

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

St George’s, University of London

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	St George’s, University of London
GMC’s decision	Complies with and meets the CPSA requirements
Date of decision	05 March 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 St George's, University of London, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

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

In reaching my decision I have considered the following documents:

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

Decision

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

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

Mandatory changes

Not applicable

Recommendations

Please note the recommendations made and the advice for the next submission detailed below. As no response has been received from the assessment provider I assume the recommendations are accepted and compliance with them forms part of my decision.

CPSA design

Recommendation: The assessment provider should consider reverting to using 15 stations in the CPSA to ensure greater reliability and ensure that the number of stations does not limit their ability to test the range of MLA content.

Scoring

Recommendation: The assessment provider should ensure that the examiners are clear in the station construct and scoring guidance that the CPSA is set at the level as the start of F1.

Security of CPSA content

Recommendation: The assessment provider should continue to analyse and monitor comparative performance across different circuits/sites/days while not quarantining students, as well as considering appropriate station design to minimise leakage.

Recommendation: The assessment provider should consider using a more secure platform sharing method to share information with SPs and/or examiners.

Policies and procedures

Recommendation: The assessment provider should document all processes around running the CPSA on the day in a standard operating procedure (SOP).

Production of results

Recommendation: The assessment provider should document the principles and thresholds for making post-assessment mark adjustments in a SOP.

Reasons for the decision

The compliance report that has been presented to me contains the CPSA reviewers' key conclusions in relation to each of the 20 CPSA requirements. I am satisfied that the evidence is robust and objective.

- I note the CPSA reviewers' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary.
- Additionally, the CPSA reviewers made six recommendations for updates, in relation to CPSA design, scoring, security of CPSA content, policies and procedures, and production of results. The recommendations we have made are sufficient to enable us to monitor developments.
- I note the many examples of effective practice that were highlighted by the reviewers.
- I have not been made aware of any concerns about the assessment provider's compliance with equality and/or human rights legislation, nor any evidence of a conflict of interest amongst the CPSA reviewers. I note that checks were completed for any conflicts of interest before the reviews took place.

I am satisfied that St George's, University of London has demonstrated that it meets the CPSA requirements annexed to the GMC's MLA framework.

Signed

Elizabeth Swatkins

Date

5 March 2024

Annex A

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

St George's, University of London

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

St George's, University of London

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 St George's, University of London (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 St George's, University of London 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.

St George's, University of London

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that St George's, University of London (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 St George's, University of London meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and four updates, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by St George's, University of London, 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>		<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 is designed, structured and delivered correspondingly across the UK site and the provider's overseas sites in Cyprus (Nicosia), Israel (Tel Aviv) and the US (Chicago). Throughout the submission, the assessment provider described their efforts to maintain a consistent process across their UK and overseas sites to provide reassurance that all students have an equitable experience. Where there are differences, this is mentioned under the relevant requirement.</p> <p>The assessment provider's CPSA is sat in the final year of the programme.</p> <p>Clinical procedural skills and professionalism are assessed summatively and extensively throughout the programme as part of the 'Becoming a Doctor' domain. WPBAs are assessed by portfolio including case based discussions (CBDs), mini CEX and direct observation of procedural Skills (DOPS) which are mapped to MLA competencies. The domain also includes electives, students selected components, reflective writing and clinical signs offs. Students must pass all elements before taking the CPSA.</p> <p>Professionalism is not tested summatively in the CPSA, although there is a 'Rapport and Professionalism' domain in every station, which assesses their overall approach to the patient encounter. However, professionalism concerns can be captured in the CPSA and are considered as part of a wider assessment of professionalism.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>

