Although providing candidates with station instructions before they enter the circuit is an atypical approach, the assessment provider has clearly thought out their CPSA design. They conduct extensive analysis and monitoring of station/ exam performance metrics over time, which provides assurance, however we were less comfortable with the pre-release of station information 72 hours in advance, given the potential risk that it could affect the CPSA’s ability to test managing uncertainty. We considered this further at requirement 8 (Security of CPSA content).</p> <p>The resit design is the same but is run as a single circuit of 14 stations. Candidates complete all 14 stations in one day with a short break in the middle.</p> <p>The assessment provider has given a detailed description of the model evidencing how</p>

			<p>the CPSA design accurately represents an F1 standard. Stations are integrated, enabling testing in a broad variety of foundation level tasks, combining the need to identify clinical findings in real patients or SPs and communicate management plans to patients and healthcare professionals. Content areas mirror the curriculum, using domains of practice drawn from the assessment provider’s Generic Consultation Skills (GeCOS) framework, include primary, secondary care and perioperative care, and align with the <i>MLA content map</i>. The tasks are designed to reflect authentic and important doctor/ patient interactions commonly encountered by foundation doctors and all materials make clear that the expected level is F1.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given 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 marking approach using the GeCOS framework, which has 11 domains mirroring those used in teaching and WPBA. Generic descriptors have been developed for each domain. Each station is assigned five domains. In addition, candidates receive a station-specific global score, based on their performance in the station against that expected of a doctor at the start of F1. These global scores are summed to give a total score for the station.</p> <p>For the purpose of standard setting, candidates are also awarded a grade based on a five-point scale (unsatisfactory, borderline, satisfactory, good, and excellent).</p> <p>Interaction with the patient and assessment of professionalism are assessed through the ‘building and maintaining the relationship’ domain of the GeCOS framework. Real patients and SPs don’t contribute directly to the scoring but their perspective on how</p>

			<p>the candidate handled the consultation and built rapport is taken into account by the examiner.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment including their additional standard setting criteria used to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described the 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) with a conjunctive standard of passing a minimum of 11 out of the 14 stations, to ensure candidates demonstrate a breadth of abilities across the range of competencies tested, and that they cannot compensate for lack of competency in core skills through high scores elsewhere in the CPSA.</p> <p>To adjust for potential measurement error, and in the interests of patient safety, one standard error of measurement (SEM) is added to the overall CPSA pass mark (the sum of the individual pass marks for each station). The candidate must achieve a total score above this pass mark, as well as passing 11 out of 14 stations or above, to pass the CPSA.</p> <p>In awarding marks and in the standard setting process, descriptors are aligned to the expected level of an F1 doctor.</p> <p>The assessment provider demonstrated extensive modelling to support the use of the global score, which showed an increase in the discrimination ability of the OSCE stations between stronger and weaker candidates, particularly those clustered around the pass mark.</p> <p>Due to the small number of candidates being examined, the resit uses stations used in</p>

			<p>previous year whole cohort first sit assessments, with previously established pass marks set using BRM. If the previous use was more than four years ago, or the station is new, or a substantial change has been made since the previous sit, then the standard is set using the Angoff method. The Angoff panel comprises a suitable number of judges in an appropriate range of specialties, with a working knowledge of the level of trainees commencing F1. They are also experienced CPSA examiners, demonstrating continuity of the standard. This is appropriate because of the small number of candidates in the resit. The same conjunctive standard of passing a minimum of 11 out of the 14 stations applies to the resit and the one SEM applied is drawn from the main sit taken by the whole cohort.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p> <p>Effective practice: The assessment provider has a robust rationale and approach to setting the standard for the resit 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 and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the content of the CPSA through the marking domain Building and Maintaining the Relationship, which assesses the candidate’s ability to develop a professional approach to the clinical encounter.</p> <p>The assessment provider has also developed specific stations relating to ethical dilemmas encountered by foundation doctors, enabling candidates to demonstrate their professional behaviour when applied to everyday clinical and ethical reasoning, and manage complex clinical situations while maintaining their professional responsibilities in a person-centred manner.</p>

