

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

Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent

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	Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent
GMC’s decision	Complies with the CPSA requirements
Date of decision	6 March 2024

Legislation and guidance

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

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

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

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

[‡] Sections 5(2)(a) and (b).

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

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

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

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

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

Compliance process

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

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

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

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

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

CPSA requirements.

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

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

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

A copy of the compliance report containing advice to the GMC on the CPSA submission by the Faculty of Biology, Medicine and Health, The University of Manchester, 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

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submission by Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent, including the assessment provider's 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 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 Kent and Medway Medical

* 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.

School, Universities of Canterbury Christ Church and Kent (the assessment provider) complies with and meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

I have noted the compliance report advises the GMC considers a number of recommendations.

I make recommendations to the assessment provider, set out in the recommendation section below.

I am NOT making any recommendations to the assessment provider for the reasons specified below.

I noted that the compliance report advises the GMC requires the assessment provider to make [add number] mandatory changes in order to be compliant with and meet the CPSA requirements. I am satisfied that the Faculty of Biology, Medicine and Health, The University of Manchester (the assessment provider) will be compliant with and meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#) subject to implementing the mandatory changes listed below by 1 May 2024. If it is not possible to implement the changes then this should be escalated to the Registrar.

Based on the advice set out in the compliance report, I have formed a provisional opinion that the Faculty of Biology, Medicine and Health, University of Manchester (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

The CPSA reviewers made six recommendations:

- Requirement 7 (quality of CPSA content): The assessment provider should consider piloting all stations with a wider range of stakeholders before they're used in the CPSA, in order to ensure the quality of the content.
- Requirement 8 (security of CPSA content): The assessment provider should explore how to minimise the risk of exposure of assessment content when sharing station material with examiners and SPs by using a secure sharing platform.
- Requirement 11 (examiners): The assessment provider should consider how to use technology for making timing announcements to eliminate the risk of human error.
- Requirement 12 (simulated/real patients): The assessment provider should ensure that healthy volunteer patients receive ED&I training where they are expected to contribute to the candidate score.

-
- Requirement 17 (data acquisition): The assessment provider should develop a contingency plan in case of major technological failure during the CPSA. The process should be documented in a standard operation procedure (SOP).
 - Requirement 18 (production of results): The assessment provider should document their processes for production of results, including their approach to post-assessment mark-data changes, in an SOP.

The assessment provider has confirmed that they have noted these recommendations, albeit it does not feel that it needs to provide a response at the present time.

Reasons for the decision

- I am aware of the compliance process which must be followed and am satisfied that it has been followed. I note that in Q3 2022 the assessment provider submitted an account of how the CPSA requirements had been met. This submission was reviewed by the CPSA reviewers, and the assessment provider was given the opportunity to respond to their advice.
- The compliance report that has been presented to me contains the CPSA reviewers' key conclusions in relation to each of the 20 CPSA requirements. I am satisfied that the evidence referred to in the report is robust and objective.
- The reviewers found the assessment provider to be compliant in all areas. They did not identify any mandatory changes, although they made six recommendations, as detailed above. The assessment provider was invited to respond but decided that they did not wish to do so at this point.
- It is pleasing to note that two examples of effective practice were highlighted by the reviewers, in relation to the way feedback is given to candidates and also the resources and space used for the CPSA assessment.
- 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

Stephanie Howell

Date

25 March 2024

Annex A

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

**Kent and Medway Medical School, Universities of Canterbury
Christ Church and Kent**

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

Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent

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 Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent (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 Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent 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.

Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent, (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 Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent, meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and five updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by Kent and Medway Medical School, Universities of Canterbury Christ Church and Kent, 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 is a new school and at the date of submission their first cohort of students hadn't reached the final year of the course, so they hadn't run their CPSA. Their submission documented what they intended to do and drew on evidence from previous years of the programme and support from their partnership school.</p> <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>Clinical procedural skills will be assessed by electronic portfolio which includes WPBA and a clinical activity log. Some practical skills and procedures are reassessed in the CPSA to ensure the avoidance of skill decay and readiness for graduation.</p> <p>Professionalism and engagement is assessed through a module in the electronic portfolio. Students must pass all elements before taking the CPSA. In addition to the CPSA, students must satisfactorily complete all elements of the electronic portfolio and the national online Prescribing Safety Assessment (PSA) in order to graduate.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p>	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 plans to use a 20 station sequential OSCE for their CPSA,</p>

