

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

School of Clinical Medicine, University of Cambridge

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	School of Clinical Medicine, University of Cambridge
GMC’s decision	Complies with the CPSA requirements
Date of decision	14 February 2024

Legislation and guidance

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

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

Assuring readiness for practice: a framework for the MLA§ (the MLA framework) was first

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

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

‡ Sections 5(2)(a) and (b).

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

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

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

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

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

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

Compliance process

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

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

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

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

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

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

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

A copy of the compliance report containing advice to the GMC on the CPSA submission by the School of Clinical Medicine, University of Cambridge, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

Please list the documents considered in reaching your decision – such as the compliance report, any response/s from the assessment provider, any further information or evidence you've requested, any guidance considered.

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submission School of Clinical Medicine, University of Cambridge, including the assessment provider's response
- Guidance to decision makers: Medical Licensing Assessment - clinical and professional skills assessment

Decision

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

* 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.

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

Mandatory changes

There are no mandatory changes.

Recommendations

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

- With regard to *CPSA design*:

The assessment provider should ensure that all documentation supplied to candidates and examiners consistently refers to the start of F1 when describing the standard or level of performance expected in the CPSA.

- With regard to *Security of CPSA content*:

The assessment provider has described how candidates are provided with details of a communication station two weeks before the exam. The assessment provider should reconsider this approach to ensure that the station is testing both communication and applied clinical knowledge.

- With regard to *Policies and procedures*:

The assessment provider should develop a standard operating procedure document covering the running of the CPSA on the day.

Reasons for the decision

I have taken into account the information and advice provided to me within the Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – compliance report containing CPSA reviewers’ advice.

There are no issues of concern noted within the compliance report requiring mandatory changes by the assessment provider in order to be compliant with and meet the CPSA requirements. I have also noted that several sections make reference to the ‘effective behaviours’ demonstrated by the assessment provider. Matters relating to ‘Next submission’ do not fall within the remit of my decision.

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

Signed

Elliot Lane

Date

14 February 2024

Annex A

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

School of Clinical Medicine, University of Cambridge

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

School of Clinical Medicine, University of Cambridge

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 School of Clinical Medicine, University of Cambridge (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 School of Clinical Medicine, University of Cambridge 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.

School of Clinical Medicine, University of Cambridge

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

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

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

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA is sat in the final year of the programme.</p> <p>Clinical procedural skills are assessed against a comprehensive practical skills blueprint and portfolio. Assessment of practical skills involves a combination of formative assessment (peer review, senior clinical review, faculty sign off) together with summative assessment. Procedural skills are assessed again in the CPSA in the form of practical stations to ensure the avoidance of skill decay and readiness for graduation.</p> <p>Professionalism is assessed throughout the course through summative examinations and assessment of candidate behaviour in exams and clinical placements.</p> <p>Students must satisfactorily complete all clinical placements and meet any other defined course objectives (e.g. assignments) to be eligible to take the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p> <p>Effective practice: The practical skills blueprint and associated portfolio is clear and comprehensive.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should</p>	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider splits their CPSA over the penultimate and final years of the</p>