			<p>The assessment provider has recently developed a new formative method to identify unprofessional behaviour in the CPSA, through the Significant Lapse of Professionalism form. Examiners received training on the use of the form and how it relates to the marking schedule and candidate feedback. We reviewed a standard operating procedure (SOP) with a flow diagram that demonstrated the steps taken, which includes formative feedback to students with the capacity for further escalation to the assessment provider's disciplinary processes if warranted. The process has been successfully piloted and, at the time of the submission, was being considered by the assessment provider's Undergraduate Medicine Programme Board for approval to implement in all cohorts.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p> <p>Next submission: The assessment provider should submit an update on the implementation of the new method for identifying any significant lapses in professionalism that occur within the CPSA.</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> <p>b. Demonstrate how the CPSA</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described how their curriculum and assessments are designed to achieve the learning outcomes to ensure graduates are ready for safe practice on their first day working as foundation doctors, and their CPSA assesses candidates' ability to apply professional knowledge, skills and behaviours to tasks reasonably expected of a foundation doctor. We were pleased to note that the assessment provider has recently updated their blueprints for the year 3 and 4 OSCEs as well as the final year CPSA, to align more closely with the <i>MLA content map</i>, and</p>

<p>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>they intend to create a longitudinal blueprint to cover all the clinical years. This will indicate the breadth and depth of skills testing and demonstrates how the quality assurance of their CPSA has filtered down to earlier years.</p> <p>They have described how the CPSA relates to the three themes of the content map, including recognising the limits of their capabilities and when to escalate or involve colleagues, and dealing with diagnostic uncertainty in complex situations; however, please note our advice at requirement 8 (Security of CPSA content) relating to releasing station topics to candidates ahead of the exam, as reducing the predictability of test content would further enable candidates a natural opportunity to demonstrate their ability to manage uncertainty. The assessment provider has also demonstrated effective sampling across the range of content map domains through their CPSA blueprint, which includes the requirement for candidates to demonstrate that they can identify and interpret clinical findings, by using high-fidelity simulation manikins, SPs and real patients. Candidates are also given a range of bedside data and investigation results to interpret and inform their management of the patient, which enhances the authenticity of the station.</p> <p>The assessment provider’s CPSA includes an innovate ‘teaching station’ which assesses the candidate’s ability to support a junior colleague in their understanding of a clinical task, which may involve explaining their actions sensitively in the presence of a patient. This represents an effective approach to the content map capability relating to working effectively, respectfully and supportively as a member of the team (including leadership).</p> <p>The blueprints for the main sit and resit CPSA are defined at the same time and both are reviewed by an emendation panel to check content against the <i>MLA content map</i> and previous summative exam blueprints to ensure broad sampling, consistency and avoid using versions of stations from the previous academic year.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that</p>
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			<p>it is appropriately mapped to the <i>MLA content map</i>.</p> <p>Effective practice: The ‘longitudinal blueprint’ demonstrates systematic consideration of assessment content in earlier years through to the final CPSA, and effective alignment with the <i>MLA content map</i>.</p> <p>Effective practice: The ‘teaching station’ represents innovative station design demonstrating a conscientious approach to covering an area of the <i>MLA content map</i>.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <p>a. how station writers are trained</p> <p>b. the process for creating, reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the 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 recruited from clinical and academic staff and are either members of the emendation panel (responsible for checking the content of OSCEs for realism, accuracy of clinical content, and ED&I principles), or clinical experts where targeted specialty content is needed. Writers for the final CPSA typically have five to ten years’ experience of examining and/or station writing in earlier years. Prior to developing new stations, writers meet with the OSCE lead or assessment lead at either individual or group sessions which begin with a short overview of the structure of the CPSA and station types. The assessment provider has developed various templates for different station types with guidance on each section (candidate task, examiner guidance on marking domains, and SP role information and scripts). Collaboration with clinical colleagues with relevant subject matter expertise is encouraged during station development, with peer review.</p> <p>Prior to running in a live exam, stations are trialled. The assessment provider involves a range of appropriate stakeholders in the development and piloting of stations, such as year and module leads, other health professionals (for example pharmacists or advanced nurse practitioners), SPs, clinical teaching fellows and volunteer foundation doctors. The emendation reviews all feedback and psychometric analysis from the pilot before producing the final version.</p>

