

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

Leicester Medical School, University of Leicester

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](#).

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| Assessment provider | Leicester Medical School, University of Leicester |
| GMC’s decision | Complies with and meets the CPSA requirements |
| Date of decision | Tuesday 23 April |

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 Leicester Medical School, University of Leicester, 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:

- MLA CPSA - compliance report containing CPSA reviewers' advice
- MLA decision maker guidance

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 Leicester Medical School, University of Leicester (the assessment provider) complies with and meets the CPSA requirements

* 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.

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 Leicester Medical School, University of Leicester (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 Leicester Medical School, University of Leicester (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

Not applicable

Recommendations

Please note the recommendations made and the advice for the next submission detailed below.

Scoring

Recommendation: The assessment provider should reconsider using linked stations in the CPSA due to the potential for confirmation bias.

Standard Setting

Recommendation: The assessment provider should reconsider their approach to running their CPSA as two independent programmes, or develop a clear rationale for it, supported by robust parameters and processes for decision making.

Familiarisation with the assessment process for candidates

Recommendation: The assessment provider should review their approach to the CPSA specific briefing. They should consider other ways to prepare candidates for the CPSA. We'd encourage them to limit the information about station content provided to candidates in advance, to mitigate the predictability of test content, and allow candidates a natural opportunity to demonstrate their ability to manage uncertainty.

Feedback to examiners and simulated patients

Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.

Recommendation: The assessment provider should consider how to give and monitor feedback to all SPs.

Policies and procedures

Recommendation: The assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.

Production of results

Recommendation: The assessment provider should introduce an alternative approach to post-hoc amendment of a candidate's score, as the current approach may inadvertently affect the outcome for a candidate on the borderline. The approach and rationale for making post-assessment mark data changes should be documented in a SOP.

Reasons for the decision

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 is robust and objective.

- I note the CPSA reviewers' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary.
- Additionally, the CPSA reviewers made seven recommendations for updates, in relation to scoring, standard setting, familiarisation with the assessment process for candidates, feedback for examiners and simulated patients, policies and procedures and production of results. The recommendations we have made are sufficient to enable us to monitor developments.
- I note the example of effective practice in relation to simulated/real patients that was highlighted by the reviewers.
- 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.

I am satisfied that Leicester Medical School, University of Leicester has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

Signed

Elizabeth Swatkins

Date

23 April 2024

Annex A

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

Leicester Medical School, University of Leicester

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

Leicester Medical School, University of Leicester

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 Leicester Medical School, University of Leicester (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 Leicester Medical School, University of Leicester 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.

Leicester Medical School, University of Leicester

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

In reviewing the CPSA submission we also identified an example of effective practice.

Our advice is based solely on a review of the written information and evidence submitted by Leicester Medical School, University of Leicester, 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 |
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| 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>Practical procedures are assessed during a series of 'assistantships' which each student completes in their final year. Students are required to complete a comprehensive list of clinical procedural skills which is based on the GMC's <i>Outcomes for graduates</i>. WPBA are assessed by completion of the procedural skills logbook. Professionalism is assessed during the CPSA by integration into the knowledge and professionalism domains in each station. Students must satisfactorily complete all assessments in previous years to enter year 5. In addition to the CPSA, students must satisfactorily complete all elements of their assistantships and clinical procedural skills 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> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number | 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 OSCE for their CPSA, consisting of two circuits of eight stations over two non-consecutive days within the same week. Stations are ten minutes long, with two minutes reading time. The CPSA is run at a single site three times in a single day, with five parallel circuits.</p> |

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| | and duration of stations. | | <p>The resit mirrors the format of the first sit, however all 16 stations are taken in the same day, with eight in the morning and eight in the afternoon.</p> <p>We noted that, although the assessment provider uses SPs, only one station uses a real patient. We asked the assessment provider how they assure themselves that candidates are adequately assessed on interpreting clinical signs. The assessment provider gave a thorough and detailed explanation of how physical examination and interpreting clinical signs is comprehensively integrated into the year 5 clinical assistantships. This encourages candidates to maintain and develop their examination skills during the final year of the course, while enabling the majority of the CPSA blueprint to be dedicated to the assessment of the Clinical and Professional Capabilities from the <i>MLA content map</i>, required for safe and effective practice at the start of the Foundation Programme (F1), that have not been extensively assessed in the earlier years of the course. We found this explanation appropriate.</p> <p>The assessment provider has given a detailed and comprehensive description of the model along with several example stations evidencing how the CPSA design accurately represents an F1 standard.</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 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> | 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 contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach. The maximum possible score for each station is 20 marks, however this is weighted across the various domains dependent on the station content. As each station carries equal weighting relative to the primary standard, the scores are reported as a percentage of</p> |