<p>include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	<p>programme. The penultimate year assessment focusses on two areas of clinical practice; paediatrics and obstetrics and gynaecology. It is taken in early summer in the penultimate year. Students must successfully complete this assessment in order to proceed on the final year of the course. There is a resit option in September at the beginning of the final year. The final year exam assesses all other areas of clinical practice and occurs in the spring of the final year.</p> <p>The assessment provider uses a mix of OSCE and simulated clinical encounter exams (SCEE) for their CPSA, consisting of two circuits of six stations per circuit, on two separate days, in the penultimate year and two circuits of seven stations per circuit on two separate days in the final year. Stations in the penultimate year are 11 minutes long, with two minutes reading time. Stations in the final year are 15 minutes long with one minute of reading time. The CPSA is run at a single site with four to five circuits per day and three parallel circuits.</p> <p>The resit follows the same format as the main examination and is delivered using stations that have previously being used for large cohort examinations in the recent past, thereby allowing the adoption of robust pass scores and psychometric performance data.</p> <p>The assessment provider has given a description of how the CPSA is set at the standard of the start of the Foundation Programme (F1) in both the penultimate and final year assessment, however we recommend that this is consistently reflected in all documentation for candidates and examiners.</p> <p>We advise that the assessment provider has clearly described the rationale the CPSA design and described what each candidate needs to do on the day to complete the CPSA with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that all documentation supplied to candidates and examiners consistently refers to the start of F1 when describing the standard or level of performance expected in the CPSA.</p>
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3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have described how SPs contribute to the scoring.</p> <p>The assessment provider uses a combination of checklist and domain-based marking in their scoring approach. By documenting that an individual item on a checklist has been performed at the level of ‘adequate’ or above, the examiner is indicating the candidate has performed the task at the level expected of a safe day one F1 doctor and is therefore satisfactory to pass the station.</p> <p>Examiners are also required to provide an overall global judgement which is used to derive the station pass mark for the cohort as a whole, using the borderline group method. All examiners complete online examiner training in advance of the exam and are required to attend the examiner briefing session on the day of the exam, where they’re reminded of the anchor statements for each global judgement. The assessment provider told us that following a review of their processes and discussion with the external examiner, they anticipate transitioning to the commonly used borderline regression method with an adjusted global rating scale in the near future.</p> <p>After all candidates have completed the assessment, the aggregate data from all candidates is combined to determine the pass mark for that station using the borderline group method.</p> <p>SPs do not award summative marks, or contribute to the overall scoring, but offer formative feedback on how they feel the student performed, with particular reference to their experience of the consultation.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Next submission: The assessment provider should provide an update on their</p>
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			transition to using the borderline regression method.
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 how the standard is maintained over different circuits/days and the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the borderline group method with a conjunctive standard of 50% of stations required to pass. All station pass marks are combined to create the overall pass mark for the exam, which is reported to one decimal place. No station weightings are used. Following a review of their procedures and discussion with their external examiner, the assessment provider plans to transition to the commonly used borderline regression method in the next academic year.</p> <p>The resit is delivered using stations that have previously been used for large cohort examinations in the recent past and therefore set using the same method.</p> <p>Maintenance of the standard over different circuits and days is supported by examiner training, a briefing on the day of the exam, and lead and external examiners observing stations during the exam. The same lead examiner supervises the exam for its entire duration.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during</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</p>

	<p>the CPSA and unprofessional behaviours are captured and followed up.</p>		<p>behaviours are captured and followed up.</p> <p>Professionalism is monitored throughout the programme and supported by formative and summative assessments. For example, candidates undertake a summative examination in Medical Ethics, Law and Improving Health in their final year, which includes assessment of key principles relevant to professionalism.</p> <p>The assessment provider incorporates assessment of professionalism in the CPSA. Examiners specifically assess each candidate's behaviour during all clinical exams. For example, the 'process' mark sheet in SCEE stations captures any examples of unprofessional behaviour during communication with SPs. SPs and examiners are also able to provide written formative feedback to students. Examiners and SPs both receive training on delivering feedback.</p> <p>There are effective mechanisms to identify and follow up on behaviours of individual students, with remediation opportunities. The assessment provider has also shown how unprofessional behaviours are captured during clinical exams by use of their 'orange card' system. These are then reviewed by the assessment leads, welfare lead and the Clinical Dean before being discussed at the Exam Board. Any required actions arising from this discussion are completed by the year leads, welfare team, communication skills team and/or the student's College Director of Studies, depending on the concern raised.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described and demonstrated the process for content</p>

<p>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>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 through the use of real patients.</p> <p>Some specialties (paediatrics and obstetrics and gynaecology) are assessed in year 5. The design and delivery is the same as the final year CPSA. Both are set at the same level so we advise that the assessment provider is covering the range of MLA content at the appropriate level of expected performance. Students attend dedicated clinical placements in paediatrics and women's health in year 5 of the course. They are required to complete a practical skills workbook which must be submitted for sign off before the end of the final year. This ensures that skills and learning in these specialities remains up to date.</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>
<p>7 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, 	<p>Yes</p>	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>Station writers are drawn from the primary and secondary care settings where students attend clinical placements. All station writers have examination experience, and several also have station development experience at other UK medical schools (for example, as external examiners).</p>