			<p>Patient diversity and protected characteristics are considered at the point of station construction and, once all stations for the CPSA have been selected, the assessment team conducts a final review to ensure the CPSA is representative of the diversity of patients encountered in clinical practice with regards to gender, age, ethnicity, family or relationship status and sexual orientation.</p> <p>The assessment provider has given detailed information describing how they create new stations from scratch, as well as how they review stations used in the CPSA and revise existing material in the station bank, incorporating feedback from examiners, SPs and candidates on the day, alongside post-exam psychometric data. The assessment provider aims to have several versions of each type of station within the bank. All previously used stations are reviewed to check they remain clinically relevant before reuse, and stations over four years old are fully revised.</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> <p>Effective practice: The assessment provider involves a range of stakeholders in the development of stations and trials new stations before use in the CPSA.</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 between cycles.</p> <p>Station files are stored in a secure University SharePoint folder with restricted access for staff with appropriate permissions. Within the folder, documents are password protected.</p> <p>Examiners mark using secure devices provided by the assessment provider using a locally developed exam management system as described at requirement 17 (Data acquisition) with a unique examiner log in managed by the OSCE administrator. Access</p>

		<p>to the exam management system is also limited to relevant users, through secure university accounts with two-factor authentication. This log in is also required to access the database where results are downloaded and stored. All changes to documents are tracked through SharePoint with the username logged against the changes made.</p> <p>Candidate results are accessed via an online portal developed by the assessment provider and hosted on university secured server space. Candidates are required to log in, which is again based on two factor authentication. All log in and email accounts are secured via the university IT department, who also manage access arrangements, for example if a staff member moves role within the university.</p> <p>Candidates are reminded in advance of the CPSA that discussing station content is a breach of professionalism and a question of probity. Psychometric analysis includes monitoring of candidate groups across different sites, and on station performance over different testing occasions.</p> <p>As described at requirement 2 (CPSA design), candidates are not quarantined between cycles and, to mitigate the risk of sharing information relating to the CPSA content, the assessment provider releases basic information about the stations ahead of the CPSA. The information is limited to title, setting and skill being tested, and is carefully reviewed to ensure it doesn't give away details that could compromise a candidate's ability to deal with clinical uncertainty or encourage last minute 'cramming'.</p> <p>While we acknowledge the assessment provider's rationale for this approach, their mitigations, their post-hoc monitoring of station performance and their overall conscientious approach to exam security, we'd encourage them to limit the information about station content provided to candidates in advance and release it as close to the start of the CPSA as possible.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials, with the following suggested recommendation:</p>
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			Recommendation: To mitigate the predictability of test content, and further enhance the security of the CPSA material, the assessment provider should limit the information provided to candidates in advance about the content of the stations in the CPSA and to release it as close to the start of the CPSA as possible.
