

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

School of Medicine, University of Dundee

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, University of Dundee
GMC’s decision	Complies with the CPSA requirements
Date of decision	30 May 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, University of Dundee, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

In reaching my decision I have considered the following documents:

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

Decision

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

I have considered the compliance report and I am satisfied that the School of Medicine, University of Dundee (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](#).

* 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 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, University of Dundee (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, University of Dundee (the assessment provider) is not compliant and does not meet the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#). I am escalating this to the Registrar for further consideration.

Mandatory changes

There are no mandatory changes.

Recommendations

The CPSA reviewers made ten recommendations:

- Requirement 2 (CPSA design): The assessment provider should review the approach of providing a task list in the candidate instructions, to ensure candidate tasks reflect the overarching themes of the *MLA content map*.
- Requirement 3 (scoring): The assessment provider should remove the aide memoire checklists from stations and, if necessary, revise the domain marking guidance.
- Requirement 4 (standard setting): The assessment provider should monitor the main standard and conjunctive standard and report back on it in future.
- Requirement 7 (quality of CPSA content): To ensure the quality of the content, as well as logistical and practical feasibility, the assessment provider should consider pre-testing new stations before they're used in the CPSA.
- Requirement 9 (familiarisation with the assessment process for candidates): Candidates should only receive content-related information about stations on the day of the CPSA to reduce predictability.
- Requirement 10 (results and feedback to candidates): The assessment provider should produce guidance for candidates on how to interpret CPSA feedback.

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- Requirement 12 (simulated/real patients): The assessment provider should investigate ways to ensure SPs are trained and calibrated on the station prior to the day of the CPSA.
 - Requirement 14 (feedback to examiners and simulated patients): The assessment provider should consider how to introduce and monitor feedback to SPs.
 - Requirement 18 (production of results): The assessment provider should put in place a standard operating procedure describing the rules, thresholds and processes for making post-assessment mark adjustments, and who is involved.
 - Requirement 20 (external examiners): The assessment provider should ensure that a minimum of two external examiners contribute to the quality improvement cycle of the CPSA.

Reasons for the decision

- I am aware of the compliance process which must be followed and am satisfied that it has been followed. I note that in Q3 2022 the assessment provider submitted an account of how the CPSA requirements had been met. This submission was reviewed by the CPSA reviewers, and the assessment provider was given the opportunity to respond to their advice.
- The compliance report that has been presented to me contains the CPSA reviewers' key conclusions in relation to each of the 20 CPSA requirements. I am satisfied that the evidence referred to in the report is robust and objective.
- The reviewers found the assessment provider to be compliant in all areas. They did not identify any mandatory changes, although they made ten recommendations, as detailed above. The assessment provider was invited to respond and has done so, including explaining how it has already started to implement some of these recommendations.
- It is pleasing to note that an example of effective practice was highlighted by the reviewers, in relation to the space assigned to the CPSA, which is in the form of a dedicated skills centre.
- I have not been made aware of any concerns about the assessment provider's compliance with equality and/or human rights legislation, nor any evidence of a conflict of interest amongst the CPSA reviewers. I note that checks were completed for any conflicts of interest before the reviews took place.

Signed

Stephanie Howell

Date

30 May 2024

Annex A

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

School of Medicine, University of Dundee

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

School of Medicine, University of Dundee

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 Medicine, University of Dundee (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 Medicine, University of Dundee 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, University of Dundee

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

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

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

Our advice is based solely on a review of the written information and evidence submitted by School of Medicine, University of Dundee, 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. Students from ScotGEM (a collaboration between the universities of St Andrews and Dundee) also take the Dundee CPSA. A separate report covers the advice on the ScotGEM CPSA.</p> <p>Practical procedures are assessed through a mandatory skills passport. They may be reassessed in the CPSA where they are relevant to the wider clinical task of the station. In accordance with GMC guidance, students must normally attend a minimum of 90% of teaching time to be permitted to sit their exams. They must also engage with each clinical block and complete WPBAs, with a clear review process for the portfolio. Professionalism is also assessed through the portfolio, and success is a requirement for graduation. Students must pass all elements 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 design of the CPSA. This should include:</p> <p>a. format</p> <p>b. station type</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 uses a 12 station OSCE for their CPSA, consisting of six stations a day, run over two days. Stations are 14 minutes long, with two minutes reading time. The CPSA is run at a single site four times in a single day, with multiple</p>