2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider uses an OSCE for their CPSA, which has been named the Clinical Competency Assessment (CCA) from academic year 2022-23 onwards. The assessment provider explained that prior to the Covid-19 pandemic the assessment consisted of 15 stations of between ten and 15 minutes long over three days per student. Staffing capacity issues following the pandemic resulted in the assessment provider running ten stations of between ten and 15 minutes long per student over two days for the past three years. The assessment provider informed us that they intend to move to 12 stations from academic year 2023-24. While this does not alter our advice that the requirement has been met overall, we recommend that the assessment provider should move back to 15 stations as soon as possible to ensure greater reliability and blueprint coverage.</p> <p>Stations are ten to 15 minutes long, with one minute reading time. The CPSA is run at one UK site and three overseas sites with three to six circuits per day. There are six to nine circuits within the UK site and two to four circuits at overseas sites.</p> <p>The resit is structured the same as the main assessment, however students take the resit over two testing occasions.</p> <p>The assessment provider has given a 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 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 consider reverting to using 15 stations in the CPSA to ensure greater reliability and ensure that the number of</p>
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		stations does not limit their ability to test the range of MLA content.
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>	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring system with anchor statements illustrated with indicative behaviours. A separate global rating scale with a different rating scale is used to determine the overall pass-mark for each station as part of the borderline regression method.</p> <p>SPs are trained to award marks in each station where they are used. The SP mark is weighted in advance, proportional to the type of station and the relative importance of clinical communication, and typically contributes five to ten percent of the total station marks per candidate.</p> <p>Real patients for physical examination stations generally do not contribute a domain mark. The one exception is paediatric patients who have marked candidates in specific stations, such as those with a focus on clinical communication, using the same model as per SPs.</p> <p>We saw evidence that examiners are reminded that the level of the exam is set at the standard of F1. However, we recommend that this is also made clear in the documentation provided to examiners on the day of the exam, for example marksheets, domain information and anchor statements.</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 ensure that the examiners are clear in the station construct and scoring guidance that the CPSA is set at the level as</p>

		<p>the start of F1.</p> <p>Effective practice: The assessment provider uses a different scale for global ratings and domains. This is an example of good practice which reduces the risk of summation of other domains and ensure a true global judgment.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment, including their additional standard setting criteria, used to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the borderline regression method with a conjunctive standard of passing equal to/greater than 65% of stations (rounded to the nearest whole number).</p> <p>The resit is set using reused stations as the number sitting the resit is usually too small to use borderline regression. They are standard set from when previously used in a large main-sit finals OSCE with derived pass-marks by borderline regression from a large main sit OSCE cohort. The passing standards for the resit (pass mark and number of stations failed) are identical to the main sit.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p>
5	<p>Assessing professionalism</p> <p>Describe and demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.</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>The assessment provider incorporates assessment of professionalism in the content of the CPSA by including a domain called Rapport and Professionalism in every station. This assesses their overall approach to each consultation and their whole professional</p>

		<p>manner with SPs and real patients. This supplements their main longitudinal assessment of professionalism in the 'Becoming a Doctor' domain which must be passed before students are allowed to take the CPSA.</p> <p>The assessment provider described a comprehensive process for recognising and addressing unprofessional behaviours. Concerns are raised during the exam using a 'yellow card' system and there are effective mechanisms in place to follow up on behaviours of individual students, with remediation opportunities.</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> <p>Effective practice: The assessment provider has a robust process for recognising unprofessional behaviours including tracking lower level concerns over time. Students with more than one yellow card are discussed at the Board of Examiners with examination of all of their academic record to triangulate any other concerns that might affect graduation decisions. External examiners are involved in this process and have commented positively on this in their reports.</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> <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</p>	<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 MLA content map. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the MLA content map and the requirement for candidates to demonstrate that they can identify and interpret clinical findings.</p> <p>Some specialties (paediatrics, O&G and psychiatry) are assessed in the year 4 OSCE. The design and delivery is the same as the final year CPSA. Both are set at the same</p>

<p>maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>level so we advise that the assessment provider is covering the range of MLA content at the appropriate level of expected performance.</p> <p>We're satisfied that the CPSA reflects the overarching themes of the MLA content map but note that the assessment provider still has work to do to actively map the station bank and sampling strategy to the content map, rather than completing this retrospectively.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the MLA content map.</p> <p>Next submission: The assessment provider should give an update on their work actively mapping the CPSA to the MLA content map.</p>
<p>7 Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of 		<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 trained by a taught session in OSCE writing, delivered by senior members of faculty. Every new station writer becomes part of the assessment team for a specific year and attends sessions to select the content of the exam. They are then paired with a senior academic mentor for the whole year to assist, review and advise as new stations are created.</p> <p>Each assessment uses a mix of new and old stations. New stations are assigned a primary writer and a new station writer. The stations go through formal assessment meeting reviews (at least two) and then also external examiner review before production as the final version. Writers also examine their own stations, lead the huddle meetings for all other examiners on that station and come to results and review meetings post hoc to complete the station life cycle.</p>