<p>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>Station writers are trained by attending a face-to-face training session, facilitated by assessment leads. After this session, they work in small groups to create new stations. Less experienced station writers are paired with more experienced writers and the material they generate is reviewed by the lead for that examination, who delivers iterative feedback to writers. The assessment provider uses the <i>MLA Content Map</i> as a tool for identifying potential gaps in the station question bank, which allows for targeted station development. The assessment provider described comprehensive efforts to ensure that station content is inclusive. For example, by ensuring that images or videos of clinical signs reflect the diversity of the UK population by using different skin tones.</p> <p>The assessment provider involves a range of appropriate stakeholders in the development of stations. Role players, SPs senior and junior clinicians, internal and external examiners are involved throughout the station lifecycle to help create and refine stations, and ensure their authenticity and appropriate level of challenge.</p> <p>Stations are piloted with local F1 doctors (who are requested to verify that they'll maintain confidentiality) and recorded for the purposes of examiner training. They are continuously edited and refined before being used in a live exam. The assessment provider evidenced this process on a detailed 'lifestyle of a station' document.</p> <p>Feedback is collected from examiners and SPs on the day of the CPSA. This feedback, along with post-exam station metrics, is 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.</p> <p>Effective practice: The assessment provider ensures that station content reflects patient diversity. For example, by using an external bank to access images including diverse skin tones for any images or videos of clinical signs used in stations.</p>
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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>Exam material is stored in a locked office, which has restricted access. Electronic copies are stored on password protected (non-networked) computers. When necessary, single examination stations are shared electronically using strong password protected documents. The assessment provider reports that they're currently exploring the use of end-to-end encryption to further enhance security.</p> <p>The assessment provider does not quarantine candidates between sittings but has demonstrated efforts to monitor and mitigate security risks. For example, candidates are required to sign a declaration on exam integrity before the exam and psychometrics are analysed following the exam to identify any significant variations in performance across circuits and days. They also vary some stations between the days in the exam week.</p> <p>The assessment provider advised that the details of some stations are provided to candidates two weeks before the exam. This is a particular type of SCEE station where the primary goal is to assess the candidate's ability to communicate effectively. We understand the assessment provider's position that the provision of a limited amount of core information allows the students to focus on demonstrating the skills that are being tested. However, we recommend that the assessment provider reconsiders this approach to ensure that the station is testing applied clinical knowledge as well as communication skills.</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 has described how candidates are provided with details of a communication station two weeks before the exam. The</p>
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			assessment provider should reconsider this approach to ensure that the station is testing both communication and applied clinical knowledge.
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 briefings 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>The assessment provider delivers this information in the form of ‘demystifying assessment’ sessions. The sessions explain the examination process and the range of content that is covered by the assessment along with a clear explanation of how the examination will be run on the day. The criteria for achieving a pass or higher are explained, including the concept of standard setting using the borderline group or regression methods. This is followed by an interactive question and answer session if candidates require further clarification. The material presented is made available to candidates through the virtual learning environment following the session. Candidates also receive a briefing on the day of each exam.</p> <p>Candidates also gain knowledge of the expected standards of performance through reviewing the learning outcomes on the virtual learning environment and formative communication skills teaching sessions where they are observed and videoed communicating with a role player and receive feedback on their performance.</p> <p>Candidates sit similar formative and summative clinical examinations in year 4, so have experienced how the examinations will be run and the format of the types of stations used.</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> <p>Effective practice: The assessment provider delivers ‘demystifying assessment’ sessions to students to prepare them for the exam. The sessions explain the examination process and how things will run on the day including the range of content covered, the criteria for achieving a pass, the concept of standard setting and an</p>

			interactive question and answer session.
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 notification on whether they have passed or failed the assessment, including the number of stations passed or failed, within 24 hours of the Exam Board meeting.</p> <p>The assessment provider has described and demonstrated detailed and comprehensive feedback is given to candidates from both examiners and SPs. Candidates receive written qualitative feedback from examiners and SPs for each station. Examiners and SPs both receive training on delivering feedback. Examiners receive a brief refresher on delivering feedback during the examiner briefing on the day of the exam.</p> <p>Following the exam, all feedback sheets are audited by the assessment leads to ensure that they are appropriate. If feedback comments raise concerns about a student, for example welfare concerns or unprofessional behaviour, this is escalated as appropriate. If a candidate fails the examination, their feedback is reviewed at the Exam Board.</p> <p>Unsuccessful candidates are supported by a comprehensive and personalised remediation plan under the close supervision of experienced clinicians and staff. This begins with a one-to-one meeting with one of the assessment leads and includes at least six sessions with a clinical supervisor and a personalised revision plan. Depending on circumstances, candidates may receive further support through meetings with the welfare team, referral to the Clinical School Mental Health Service, or referral for educational psychology assessment.</p> <p>We advise that the assessment provider has appropriately described the information</p>