<p>c. testing time, including number and duration of stations.</p>	<p>parallel circuits.</p> <p>The resit mirrors the format of the main sit.</p> <p>The assessment provider uses stations which are on the longer side compared to other assessment providers, to allow candidates to undertake a full consultation. However, we noted that, in the example stations we saw, the tasks in the candidate instructions were quite prescriptive, setting out the tasks the candidate should undertake. This may risk leading candidates in some stations rather than allowing them to demonstrate how they can deal with uncertainty. We recommend that the assessment provider reviews the format of the station instructions to ensure that candidate tasks reflect the three overarching themes of the <i>MLA content map</i>.</p> <p>The assessment provider told us that they have an ongoing workstream to create a programme level blueprint to ensure that different cohorts have covered an appropriate level of content. Previously, their approach had been at a year level, which came with the accompanying risk that a student might not demonstrate all core skills and assessments across the programme.</p> <p>The assessment provider demonstrated how they use psychometric data to model the design of the CPSA, for example in considering whether to move to a sequential testing model (in this case, they told us that the data didn't support the change).</p> <p>The assessment provider has given a detailed description of the model along with several example stations evidencing how the CPSA design accurately represents a Foundation Programme year one (F1) standard.</p> <p>We advise that the assessment provider has clearly described the rationale and modelling for the CPSA design and described what each candidate needs to do on the day to complete the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review the approach of providing a task list in the candidate instructions, to ensure they reflect the overarching themes of</p>
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			<p>the <i>MLA content map</i>.</p> <p>Next submission: The assessment provider should give an update on the work to create a programme level blueprint.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>	Yes	<p>The assessment provider has described how each station 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 scoring approach called ASSESS, which uses the same five domains in each station. The assessment provider gives examiners guidance covering typical elements of a performance for each score in a domain. Marking takes place on tablets. SPs don't contribute to the scoring.</p> <p>In addition to the domain guidance, each station contains a checklist as an aide memoire for examiners to use. The assessment provider told us that this wasn't meant to be used for scoring, but we felt that the checklist was superfluous to the task and risked being used by examiners as a substitute mark scheme – for example, by adding it together to create domain scores – which wouldn't be appropriate. As a result, we recommend that the assessment provider should remove the checklist and, if necessary, supplement the domain guidance for each station.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should remove the aide memoire checklists from stations and, if necessary, revise the domain marking guidance.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take</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</p>

	<p>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>	<p>described 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, which is a recognised method of standard setting in clinical assessments. The assessment provider uses a conjunctive standard of passing seven out of 12 stations.</p> <p>The resit is set using standards from previous first takes, as the number of candidates taking the resit is too small to calculate a pass score for a station. This is a typical approach to determining the pass score for a resit.</p> <p>We noted that few of those who fail in the main sit fail on the overall score, with most failing on the number of stations passed criterion. We asked about how the assessment provider had chosen the number of stations to pass for the conjunctive standard. They told us that it had been introduced in 2017 after extensive discussion. The assessment provider submitted some evidence of how they'd monitored the standard but told us that the pandemic had made analysis difficult. We recommend that the assessment provider should continue to monitor the main standard and conjunctive standard and report back on it in future.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should monitor the main standard and conjunctive standard and report back on it in future.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</p>	<p>Yes</p> <p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>Formal assessment of professionalism (<i>Outcome for graduates (2018) outcome 1</i>) occurs through the assessment provider's portfolio exam. There are elements of professionalism captured in the CPSA marking, including through the safety domain of</p>

