

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

School of Medicine, Anglia Ruskin University

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 Medicine, Anglia Ruskin University
GMC’s decision	Complies with and meets the CPSA requirements
Date of decision	19 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 Medicine, Anglia Ruskin University, 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:

1. Compliance report containing CPSA reviewers' advice for Anglia Ruskin University
2. Assessment providers' response

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 Medicine, Anglia Ruskin University (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 Medicine, Anglia Ruskin University (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 Medicine, Anglia Ruskin University (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

1. The assessment provider should review their blueprint to enable the full range of content to be tested in either long or short stations.
2. The assessment provider should amend the wording in the examiner instructions to clarify the use of overall global judgement within stations.
3. The assessment provider should review the standard setting methodology and modelling of outcomes using different approaches, in consultation with an experienced psychometrician and assessment experts, to ensure robust pass/fail outcomes.
4. Having explored good practice in designing stations with a specific professionalism focus, the assessment provider should create station scenarios dealing with professionalism issues, such as managing a challenging or complex situation, to include within the CPSA.
5. The assessment provider should review the governance structure for the CPSA and involve more members in decision making processes relating to concerns about professional

behaviour.

6. The assessment provider should develop the station writing and review processes to involve a wider range of participants and to include robust trialling of new stations before use in the CPSA.
7. The assessment provider should implement a more secure process for sharing information about the CPSA with examiners and simulated patients.
8. The assessment provider should reinstate feedback from examiners and review the explanatory information and educational support given to candidates, to help them understand their strengths and weaknesses and improve their future performance. This should include exploring ways to align the feedback with station scoring domains.
9. The assessment provider should enhance their examiner training in relation to the following:
 - Providing CPSA-specific equality, diversity and inclusion (ED&I) training, in addition to receiving the generic university ED&I guide.
 - Ensuring examiners have a shared understanding of the level of performance expected of a borderline candidate.
 - Ensuring examiners understand the use of global judgement in scoring and standard setting.
 - providing constructive candidate feedback.
10. The assessment provider should update the feedback they provide to examiners and monitor any impact this has on their subsequent performance.
11. The standard operating procedure (SOP) should be updated to ensure simulated patients maintain a consistent performance throughout the CPSA.
12. The assessment provider should review the process for considering and approving reasonable adjustments, and those involved in the decision making.
13. The assessment provider should develop a post-assessment SOP document setting out how analysis of the CPSA feeds into exam review and decision-making thresholds.
14. The assessment provider should ensure that a minimum of two external examiners contribute to each quality improvement cycle of the CPSA.

Reasons for the decision

Based on the evidence and information provided I am satisfied that the School of Medicine, Anglia Ruskin University (ARU) has demonstrated compliance with the CPSA requirements.

I have considered the advice given in the compliance report and am satisfied that the correct process has been followed and that sufficient evidence has been provided.

The CPSA reviewers have made a considerable number of recommendations, which I consider to be appropriate based on the information provided. The provider has clarified that some of the recommendations in the report, which relate to examiner training and trialling new stations, are in line with existing processes. However, as the review team did not see evidence of this, these remain included within the recommendations listed above.

While there are a considerable number of recommendations, I accept the review team's advice that these do not affect compliance with the requirements, and I note that ARU is already taking steps to address many of the points raised:

1. ARU proposes to move all stations to 10-minute format and intends to discuss this at Assessment Group this academic year.
2. ARU intends to review its written documentation and clarify the examiner instructions regarding the use of overall global judgment for 2024/25.
3. ARU has appointed an in-house psychometrician.
4. ARU has appointed a Professionalism Support Lead and introduced a new professionalism syllabus. It also intends to introduce professionalism themed stations in 2024/25.
5. ARU proposes that following discussion of concerns at Assessment Group, the OSCE lead will bring any specific professionalism concerns to the Student Support and Professionalism Hub for discussion and a decision on appropriate action. This proposal will be discussed at Assessment Group and Student Professionalism Committee this academic year.
6. The School Manager and Assessments Administration team will explore if any more secure processes are supported by the university's infrastructure to make their processes more robust.
7. ARU is exploring publishing domain scores for each station to students to allow them to spot trends and evaluate areas of strengths and weaknesses in conjunction with their PDTs.
8. The in-house psychometrician will include examiner analysis in their psychometric analysis.
9. The OSCE lead attended the Medical Schools Council (MSC) working group on student reasonable adjustments in clinical exams and will be meeting with the student union and student reps to explore how SRAs could be implemented in the OSCE. This will be discussed at Assessment Group and ARU will continue discussions with the MSC.
10. ARU will review CPSA psychometric analysis with psychometrician and create a standard operating procedure setting out how analysis of the CPSA feeds into exam review and decision-making thresholds.
11. ARU will recruit a second external examiner for final year.

I note that there is one example of effective practice in the compliance report.

No concerns or conflicts of interest have been brought to my attention.

Signed

Cathy Finnegan

Date

19 February 2024

Annex A

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

School of Medicine, Anglia Ruskin University

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

School of Medicine, Anglia Ruskin University

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 the School of Medicine, Anglia Ruskin University (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 the School of Medicine, Anglia Ruskin University 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 Medicine, Anglia Ruskin University

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that the School of Medicine, Anglia Ruskin University (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 the School of Medicine, Anglia Ruskin University meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include 14 recommended changes and six 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 the School of Medicine, Anglia Ruskin University, including any clarifications or further information requested as part of that process, from the original submission in Q3 2022.

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider is a new school and at the date of submission their first tranche of students hadn't reached the final year of the course, so they hadn't run their CPSA. Their submission documented what they intended to do and drew on evidence from previous years.</p> <p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA will be sat in the final year of the programme.</p> <p>There are clear and robust plans for assessments, which are well mapped to <i>Outcomes for graduates</i> and the <i>MLA content map</i>, and the strategy clearly points to readiness to practice as a doctor at the start of the Foundation Programme (F1) as the standard for minimum competence. This is reflected throughout the CPSA documentation.</p> <p>The CPSA is complemented by a portfolio from clinical placements and direct observation of practical skills (DOPS), testing clinical and professional capabilities, practical skills and procedures (including invasive procedures), and assessment of professional attitudes and behaviours.</p> <p>Students must pass all elements to progress each year before taking 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>
2	<p>CPSA design</p> <p>Describe the rationale for the</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</p>

	<p>design of the CPSA. This should include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 		<p>sites and circuits, and involvement of simulated patients (SPs). Real patients are not used in the CPSA.</p> <p>The assessment provider uses an OSCE for their CPSA, delivered as seven ‘short’ (seven minute) stations and seven ‘long’ (ten minute) stations on consecutive days. with one minute reading time. The CPSA is run at a single site five times in a single day, with three parallel circuits.</p> <p>The resit follows the same format but there is only one circuit run three times per day.¹</p> <p>While it does not alter our advice that the requirement has been met overall, we considered that limiting the testing of ‘core’ clinical content to long stations and ‘specialised’ clinical content to short stations limited the assessment provider’s ability to assess the breadth of capabilities and skills across the MLA areas of clinical practice (reducing the opportunity to test some areas in greater depth) and posed a risk of predictability for candidates.</p> <p>We advise that the assessment provider has clearly described the rationale for the CPSA design and described what each candidate needs to do on the day to complete the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review their blueprint to enable the full range of content to be tested in either long or short stations.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <ul style="list-style-type: none"> a. within station (eg 	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.</p> <p>The assessment provider uses a domain-based framework, with descriptors for expected levels of performance, plus a global judgement. The five domains are each</p>