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| | <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> | | <p>the total marks available rather than as a raw score. Examiners also award a global judgement which is used for standard setting.</p> <p>The assessment provider reported using two linked stations, which are taken sequentially with different examiners assessing each part, to assess the candidate's ability to perform a more complex series of tasks. The assessment provider gave a detailed explanation of how these stations work in practice and their efforts to maintain authenticity and reduce interdependency of the two stations. However, the review team remain concerned that there is a potential for bias in using linked stations and recommend that the assessment provider reconsider their approach.</p> <p>SPs may contribute up to three marks in some stations where communication skills are a particular focus.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should reconsider using linked stations in the CPSA due to the potential for confirmation bias.</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)</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, to arrive at a final pass mark and pass/fail outcome decision for each candidate. They've also described the rationale and method for standard setting the resit.</p> <p>The assessment provider has recently changed the way they set the standard for their final year exam. From the 2022-23 academic year, they set the standard for the first take using the borderline regression method with a Standard Error of Measurement (SEM) of one and a conjunctive standard of 70% (12 stations) required to pass.</p> <p>From the 2022-23 academic year, the resit is set using the main sit borderline</p> |

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| <p>passed).</p> | <p>regression threshold (including one SEM). This will be applied to the resit until there are sufficient previously used stations with known full-cohort borderline regression thresholds, at which stage previous station thresholds will be applied to the resit stations plus one SEM from the main sit. The conjunctive standard of 70% (12 stations) required to pass also applies to the resit.</p> <p>The assessment provider reported splitting candidates into two separate programmes, A and B. The assessments for the two programmes comprise of stations of equivalent content but different clinical cases which are assessed and standard set separately. We asked the assessment provider how they compare the two programmes to ensure that a consistent threshold is set for the whole cohort.</p> <p>The assessment provider described how consistency is assured, for example through ensuring that examiners have a consistent interpretation of the borderline candidate and that all stations go through an identical development process. Programme equivalent stations are usually written by the same author. The assessment provider compares the results from each programme for equivalency. Where equivalency is not achieved, this is further scrutinised and potentially adjusted by the Panel of Examiners. The assessment provider supplied an example of a case where the Panel of Examiners adjusted the borderline regression score for a single station in programme A in order to achieve equivalency with programme B, which clearly demonstrated the steps taken and appropriate evidence considered. This matter is discussed further in requirement 18 (Production of results). The review team remain concerned about the use of two separate programmes, and standard setting and analysing them as such. The review team could see no clear benefit of choosing this method and recommend that the assessment provider reconsiders this approach or develops a clear rationale for it, supported by robust parameters and processes for decision making.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should reconsider their approach to</p> |
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| | | | running their CPSA as two independent programmes, or develop a clear rationale for it, supported by robust parameters and processes for decision making. |
| 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, the knowledge domain incorporates ethical practice, law and accountability, confidentiality and consent, and dealing with unprofessional behaviour. Additionally, there is a professionalism domain which includes acting with integrity, communication skills, respecting cultural and ethnic diversity, capacity and managing stress and uncertainty.</p> <p>The assessment provider has appropriate mechanisms in place for recognising and addressing unprofessional behaviours. For example, examiners are trained to highlight any professionalism or patient safety concerns which occur during the CPSA. This is highlighted on the marksheet and must include narrative feedback describing the concern.</p> <p>There are also effective mechanisms to identify and follow up on behaviours of individual candidates, with remediation opportunities. Professionalism concerns are triaged by the OSCE lead and minor concerns are managed through provision of individual feedback to the candidate by email (with mandatory acknowledgement required) and/or a face to face meeting. More serious or repeated lapses in professionalism during the assessment are referred to the Professionalism Support Group where candidates are given targeted support with their development as a medical professional.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to</p> |

