General Medical Council

Annual Quality Assurance Summary

This summary provides an overview the quality activities undertaken with the school over the course of this final QA cycle before the school transitions from our New School process to our Pro-active Quality Assurance (PQA) process.

Organisation	Canterbury Christ Church University and University of Kent (Kent and Medway Medical School - KMMS)
Review period	October 2024 – July 2025

Quality Activity undertaken

	Activity	Date	Summary
1	Document submission	25 October 2024	Prior to our visit, the school submitted supporting documentation. This included updates on staff recruitment, information on the school's review of interprofessional education communications, information on assessment for Years 4 and 5, the Year 5 senior rotations module handbook and a copy of the OSCE standard operating procedure. The documentation was reviewed and was used to inform our question set for the visit.
2	Visit	4 December 2024	We visited the school as part of our new school process to check on progress of the delivery of the final year of the programme. We met with the senior leadership team, students from Year 5 of the programme, academic and clinical educators and other key members of staff at the school. Details of our findings including areas working well and one outstanding recommendation can be found in the latest visit report, which is published on our website.
3	CPSA/MLA document submission	28 March 2025	We requested updates from the school on the recommendations and next submission items set in their 2024 AKT and CPSA compliance reports. The documents we had requested were submitted on time and included an updated Bring Your Own Device policy,

			details of training for OSCE station authors, invigilators, examiners and simulated patients. We also received information provided to students prior to the OSCE and the KMMS AKT (applied knowledge test) contingency plan. The documentation was reviewed and helped us prepare for our OSCE observation and was also used to inform our questions for the assessment team Q&A session. The documents went through a period of scrutiny by both GMC staff and a GMC MLA associate.
5	CPSA observation	1 May 2025	We conducted an in-person observation of the clinical and professional skills assessment (CPSA), held at Canterbury Christ Church University. In attendance were two members of the GMC's Quality Assurance Monitoring Improvement team and two GMC associates (including an MLA associate). We attended day two of the Year 5 CPSA and were present for the first of three sessions. We observed briefings for students, patients/actors and examiners as well as station huddles prior to the assessment. The briefings referred to prior training undertaken by all groups. We were pleased to observe clear information and instructions being conveyed with opportunities for questions. We then observed all three circuits of the first session of the day. The assessment was well-run and well resourced, in terms of staffing and facilities. Real patients were used for one of the stations, and it was pleasing to see that their welfare was a priority, and they were treated with respect and sensitivity. It was also pleasing to see that the students requiring reasonable adjustments integrated well into the circuit and that the requirements had been clearly flagged up to all parties at the briefing sessions. It was positive that policies and procedures were in place to deal with any unforeseen incidents on the day. We identified an area for further consideration. In one circuit, the calibration of a complex station could have been improved to ensure consistency, and we have set a new recommendation in this area.
6	Assessment Team Q&A	15 July 2025	We conducted a virtual question and answer session with the KMMS assessment team. In attendance were two members of the GMC's Quality Assurance Monitoring Improvement team and two GMC associates (including an

			MLA associate). Representing the school was the Assessment Lead, Curriculum and Assessment Manager, Lecturer in Medical Education, Quality Manager and Head of Operations and the Student Life and Guidance Manager. At the outset, the Assessment Lead delivered a presentation on findings following the first delivery of the MLA. This included information on assessment outcomes and demographic analysis. We then asked questions relating to the outstanding MLA recommendations, psychometric analysis and external examiners. We also provided an update about the future quality assurance of the MLA, including the change process, quality reporting system and quality activities. Following these activities, we were able to close most of the remaining open recommendations. We also opened a new recommendation. The remaining items are listed below and will be followed up through our routine QA processes.

Open MLA recommendations

Requirement	Recommendation
CPSA R18	**The assessment provider should document the principles and thresholds for making post-assessment mark adjustments in the SOP.** From the MLA activities we carried out this year, we found that the school carefully considers post-assessment mark adjustments, but this was found to be undocumented. We encourage the school to ensure post-assessment mark adjustments are documented through a standard operating process to ensure decision makers consistently apply the principles and thresholds. We would like to receive a copy of an updated SOP, setting out the circumstances in which a station would be removed, and with an explanation on how the psychometric data analysis is used to inform the exam board's decision making.

New recommendation

Requirement	Recommendation
CPSA R13	**The school should consider conducting a calibration exercise before the day of the assessment for complex, high risk CPSA stations.**

	From the MLA CPSA observation, we noted that the calibration of a complex station could have been more structured to ensure consistency. Although written instructions were clear, a more robust calibration process would have helped examiners and actors better understand expectations. Additional rehearsal time and direction for actors before the assessment day may have reduced time pressures. At the Q&A meeting, it was noted in the school's presentation that this station underperformed in post-assessment results. We also observed discrepancies between written instructions and verbal directions which, although clarified during huddles, would benefit from greater alignment to avoid confusion. We encourage the school to ensure that simulated patients and examiners are clear on how the clinical condition should be accurately portrayed. A run-through of the station in advance would allow for clarification on how the station is expected to run, help to ensure consistency and mitigate time pressures on the day of the assessment.

Next steps
Following GMC Council's decision to add *Canterbury Christ Church University and University of Kent* to our list of PMQ awarding bodies, the school will now transition into our PQA process, which will include a self-assessment questionnaire submission in 2026 and regular updates via our Quality Reporting System on the outstanding recommendations from our new school process and MLA compliance process.

Organisation's response

The organisation has the right to reply to the AQAS; if they have responded it will be included below.

Organisation's response
We are grateful for the supportive feedback provided by the GMC following their visits with the school. We have addressed the open requirements in the following ways: CPSA R18: The KMMS assessment team have drafted amendments to the assessment SOP to include the processes requested in the requirement. This is currently going through governance for approval with sign-off expected this imminently. CPSA R13: We are grateful for this feedback and recognise the importance of providing sufficient calibration time to simulated patients and examiners. After careful consideration of this request, we believe that it would be logistically too challenging to provide an additional calibration session

prior to the assessment day. In order to mitigate the concerns, we have instead increased the time available for calibration on the day of assessment by 50%. This will allow for more detailed discussions of how complex, high risk CPSA stations are expected to run.