	<p>stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-assessment station metrics are fed into the writing and review process.</p>	<p>Students of a similar level to the real examinees (from another London institution) are used to formally run through all new stations, or existing stations where significant modifications have been made, and their feedback from the students' perspective is used to make adjustments about timings, clarity of task and level of assessment.</p> <p>SPs are used to rehearse all new stations (the same ones who will be in the assessment) and their feedback is sought to get the view of the 'patient' and that the scenarios feel realistic. These rehearsals are filmed to disseminate to the assessment provider's international sites to improve SP consistency.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations such as clinicians, clinical teaching fellows and academic members of staff.</p> <p>Feedback is collected from examiners on the day of the CPSA and post-assessment station metrics are used when revising stations. These metrics and feedback are discussed at a Board of Examiners review meeting attended by external examiners and filed for use the next time a station is used. Each item of feedback is reviewed before a station is reused to identify the need for edits.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p> <p>Effective practice: New station writers are paired with a senior academic mentor for a whole year to assist, review and advise as new stations are created.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</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/sites/sittings.</p> <p>The assessment provider advised that they run the same stations on the same days in</p>

		<p>all sites including overseas, starting the sessions in different countries at different times of day so that there is as little opportunity for leakage of information as possible. The assessment provider explained that it is not feasible to quarantine students due to the numbers (particularly at the UK site). However, they actively analyse comparative performance across days to identify any potential leakage. This information is shared with students in the interests of fairness and transparency.</p> <p>The assessment provider shares information with examiners and SPs through password protected emails with a reminder about confidentiality. While this does not alter our advice that the requirement has been met overall, we recommend that the assessment provider should consider using a more secure method of sharing information with examiners and SPs.</p> <p>We are satisfied that the assessment provider appropriately ensures the security of CPSA materials, with the following suggested recommendations:</p> <p>Recommendation: The assessment provider should continue to analyse and monitor comparative performance across different circuits/sites/days while not quarantining students, as well as considering appropriate station design to minimise leakage.</p> <p>Recommendation: The assessment provider should consider using a more secure platform sharing method to share information with SPs and/or examiners.</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</p>	<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>Students are briefed in a number of ways including formal exam briefings, video material of simulated OSCE and a virtual learning environment (VLE). The VLE includes formative OSCE stations with all material provided including student and examiner instructions, expected standards of performance, the marksheet, guidance for examiner marking, the SP information and station requirements.</p>

<p>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>The expected standards of performance, passing criteria and the method and process of borderline regression are explained in the chief examiner’s briefing to candidates before the exam. The assessment provider also provides recorded sessions on standard setting and borderline regression on the VLE. The chief examiner briefings also include details on how the CPSA will run on the day.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p> <p>Effective practice: The assessment provider supplies a comprehensive range of exemplar materials to students so that they can familiarise themselves with the assessment process.</p>
<p>10 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>	<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 detailed and comprehensive feedback given to candidates, including, for each station, an individualised feedback report including their score in comparison to their cohort in that station, all the narrative feedback supplied by individual examiners and generalised cohort feedback for each station.</p> <p>The assessment provider has described a robust remediation process for unsuccessful candidates. This includes 1:1 meetings with senior academic team members which have formalised guidance and agendas. Staff conducting them have access to the student’s detailed marks and feedback to discuss in the meeting and advise about the options available, recommending a course of action based on their best chances of passing and graduating, their wellbeing and their performance in the assessment.</p> <p>We advise that the assessment provider has appropriately described the information and support they give to candidates about their results and performance.</p>

			<p>Effective practice: The process of remediation for failing students demonstrates an excellent level of support. This includes formal meetings and a guidance document on the process which has been developed as part of work carried out in a Staff-Student Participation Group with input from previous students who have failed assessments.</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>		<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – giving feedback to candidates.</p> <p>All CPSA examiners have to meet a range of criteria including greater than two years clinical experience, have a contract or honorary contract with the University, be a member of the clinical communication team for specific stations e.g. breaking bad news, have attended OSCE training in the last three years and must have no personal relationship with any students sitting the CPSA.</p> <p>The assessment provider has described and demonstrated comprehensive and robust processes for training and briefing examiners, which includes the background and rationale for domain-based marking, the scales used and nomenclature, specific domains and marking guidance, global rating, the importance of consistency between circuits, domain weighting pre-exam, standard setting, and feedback good practice with good and bad examples detailed. It also includes interactive unconscious bias training looking at situations specific to the examiner role. Examiners undertake refresher training every three years which covers any changes to the CPSA, reviews judgements in marking, looks at real data of inter-rater performance and there is an interactive discussion as to why they happen, tips to prevent atypical marking, unconscious bias training review and a significant focus on feedback quality.</p> <p>Calibration on the day of the exam is thorough with individual station 'huddle meetings' for all examiners and SPs marking the same station on different circuits. This</p>