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| | | | unprofessional behaviours. |
| 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> <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> | 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 clearly described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the content map and the requirement for candidates to demonstrate that they can identify and interpret clinical findings. The assessment provider splits candidates into two programmes, as described in requirement 4 (Standard setting) which both use the same blueprint.</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> |

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| 7 | <p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process. | 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>Once the CPSA blueprint is complete, specific station writers agree on the content and begin to write the stations, referring to previous examples to mirror the style of writing the information required for the examiner, simulator and students. Writing the initial draft of stations is predominantly the responsibility of the teaching Block Lead, who may share this activity with other colleagues closely involved in teaching the medical students. New station writers are trained and supported by substantial mentoring which is provided by the Year 5 OSCE Lead and by the Block Leads, all of whom are experienced OSCE station writers themselves. This includes regular discussion to decide on the detailed content, to ensure adherence to the station template, and to refine the draft after initial writing.</p> <p>The stations are submitted to an editing panel, comprising the Head and Deputy Head of Assessment, Director of Clinical Studies, Year 5 OSCE Lead, other OSCE Leads and relevant Block/teaching Leads. This review enables further refinement of the content of the stations.</p> <p>New stations are piloted at least twice by the OSCE lead, with an SP and an F1 doctor acting as the candidate to test whether the station works for all participants (examiner, SP and candidate) and to allow identification of any timing or logistical issues. SPs also have a further opportunity to provide feedback during their training sessions.</p> <p>Feedback is collected from examiners, patients and students on the day of the CPSA and post-exam station metrics are used when revising stations. However, as the assessment provider plans to carry forward borderline regression thresholds from stations used in a main sit to subsequent resit examinations (see requirement 4, Standard setting), if a station requires significant revision prior to reuse, it will be treated as a new station and the previous psychometrics will be disregarded.</p> |
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| | | | 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. |
| 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 and sittings.</p> <p>At the time of the submission, the assessment provider was in the process of moving from a paper based marking system to an electronic marking platform. We saw evidence based on the existing system and noted that there were appropriate processes in place before and after the exam for maintaining the security of a paper based assessment. We look forward to receiving an update on this in the next submission.</p> <p>Examiners receive a password protected copy of the station they will be examining a week before the exam by email. They are reminded of the need to maintain confidentiality. While this does not alter our advice that the requirement has been met overall, we advise that the assessment provider should consider using a more secure method to share information with examiners.</p> <p>Candidates are quarantined between circuits and sittings, with no access to electronic devices.</p> <p>We noted that the assessment provider pilots stations using Foundation Year doctors who may be near-peers of the candidates taking the CPSA. The assessment provider acknowledged that this is a source of potential vulnerability. However, they explained that the use of near-peers is essential for the authenticity of piloting. All doctors taking part in piloting are reminded of the need for confidentiality. In addition, piloting often takes place up to a year before a station is used and not all piloted stations are used in the CPSA. We found this explanation appropriate.</p> |

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| | | | <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p> <p>Next submission: The assessment provider should provide an update on how the security of the assessment content is maintained once they move to the new electronic marking platform.</p> |
| 9 | <p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p> | Yes | <p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance, and on the day, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>Final year candidates sit OSCEs in the earlier years of the programme so are familiar with the format by the time they reach year 5. They also sit a mock OSCE four to six weeks before the CPSA.</p> <p>Candidates receive a briefing outlining the structure of the final year assessments at the start of the year and a 'question and answer' session six weeks before the exam. They receive a CPSA specific briefing six months before the date of the assessment which covers the format of the exam, the criteria for achieving a pass and the standards of performance. A recording of the briefing and presentation is made available in the Virtual Learning Environment (VLE).</p> <p>However, we were concerned about the level of information given to candidates during the CPSA specific briefing, which includes the sequence of the stations, the competencies that will be tested in each station and the expectations of the examiners as to what would constitute an excellent performance. We asked the assessment provider, given the level of detail provided, how they reassure themselves that candidates can demonstrate how they manage uncertainty.</p> <p>The assessment provider told us that the information they share is about the structure of the exam and stations, rather than the specific clinical cases, and that knowing this information is beneficial to the candidates in shaping their clinical learning throughout the year as it encourages them to develop skills through experiential learning and</p> |