	<p>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>		<p>scored out of five. A station-specific checklist supports the examiner by highlighting what candidates are expected to cover in each station. Examiners also receive a 'competency map' with generic examples of performance expected in a clinical consultation. For the CPSA, this is set at the level of F1. SPs do not contribute to the scoring.</p> <p>The assessment provider's approach to domain scoring appeared comprehensive but we considered there should be clearer information provided to examiners in relation to how their global judgement relates to standard setting and station cut scores. For example, the examiner instructions state that the global scale sets the station pass mark overall: this wording needs clarifying, along with further explanation to examiners during training and on the day², to support their understanding of the part global judgement ratings play in establishing passing scores for each station.</p> <p>Given the critical role of the examiners in judging where borderline performance lies, we'd also advise that the assessment provider enhances the training and calibration of examiners. For example, although the assessment provider's competency map and domain descriptors are a useful guide, we'd encourage greater emphasis on discussion about the performance and characteristics of the 'just passing' candidate, to ensure examiners are able to conceptualise and reach a consensus on the standard expected at the level of an F1 doctor in a first appointment and apply it to their scoring. Please see our suggested recommendation at requirement 11 (Examiners) in relation to examiner training.³</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Recommendation: The assessment provider should amend the wording in the examiner instructions to clarify the use of overall global judgement within stations.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting will be applied at station level and for</p>

<p>standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <ul style="list-style-type: none"> a. standard setting method at station and overall assessment level b. any additional passing criteria (eg minimum number of stations passed). 	<p>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.</p> <p>The assessment provider plans to set the standard for the main sit using the borderline group (BG) method, with the addition of one standard error of measurement (SEM), and a conjunctive standard of 10 out of 14 stations required to pass, so candidates are not able to compensate for relatively poor performance in one area with relatively better performance in another.</p> <p>For the resit, the assessment provider plans to set the standard using a modified Angoff method, as BG would not be suitable for the small number of candidates in the resit cohort. Angoff judges are trained members of the Assessment Group (the committee responsible for summative assessments across the course). SEM is not applied but as with the main sit, there is the conjunctive standard of 10 out of 14 stations required to pass.</p> <p>When devising their standard setting approach, the assessment provider modelled borderline regression and borderline group – both commonly used methods. They also sense-checked the results of each approach by comparing them with the outcomes if the standard was set through the Angoff method (less commonly used in OSCEs). They chose to use BG on the basis that it failed fewer candidates, was less discriminatory between poorly performing and better performing students and correlated more closely with the Angoff outcomes.</p> <p>As it is desirable to have a test that discriminates well between weaker and stronger test takers, we were surprised they'd chosen the method that was less discriminatory and allowed more candidates to pass.</p> <p>We observed a further example of a process which may inadvertently affect the assessment outcomes for candidates near the borderline, in the policy of suppressing/removing stations deemed not to have performed adequately (as identified through</p>
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			<p>the post-assessment analysis) from the calculation of results before the final cut score is agreed. While it may, on occasion, be necessary to suppress a poorly performing station, this approach needs careful scrutiny, as the removal of stations from the results calculation can potentially inflate candidates' overall score in the exam. Please also see our advice at requirement 19 relating to documenting the rules for station removal.</p> <p>We were therefore concerned that the combination of using a standard setting method with weaker discrimination that allows more candidates to pass, plus the removal of stations from the results calculation, may inadvertently affect the pass outcome for borderline candidates. While this does not alter our advice that the requirement has been met, as this is a new school, we advise that the approach should be reviewed and remodelled before the first live CPSA, drawing on appropriate expert support, such as external examiners and an experienced psychometrician.</p> <p>We advise that further work to review and model the standard setting approach will enable the assessment provider to set and maintain the standard appropriately. We make the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review the standard setting methodology and modelling of outcomes using different approaches, in consultation with an experienced psychometrician and assessment experts, to ensure robust pass/fail outcomes.⁴</p> <p>Next submission: The assessment provider should submit an update on which standard setting method they chose for the CPSA, including any modelling that underpins it.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how</p>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed across their assessment strategy. They have also shown how unprofessional</p>