			<p>ASSESS.</p> <p>Examiners can identify specific professionalism concerns either through the marking schedule or by reporting it to the site supervisor. In either case, a professionalism concern will be referred to the year lead to assess whether future action needs to be taken. If necessary, it will be referred to the Professionalism Committee. The assessment provider submitted a flowchart outlining their processes to deal with a professionalism concern. While this clarified the processes, we did note that where a safety concern was raised the process appeared better suited to a formative exam where additional support could be arranged, and the assessment provider may wish to clarify this point for their own processes.</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 to the three overarching themes:</p> <p>i. Readiness for safe practice</p> <p>ii. Managing uncertainty</p> <p>iii. Delivering person-centred care</p> <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <p>i. Areas of clinical practice</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>As noted in Requirement 2 (CPSA design), the assessment provider is creating a programme level blueprint. The assessment provider told us that this was to ensure that candidates have been examined on the core skills and examinations across the programme.</p> <p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. We saw evidence of how they map their blueprint to the content map's Clinical and Professional Capabilities, along with broad sampling across the conditions and presentations. The CPSA includes real patients so that candidates can identify and interpret clinical findings.</p> <p>Blueprinting for the first take and resit takes uses the same sampling strategy. All</p>

	<ul style="list-style-type: none"> 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>stations in the resit have been used in the main sit in previous years so they have a set standard for the station.</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>Next submission: The assessment provider should give an update on how the CPSA fits with the programme level blueprinting.</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> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge d. how feedback collected on the 	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>Stations are written by the clinical skills team, with input from year leads, academic members of the assessment team and subject level experts. The assessment provider uses templates for consistency and runs regular staff development sessions for station writers.</p> <p>The assessment provider uses no more than one third of new stations in the CPSA. All stations used in the CPSA are reviewed by year leads, teaching leads and the assessment team, as well as by external examiners. The assessment provider doesn't pilot new stations and the stakeholders involved in the review of the stations are limited to medical school staff and the external examiner. We'd encourage the involvement of SPs to provide the patient perspective. We'd also encourage the assessment provider to trial new stations for logistical purposes and to ensure the stations are at the appropriate level of challenge, such as by involving foundation doctors.</p>

	<p>day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>	<p>Examiners give feedback on their stations. This is fed into the post-exam review, with adjustments made to the stations and teaching, if necessary. Where the changes to a station are minor, the standard is kept and can be used for the resit. Otherwise, it will be treated as new and used in the main sit before it can be used in a resit.</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: To ensure the quality of the content, as well as logistical and practical feasibility, the assessment provider should consider pre-testing new stations before they're used in the CPSA.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	<p>Yes</p> <p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits and sittings.</p> <p>Station material is stored and shared using cloud storage, with permissions managed and regularly reviewed by the assessment team. The assessment provider doesn't print any material during the preparation of the CPSA. Printed material for the day of the CPSA is stored in a secure room, only accessible to the assessment team.</p> <p>Examiners receive their stations through SharePoint one to two weeks before the CPSA, restricted to their email address. Examiners can't download the stations and access expires automatically after the CPSA.</p> <p>SPs receive their script through the post. While there is a risk of the script going missing, the assessment provider has measures in place to minimise this, including taking them directly to the post room and the SP trainer contacting SPs to ensure that they've received the script.</p> <p>Candidates are accompanied at the exam venue and aren't allowed phones or other</p>

			<p>electronic devices. Candidates aren't quarantined, with the rationale that releasing indicative content to candidates on the day before the CPSA reduces the need to quarantine. The assessment provider provided us with evidence to support this. Nevertheless, we had some concerns about releasing indicative content, which we cover in the next requirement (Requirement 9 (Familiarisation with the assessment process for candidates)).</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance, and on the day, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>Candidates have previously taken OSCEs and are familiar with the clinical skills centre where the CPSA is held. They receive information on the CPSA on dedicated pages within their virtual learning environment, including the timetable and criteria for achieving a pass.</p> <p>Indicative content is released to the candidates 24 hours before the CPSA, giving the theme and the focus of the stations. The assessment provider told us that this is to prevent collusion or communication with candidates taking the CPSA in a later sitting and that this works, as their data indicates that candidates perform equally across circuits. As a result, they told us they don't need to quarantine candidates.</p> <p>While the indicative content is only intended to illustrate the broad theme and focus of each station, we were nevertheless concerned that there may be unintended consequences in releasing this information to candidates. Together with the way the tasks are set out in the candidate instructions, it may give candidates too much direction on what is in the CPSA. We recommend that the assessment provider rethinks the approach.</p> <p>On the day of the CPSA, candidates receive a pre-examination briefing from the site</p>