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| | | <p>repeated practice. They said that an OSCE is an artificial environment that cannot fully reflect the clinical setting and it is therefore important to minimise the construct-irrelevant variance in candidates' exam scores due to factors other than clinical competence, for example uncertainty about the sequence of stations or trying to second-guess what the examiner is looking for rather than behaving naturally, as they would in a clinical non-exam environment. This allows candidates to demonstrate their true clinical competence to the examiners. The assessment provider stated that they do not believe that providing the candidates with structural information about the exam negatively hinders their ability to cope with uncertainty in clinical practice. They also specifically include a station on managing uncertainty in the CPSA.</p> <p>However, we remain concerned at the level of detail provided to candidates before the CPSA. While this does not alter our advice that the requirement has been met overall, we recommend that the assessment provider reviews this approach and considers other ways to prepare candidates for the CPSA. We'd encourage them to limit the information about station content provided to candidates in advance, to mitigate the predictability of test content, and allow candidates a natural opportunity to demonstrate their ability to manage uncertainty.</p> <p>Candidates receive details of the venue, dates and times of their CPSA by email two weeks in advance of the exam. This includes information about the length of any pre- or post-exam quarantine and the conduct of the examination.</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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review their approach to the CPSA specific briefing. They should consider other ways to prepare candidates for the CPSA. We'd encourage them to limit the information about station content provided to candidates in advance, to mitigate the predictability of test content, and allow</p> |
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| | | | candidates a natural opportunity to demonstrate their ability to manage uncertainty. |
| 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 receive an email telling them that their results are available on the secure electronic portal. The assessment provider has described and demonstrated detailed and comprehensive feedback given to candidates.</p> <p>Candidates also receive a scanned copy of any handwritten comments supplied by examiners regarding their performance. The assessment provider does not moderate any written feedback before it sent to candidates, however examiners are reminded that their comments are scanned and sent directly to candidates and therefore need to be legible, professional and appropriate for a candidate to read. We review examiner training in relation to providing feedback in requirement 11 (Examiners). The assessment provider noted that there have been significant issues with the legibility of handwritten comments and the labour intensive nature of compiling them. They told us that they intend to migrate to an electronic marking platform from the academic year 2023-24 which will resolve the issue of legibility and ease the collection and distribution of free text comments. We look forward to receiving an update on this in the next submission.</p> <p>Unsuccessful candidates are encouraged to contact the Pastoral Support Unit (PSU) and the Academic Support Unit (ASU) immediately. An ASU tutor (a senior clinician with a special interest in academic support) will work with the candidate to review their scores and examiner feedback in order to tailor individualised support prior to the resit. This support takes the form of one to one meetings with the ASU tutor, group teaching for all resitting candidates, revision sessions and a group-practice OSCE with personalised immediate feedback from key academic leads.</p> <p>We advise that the assessment provider has appropriately described the information</p> |

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| | | | <p>and support they give to candidates about their results and performance.</p> <p>Next submission: The assessment provider should provide an update on their plans to migrate to using an electronic marking platform and the improvements to the process of collecting and distributing free text feedback to candidates.</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 by email invitation from both primary and secondary care and include teaching leads from Local Education Providers (LEPs) and doctors of Speciality Trainee 5 (ST5) grade and above, particularly those who have extensive experience of undergraduate teaching. Examiners for the CPSA must also have experience in examining OSCEs in the earlier years of the programme.</p> <p>All new examiners are usually required to attend face to face training with discussion of unconscious bias and group-marking calibration exercises. Face to face training was suspended during the Covid-19 pandemic but the assessment provider planned to reintroduce this from the 2022-23 academic year. Existing examiners complete an online training package every three years which includes being reminded about appropriate examiner behaviour, completing the mark scheme for video-recorded examples of candidate performance, and learning about common mistakes to avoid when examining.</p> <p>The assessment provider told us that they plan to refresh their examiner training packages. This will include a greater emphasis on calibration exercises with provision of feedback to examiners. They also acknowledged that examiners written feedback to candidates is variable in quality (and legibility – see requirement 10, Results and feedback to candidates). They plan to reinforce this aspect of examiner training and we</p> |