<p>a. format</p> <p>b. station type</p> <p>c. testing time, including number and duration of stations.</p>	<p>consisting of a first sequence (Seq1) of 12 stations run as two sets of six stations over two days, with an eight to ten calendar day gap and eight stations in the second sequence (Seq2), over one day. Only candidates who have not met the standard for Seq1 must take Seq2. The assessment provider plans to use both SPs and real patients (RPs) in their CPSA.</p> <p>Stations are 12 minutes long, with one and a half minutes reading time. The CPSA is run at a single site four times a day, with three parallel circuits. Seq2 consists of eight stations in the same format as Seq1 (depending on the number of candidates returning for the second sequence).</p> <p>Because the assessment provider uses a sequential model for the CPSA, there is no in-year resit. This is typical for a sequential design, where the two parts of the sequential test serve to provide more information on candidates close to the borderline to determine whether they have passed the CPSA.</p> <p>At the time of the submission, much of the CPSA content and documentation was still in development and we were not able to view it. However, throughout the submission the assessment provider gave detailed descriptions of their planned model, including how the CPSA design will accurately represent the start of the Foundation Programme (F1) standard and provided example documentation from earlier years in the programme. They have an experienced assessment team and an effective relationship with their partner school, so we're confident they'll produce the required materials, with the expectation of an update for the GMC in the next submission. We advise that the assessment provider should ensure that all information and instructions to candidates, examiner training materials and station development documentation consistently refers to the start of F1 when describing the standard, or level of performance, expected in the CPSA.</p> <p>We advise that the assessment provider has clearly described the rationale and modelling for the CPSA design and described what each candidate needs to do on the</p>
--	---

			<p>day to complete the CPSA.</p> <p>Next submission: The assessment provider should ensure all information and instructions to candidates, examiner training materials, and station development documentation consistently refers to the start of F1 when describing the standard, or level of performance, expected in the CPSA.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <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 will be scored and how the CPSA will be scored overall. They have described how SPs contribute to the scoring.</p> <p>At the time of the submission, the assessment provider had not begun developing their year 5 content and we were unable to view any example marksheets and examiner scoring guidance. The assessment provider explained in detail what they plan to do.</p> <p>The assessment provider plans to use a hybrid domain/checklist scoring approach. They explained that station content and focus will influence if the marksheet leans more towards domain marking (e.g. clinical examination using volunteer patients or SPs), or checklist marking approach (e.g. procedural stations with some data interpretation). There will also be an overall global judgement for each station to enable standard setting.</p> <p>Stations may vary in maximum marks available, as each focus on a unique set of tasks. Marks achieved by candidates from the individual stations are converted to a percentage score and then averaged across stations for Seq1, or for the full sequence (Seq1+2) as needed. This ensures all stations have an equal weighting across the CPSA and does not affect the standard setting process.</p> <p>SPs and volunteer patients will contribute up to two marks overall, which is included in the overall maximum score of the station, based on their level of satisfaction and willingness to see the candidate again.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p>

			Next submission: The assessment provider should provide example marksheets and examiner scoring guidance, as well as an update on how the scoring worked and any changes made as a result.
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 sequence using the borderline regression method (BRM), with a conjunctive standard of nine stations (at least 70% or above) and a standard error of measurement (SEM) of two. This sets a high standard to pass and be exempted from taking the second sequence, which is appropriate.</p> <p>The assessment provider advised that standard setting for Seq2 largely follows the same process as Seq1, where BRM either from the Seq2 cohort - if there is a sufficiently large enough number of candidates - or using historical data from previously used stations at a main sit CPSA. This is appropriate, as the cohort in the second sequences will likely be too small to use their marks to reliably set the standard on the day. However, they've also considered a number of other options including using a modified Angoff process, where new stations are used in Seq2, or using a previously determined BRM pass mark from a full cohort OSCE, from an OSCE bank at another UK medical school. The assessment provider has fully documented the options they're considering in their assessment strategy.</p> <p>Candidates who take all 20 stations must meet or exceed the overall score for Seq1+2 plus 1 SEM. They must also pass 14 of the 20 stations (70% of stations).</p> <p>We advise that the assessment provider has modelled different standard setting approaches in reaching their chosen method and will set and maintain the standard appropriately.</p>

			Next submission: The assessment provider should submit an update on the standard setting outcomes for the first live CPSA, including any modifications to the proposed approach.
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>The assessment provider incorporates assessment of professionalism in the content of the CPSA. For example, awarding marks for elements of professionalism in each station. Some stations focus specifically on professionalism, such as breaking bad news, confidentiality and gaining complex consent. Professionalism is also assessed longitudinally through the programme, with all learning modules having a focus in this area.</p> <p>The assessment provider has a comprehensive Low-Level Concerns, Fitness to Study and Fitness to Practise policy for measuring professionalism, with appropriate mechanisms in place for recognising and addressing unprofessional behaviours. This includes use of a 'yellow card' reporting system during the CPSA which allows examiners to document any unsafe or unprofessional behaviours.</p> <p>There are also effective mechanisms to follow up on 'yellow card' behaviours of individual candidates, with remediation opportunities.</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</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content will relate to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates will be able to</p>