<p>professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	<p>behaviours of individual candidates observed during the CPSA are captured on the day and followed up.</p> <p>The assessment strategy incorporates professionalism across all years of the medical degree programme and includes a professional portfolio, ensuring professional behaviour in the clinical setting is embedded throughout students' learning. However, the CPSA itself does not currently include scenarios dealing with professionalism issues, such as managing a challenging or complex situation. We recognise that it is difficult to write this type of station and develop scoring guidance (compared with, for example, a station testing physical examination) but this is an area for development, as it would strengthen the CPSA and its relationship to the content map.</p> <p>The assessment provider has a process for dealing with professionalism concerns arising during the exam, but we considered that responsibility for dealing with these concerns on the day rested too heavily on the Assessment Manager and, ultimately, the OSCE Lead, which risked a unilateral approach to decision making. While this doesn't affect our advice that the requirement has been met overall, we advise more people should be involved in these processes to improve resilience.</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, with the following suggested recommendations:</p> <p>Recommendation: Having explored good practice in designing stations with a specific professionalism focus, the assessment provider should create station scenarios dealing with professionalism issues, such as managing a challenging or complex situation, to include within the CPSA.</p> <p>Recommendation: The assessment provider should review the governance structure for the CPSA and involve more members in decision making processes relating to concerns about professional behaviour.⁵</p> <p>Effective practice: The assessment provider's professional portfolio is an effective tool</p>
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			to assess aspects of professionalism longitudinally, in the clinical setting.
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 doesn't use real patients in the CPSA. While we recognise that candidates have the opportunity to encounter real patients in the clinical environment during the WPBAs that they take while on placement, we'd encourage the assessment provider to consider further ways to involve patient representation in the CPSA, such as greater involvement of SPs in developing stations.</p> <p>Please see also our advice in requirement 2 (CPSA design) about breadth of content in long and short stations, and in requirement 5 (Assessing professionalism) about creating stations with a professionalism focus, for further opportunities to enhance the authenticity of the CPSA.</p> <p>We advise that, while there is scope for improvement, 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>Next submission: The assessment provider should provide an update on the changes to sampling CPSA content in light of the advice and recommendations at requirement 2 (CPSA design) and requirement 5 (Assessing professionalism).</p>

7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <p>a. how station writers are trained</p> <p>b. the process for creating, reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>Station writers are external clinicians working in groups led by clinical block leads. Annual training is led by the Assessment Lead and Clinical Skills Lead, and writers receive a station writing pack and template. Writers attend six-monthly CPD days where they receive general feedback in the morning and write stations in the afternoon in specialty groups. New stations are reviewed by the Question Review Group, which is formed of members of the Assessment Group. External examiners review new stations before the CPSA.</p> <p>Feedback is collected from external examiners, as well as examiners, SPs and candidates on the day of the CPSA, and is used for the review of stations. However, the assessment provider has stated that they do not pre-test stations due to potential security issues. While this does not alter our advice that the requirement is met overall, this is an area for improvement, as pre-testing would mitigate any problems arising on the day that may lead to stations being suppressed from the results (see our comments at requirement 4 (Standard setting) relating to removing stations). We also considered that increasing the range of stakeholders in the station development process – such as involving SPs earlier on, or pre-testing stations with F1 doctors – would enhance the authenticity of the stations.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should develop the station writing and review processes to involve a wider range of participants and to include robust trialling of new stations before use in the CPSA.⁶</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.</p> <p>Since the Covid-19 pandemic, the assessment provider no longer quarantines candidates between sittings, based on data suggesting it offered no advantage. To mitigate perceptions of unfairness, a limited amount of indicative information is shared with candidates 72 hours before the CPSA. While we were reassured to note that the indicative content is restricted to the area of clinical practice only, we considered there was insubstantial evidence of any benefit to candidates, and there may be unintended consequences. The assessment provider may wish to seek feedback from candidates about whether they found receiving the area of clinical practice helpful or not.</p> <p>The majority of CPSA materials, including results, are stored on secure drives with restricted access. However, we were concerned that significant information about station content is shared with examiners and SPs via 'Zoom' link, which we do not consider a sufficiently secure method. While this does not alter our advice that the requirement has been met overall, we suggest that the assessment provider to adopts an alternative, more secure approach.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should implement a more secure process for sharing information about the CPSA with examiners and SPs.⁷</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given</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>At the start of the academic year, students attend presentations on the summative and</p>