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| | | | <p>look forward to receiving an update in their next submission. It is important to ensure that feedback given to candidates is appropriate, useful and professional, particularly as the assessment provider acknowledges that they do not moderate feedback before it is given to candidates.</p> <p>Examiners are required to complete mandatory ED&I training delivered by the assessment provider or their NHS trust and to keep this up to date. The assessment provider has started to collect some protected characteristic data on their examiners. They plan to monitor this with a view to ensuring they have good representation, in keeping with the diversity of the local healthcare workforce and candidate population and we look forward to receiving an update in their next submission.</p> <p>On the day of the exam, all examiners for an individual station meet to discuss the content and conduct of the station and to agree a common approach to issues that may arise. These station meetings are chaired by a station lead, who is commonly a Block Lead, or other experienced examiner, who is very familiar with the content of the station.</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 provide an update on their plans to develop their examiner training. This should include the steps taken to improve the quality of examiner feedback to candidates.</p> <p>Next submission: The assessment provider should provide an update on their work to review the diversity of their examiner pool and any changes they have made as a result.</p> |
| 12 | <p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA,</p> | Yes | <p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score. The assessment provider has also described the involvement and preparation of real</p> |

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| <p>and demonstrate how they are recruited, trained, briefed and calibrated.</p> | <p>patients in the CPSA.</p> <p>The assessment provider recruits SPs locally, mainly through local amateur dramatics societies and through word-of-mouth. The assessment provider has an SP administrator who is responsible for recruiting SPs for each exam and being a point of contact for any issues relating to SPs. We were pleased to read about the progress that the assessment provider has made in expanding and increasing the diversity of their SP pool. For example, in the last 12 months, there has been a focus on expanding the pool of SPs to include a greater age range and to become more representative of the ethnic and social diversity of their local community.</p> <p>New SPs are also trained by observing experienced SPs acting in a station before performing it themselves and receiving feedback on their performance. Before the exam, SPs attend a training session led by the OSCE lead. At the training, they're encouraged to come to a shared understanding of the content and to highlight the need for minor changes to the station content. As some stations require SP scoring, this is also covered in the training with an emphasis on reaching a shared understanding of what each of their assessment criteria entail and what is expected from the candidates.</p> <p>All SPs are provided with mandatory training in ED&I and managing unconscious bias. CPSA training sessions include further discussion of ED&I and managing unconscious bias in relation to the OSCE and also discussion of the professional behaviours expected from them in an exam setting.</p> <p>Real patients are recruited by academic staff working in partnership with local consultants treating the patients. Real patients interested in taking part in the assessment are contacted by a member of the academic team who explains more about the role and sends them a consent form. On the day of the CPSA, a qualified nurse is on hand to support real patients and ensure they're comfortable and prepared.</p> |
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| | | | <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Effective practice: The assessment provider monitors the diversity of their SP pool and takes proactive steps to expand and increase this to be more representative of their local patient community.</p> |
| 13 | <p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and 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>Before the assessment, all examiners examining the same station meet to agree their approach to the delivery and marking of the station. Examiners then return to their station and discuss the station with the SP, ensuring a shared understanding of any potentially difficult areas, for example ensuring that an SP pointing to an area of pain is pointing to the correct location.</p> <p>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>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</p> | Yes | <p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>The assessment provider described how examiner behaviour is monitored during the exam by the OSCE lead, floor leads (clinically qualified academics with extensive OSCE experience), and circuit invigilators. The assessment provider described infrequent</p> |