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>Candidates are well prepared for the CPSA, receiving a comprehensive briefing in the form of a lecture (held face to face and subsequently available via the online learning platform) which includes an overview of the general process, scope, examples of content and marking criteria. They also undertake a formative OSCE which uses stations of the same length and level of difficulty as those in the CPSA and for which they receive marks and audio recorded feedback on their performance, with remediation opportunities offered to those who underperform in the formative OSCE.</p> <p>Candidates will have completed four years of OSCEs and clinical placement assessments by the time they reach the final year, so they're experienced in preparing for and taking OSCEs and receiving feedback on their performance. The CPSA marking domains are used throughout all OSCE examinations across the programme, in clinical assessment teaching sessions, and form the assessed domains in the assessment provider's clinical placement assessments.</p> <p>On the day, candidates arrive and are checked in. They're given a briefing which includes instructions and reminders for taking the CPSA.</p> <p>With the suggested recommendation at requirement 8 (Security of CPSA content), relating to information about station content provided to candidates in advance of the CPSA, 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 detailed and comprehensive feedback given to candidates, including information on how to use and interpret the feedback, to assist their reflection and strengthen their future learning. This includes their station scores and domain scores expressed as a skills breakdown across the CPSA, with comparative data to benchmark their performance against the cohort average. Candidates also receive personalised written and audio feedback from examiners, the latter being recorded between stations when candidates have left the room. Both forms of feedback are provided to candidates through an accessible, customisable web-based portal.</p> <p>The volume of verbal feedback generated by this process means every piece cannot be reviewed prior to release, so the assessment provider's quality assurance focuses on training examiners to provide constructive, specific, structured feedback (whether written or verbal) and guidance on what to include, with the opportunity for new examiners to observe an experienced examiner delivering feedback in an authentic context, before examining themselves. The assessment provider samples up to 5% of recorded content and we encourage them to continue this checking process to ensure the quality of examiner feedback is maintained.</p> <p>For unsuccessful candidates, the email they receive following the exam board and confirmation of the results, which contains their overall outcome and signposting to the feedback portal, and also directs them to the support available through year leads. Support is tailored to the student and includes planning for remediation and preparation for the resit.</p> <p>As described at requirement 5 (Assessing professionalism), the assessment provider has recently introduced a system for capturing dangerous or poor professional</p>
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			<p>behaviour, which is fed back to the candidate. General observations from examiners about the overall performance of the cohort is discussed at exam board meetings, action points raised and then shared with appropriate academic staff and the assessment team, with specific areas raised with the relevant skills or teaching lead to inform future teaching.</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> <p>Next submission: The assessment provider should submit an update on the mechanisms for feeding back on poor or dangerous practice observed in the CPSA, and on the quality assurance of examiners' verbal feedback.</p> <p>Effective practice: The assessment provider's OSCE feedback system is embedded across the programme, with comprehensive individualised quantitative and qualitative feedback which clearly supports candidates' understanding of their learning needs.</p>
11	<p>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – and giving feedback to candidates.</p> <p>Examiners are recruited through a wide local network. They must be qualified doctors of grade Speciality Trainee 4(ST4) or above, or advanced clinical practitioners (healthcare professionals such as nurse practitioners or pharmacists) and be clinically active within the last four years. To examine at the CPSA they must have examined in lower year OSCEs.</p> <p>Examiner training includes the structure and design of the CPSA, electronic marking, working with real patients and SPs, scoring, standard setting, examiner feedback and providing feedback to candidates, as described at requirement 10 (Results and feedback to candidates). There is also discussion about the characteristics of the</p>