	<p>information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>		<p>formative assessments relevant for that year, which includes an update on the assessment provider’s preparations for the MLA, and receive the ‘Student Assessment handbook’, which includes university policies and procedures. The handbook is reviewed annually.</p> <p>Candidates are given appropriate briefings and ample practice opportunities through formative assessments and the experience of similar assessment methods throughout the programme, including the format of the Year 4 assessment which mirrors the CPSA in Year 5. There are suitable briefings on the day including housekeeping rules, and support is available from the Circuit Supervisor throughout the duration of the CPSA.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, and what support is given to unsuccessful candidates.</p> <p>Candidates receive their overall mark and individual marks for each station, as well as the mean score of the cohort so they can see how they performed in relation to it.</p> <p>Unsuccessful candidates are advised to discuss their results with the Clinical Assessment lead. The clinical skills team provide academic support, with pastoral support coming from the personal development tutor.</p> <p>Since identifying a discrepancy between examiner feedback and station scores, the assessment provider has removed free-text feedback and candidates now receive only numeric data. We considered this was an inappropriate solution to a problem that could have been better addressed through examiner training, more marking time between stations, or a review of the station design and scoring approach. We also judged there was a limited level of information to support candidates’ understanding of their performance and learning needs to enable them to improve.</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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should reinstate feedback from examiners and review the explanatory information and educational support given to candidates, to help them understand their strengths and weaknesses and improve their future performance. This should include exploring ways to align the feedback with station scoring domains.</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 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 and identifying different levels of performance.</p> <p>Examiners are drawn from internal and external clinicians from the surrounding NHS Trusts and primary care. We reviewed training slides (which included interactive scoring against videoed candidate performances and discussion around examiner behaviours) and briefings before and on the day. Examiners receive a copy of the assessment provider's (university) summary of ED&I expectations 'Diversity at ARU'.</p> <p>As noted at requirement 3 Scoring) we considered examiner training should include greater emphasis on discussion about the performance and characteristics of the 'just passing' candidate, to ensure examiners are able to reach a shared understanding of the borderline standard.</p> <p>As noted at requirement 10 (Results and feedback to candidates) we considered examiner training should also cover providing constructive feedback to candidates.</p> <p>The assessment provider does not currently analyse examiner performance across parallel circuits or have robust mechanisms to identify 'rogue' examiner marking at station level. They have acknowledged this as an area for development and have</p>

			<p>indicated that they are recruiting an in-house psychometrician and plan to introduce psychometric analysis of examiner performance.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should enhance their examiner training in relation to:</p> <ul style="list-style-type: none"> • Providing CPSA-specific ED&I training, in addition to receiving the generic university ED&I guide.⁸ • Ensuring examiners have a shared understanding of the level of performance expected of a borderline candidate.⁹ • Ensuring examiners understand the use of global judgement in scoring and standard setting.¹⁰ • Providing constructive candidate feedback.¹¹ <p>Next submission: The assessment provider should submit an update on the recruitment of an in-house psychometrician¹² and the plan to introduce psychometric analysis of examiner performance.</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 are recruited, trained, briefed and calibrated on their role.</p> <p>The assessment provider uses an agency recruiting professional medical actors to supply and train SPs. This includes a one-hour ED&I training session. All SPs receive a copy of the assessment provider's (university) ED&I guide.</p> <p>SPs are briefed as a group up to two weeks before the CPSA, which includes the format</p>