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| <p>monitored.</p> | <p>occasions where it may be necessary to provide ‘in-exam’ feedback to examiners. Where an irregularity has occurred that has had a significant impact on a candidate’s performance in the station, the Panel of Examiners may elevate the candidate’s mark to the median mark for the affected domain within the station (whereas a score already above the median mark would not be changed). This is discussed further in requirement 18 (Production of results).</p> <p>Individual feedback is provided to all examiners after the examination including their marksheet and global rating awards in comparison with other examiners on the same station. Where issues with examiner performance are highlighted, these are fed back to individual examiners and incorporated into future examiner training materials. Examiners identified as outliers are provided with enhanced feedback, bespoke to their individual needs. While this is appropriate, it was unclear if the impact of this feedback is monitored over time and what would be the consequence of repeated outlier behaviour. The assessment provider advised that decisions to remove examiners are made rarely and by the Panel of Examiners. We recommend that the assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.</p> <p>The assessment provider does not currently provide any routine feedback to SPs on their performance. We recommend that the assessment provider should consider how to give and monitor feedback to all SPs to ensure the quality of the assessment.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.</p> <p>Recommendation: The assessment provider should consider how to give and monitor feedback to all SPs.</p> |
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| 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 a range of policies and procedures covering topics such as examination conduct, appeals and misconduct, extenuating circumstances and disciplinary regulations. We also saw guidance on how the CPSA runs and the roles and responsibility of the team delivering the assessment. Reasonable adjustments are accommodated through the Alternative Examination Arrangements (AEA) policy. Candidates make an application using the VLE, which is then considered by the AEA panel. Each application is assessed on a case-by-case basis in order to determine the need for, and selection of, reasonable adjustments prior to the exam. This assessment is based on the criteria as set out in the GMC <i>Welcomed and valued</i> policy.</p> <p>The assessment provider told us that some candidates may present an AEA support card to examiners. The example card provided in their supporting evidence gave a description of their condition, their communication requirements and included the phrase, 'Please bear this in mind when assessing my examination performance.' We were concerned that this implies that the examiner should be lenient. We advise that the assessment provider should not use the term 'please bear this in mind' in reference to reasonable adjustments. The term implies that the standard is adjusted. The same standard must be applied throughout.</p> <p>The assessment provider should ensure clarity of their processes and procedures so that examiners know what to expect and how to manage reasonable adjustments fairly. For example, by using cards that, instead of describing the underlying condition, give the examiner instructions about potential symptoms that the candidate shouldn't be penalised for. While the use of the support cards is good practice, we recommend that the assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the</p> |
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| | | | <p>instructions into their marking.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.</p> |
| 16 | <p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p> | Yes | <p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The CPSA takes place in one site in the medical school building. It runs over two floors with five parallel circuits of four stations on each floor. Candidates complete four stations on one floor, have an invigilated break and then complete four stations on the other floor. The candidates from the two floors are kept completely separated during the invigilated break.</p> <p>The size of the rooms is such that four to six stations can be delivered in each room. There are high dividers between each station and within each room. Candidates have not reported any significant intrusion of sound from adjacent stations and the assessment provider reports that external examiners have commented on the suitability of the environment and the lack of noise pollution between stations.</p> <p>Clinical resources are available in the venue with powered adjustable beds when required and sufficient desks and chairs for each station, together with computers and electronic devices. Further specific equipment for a station is set up on the day prior to the CPSA.</p> <p>Candidates are familiar with the building and exam rooms and there is ample space for</p> |

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| | | | <p>pre and post examination briefings and quarantine.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p> |
| 17 | <p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p> | Yes | <p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>As previously mentioned in requirement 8 (Security of CPSA content), at the time of the submission, the assessment provider was in the process of moving from a paper based marking system to an electronic marking platform. We saw evidence based on the existing system and noted that there were appropriate processes in place for data acquisition and dealing with missing data. As the assessment provider moves to the new system, they should document the data acquisition process in a standard operating procedure (SOP) and update us in the next submission.</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> <p>Next submission: The assessment provider should give an update on the move to the new system, including a data acquisition 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</p> | Yes | <p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>As previously mentioned in requirement 8 (Security of CPSA content) and requirement 17 (Data acquisition), at the time of the submission, the assessment provider was in the process of moving from a paper based marking system to an electronic marking platform. We saw evidence based on the existing system and noted that there were appropriate processes in place for dealing with missing data. As the assessment provider moves to the new system, the issue of missing marks will be resolved as</p> |

