

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

The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen

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	The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen
GMC’s decision	Complies with the CPSA requirements
Date of decision	1 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.

* 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).

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

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

† 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.

CPSA requirements.

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, Medical Sciences and Nutrition, University of Aberdeen, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

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

In reaching my decision I have considered the following documents:

- The compliance report containing advice to the GMC on the CPSA submission by The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, 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

* 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.

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, Medical Sciences and Nutrition, University of Aberdeen (the assessment provider) complies with and meets the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

I have noted the compliance report advises the GMC considers a number of recommendations.

I make recommendations to the assessment provider, set out in the recommendation section below.

I am NOT making any recommendations to the assessment provider for the reasons specified below.

I noted that the compliance report advises the GMC requires the assessment provider to make [add number] mandatory changes in order to be compliant with and meet the CPSA requirements. I am satisfied that The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen (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, Medical Sciences and Nutrition, University of Aberdeen (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

CPSA Design

- The assessment provider should ensure that information and instructions to examiners consistently refer to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.

Standard setting

- The assessment provider should remove the exception that allows candidates to pass the CPSA without having met the conjunctive standard of number of stations to pass.

Security of CPSA content

- The assessment provider should explore how to minimise the risk of exposure of

assessment content when sharing with examiners and SPs.

Results and feedback to candidates

- The assessment provider should consider giving candidates category specific feedback.

Examiners

- The assessment provider should look at providing CPSA-specific ED&I training for examiners, in addition to completing general ED&I training.
- The assessment provider should give examiners training on giving free text feedback to candidates.

Simulated/real patients

- Patient partners should attend calibration before the CPSA in order to standardise how role play and enhance consistency of performance across circuits.

Policies and procedures

- The assessment provider should review its exceptional circumstances policy to ensure that all candidates passing the CPSA have demonstrated they have met the required standard of proficiency.

Reasons for the decision

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

I note the CPSA reviews' advice that the assessment provider meets the CPSA requirements and that no mandatory changes are necessary. As mentioned above, there are some recommended changes which the assessment provider has accepted, which is sufficient for us to monitor developments in the identified areas. None of the current recommendations will impede the School's ability to ensure that candidates are competently assessed on their preparedness to practise medicine as FY1 doctors.

The assessment provided has clearly explained how it meets each requirement under the framework and has provided specific descriptions of the relevant processes it uses. I also note the CPSA reviewers identified effective practice in relation to Resource and Space, noting that the assessment provider has a bespoke clinical assessment centre which ensures a comparable experience for all candidates.

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

Emma Vinnicombe

Date

1 March 2024

Annex A

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

**The School of Medicine, Medical Sciences and Nutrition,
University of Aberdeen**

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

The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen

This compliance report contains the advice from the independent CPSA reviewers* to the GMC. The advice is based on their review of the information and evidence submitted by The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen (the assessment provider†) to show how their CPSA complies with the CPSA requirements annexed to the GMC's MLA framework: [Assuring readiness for practice: a framework for the MLA](#).

By meeting these requirements, an assessment provider is demonstrating the quality, consistency and fairness of their CPSA to a standard that the GMC requires for the CPSA to count towards a candidate's MLA.

In preparing their advice, the CPSA reviewers used their expert judgement to consider whether each requirement had been met overall. They recognised that there may be both areas of strength and areas for development within a CPSA.

Their advice begins with an overview. The table of individual requirements that follows contains the CPSA reviewers' advice to the GMC on whether The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen 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

* 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.

specified in the MLA framework* in order for the assessment provider to meet and be 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 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).

[†] 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.

The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen (the assessment provider) meets the CPSA requirements set out in the GMC's [Requirements for the Medical Licensing Assessment Clinical and Professional Skills Assessment](#) 'the CPSA requirements').

While not impacting on our overall conclusion that The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include eight recommended changes and eight 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 The School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, including any clarifications or further information requested as part of that process, from the original submission in Q3 2022.

CPSA reviewers' advice on the individual CPSA requirements

	Requirement	Met	Findings
1	<p>Assessment strategy</p> <p>Describe and demonstrate how the CPSA sits within the overall assessment strategy for the final and penultimate years, eg workplace-based assessments (WPBA) and clinical procedural skills.</p>	Yes	<p>The assessment provider has appropriately described and demonstrated how the CPSA sits within the overall assessment strategy for the final and penultimate years, including WPBA and clinical procedural skills, showing the progression points and eligibility criteria for the CPSA.</p> <p>The assessment provider's CPSA is sat in the final year of the programme.</p> <p>Practical procedures are assessed by Undergraduate Procedural Skill Assessments throughout years 4 and 5 through a WPBA approach. Some procedures may be reassessed in the CPSA, but the main focus of the CPSA is clinical communication and examination.</p> <p>Professionalism is integrated into the year in various ways, including feedback after 'student assistantships' from colleagues in the workplace focussing on professional behaviour and team working skills.</p> <p>In order to take the CPSA, a candidate must hold a valid class certificate to confirm that they've attended and duly performed the work prescribed for the course. They must also achieve the requirements for each block, including successful completion of required WPBA and sign off of all practical procedures.</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</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 simulated patients (SPs).</p> <p>The assessment provider uses a 21 station sequential OSCE for their CPSA, consisting of</p>