		<p>has an allocated examiner to lead the discussion (usually the station writer) and looks to address any questions from examiners and/or SPs and also discuss issues that may arise and how to handle them consistently across circuits.</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>Effective practice: The assessment provider embeds unconscious bias training in OSCE examiner training. This is interactive and includes open discussions, knowledge sharing and acknowledgement of attainment gaps and the importance of addressing these.</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>	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score.</p> <p>The assessment provider has also described the involvement and preparation of real patients in the CPSA, including children for paediatric stations. The assessment provider advised that they have not used real patients since the pandemic, however they plan to reintroduce them in the next academic year.</p> <p>Real patients are sourced from examiners and clinical colleagues in local hospitals and healthcare settings. They have a strong database of patients with a mixture of clinical conditions and keep in regular contact with the patients. They all receive formal instruction (written and verbally) in advance about what to expect and what is required of them and receive a briefing on the day by a member of the exams team and a clinician.</p> <p>SPs are recruited by the local clinical communication team who have a large network of trained actors. They are formally trained in the assessment provider's methodology and SP marking for specific issues relating to communication and rapport. SPs are also trained in unconscious bias specific to clinical exams as part of routine training.</p> <p>Each overseas site has its own comparable programme for recruiting and training SPs.</p>

		<p>At overseas sites, SPs are mostly members of professional role-playing companies.</p> <p>SPs have extensive opportunities to rehearse, run through and discuss stations before the exam including discussion of features of good and less good candidate behaviour to help their marking consistency. On the day of the exam, SPs join examiners in the station ‘huddles’ to ensure consistency of approach across circuits.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Next submission: The assessment provider should provide an update on their plans to move back to using real patients in the assessment.</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>	<p>The assessment provider has described and demonstrated how the examiner and simulated patient for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>Each station has a huddle process led by a nominated experienced academic/clinical examiner where all examiners and SPs (across all circuits) meet before the start of the assessment to discuss any other issues or predicted difficulties and how to examine and act consistently across circuits.</p> <p>They have also shown what steps they take to ensure that the station is being run in the same way across different circuits/sites. For example, all examiners and SPs have exactly the same training, including calibration exercises. The materials are shared and the sessions are delivered by a core group of faculty in London and by the Head of Assessment at the University of Nicosia to all overseas sites. Training is mandatory for all examiners and SPs. All station rehearsals are run in London with all SPs doing the rehearsed station present to watch and learn from each other, to improve consistency. All rehearsals are filmed and sent to the Head of Assessment for the University of Nicosia to cascade to all other international sites. They all see the same rehearsals to aid calibration as to how the station should run. During the exams, local faculty reinforce the messages in huddle group meetings before every session in all sites.</p>

		<p>These are facilitated by an academic/clinical member of staff to further aid consistency and answer any last minute questions.</p> <p>For stations involving real patients, the assessment provider has described how the examiner and patient prepare, including checking what clinical signs the candidate should find. Physical signs in real patients are recorded formally for each patient so that the marking is consistent, and level of difficulty is taken into account by examiners e.g. how subtle or obvious a sign is.</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>	<p>The assessment provider has described and demonstrated how they monitor examiners and role players 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.</p> <p>The assessment provider explained that individual examiner scores are compared against the median scores across all examiners in each circuit to allow for identification of particularly stringent or lenient marking. Narrative feedback is also looked at in real time throughout the assessment to check on quality and quantity. Significant outliers or underperforming examiners are spoken to constructively and encouraged to reflect on their performance.</p> <p>SP feedback is on an individual basis where an examiner has noted inconsistency or other performance issues. They discuss this with the SPs in real time and monitor to ensure that feedback has been acted on.</p> <p>The assessment provider noted that feedback is an area for improvement with an ongoing stream of work.</p> <p>We advise that the assessment provider has appropriately described how examiner</p>