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| <p>results</p> <p>b. approaches to post-assessment mark-data changes.</p> | <p>examiners will not be able to submit an incomplete mark sheet.</p> <p>The assessment provider described their approach to post-assessment mark-data changes. These are discussed by the Panel of Examiners and may include incidences where a station has not performed well, incidences which occurred that require consideration of adjustment to individual candidate marks (see below, and requirement 14 - Feedback to examiners and simulated patients) and incidences where equivalency is not achieved between the two programmes (see requirement 4 – Standard setting).</p> <p>The assessment provider explained their rationale for making changes in cases where examiner behaviour may have impacted a candidate’s scores. This may result in a post-hoc amendment to a candidate’s score, which may involve changing the candidate’s score to the cohort average. Given the high stakes nature of the CPSA as a finals exam, we feel this approach is difficult to justify and may affect borderline candidates disproportionately in the event of awarding marks in their favour. We recommend that this approach should be reviewed.</p> <p>All decisions made by the Panel of Examiners are documented in the minutes of the Panel of Examiners and reported to the Board of Examiners for further scrutiny and ratification.</p> <p>The assessment provider described their method of equating the two programmes. This is for the sole purpose of ‘deciling’ the candidates as a single cohort. This is only used for awarding honours to the top 10% ranking candidates over the five year summative assessment programme and does not influence the candidate score in the CPSA or any pass/fail decisions.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results.</p> |
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| | | | Recommendation: The assessment provider should introduce an alternative approach to post-hoc amendment of a candidate’s score, as the current approach may inadvertently affect the outcome for a candidate on the borderline. The approach and rationale for making post-assessment mark data changes should be documented in a SOP. |
| 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 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 looks at appropriate psychometric measures for an OSCE, at both the station level, across circuits and, as mentioned above, across programmes. The assessment provider has given a clear description of how all data are reviewed before outcomes are considered by the Panel of Examiners, with an example of the analyses routinely carried out and included in the report. The parameters are described in a Code of Practice of Assessment document. Station performance is discussed at the exam board where the psychometrics are considered in conjunction with other factors, such as examiner feedback, to inform the development of the CPSA.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</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</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>The assessment provider has described and demonstrated examples of the external examiners’ involvement across the CPSA throughout the academic year, for example,</p> |

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| <p>to their advice.</p> | <p>they're sent copies of CPSA stations before the assessment and invited to comment.</p> <p>The assessment provider demonstrated that external examiners are suitably recruited and briefed and are supplied with detailed information on the responsibilities of the role. They have opportunities to observe the CPSA, review the notes of the Panel of Examiners meetings and take part in the Board of Examiners meetings following the assessment.</p> <p>The evidence showed how it uses the external examiners as critical friends, for example when considering changes to the design of the CPSA. The supporting evidence includes an example external examiner report and a document showing how the assessment provider has responded 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> |
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Assessment provider's response

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

Assessment provider's response

We would like to thank the reviewers for their comprehensive review of our submission and for providing us with such useful feedback. We are grateful that so many of the positive aspects of our assessment practice were acknowledged by the reviewers and commented on in the report. We also acknowledge those areas that the review team felt would benefit from further consideration and development, and appreciate the helpful comments and advice that they have provided.

Our initial responses to the reviewers' recommendations are outlined below. However, this will be a continuing piece of work which we look forward to discussing with the CPSA review team in the next cycle:

Recommendation regarding Requirement 3:

The linked stations to which the reviewers refer require the student to actively acquire the handover of five patients of varying acuity (in the first station) followed by demonstrating their prioritisation of those patients, including seeking appropriate assistance from other members of the multi-disciplinary team, and outlining their management of each patient (in the linked station). Both stations therefore have high content validity in their alignment with the work of a Foundation Year-1 doctor and the Clinical and Professional Skills in the MLA Content Map.

We considered the potential for confirmation bias in the design of the stations, so have taken considerable care to ensure that different examiners mark the two stations, and that the students are provided with sufficient written information in the reading time between the two parts of the station to remediate any deficiencies in the preceding handover. Psychometric analysis demonstrates that both parts of the linked station are able to very effectively discriminate between candidates based on their performance. We wish to perform further analysis to determine whether there is any statistical evidence to support the reviewers' concern that confirmation bias may be occurring in these linked stations. Following this analysis, we will determine any measures that we need to take and we look forward to updating the reviewers with our findings and plans in our next submission.

Recommendation regarding Requirement 4:

As medical student numbers continue to expand locally and nationally, there is an inevitable impact on the delivery of large-scale clinical assessments. In Leicester, we are limited by both the size of our premises and the availability of examiners, so opted to resolve these logistical challenges by delivering two parallel programmes (with Programme A students taking stations 1-8 on Monday and 9-16 on Thursday, and Programme B students taking equivalent but different stations on Tuesday and Friday).