		<p>borderline candidate, and videos of simulated stations. New examiners observe a CPSA as part of their training prior to examining.</p> <p>As described at requirement 12 (Simulated/ real patients), all examiners are invited to attend a standardisation session with SPs for their station a week before the CPSA and if they can't attend, they're sent the recorded link.</p> <p>On the day there's an examiner briefing session, after which there's a standardisation process for each station when a discussion with other examiners testing the same station takes place to help calibrate marking.</p> <p>All examiners are required to be up to date with their local trust/practice ED&I training, confirmed by self-declaration. We were pleased to note that the assessment provider is actively taking steps to develop their own in-house ED&I training for examiners, which will become mandatory for the academic year 2023-24, as this provides an opportunity for more specific training relating to examining the CPSA, including unconscious bias.</p> <p>Examiners are allocated to a particular site on the basis of their availability and the relevance of the station content on a given day (for example, stations testing acute care/life support would be allocated to examiners with appropriate experience or training). They are generally allocated to their base clinical site. Candidates are examined at both venues, spending one day at each site.</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>Next submission: The assessment provider should submit an update on the introduction, and their evaluation, of their new in-house ED&I training for examiners.</p> <p>Effective practice: The training for new examiners is comprehensive and includes opportunities for observing a live CPSA, including giving verbal feedback to candidates, before examining in the CPSA.</p>
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12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they're recruited, trained, briefed and calibrated on their role. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>SPs are recruited from the local population, with consideration for demographic diversity, by members of the clinical skills team. The assessment provider has clearly described how SPs are trained, briefed and calibrated, which includes attendance at a generic training day, an annual conference where they receive additional training and updates, and ED&I training in the form of a 45-minute interactive lecture. SPs also receive a handbook and attend a standardisation session in the week prior to the CPSA. Each station has its own standardisation slot of approximately one hour, to which examiners are also invited to attend if available. This is held on Microsoft (MS) Teams for history stations and in person, with a video link between sites, for examination stations. The station is discussed and role-played, and performances are video recorded (with the SP's consent) and shared with examiners.</p> <p>SPs do not provide marks in the CPSA. The assessment provider has trialled and modelled this and presented their analysis to relevant academic conferences. They have given a strong rationale for why they haven't adopted SP marking as a result of their findings, which includes recognition of the complexity of the SP role and the cognitive load on the role-player.</p> <p>Real patients are used in stations where an examination of a body system is needed to be performed. Their clinical signs are verified by the recruiting clinician at the time, and these are checked again by the examiner on the day of the CPSA. They do not speak or give any feedback to the candidates.</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: There are multiple mechanisms to ensure SPs have an</p>
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			understanding of the CPSA and their involvement in it, such as the SP handbook and annual conference.
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. They've also shown what steps they take to ensure that the station is being run in the same way across different circuits. For stations involving real patients, the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find.</p> <p>As described at requirement 12 (Simulated/ real patients) SPs attend a standardisation session where the examiners of that specific station are invited to attend. If they're unable to attend, the examiner is sent a video recording of the performance so that they can familiarise themselves with how their specific station will work. These videos are sent approximately 48 hours in advance of the CPSA.</p> <p>On the day, at each site, examiners of the same station are required to meet their fellow examiners and all SPs for that station to check their understanding of the scenario, calibrate their approach, familiarise themselves with station layout and equipment and discuss any points for clarification before the start of the CPSA.</p> <p>On the day, circuit leads at each site remain in contact throughout the duration of the CPSA. Any issues identified are addressed in real time via telephone, which ensures that any issues that require a change in approach are mirrored at each site. No changes to stations would be implemented locally until agreement across sites had been reached. The assessment provider described plans to trial the use of a secure wifi based instant group messaging application to facilitate communication between sites, which we consider would be an appropriate development.</p> <p>The assessment provider has previously explored the possibility of running cross-site examiner meetings on the morning of the CPSA, facilitated by video-conferencing software, but concluded that it placed additional demands on examiners as they made</p>

			<p>final preparations at each site. Instead, they described plans to inform examiners of the details of the examiners assessing the same station at each site and request that they make contact, to be provided along with the examiner packs which are typically sent two weeks ahead of the CPSA. We felt this approach could be inconsistently followed and represented a potential security risk to personal data, so we'd advise they explore an alternative approach, such as a formally documented checking process facilitated by the circuit leads before the start of the CPSA, using the instant group messaging they propose using to share information about any issuing arising during the CPSA.</p> <p>For stations involving real patients, the examiner is required to examine and check the patient's clinical signs and then complete a sheet stating what the abnormal findings were that they elicited and grading the challenge of detecting the findings. This is because each station typically has two patients each half day who switch in and out as they get fatigued. Though every effort is made to match the patients, the requirement to check findings in this manner allows the examiner to be cognisant of any variations between patients, so they can calibrate and take into account the level of challenge for the candidate when awarding marks.</p> <p>Examiners are trained to alert clinical skills staff if there are any concerns about patients' or SPs' welfare or comfort.</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> <p>Next submission: The assessment provider should submit an update on their plans to implement a secure instant messaging solution to communicate between sites, including how this has contributed to the calibration of examiners and SPs on the same station across sites.</p>
14	Feedback to examiners and	Yes	The assessment provider has described and demonstrated how they monitor