			<p>and support they give to candidates about their results and performance.</p> <p>Effective practice: The assessment provider has a comprehensive remediation process for failing candidates which includes individualised feedback and support, one-to-one sessions with a senior deanery team member with experience in remediation and at least six sessions with clinical supervisors. The programme has strong links with the student welfare team.</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 – giving feedback to candidates.</p> <p>Examiners are recruited through open email invitation to hospital consultants, general practitioners, trainees and nurses. All examiners must be current, registered practitioners in the NHS and be involved in the teaching of medical students in the year they are assessing.</p> <p>Examiners must complete online examiner training and attend an online examiner briefing. During the online training module, they have access to practice-mark model stations, including an example similar to the station they will be expected to examine. Marks are collected and compared against a 'calibration pool' made up of specialist skills facilitators. Examiners receive feedback on whether they have scored as a neutral, lenient or stringent marker. In the case of lenient or stringent markers, the examiner will discuss and review this with the senior examiner. Examiners are given clear descriptions of borderline candidates and given guidance on giving detailed qualitative feedback for these candidates.</p> <p>Examiners must also attend a briefing session prior to the examination, which includes refresher training.</p> <p>The assessment provider ensures that all examiners have completed their NHS ED&I</p>

			<p>training before they're allowed to examine. However, the assessment provider advised us that they're developing exam-specific EDI training for examiners, alongside the clinical school faculty training. This training will include the impact of bias and scoring guidance.</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 is should provide an update on their work in developing exam-specific ED&I training for examiners which will include the impact of bias and scoring guidance.</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 are involved in the CPSA, and demonstrated how they're recruited, trained, briefed and calibrated on their role. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>The assessment provider recruits SPs from their bank of over 100 trained role player actors who have extensive experience in medical role play. The assessment provider describes the bank as reflective of the general population and includes SPs with disabilities (wheelchair users and hearing aid users), people from diverse ethnic backgrounds and the LGBTQ+ community.</p> <p>SPs receive their station instructions two weeks before the exam so that they can familiarise themselves with the content. Documents are password-protected and include a reminder about the importance of confidentiality. SPs are trained during a three-hour calibration session for their station. This includes talking through the role and investigating if there is any missing or conflicting information and modelling different approaches by the role player facilitator or the facilitating clinician, who acts as a 'student' in different scenarios. On the day of the exam, SPs also attend a briefing session to refresh themselves of the role.</p> <p>The assessment provider uses real patients, including children, in some physical</p>

			<p>examination stations in the exam. They do not routinely undertake calibration sessions but attend a briefing on the day which is detailed under Requirement 13 – collaboration between examiners and patients.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Effective practice: The assessment provider has their own bank of SPs including people with disabilities (wheelchair users and hearing aid users), people from diverse ethnic backgrounds and the LGBTQ+ community. Exam stations are written so they can be adapted (where appropriate clinically) to different demographics of role players.</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>On the day of the exam, examiners and SPs attend separate briefings to familiarise themselves with the running of the day. After calibrating with other SPs, the SPs and examiners meet to go through the station together and discuss what is expected from the candidate. The senior examiner, role player coordinator and simulated patient facilitator observe these station level calibrations and are available to respond to queries.</p> <p>For stations involving real patients, the examiner and patient meet at the station. The examiner performs the actual physical examination of the patient to ensure they can elicit the signs the candidate is expected to find, and the patient is aware of what routine is expected and has no concerns with being examined. The examiner checks there has been no material change in the patient's health that could adversely affect the performance of the station.</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</p>

			station should be presented and any issues are clarified.
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>SPs are monitored during the assessment by the role player coordinator and senior SPs to facilitate peer review and identify any variations in performance in a timely manner. Detailed feedback is provided to SPs if a specific issue or concern is identified, otherwise it's limited to indicating that there are no concerns, and everything is being delivered to the required standard. The assessment provider has described a number of improvements they plan to make in their feedback process. This includes exploring whether additional structured feedback would be beneficial and welcomed by SPs whose performance is already deemed to be good.</p> <p>Examiners are monitored during the assessment by senior internal examiners to ensure that any concerns are addressed in a timely manner. External examiners are also able to identify concerns on the day which are acted upon immediately by the lead examiner.</p> <p>Examiners do not currently receive formal structured feedback after the assessment. However, the assessment provider has described how they plan to develop this in future. They have described working with their lead psychometrician to develop detailed individual examiner feedback sheets which will allow examiners to see how they have performed relative to their peers, in particular if they are too stringent or lenient.</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>