	<p>relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>demonstrate their ability to identify and interpret clinical findings.</p> <p>As a new school, the assessment provider has yet to develop their CPSA content. However, they have clearly described and demonstrated a comprehensive process for content sampling at a station level and across the whole CPSA which is evidenced by an example station and blueprint. This indicates sampling across a range of domains and areas of clinical practice, with clear mapping to the content map.</p> <p>The assessment provider told us that CPSA stations will be blueprinted and mapped to allow a balanced assessment across the content map and to assess readiness to be an F1 doctor regarding safe practice, managing uncertainty and delivering person-centred care, across the variety of clinical and professional skills domains.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>.</p>
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>	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>The assessment provider plans to use the same process for station development as they have used for earlier years of the programme. Station writers are allocated from</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>	<p>academic staff by the OSCE lead and attend a training session. After training, authors attend further sessions led by the OSCE lead to provide drafts for review and receive constructive feedback. Station authors attend Equality, Diversity and Inclusion (ED&I) training and all stations are reviewed to ensure ED&I aspects are represented appropriately.</p> <p>Stations are extensively peer reviewed by clinical subject experts, academics with OSCE experience and external examiners before use. Any changes made to a station are documented in the station update log. The assessment provider told us that their strategy is not to pilot stations, however some stations may be subject to an immersive simulation exercise. This involves running through the station in real time with an examiner and a simulated candidate (usually a junior teaching fellow) to provide an evaluation of the station’s functioning. The assessment provider could look to widen the range of stakeholders involved in the station run-through process. A run-through of all stations to ensure they are at the level of the start of F1, which includes input from the SP, would enhance the quality of the stations, in addition to trialling them for logistical and practical feasibility.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations such as medical professionals, associated health professionals and academics. Stations with a focus on communication skills are written in close partnership with the role player agency supplying SPs to represent the patient voice and provide feedback on authenticity.</p> <p>Feedback is collected from examiners and external examiners on the day of the CPSA using station evaluation forms. Post-exam station metrics are also used when revising stations.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice, with the following suggested recommendation:</p>
--	---

			Recommendation: To ensure the quality of the content, the assessment provider should consider piloting all stations with a wider range of stakeholders before they're used in the CPSA.
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits/sittings.</p> <p>Station material is shared internally and with external examiners using a digitally secured SharePoint site, which is only accessible to a pre-defined user group with individualised access controls. Material is shared with examiners and SPs by email using password protected documents. We recommend that they investigate using the secure platform to share documents with all examiners and SPs to minimise security risks.</p> <p>Candidates are quarantined with no access to electronic devices in between sittings.</p> <p>The assessment provider described their conflict of interest policy which ensures that examiners, academics, SPs and 'healthy volunteer patients' (see requirement 12, Simulated/ real patients) must declare any potential conflict of interest for knowing or having a connection with any candidate taking the CPSA.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should explore how to minimise the risk of exposure of assessment content when sharing station material with examiners and SPs by using a secure sharing platform.</p>
9	<p>Familiarisation with the assessment process for candidates</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</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>		<p>familiar with the format and expected standards of performance.</p> <p>Candidates are familiar with the format, having been assessed using OSCEs from their first year. The assessment provider will use the same familiarisation process for the CPSA as in earlier years. The candidates will attend a CPSA preparation session via a webinar which focuses on the logistics for the day, processes and revision tools. Candidates are made aware of their expected outcomes for performance which is also documented in the module handbooks and assessment documents.</p> <p>On the day of the assessment, candidates receive a briefing relating to the specific logistics of the day. There is also a debrief session for candidates with the assessment lead/OSCE lead and external examiners after the assessment, while they're in the quarantine room.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>Candidates will receive numerical feedback on each station and overall. They'll also see the station pass/fail outcome based on the pass mark for the respective station and the feedback comments from the examiner. Examiners are trained and mandated to provide written feedback to candidates, however the assessment provider acknowledged that the extent and quality of feedback may vary. Feedback is not routinely checked before being released to candidates, apart from in the case of failing candidates, which is checked to ensure this follows the standards of what they have taught examiners and that the feedback is constructive.</p> <p>The feedback includes explanatory notes to support candidates in the interpretation of their results. The assessment provider will provide feedback to all candidates after their Seq1 OSCE, usually within three working days. This is done to enable candidates</p>