<p>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>	<p>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>Examiners receive an overview of how candidates performed in the CPSA plus detailed statistical feedback for each station, showing the scoring for all examiners (anonymised) on both sites, which enables benchmarking of their own performance. They are given an illustrated guide on how to interpret the feedback, which includes what the assessment provider looks for in examiner marking and are encouraged to complete a 'reflection form', where they reflect on their marking and alignment with other examiners, both for the individual exam and on their marking longitudinally. This form can be used as evidence for their GMC revalidation portfolio and is discussed at examiner training. Examiners are also able to leave their own feedback on the process and make suggestions for improvement, to inform future examiner feedback and ensure it is useful and relevant.</p> <p>In addition to encouraging examiners to reflect on their own performance, the assessment provider will also review the performance of examiners longitudinally and, where there's evidence that an examiner continues to be an outlier across multiple exam events, additional support will be offered: initially a meeting to review the feedback with a member of the assessment team and, where deemed appropriate, through additional/refresher training.</p> <p>SPs receive feedback on their performance prior to the CPSA at the station-specific standardisation sessions. On the day, examiners are asked to provide feedback on the station they examined in the CPSA, which includes a section focusing specifically on the performance of the SP. This feedback is reviewed by the OSCE lead and anything relating to SPs is referred to the clinical skills team, which trains and recruits SPs. Feedback on SP performances is also shared anonymously with the registered SP pool at the annual update meetings. This process ensures that good practice can be shared whilst also identifying possible areas for development. Feedback on SPs is also viewed</p>
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			<p>longitudinally, with general points used inform SP training. Recurring feedback on individual SPs is followed up with them directly by the assessment provider's lead for Communication Skills.</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>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has demonstrated a clear reasonable adjustments policy and an effective process where students who consider that they may have a disability are advised to access the University Disability and Dyslexia Service in their first week of medical school to enable support as needed throughout the programme. In the rare event of an adjustment thought to compromise the demonstration of competency, the assessment provider's Disability Liaison Officer (DLO) will organise a Reasonable Adjustments Panel to try to find a resolution. In addition to the DLO, the panel includes the Director for MBChB, a central university representative and a lay member.</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 assessment provider has clear guidance and support for students who consider that they may have a disability throughout the programme, with appropriate procedures in place if an adjustment is thought to compromise the demonstration of competency, including lay representation.</p> <p>Next submission: The assessment provider should submit an example of how the</p>

			Reasonable Adjustments Panel works in practice for the CPSA.
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 delivered in education centres in the two hospital venues, in facilities designed for clinical teaching and assessment. Two simultaneous circuits take place at one venue and three at the other, from academic year 2024-25, due to an increase in cohort size. Circuit timing is controlled by a centrally operated computer-based timer, with a screen display to the candidate and examiner and pre-recorded verbal prompts, such as 'one minute remaining'. There are manual contingency arrangements in the event of technical failure.</p> <p>The assessment provider has described and demonstrated clear evidence of the venue spaces (including a floor plan) showing station layout and set up, equipment, clinical skills resources and appropriate levels of staffing. The assessment provider has outlined the considerations and quality assurance they've made to assure themselves they have the necessary resources to add an extra circuit.</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</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 has robust processes in place for data acquisition. They use a locally developed digital exam management system with a marking app installed onto marking devices which link to the software, enabling automatic population of examiner and station information (marking domains) and candidates for each station on each circuit. There are clear and detailed processes for uploading and checking the station</p>