			Next submission: The assessment provider should provide an update on their plans to improve the process of providing feedback to examiners and SPs.
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 processes and procedures for running the CPSA on the day, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider described a number of policies and procedures covering topics such as unexpected incidents, extenuating circumstances and appeals. We also reviewed a clear description of how the assessment provider manages the reasonable adjustments which included a number of case studies. However, we recommend that the assessment provider should develop a standard operating procedure (SOP) covering the running of the CPSA on the day, for resilience and consistency.</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 develop a standard operating procedure document covering the running of the CPSA on the day.</p> <p>Effective practice: Decisions on requests for reasonable adjustments are made by a Reasonable Adjustments Panel, attended by members of the Assessment Team, the Welfare Team and the Head (or nominated deputy) of the University's Disability Resource Centre.</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</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The assessment centre is a large and easily accessible venue on the same site as the hospital campus. The assessment provider has described and demonstrated clear</p>

	to appropriate clinical resources.		<p>evidence of the venue spaces, station layout and set up, equipment and clinical skills resources. It is large enough to run the assessment as a single site exam. The venue is used for teaching purposes, so students are familiar with the venue and its layout.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the assessment 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>The assessment provider has described how examiners currently use paper marksheets which are scanned using an automated optical reading device. Examiners have been comprehensively trained to use the paper marksheets, including refresher training during the examiner briefing on the day of the exam.</p> <p>At the end of each circuit, the room supervisor collects the marksheets which are checked manually to ensure there is no missing data. Examiners are not allowed to leave their station until the check is complete so that any missing data can be investigated immediately. All mark sheets are then rechecked on the same day by the assessment administrators. In the unlikely event of missing marks, the examiner is contacted within 24 hours to seek clarification.</p> <p>The assessment provider has told us that they plan to move to an electronic marking platform, which will enhance the accurate capture of assessment data, within the next year.</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 provide an update on the move to an electronic marking platform.</p>

18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the Exam Board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider has outlined appropriate procedures for collecting results, quality checks and review of results data and how missing data is managed. They have described how the results are prepared for review and decision making at the Exam Board. Pass scores are generated using the borderline group method. The assessment provider checks the borderline group of candidates for each station to ensure that there are sufficient candidates to complete a valid process. The assessment provider reports that they have never needed to make an adjustment as a consequence of having insufficient borderline candidates. However, they intend to move to the borderline regression method which mitigates this risk.</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>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <p>a. what analyses are conducted</p> <p>b. how the analysis is used to improve station quality</p> <p>c. how the analysis informs the</p>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>The assessment provider has described and shown how assessment data are rigorously analysed using their SOP for Psychometric Analysis for Clinical Examinations and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes.</p> <p>The assessment provider has given a clear description of how all data are presented and reviewed at the Exam Board. They also share the findings of the psychometric analyses with their students and offer them the opportunity to discuss any queries or</p>

	development of the CPSA.		<p>concerns they might have.</p> <p>Performance data is used to identify stations that require further review before then being considered for use in future exams and may also be used to develop teaching and learning. For previously used stations, the assessment provider keeps a record of data from previous exam sittings and compares this with each year, particularly if any changes have been made to the station.</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 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>The assessment provider has described and demonstrated how external examiners are identified from the pool of assessment experts who are members of the Medical Schools Council Assessment Alliance (MSCAA) reference group and appointed through the central University according to their recruitment policies.</p> <p>The assessment provider has demonstrated that external examiners are suitably briefed and have opportunities to observe the CPSA, as well as contributing to its development throughout the year. External examiners also attend Exam Board meetings (both main and resits) where they are able to seek any clarification, raise queries and concerns and identify any areas of good practice. The evidence showed how it uses the external examiners as critical friends. For example, the assessment provider described how they acted on feedback from the external examiner in increasing the diversity of their role player bank.</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>

		<p>Effective practice: The assessment provider has demonstrated that the external examiner has thorough involvement in the entire assessment process. They place emphasis on inviting external examiners to give feedback on any cause for concern and identify areas of good practice.</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 the considerable amount of time and thought they have dedicated to reading through our submission and providing us with such useful feedback. We acknowledge this review has been a vast undertaking and appreciate the comments they have provided. We plan to implement some of their recommendations this year as we feel they will considerably improve the utility of our exam.