			<p>of the CPSA, logistics and an in-depth discussion of the role-playing scripts. They attend a reminder briefing on the day and run through the individual stations with the examiner.</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>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day. They've also shown what steps they take to ensure that the station is being run in the same way across different circuits.</p> <p>After the on-the-day briefings but before the examination begins, examiners and SPs from the same station across parallel circuits calibrate their role playing and scoring, using the SP script, examiner instructions, and station-specific examiner checklists to guide the process. The Clinical Assessment lead assists by rotating around each station to ensure the calibration is complete, and ensuring SPs and examiners are clear on their role, the scenario and the candidate tasks. As part of this calibration process examiners are also asked to examine the SP to check the clinical findings the candidates should encounter.</p> <p>We advise that the assessment provider has clearly described how examiners and SPs 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 will monitor examiners and SPs during and after the CPSA, what feedback will be given to examiners and simulated patients, and their plans for future developments.</p> <p>They have also shown how they monitor the performance of examiners identified as overly stringent or lenient compared to other examiners. These examiners are also required to retake their formal training.</p>

	monitored.		<p>The assessment provider has described plans to introduce psychometric analysis of examiner performance with the recruitment of an in-house psychometrician, as noted in our comments at requirement 11 (Examiners). Once this is introduced, we advise that the assessment provider should update the feedback they provide to examiners, and to monitor any impact this has had on their performance.</p> <p>SPs receive verbal feedback via the Clinical Assessment Lead after the CPSA. This could include feedback from candidates, staff, examiners and other SPs, and includes ED&I concerns. We noted an example where an SP had been removed from the pool due to ED&I concerns.</p> <p>The assessment provider has noted that SP role playing may be adjusted after the first run. This has the potential to disadvantage or advantage candidates in the first run, so we'd advise that there is no recalibration or adjustments to how the SP should play their role during the exam. The standard operating procedure (SOP) for the running of the CPSA should be updated to reflect this and ensure SPs maintain a consistent performance throughout the CPSA.</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 update the feedback they provide to examiners and monitor any impact this has on their subsequent performance.</p> <p>Recommendation: The SOP should be updated to ensure SPs maintain a consistent performance throughout the CPSA.</p>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has described and documented processes and procedures for the CPSA on the day, supplemented with information about university policies, and processes for reasonable adjustments.</p> <p>We were pleased to note that there is a SOP for the CPSA but, as this is a new school,</p>

			<p>we advise that it's kept under review and updated as needed, to ensure it is sufficiently detailed in all areas, including unexpected events and contingency plans. See also our comments at requirement 14 (Feedback to examiners and SPs).</p> <p>Applications for reasonable adjustments are currently considered and approved on a case-by-case basis by the OSCE Lead. It is important to have a clear and transparent process in place for balanced and fair decision making, and that the decision doesn't lie with a single person, who may not have the necessary expertise or who may be at risk of unconscious bias – for example if they know the candidate, making it difficult to consider their case objectively. We'd therefore advise that the assessment provider involves others from outside the OSCE team in the process and seeks expert advice where necessary, such as specialist clinical advice or advice from an impartial disability expert.</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 process for considering and approving reasonable adjustments, and those involved in the decision making.¹³</p> <p>Next submission: The assessment provider should submit an update on any changes made to the SOP for the CPSA.</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 on a single site in the School of Medicine building. We reviewed photos of the station layout and set up, and an equipment list.</p>

			<p>The external examiner has made a comment regarding noise in some of the stations (station cubicles are divided using screens) and this should be kept under review, taking into account any candidate feedback relating to noise levels.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed so that candidates can demonstrate their clinical skills in an authentic way.</p> <p>Next submission: The assessment provider should submit an update on any feedback received from candidates or external examiners relating to noise levels on the circuit, and any efforts to mitigate, if needed in light of the feedback.</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 appropriate procedures including cross-checks and has provided a clear explanation of the efforts to ensure examiners are familiar with using electronic marking ahead of the CPSA and on the day. There are contingency arrangements in case of technical failure.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.</p>
18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of</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.</p> <p>There are appropriate processes for producing results via the electronic exam software and secure data transfer.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the recommendation suggested at requirement 19 (Psychometric analysis) relating to the</p>