	itself.		<p>information before the start of the CPSA and for examiners to log on, check details, and confirm candidates' identity.</p> <p>The app does not allow examiners to move to the next candidate until the required scores have been entered, with an option to press if a candidate is absent. Results are stored locally on the devices and uploaded via Wifi to the exam management system. There is dedicated technical support available during the CPSA, and a check is made at the end to ensure the dataset is accurate and complete. Post-assessment, data is downloaded and checked again for anomalies or missing values, such as when an examiner has needed to mark on paper due to an interruption during the CPSA, and appropriate steps taken to correct the data. Access to these files is restricted with secure storage arrangements.</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. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider has comprehensive and secure procedures for quality checks and review of results data, with suitable people involved, which includes the assessment administration team, psychometrician, assessment lead, OSCE lead and year leads. We reviewed documents detailing processes for the production of results, calculation of exam reliability and SEM, data manipulation, and the borderline regression method of standard setting. Cross checks are built in to ensure data alignment and to safeguard against single point failures.</p> <p>The assessment provider explained their approach to dealing with underperforming stations as identified through the psychometric analysis. This includes modelling to explore the impact of removing individual stations on the overall reliability of the CPSA, and therefore confidence in the robustness of candidate pass/ fail outcomes.</p>

			<p>The assessment provider has described the investigation that would take place if a station was found to be reducing the overall reliability, which may lead to the suppression of the station from the results.</p> <p>This is an appropriate procedure for an OSCE; however, the assessment provider has indicated that they explore station performance in a case by case manner, rather than using predetermined thresholds and rules. We advise that the consistency and defensibility of the exam board’s decision making would be enhanced if there were documented rules and parameters to support the post-assessment marks adjustment process.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop an SOP with rules, thresholds and processes for making post-assessment mark adjustments.</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> <ol style="list-style-type: none"> what analyses are conducted how the analysis is used to improve station quality how the analysis informs the 	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 with examples of the analyses routinely carried out by the psychometrician at station level and for the overall OSCE. Datasets are compared to previous CPSAs to check alignment between successive cohorts. Analyses are also conducted based on site/ circuit allocation (comparison of performance) and candidate demographics, including home/ overseas status for fees, gender, disability and ethnicity.</p> <p>At station level, the psychometrician calculates the pass marks via borderline</p>

	development of the CPSA.		<p>regression and basic descriptive statistics for each station, including facility and discrimination values. In addition to calculating the pass marks via borderline regression and conducting commonly used analyses at station level in line with best practice, the psychometrician calculates the reliability of the CPSA and the reliability if each station is removed. Failure rate per station is also calculated.</p> <p>Examiner scoring on each station and scores used for each domain on each station are also compared to inform discussion about station reuse by the assessment team.</p> <p>Routinely collected demographic detail includes home vs overseas fees status, gender, disability and ethnicity. The emendation panel considers any differences detected in the performance of a station based on protected characteristics, identified through the psychometric analysis.</p> <p>At emendation, any differences detected in the performance of a station based on protected characteristics is highlighted based on the psychometric performance of the station if used previously.</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> <p>Effective practice: The approach to post-test analysis is comprehensive and based on good practice, which clearly indicates how the outcomes feed into review of the CPSA and how this supports future development work.</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 two external examiners for each year of the MBChB programme. External examiners are nominated by the Assessment Team and normally appointed on a four-year term. On completion of the university induction process, they meet with the</p>

		<p>assessment team and year leadership team to familiarise themselves with the specific details of the programme.</p> <p>The assessment provider demonstrated that external examiners are suitably briefed and have opportunities to contribute to the CPSA, such as reviewing assessment material, attending assessments, observing examiner briefings and candidates in the stations, and attending exam boards. External examiners can also meet candidates after the exam and gain feedback on their experiences.</p> <p>The supporting evidence includes an example external examiner report. The is submitted to the university and shared with the assessment provider. Each external examiner receives a written response from the assessment lead/ year leadership team. Reports, and the assessment provider's responses, are shared at the MBChB assessment committee, and copies of the reports made available to students via the virtual learning environment, demonstrating transparency.</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.