		<p>and SP performance is monitored during the exam and how feedback is given and evaluated.</p> <p>Next submission: The assessment provider should provide an update on their work to improve the quality of feedback to examiners and SPs. We encourage the assessment provider to seek ways to deliver meaningful feedback to all examiners and SPs and not just those where issues have been identified.</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>	<p>The assessment provider has described and documented detailed processes and procedures for running all aspects of the CPSA on the day, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider explained that there is a nominated responsible examiner, who acts as chief examiner, present throughout each assessment day to ensure policies and procedures are adhered to. All policies and procedures are available on a single page on the assessment provider’s website. There is a Student Conduct and Compliance page on the student portal which explains student procedures and has downloadable application forms for appeals and complaints. The assessment provider also provides a PowerPoint presentation for all students to explain the appeals and mitigating circumstances policies as well as guidance on the process. However, we recommend that the assessment provider should develop a standard operating procedure (SOP) covering the running of the CPSA on the day, for resilience and consistency.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should document all processes around running the CPSA on the day in a standard operating procedure (SOP).</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>	<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 described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, with effort made to ensure consistency of experience for candidates on different sites, circuits and in different countries. In the UK, Cyprus and Israel, the CPSA takes place in dedicated cubicle teaching space. In Chicago, the CPSA takes place in doctors' offices within a clinic which is cleared for the duration of the exam. Rooms across sites are set up similarly in accordance with exam requirements. On the day of the exam, responsible examiners across sites perform a mandatory walk through and check all equipment is available and functioning in each cubicle and the set-up is as required.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p>
17	<p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	<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 described using electronic marking software during the CPSA. The exams team and responsible examiners monitor the system in real-time during the exam. They will speak with an individual examiner if they can see that marks are missing in the system or if the examiner is not providing adequate feedback so this can be rectified within the exam.</p> <p>The assessment provider has described the approach to dealing with missing data following the exam. If a mark or feedback is missing this would be picked up within 24 hours of the exam when the raw scores are exported from the electronic marking system. In this case, the exams team contact the examiner immediately for the missing information. The assessment provider advised that this would be a very rare</p>

		<p>occurrence as the electronic marking system does not allow moving on to the next candidate until all marks are inserted and some narrative feedback provided. The only time missing data is possible is in the case of tablet failure. Paper marking is available in case of technical issues and time is allocated at the end of the exam to transfer marks and feedback to the electronic marking system. Paperwork is kept for at least two weeks after the exam board meeting in case of candidate appeals.</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 results</p> <p>b. approaches to post-assessment mark-data changes.</p>	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The assessment provider has described a rigorous process for checking that marks have been recorded and calculated correctly including as cross-checking across sites, manual calculation of failed students and cross-checking the marks against global scores to look for dissonance. We saw this documented in a clear SOP for results processing.</p> <p>They have described the criteria and process for making post-assessment mark adjustments using statistical evidence, including a helpful worked example. We recommend that these processes should be documented in the 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 document the principles and thresholds for making post-assessment mark adjustments in a SOP.</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> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>The assessment provider has described and shown how assessment data are 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, particularly across sites. The assessment provider has given a clear description of how all data are reviewed at the post-assessment meeting before outcomes are considered by the Board of Examiners and external examiner, with examples of the standard analyses routinely carried out by the psychometrician.</p> <p>The example reports we saw presented a good range of OSCE metrics in a clear tabulated view supported by a number of figures and graphs which present the data clearly. The assessment provider also analyses student performance in relation to protected characteristics.</p> <p>They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA. For example, analyses and feedback are routinely reviewed to learn lessons and improve subsequent quality for individual stations and running of the whole assessment cycle.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</p> <p>Effective practice: The reports prepared for the Board of Examiners are clear and detailed and cover several aspects of the assessment. For example, differential attainment, psychometrics and examiner performance.</p> <p>Next submission: We are pleased to read that the assessment provider analyses</p>
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		student performance in relation to protected characteristics. The assessment provider should report on any actions that arise from this in the next submission.
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>	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner’s comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has described and demonstrated robust processes for recruiting and training external examiners. 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 examiners as critical friends, for example when considering changes to the design of the CPSA.</p> <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. External examiners also visit the international sites.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p> <p>Effective practice: It is clear from the submission that external examiners are a much-valued source of advice and scrutiny for the assessment provider. External examiners are actively involved in several stages where their input is quality assured and utilised to make improvements to the assessment.</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

No response provided