	<p>results</p> <p>b. approaches to post-assessment mark-data changes.</p>		<p>development of a SOP to include station suppression and the process for making post-assessment mark adjustments.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <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 development of the CPSA.</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. Decisions relating to removal of poorly discriminating stations are agreed collectively by the recently formed 'Assessment Group' and these stations are reviewed before further use or removal from the bank.</p> <p>As noted above, the assessment provider has indicated that they're in the process of recruiting an in-house psychometrician, with plans to develop their psychometric analyses, which will include analysis of differential attainment from an ED&I perspective.</p> <p>We were pleased to note the assessment provider is gaining dedicated psychometric support, to enhance their analysis of all aspects of the CPSA. We regarded some of their current processes, such as their standard setting approach and the use of Rasch modelling, as needing further exploration with the psychometrician. We also advise that a new SOP should be created for post-assessment statistical analysis including review of variation in examiner and station performance across circuits, and rules for station suppression, including consideration of candidate outcomes. The assessment provider should also consider how post-hoc analyses can be used to inform the development of the CPSA, the quality of stations, and evaluation of ED&I.</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, with the following suggested</p>

			<p>recommendation:</p> <p>Recommendation: The assessment provider should develop a post-assessment SOP document setting out how analysis of the CPSA feeds into exam review and decision-making thresholds.</p> <p>Next submission: The assessment provider should submit an update on the recruitment of an in-house psychometrician, with examples of their analyses and its impact on the CPSA.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	Yes	<p>The assessment provider has shown how the external 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>We reviewed information about the university appointments process and policies, and example external examiner reports from earlier years OSCEs.</p> <p>The assessment provider has not indicated how many examiners there will be for the final year but we'd recommend more than one, to provide extra an additional source of feedback and support and enhanced external input in CPSA processes, including capacity to attend meetings.</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, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should ensure that a minimum of two external examiners contribute to each quality improvement cycle of the CPSA.</p>

Assessment provider's response

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

Assessment provider's response

I have addressed any inaccuracies or points of clarification in the comments above.

Our initial responses to the reviewer's advice are outlined below. This will be a continuing piece of work which we look forward to discussing and demonstrating examples of good practice with the CPSA review team once the compliance cycle plans are finalised.

CPSA Design

ARU Action Point: This will be discussed at Assessment Group this academic year.

The proposal for Assessment Group to consider, based on this CPSA feedback, will be to move all final year CPSA stations to the 10minute 'long station' format. This will give us more scope to cover a wider range of scenarios and competencies across all clinical specialties.

If assessment group agree, we will look to implement this new format (14 stations of 10 minutes duration, split across 2 days) in academic year 24/25.

Scoring

ARU Action Point: Although global judgement is discussed at length verbally as described in the above comments, we will review our written documentation and clarify the examiner instructions for AY 24/25.

Assessing Professionalism

Recommendation 1

Update: This has been widely discussed this academic year and in conjunction with the appointment of a Professionalism Support Lead and new Professionalism syllabus in our wider curriculum.

ARU Action Point: We will be introducing professionalism themed stations in our CPSA. This will include topics such as medical errors, working with colleagues and raising concerns. These stations will need careful planning and a more prescriptive discussion with examiners

regarding how to reflect competency with the existing scoring domain. We hope to have these stations incorporated into our CPSA for AY 24/25.

Recommendation 2

ARU Action Point: This recommendation will be discussed at Assessment Group and Student Professionalism Committee this academic year. The proposal will be that after discussion of concerns at Assessment Group, the OSCE lead will bring any specific professionalism concerns to the Student Support and Professionalism Hub for discussion. The Hub screens any concerns regarding student professionalism or wellbeing and decides on the next appropriate action (e.g. referral to SPC to consider fitness to practise, to university academic integrity team, to occupational health etc). The hub consists of the SPC chair, Student Support and Management Group Chair (also deputy head of school) and the Professionalism Support Lead.