			<p>supervisor covering health and safety information and the timing and running 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, with the following suggested recommendation:</p> <p>Recommendation: Candidates should only receive content-related information about stations on the day of the CPSA to reduce predictability.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>The assessment provider has described and demonstrated the feedback given to candidates to assist their reflection and strengthen their future learning. This includes score by domain and against the interquartile range and free text feedback. We found the example feedback difficult to interpret and recommend that the assessment provider produces guidance for candidates on how to interpret the feedback.</p> <p>Free text examiner feedback is reviewed by the year five lead before being released to candidates. Examiners receive training on giving feedback, including examples of helpful and unhelpful feedback.</p> <p>Unsuccessful candidates are offered a meeting to review their feedback and create a future action plan to prepare for the resit.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should produce guidance for candidates on how to interpret CPSA feedback.</p>

11	<p>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – and giving feedback to candidates.</p> <p>CPSA examiners must be consultants, senior registrars, General Practitioners or senior academics. All examiners must be trained and must also have used the ASSESS marking scheme at least once before examining in the CPSA.</p> <p>Examiner training includes an overview of the assessment process, information about the ASSESS marking scheme and a calibration exercise. University and NHS staff must complete compulsory ED&I modules. The assessment provider is also developing medical education specific ED&I training, including recognising and addressing bias.</p> <p>The assessment provider is also planning to collect data on their examiners to ensure they have a diverse pool of examiners which reflects the staff and candidate population.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA.</p> <p>Next submission: The assessment provider should give an update on its medical education specific ED&I training.</p> <p>Next submission: The assessment provider should give an update on its work to ensure they have a diverse pool of examiners.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are</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>

	recruited, trained, briefed and calibrated.		<p>The assessment provider maintains a bank of volunteer SPs and paid actors. They are trained by the SP lead based at the clinical skills centre. The assessment provider is developing an information sheet for SPs on the topic of ED&I and protected legal characteristics.</p> <p>The assessment provider has sought to increase the diversity of the pool by recruiting from across the city and targeting recruitment drives to attract volunteers from a diverse age group and background.</p> <p>Real patients are recruited from a separate bank, or alternatively the assessment provider may use SPs with certain conditions.</p> <p>While SPs receive their script in advance of the CPSA and have a phone conversation with the SP trainer to discuss their role and format of the examination, exam-specific training for SPs takes place only on the day of the CPSA, which creates a risk of inconsistency around how they play the roles across so many circuits. This is potentially compounded by the lack of SP input into developing stations, which means that an issue with a station may not be identified until the morning of the CPSA.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should investigate ways to ensure SPs are trained and calibrated on the station prior to the day of the CPSA.</p> <p>Next submission: The assessment provider should give an update on the information sheet for SPs on the topic of ED&I and protected legal characteristics.</p> <p>Next submission: The assessment provider should give an update on its work to ensure they have a diverse pool of SPs.</p>
13	Collaboration between examiners	Yes	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

	<p>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>		<p>station content on the day.</p> <p>Examiners and the real or simulated patients for a station from different circuits meet before the start of the CPSA to agree a consistent approach and clarify any issues. Where the station includes examination of the patient, the examiner must examine the patient to check what clinical signs the candidate should find. The site supervisor is present to answer questions.</p> <p>As part of the preparation, a handover sheet is prepared for the examiners in later sessions, to ensure consistency across the day in how examiners approach 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 station should be presented and any issues are clarified.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>The assessment provider doesn't give feedback to examiners or SPs, apart from under exceptional circumstances. They told us that they're considering how to provide feedback to examiners. We recommend that, alongside this, the assessment provider should consider how to give and monitor formal feedback to SPs to further ensure the quality of the CPSA.</p> <p>Site supervisors are present at the CPSA and if a significant concern is identified with an examiner or SP, it will be addressed by the assessment lead or SP trainer, with the actions reported to the exam board.</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>