Our OSCE leads work hard to make sure that both programmes are equivalent, with the majority of stations having the same author for both Programmes, an OSCE review panel comparing the stations for equivalency, and post-exam psychometric analysis comparing outcomes for both programmes at the station and programme-level. The Panel of Examiners can make post-exam adjustments for one or both programmes if required, supported by the psychometric data and other context-specific evidence. Our cohort size is sufficiently large that we are able to reliably apply separate borderline regression (BR)-derived passmarks to the stations in the two Programmes, therefore students are not disadvantaged by their allocation to either programme.

We have considered alternatives which include the split-site delivery of a single programme, and also having the students attend for 4 stations on each of the four days of the exam. We consider that split-site delivery would introduce significant disadvantages in terms of exam security and also ensuring consistency of delivery for all students. We believe that having all students attend on four separate days, combined with the lengthy quarantine times that this would incur, would have a significant negative impact on student welfare.

Therefore, we wish to continue our current approach of delivering the exam in two parallel programmes but will keep this under review, with close scrutiny of the psychometric data and student outcomes.

Recommendation regarding Requirements 8 and 10:

We are adopting an electronic marking platform for all OSCEs this year and will look forward to updating the review team on all aspects of this, including assessment security and the provision of feedback to students, in the next submission.

Recommendation regarding Requirement 9:

We thank the reviewers for their comments and recognise that there is a balance to be achieved between ensuring that the students are adequately prepared, and over-preparing them. As suggested by the reviewers, we will limit the content of our CPSA student briefing to ensure that we are not jeopardising content discrimination, or the development of resilience in our students in the face of uncertainty.

Recommendations regarding Requirement 11:

- i) We have developed a new examiner training package (for introduction in May 2024), that includes enhanced examiner briefing information regarding all aspects of the OSCE process, training in recognising and managing unconscious bias, new marking calibration exercises with feedback to examiners, and instruction on how to provide constructive feedback to students (with examples).
- ii) We monitor the ethnicity and diversity of our examiners and are taking steps to increase these through targeted recruitment, with assistance from senior colleagues in our partner NHS trusts.

We look forward to updating the review team with further details regarding both of these recommendations in our next submission.

Recommendations regarding Requirement 14:

- i) We agree with the review team that, whilst we already provide all examiners with feedback on their marking after every OSCE combined with enhanced feedback to any outliers, we now need to monitor the impact of this feedback over time. We also need to develop a clear policy for how we manage repeated outliers. We are actively working on both aspects and will provide a further update in our next submission.
- ii) This year, we are introducing simulated patient peer-review, such that experienced simulated patients will be assigned to review the performance of their peers in the same station across all parallel circuits. This will include immediate intervention if required (via the academic lead) and the provision of post-exam written feedback for all simulated patients. The simulated patient training leads will monitor this feedback to assist with the further professional development of our simulated patients and the quality-assurance of the assessment programme. An update will be provided in our next submission.

Recommendation regarding Requirement 15:

We agree with the concerns raised by the review panel and have strengthened our examiner briefing materials in the current academic year to make it clearer to examiners that, whilst adjustments need to be made in the delivery (as per the instructions in a student's Alternative Examination Arrangement (AEA) card), the standard of competence expected should be the same from all students. Hence, no adjustment should be made to the marks and grades awarded.

We have also removed the statement "Please bear this in mind when assessing my performance" from all students' AEA cards as we agree that this wording had the potential to encourage examiners to inappropriately modify their expectations and marking.

The outcome letters to the students following review of their cases by the AEA Panel are being similarly modified to ensure that students are aware that the standard of performance required will be unchanged and that the adjustments are only made to the delivery, not the marking.

Thank you for bringing this concern to our attention. We have acted upon it immediately for the current academic year and will also continue to further develop our AEA processes. We will provide a further update in our next submission.

Recommendation regarding Requirement 17:

As requested, we will provide a Standard Operating Protocol for the new electronic marking platform within the next round of compliance submissions.

Recommendation regarding Requirement 18:

We recognise the concerns raised by the reviewers regarding our current methodology for adjusting scores for individual students following irregularities in station delivery. We agree that our current adjustment method favours the borderline student (for whom a pass or fail at the station-level has the greatest impact) but does not adjust scores for higher-performing students within the affected domains. We will review our methodology and provide an update in the next submission.

Thank you once again for such a detailed review and the reviewers very helpful comments and recommendations. We are looking forward to working with them again during the next compliance review cycle.