We have responded to each of the domains below.

1. **Assessment strategy:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.
2. **CPSA design:** We would like to thank the reviewers for their comments. We have been recommended to ensure that all documentation supplied to candidates and examiners consistently refers to the start of F1 when describing the standard or level of performance expected in the CPSA. We agree this is a helpful modification to make and will implement this starting from this year (2024).
3. **Scoring:** We would like to thank the reviewers for their comments on our scoring process. You have advised that we provide an update on our transition from the borderline group method to borderline regression in our next submission. We will be transitioning this year (2024) and are happy to provide more details in the next submission, as requested.

4. **Standard setting:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

5. **Assessing professionalism:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

6. **Content Sampling:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area. We would like to request a minor amendment. The reviewer response reads *“Some specialties (paediatrics and obstetrics and gynaecology) are assessed in year 4.”* Please can this be amended to year 5.¹ Otherwise we have no further comments.

7. **Quality of CPSA content:** We would like to thank the reviewers for their comments. We are delighted that we meet the standard for this area. Thank you for highlighting the diversity and inclusion in our station content as effective practice; this is an area we have spent considerable time and resources on developing and continue to improve.

8. **Security of CPSA content:** We would like to thank the reviewers for their comments. The reviewers have recommended that “The assessment provider has described how candidates are provided with details of a communication station two weeks before the exam. The assessment provider should reconsider this approach to ensure that the station is testing both communication and applied clinical knowledge.”

We wish to provide a response to support our approach to this station.

This station has been designed to assess how students communicate bad news and the mark sheets are designed to focus predominantly on the process of communication, information delivery and response to the role player’s ideas, concerns and expectations. There is minimal focus on clinical knowledge as we blueprint our exam to ensure this is assessed in other areas of this and other exams.

This station is designed to be similar to a common clinical scenario where a doctor receives the patient’s results ahead of the consultation and may require time to look up the most recent guidelines or seek advice from other healthcare professionals so they can provide the most up to date information in the consultation, for example a clinic or a GP surgery. We are therefore concerned that not providing this information ahead of the exam will affect the validity of this station.

Furthermore, the candidate reading material for this station is required to be considerably detailed and can be up to 5-6 pages long. By not providing this information until during the exam, we will unfortunately significantly disadvantage some students with reasonable adjustments.

9. Familiarisation with the assessment process for candidates: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area. We are also pleased that our demystifying assessment sessions have been highlighted as effective practice. Our students find these sessions very useful and informative and engage with them well.

10. Results and feedback to candidates: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area. We are also pleased that our remediation programme has been highlighted as an area of effective practice.

11. Examiners: We would like to thank the reviewers for their feedback. We will be happy to provide an update on developing exam-specific ED&I training for examiners, including the impact of bias and scoring guidance, in our next submission.

12. Simulated/ real patients: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area. We are also pleased that the diversity of our SP bank has been highlighted as an area of effective practice.

13. Collaboration between examiners and patients: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

14. Feedback to examiners and simulated patients: We would like to thank the reviewers for their feedback. In our next submission, we would be happy to provide an update on their plans to improve the process of providing feedback to examiners and SPs.

15. Policies and procedures: We would like to thank the reviewers for their feedback. We agree that the recommendation to develop a standard operating procedure for the CPSA on the day would be useful and we will be happy to implement this.

16. Resources and space: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

17. Data acquisition: We would like to thank the reviewers for their comments. We strongly agree that moving to an electronic marking platform will contribute to the efficient running of our exam and will be happy to provide an update on this in our next submission, as requested.

18. Production of results: We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

19. **Psychometric analysis:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and have no further comments.

20. **External examiners:** We would like to thank the reviewers for their feedback. We are delighted that we meet the standard for this area and that the involvement of our external examiners has been highlighted as an area of effective practice.

¹ Note to decision maker: this has been corrected in the report.