			<p>Recommendation: The assessment provider should consider how to introduce and monitor feedback to SPs.</p> <p>Next submission: The assessment provider should give an update on their work to provide feedback to examiners.</p>
15	<p>Policies and procedures</p> <p>Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.</p>	Yes	<p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has appropriate policies and procedures in place for the CPSA, including a guide to the conduct of the CPSA which sets out how the CPSA is run on the day and the responsibilities of staff.</p> <p>We saw evidence as to how the assessment provider is considering ED&I across the CPSA, including the collection of demographic data on examiners and SPs, mentioned above.</p> <p>Reasonable adjustments are recommended by the central Disability Services team, who work closely with the assessment leads to ensure the adjustments are reasonable in the context of the CPSA. The assessment provider supplied examples of typical reasonable adjustments they might make.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a 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 provider has its own dedicated clinical skills centre, allowing them to</p>

	to appropriate clinical resources.		<p>run multiple circuits at the same site. They showed us floor plans as part of the evidence. They also have the ability to view stations remotely through an AV system in order to monitor how they're being run.</p> <p>The assessment provider told us that it was in the process of creating a video for candidates to orient them in the CPSA.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p> <p>Effective practice: The assessment provider has a dedicated space in which to run the CPSA.</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>Examiners mark on tablets. The electronic marking system doesn't allow examiners to submit incomplete marks. They also cannot submit their marks if the tablet's Wifi connection drops. We highlight this as an area of potential risk for the CPSA, as the exam would have to be stopped if marks could not be submitted at the end of a station. The assessment provider didn't indicate, however, that they had had problems with the Wifi connection.</p> <p>In the event of a prolonged outage, the assessment provider has paper marksheets as a back-up. These are checked before the examiner leaves the venue and manually entered onto the system and double-checked.</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</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</p>

	<p>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>		<p>have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider has appropriate procedures for quality checks and review of results data, with suitable people involved. We advise that decision-making is supported by robust statistical evidence.</p> <p>They described their approach to making post-assessment mark-data changes and gave us a worked example of the factors considered in the process from the exam board minutes. We advise that the assessment provider should set down the principles for reviewing a poorly performing station in a standard operating procedure (SOP).</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should put in place an SOP describing the rules, thresholds and processes for making post-assessment mark adjustments, and who is involved.</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>	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 given a clear description of how all data are reviewed at the post-test meeting before outcomes are considered by the Examining Board, with examples of the analyses routinely carried out by the psychometrician.</p> <p>Feedback on station performance is given to writers and subject leads to revise stations for further use.</p> <p>We advise that the assessment provider has appropriately described how analyses are</p>

	c. how the analysis informs the development of the CPSA.		carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.
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>The assessment provider demonstrated that external examiners are suitably briefed and have opportunities to observe the CPSA. The evidence showed how it uses the external examiner as a critical friend, for example when considering whether to change to a sequential testing model.</p> <p>The assessment provider currently has a single external examiner for the final year. We advise that the assessment provider should ensure that at least two external examiners have input into the CPSA, as this would provide an additional source of feedback 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 the 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

Thank you for your detailed report into our CPSA processes. We have considered all recommendations for this and the next submission. Some of your recommendations will be easy to implement as we have already begun this process. For example, examiner feedback and EDI data of our examiner cohort has been piloted this year.

Other recommendations will require more work and thought on our part. For example, we note your concerns about the checklist, however we previously did not have this and found the exam to be less reliable in that case. We would like to do some work around this before removing this altogether but there may be some alterations we can make. In addition, we will continue to monitor our standard setting approach on an annual basis. We have a new statistician in post, we have asked them to undertake several data projects for us. Reviewing our OSCE standard setting is one such project, but we have had quite reliable data until now and don't intend to make a significant change currently unless we find evidence this is warranted. We have provided our overarching blueprint which we hope addresses your question around how the CPSA fits into our other years of clinical skills assessment.

Finally, we note your point re the importance of two external examiners in final year. As we have one external for Dundee and one for Scotgem our CPSA will always have two external examiner colleagues reviewing our exam.

We hope that addresses your comments but would be happy to answer any unclear questions at any time.