			<p>who need to continue to Seq2 OSCE to reflect and learn from their Seq1 OSCE experience. The Seq2 OSCE is approximately eight to ten calendar days after the end of the Seq1 OSCE. Candidates who are unsure about an aspect of their feedback can contact the OSCE leadership team for clarification. This is open to all candidates and not just those needing to sit Seq2.</p> <p>Candidates who are unsuccessful in passing the full process are offered an opportunity to meet with the OSCE lead and head of year to discuss next steps. As the assessment provider does not offer resits, this will usually involve a candidate repeating the academic year. The assessment provider has a policy for repeating students which outlines the additional skills development, monitoring and support they receive.</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>Effective practice: All candidates are offered the opportunity to speak to a member of the OSCE leadership team to clarify the feedback they have received.</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 will be recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners will be 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>The assessment provider selects examiners from a multi-professional pool which consists of doctors (from medical education fellows to consultants), nurses, pharmacists, psychologists and other allied health professionals. The majority of examiners also have a teaching qualification and have been involved in both academic and/or clinical education of health care professionals in the workplace.</p> <p>Examiners are required to complete training which includes the role of the examiner, marking process and guidance, candidate feedback, standard setting and logistics. Training is mandatory every three years or less. All examiners must have completed</p>

			<p>ED&I training (either as part of examiner training or their NHS training) and must provide declaration evidence of this. Examiners also receive a training video on how to use the electronic marking devices.</p> <p>On the day of the CPSA, all examiners attend a general examiner briefing covering specific arrangements for the day. Following this, a station specific huddle occurs with the examiners from identical stations across the circuits. This involves a station champion, who has been specifically briefed by the OSCE lead, providing a station focused pre-CPSA briefing with the aim of ensuring calibration and consistency between markers for their identical stations.</p> <p>We noted in the examiner briefing slides that, during the exam, there's an automated timer which counts down and states when there is one minute to go. This is a prompt for the invigilators to shout: "one minute to go". We were unclear why this is necessary and recommend that the assessment provider consider how to use the timing technology to give time warnings. This eliminates the potential risk of human error, for example an invigilator missing the cue if they are distracted by other things.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should consider how to use technology for making timing announcements to eliminate the risk of human error.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>	Yes	<p>The assessment provider has described how SPs will be involved in the CPSA, and demonstrated how they will be recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score.</p> <p>The assessment provider uses an agency to supply and train SPs. All receive ED&I training as part of a comprehensive training programme provided by the agency. The agency also takes part in the station development process where they're invited to</p>

		<p>review stations and provide feedback on their authenticity.</p> <p>On the day of the CPSA, SPs have a specific 30 minute ‘on the day’ pre-briefing by one of the clinical skills lecturers, focusing on orientation, scoring, standardisation and calibration across identical stations. Following the pre-briefing, the SPs are then taken to their allocated station huddle location to meet their examiners and they take part in the station huddle with the station champion, to ensure consistency and calibration with examiners.</p> <p>The assessment provider also uses ‘healthy volunteer patients’ (HVPs) for some stations which include a physical examination with no pathology, for example cranial nerve examination. HVPs are supplied by a university recruitment agency. There is no acting required for this role. HVPs receive training specific to their role as a voluntary patient from the assessment provider. However, we did not see any evidence that HVPs receive ED&I training, which is particularly important as they’re expected to contribute to marking.</p> <p>On the day of the exam, HVPs attend a pre-OSCE briefing, led by the patient engagement coordinator. This follows a role guide which focuses on logistics, calibration and consistency across the identical stations and marking from the HVP. Following the briefing, HVPs are then taken to their allocated station huddle location to meet their examiners and take part in the station huddle with the station champion to ensure consistency and calibration with examiners.</p> <p>The assessment provider does not currently use real patients; however, they described plans to incorporate them in future.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that HVPs receive ED&I training where they are expected to contribute to the candidate score.</p>
--	--	--

			Next submission: The assessment provider should update on their plans to use real patients in the CPSA.
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>Examiners and SPs receive detail of their stations one week in advance of the CPSA to allow familiarisation. All examiners and SPs have a point of contact if they have any questions or points for clarification relating to any station content in advance of the CPSA.</p> <p>All examiners and SPs have specific examiner or SP debriefs, focusing on the logistics of the day and standardisation. After their respective debriefs, the examiners and SPs come together for a station huddle led by a station champion. The station huddle provides the opportunity for SPs to introduce themselves to the examiner and ensure that calibration for the identical stations occurs. Following the station huddle, the examiner and SP then move to their dedicated station to become familiar with the environment and equipment and run through the station together.</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 plan to monitor examiners and SPs during and after the CPSA, and what feedback will be given to examiners and SPs. They have also shown how they will monitor the impact of examiner feedback on future marking behaviours and how they will deal with underperformance.</p> <p>Examiners will be sent a graphical representation which will allow them to understand their marking. Where the assessment provider identifies a pattern of lenient, stringent</p>