Security of CPSA Content

ARU Action Point: The School Manager and Assessments Administration team will explore if any more secure processes are supported by the university's infrastructure to make our processes more robust.

Results and Feedback to Candidates

ARU Action Point: Discuss at Assessment Group Meeting. Consider publishing domain scores for each station to students to allow them to spot trends and evaluate areas of strengths and weaknesses in conjunction with their PDTs. We have contacted Speedwell to see if our digital platform would be capable of giving us this information and will also discuss this with our psychometrician for their insight into the value of students receiving this information.

Feedback to Examiners and Simulated Patients

ARU Action Point: Task psychometrician to include examiner analysis (hawks and doves) in our psychometric analysis.

Policies and Procedures

ARU Action Point - Discuss SRAs in clinical exams at Assessment group and continue with MSCAA discussion and engagement to develop best practice across all medical schools.

Proposal 1 - any students with an SRA in place to be discussed at bespoke meeting comprising Assessment lead, OSCE lead, SSMG lead for discussion on how best to implement them in the OSCE setting. External advice from SU and occupational health to be sought as needed.

Proposal 2 - to allow those with extra time SRAs to pre-read the stations for their recommended time in a supervised room prior to the start of their OSCE run.

Psychometric Analysis

ARU Action Point: Review CPSA psychometric analysis with psychometrician and create an SOP.

External Examiners

ARU Action Point: Recruit second external examiner for final year. Proposal is to ask our year 4 EE to take on this responsibility.

The endnotes below cover additional responses to individual requirements.

¹ **Assessment provider's response:** Point of clarification: resit circuits are run as many times as needed dictated by the number of re-sitting students.

² **Assessment provider's response:** Point of clarity: This is already part of our process. An explanation of global scoring and how it is used in setting the pass mark is already covered in the on the day briefing.

³ **Assessment provider's response:** Point of Clarity: This is already part of our process. It is discussed in examiner training, by the OSCE lead in the recorded station briefs prior to the exam and again on the day for each specific station in the calibration. All examiners, along with the OSCE lead discuss the borderline student in reference to that particular station and what would constitute a pass or fail.

⁴ **Assessment provider's response:** Point of Clarity: The current standard setting methodology was reached by working with an external psychometrician. The School have now appointed an in-house psychometrician.

⁵ **Assessment provider's response:** Point of Clarification: All professionalism concerns arising from the OSCE are included in the exam report which is available for all Assessment Group Members to review and is presented at Assessment Group Meeting when we discuss each OSCE. Any concerns regarding professionalism in the OSCEs are then raised to the Student Professionalism Committee Chair to address using our Student Professionalism SOPs.

⁶ **Assessment provider's response:** Point of Clarification: This is in line with our current station development model. We use patient partners to review stations alongside bringing stations to the OSCE Review Group Meetings.

⁷ **Assessment provider's response:** Point of clarification: The Zoom recordings are only viewable by password. We send the scripts to Simpatico as password protected and they only send the individual script to the Station Actors (not all scripts to all actors booked for the OSCE).

⁸ **Assessment provider's response:** Point of Clarification - During examiner training specific reference is made regarding 2 example stations where the students display different protected characteristics. The OSCE lead explores unconscious bias and how important it is to be aware of this as examiners and ensure it does not affect their marking or judgements.

⁹ **Assessment provider's response:** Already Clarified in previous comment.

¹⁰ **Assessment provider's response:** Already Clarified in previous comment.

¹¹ **Assessment provider's response:** Already Clarified in previous comment.

¹² **Assessment provider's response:** Point of Clarification: In- house psychometrician has been appointed and is now in post.

¹³ **Assessment provider's response:** Update: OSCE lead attended the MSC working group on SRAs in clinical exams. It is clear that this is a challenge all medical schools face and there is no clear fits all answer. The OSCE lead has arranged a meeting with the student union and student reps to discuss their thoughts on how SRAs could be implemented in the OSCE. This will then feed back to assessment group for wider discussion.