Assessment provider's response

We would like to thank the reviewing team for their thoughtful and constructive feedback on our submission. We are extremely pleased that the reviewers have found that Keele University School of Medicine (the assessment provider) meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

We are particularly pleased that the reviewing team identified 9 areas of effective practice within our submission. In areas where reviewers have **recommended changes** or requested **updates or further information** we have summarised our response to this feedback below:

Recommended changes:

Requirement 8: Security of CPSA content

Recommendation: To mitigate the predictability of test content, and further enhance the security of the CPSA material, the assessment provider should limit the information provided to candidates in advance about the content of the stations in the CPSA and to release it as close to the start of the CPSA as possible.

Response: Following consideration of feedback from key stakeholders – including students and external examiners – we have taken the decision to re-introduce quarantine for summative OSCEs across the MBChB programme. In line with this decision, we no longer intend to issue pre-release information ahead of the exam. Further details will be provided in our next submission.

Requirement 18: Production of results

Recommendation: The assessment provider should develop an SOP with rules, thresholds and processes for making post-assessment mark adjustments.

Response: We are reassured that the reviewing team consider our approach to exploring OSCE station performance to be appropriate. Nevertheless, we are grateful for the reviewers comments with regard to the additional value that could be offered through the development of a SOP summarising the process for making post-assessment mark adjustments. We intend to develop an SOP describing this process for inclusion with our next submission.

Updates or further information:

Requirement 5: Assessing Professionalism

Next submission: The assessment provider should submit an update on the implementation of the new method for identifying any significant lapses in professionalism that occur within the CPSA.

Response: Following successful piloting of the new approach, the school's Assessment Committee elected to implement the significant lapse in professionalism process across OSCEs in Phase 2 and Phase 3 of the programme. We will provide an update on the implementation of this process in our next submission.

Requirement 10: Results and feedback to candidates

Next submission: The assessment provider should submit an update on the mechanisms for feeding back on poor or dangerous practice observed in the CPSA, and on the quality assurance of examiners' verbal feedback.

Response: Following the extension of the significant lapse in professionalism process across Phase 2 and Phase 3, we have a consistent process for identifying poor or dangerous practice across the programme. We will provide an update on the implementation of this process in our next submission alongside an update on our approach to quality assuring verbal feedback provided by examiners.

Requirement 11: Examiners

Next submission: The assessment provider should submit an update on the introduction, and their evaluation, of their new in-house ED&I training for examiners.

Response: We remain committed to developing our ED&I training for examiners and will provide an update in our next submission. We include ED&I guidance in both our training for new examiners and our refresher training.

Requirement 13: Collaboration between examiners and patients

Next submission: The assessment provider should submit an update on their plans to implement a secure instant messaging solution to communicate between sites, including how this has contributed to the calibration of examiners and SPs on the same station across sites.

Response: We have continued to develop our approach to cross-site communication and piloted the use of "Station Champions" during the 2023-24 assessment cycle. We nominate a champion for each station at each assessment site. Champions are asked to make contact ahead of the exam to discuss the station and lead standardisation discussions at their respective sites. We have implemented a secure messaging system that enables rapid secure communication between site leads on the day of the exam. We will provide an update on both of these initiatives within our next submission.

Requirement 15: Policies and procedures

Next submission: The assessment provider should submit an example of how the Reasonable Adjustments Panel works in practice for the CPSA.

Response: It is pleasing to hear that the review group believes that we have clear guidance and support for students who consider that they may have a disability throughout the programme, with appropriate procedures in place if an adjustment is thought to compromise the demonstration of competency. We will provide an update on the operation of our Reasonable Adjustments Panel in our next submission.