			<p>or inconsistent marking, the assessment provider will discuss this with them and invite them to reflect. If the problem persists, they will not be invited to examine again.</p> <p>The role player agency supplies a coordinator who undertakes quality assurance during the assessment and provides feedback to SPs to ensure consistency. Examiners are asked for feedback relating to SPs and HVPs. This is reviewed by the assessment team and, if necessary, reported back immediately to the SP and role player agency, or the university recruitment agency.</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, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has a range of standard policies covering items such as misconduct, appeals and reasonable adjustments. We saw evidence of comprehensive and detailed planning for the assessment, including a planning checklist and risk assessment. The assessment provider described regular planning meetings and how tasks are identified and actioned by members of the assessment team. The assessment provider also evidenced role guides for staff working on the assessment on the day.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a</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>high stakes assessment with access to appropriate clinical resources.</p>		<p>The assessment provider has described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, with effort made to ensure consistency of experience for candidates on different circuits. The CPSA will be held in the clinical simulation suite in the science, technology, health and medicine building. The suite is large enough to run the CPSA on a single site.</p> <p>The simulation suite is purpose designed and consists of an eight bed ward, two additional ward areas, a number of open plan skills areas, simulation rooms, debriefing and control rooms. The facilities are fully resourced using the same clinical equipment that students will encounter in local NHS Trusts. The simulation suite is used by students for their clinical skills teaching and earlier year OSCEs, meaning that they're familiar with this environment.</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> <p>Effective practice: The evidence submitted demonstrates excellent resources, facilities and space for a high stakes clinical assessment.</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 will be accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>The assessment provider has given a clear explanation of the electronic data acquisition via the electronic marking system. This includes use of the 'marshal' function which allows the assessment team to track the real time entry of data from the examiners in the different circuits and identify and rectify any missing data.</p> <p>The assessment provider explained that although there is Wifi in the clinical skills suite, the electronic marking system can also be used offline if needed. However, we recommend that the assessment provider develops a contingency plan, such as paper marking, in case of major technological failure. This should be documented in a</p>

			<p>standard operation procedure (SOP).</p> <p>We advise that the assessment provider has appropriately described how scores will be captured and there are processes in place to ensure scores are accurate and complete, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop a contingency plan in case of major technological failure during the CPSA. The process should be documented in a SOP.</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 will be 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 appropriate procedures for quality checks and review of results data with appropriate people involved. They described a thorough process of how raw data are checked and processed to identify any discrepancies. The assessment provider described a comprehensive approach to post-assessment mark-data changes which considers appropriate metrics, including a worked example from an earlier year in the programme. We recommend that the assessment provider should document these processes in an SOP.</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 document their processes for production of results, including their approach to post-assessment mark-data changes, in an SOP.</p>

19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 	Yes	<p>The assessment provider has described and shown how assessment data will be 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 will be used to monitor station and examiner performance and improve the CPSA.</p> <p>The assessment provider looks at appropriate psychometric measures for an OSCE, at both the station level and across circuits. The assessment provider has given a clear description of how all data are reviewed before outcomes are considered by the Board of Examiners, with an example of the analyses routinely carried out by the psychometrician and included in the report.</p> <p>The assessment provider described how post-OCSE station metrics are used to influence further development and improvement of stations, including a worked example. We were pleased to note that the assessment provider plans to undertake a high level overview demographic and ED&I analysis following the CPSA to identify any developing trends or concerns.</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>Next submission: The assessment provider should provide an update on their work to complete a demographic and ED&I analysis following the CPSA.</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 examiners play 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>We saw evidence from earlier years which demonstrates how the assessment provider makes use of their external examiners as critical friends. External examiners are invited to review and comment on stations during the development process and their</p>

		<p>feedback is integrated into station editing. On the day of the assessment, external examiners observe all aspects of the OSCE from the examiner briefings, candidate briefings, station huddles, and the administration of the OSCE itself. External examiners also attend and input into the Board of Examiners. The supporting evidence includes an example external examiner report with the assessment provider's response to their comments.</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>
--	--	---

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

The assessment provider has acknowledged the report and has confirmed it provides an accurate summary. They have no points on which they feel they need to provide a response at this time.