<p>include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	<p>a first sequence of 12 stations run as two sets of six stations on consecutive days, with a two-week gap and nine stations in the second sequence. Only candidates who have not met the standard for the first sequence must take the second sequence.</p> <p>Stations are eight minutes long, with two minutes reading time. The CPSA is run at a single site twice a day, with six parallel circuits.</p> <p>The second sequence consists of nine stations in the same format as the first sequence. All stations will have been previously used, as historical standards need to be used to set the standard, given the small numbers of candidates taking the second sequence.</p> <p>Because the assessment provider uses a sequential model for the CPSA, there is no in-year resit. This is typical for a sequential design, where the two parts of the sequential test serve to provide more information on candidates close to the borderline to determine whether they have passed the CPSA.</p> <p>We noted that the assessment provider had to use some unmanned stations during the Covid-19 pandemic. They don't intend to use these in future. We welcome this decision, as such stations often assess skills that could be as well assessed in another exam, such as a knowledge test.</p> <p>Candidates are told in their instructions that the CPSA is set at the standard of Foundation Programme year one (F1). The standard is less clear in the guidance to examiners: we noted that in describing the standard the global score descriptors referred to the academic year of study rather than F1. While it may be implicitly understood that this means the standard is F1 for final year students, we advise that the assessment provider should make the standard clear throughout its documentation for the CPSA.</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>
---	---

			Recommendation: The assessment provider should ensure that information and instructions to examiners consistently refer to the start of the Foundation Programme (F1) when describing the standard or level of performance expected in the CPSA.
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. They have also described how simulated patients (SPs) contribute to the scoring.</p> <p>The assessment provider uses a checklist scoring approach, with 30 marks in each station. Of these, SPs contribute 1.5 or 2 marks in each station they are in (5-6.7%), using clear descriptors related to rapport, empathy and communication skills. Examiners also make a global judgement which is used for setting the standard.</p> <p>We noted that the assessment provider used different wording to conceptualise the borderline candidate in the descriptors of the global judgement for examiners for borderline regression and Angoff. They acknowledged this and said that they will review the descriptors. As part of that review, they should also look at how to make the level (Foundation Year 1) explicit throughout all CPSA materials, as noted in requirement 2 (CPSA design).</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Next submission: The assessment provider should provide an update on its work to review the global grade descriptors.</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</p>	Yes	<p>The assessment provider has described their rationale and method for standard setting the CPSA, demonstrating how standard setting is applied at station level and for the overall assessment including their additional standard setting criteria used to arrive at a final pass mark and pass/fail outcome decision for each candidate. They have also described how the standard is maintained over different circuits and the rationale and</p>

<p>method(s), including:</p> <ul style="list-style-type: none"> a. standard setting method at station and overall assessment level b. any additional passing criteria (eg minimum number of stations passed). 	<p>method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first sequence using the borderline regression method (BRM) (where the assessment provider uses unmanned stations, it may set the standard using the Angoff method), with a conjunctive standard of 8 stations (two thirds) and 3 Root Mean Square Error (RMSE) of the exam. This sets a high standard to pass and be exempted from taking the second sequence, which is appropriate.</p> <p>The nine stations in the second sequence are set using historical BRM data from previous cohorts. This is appropriate, as the cohort in the second sequences will likely be too small to use their marks to reliably set the standard on the day. Candidates who take all 21 stations must meet or exceed the BRM score plus 1RMSE. They must also pass 14 of the 21 stations (two thirds).</p> <p>There is an exception to this where a candidate exceeds the total pass mark for the CPSA but fails to pass the required number of stations. If the candidate has failed eight stations and the score in one of those is within 1RMSE of the pass mark and the examiner's global score for the station is borderline or above, then the assessment provider deems them to have passed the CPSA. This affects between 1-3 candidates per year.</p> <p>While the assessment provider argues that the RSME represents the margin of error and that the candidate may have passed, we were concerned that this process could allow a candidate to pass who hasn't clearly demonstrated they meet the standard. As a result, we advise that the assessment provider should remove the exception from the standard setting process.</p> <p>Examiners across circuits meet to calibrate and agree the approach to marking the station (this is described further in requirement 13). The standard across circuits is also reviewed as part of the post-test psychometric analysis.</p> <p>We advise that the assessment provider sets and maintains the standard</p>
---	---

			<p>appropriately, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should remove the exception that allows candidates to pass the CPSA without having met the conjunctive standard of number of stations to pass.</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>	Yes	<p>The assessment provider has described and demonstrated how professionalism is assessed during the CPSA and how wider elements of professionalism are covered elsewhere in their assessment strategy. They have also shown how unprofessional behaviours are captured and followed up.</p> <p>Examiners consider a candidate’s professionalism as one of the considerations in making their global judgement, and the SP mark includes an element of professionalism.</p> <p>Unprofessional behaviours are captured on the mark scheme with a ‘red flag’ checkbox and accompanying free text box to record details. In addition, any examiner, student, SP or member of staff can report unprofessional behaviour. In each instance, the report is investigated by the CPSA lead, who may do one or more of the following: report the concern to the exam board (all professionalism red flags are reported); report to the year 5 team for appropriate action, including remediation or fitness to practice proceedings, if required; and provide feedback to the student.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>
6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p>

<p>to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>		<p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. Stations are mapped to one or more of the three overarching themes of the content map. We noted that the assessment provider is working with their learning technology team to tag the OSCE stations to the content map domains. We welcome this and suggest that they should provide an update on the work in a future submission.</p> <p>The first sequence consists of half new and half previously used stations. The second sequence consists of all previously used stations, for the reasons outlined in requirement 4. This approach strikes an appropriate balance between stations which have previously performed well and new stations which ensure that the content of the CPSA doesn't become predictable.</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 mapping stations against the content map domains.</p>
<p>7 Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, 	<p>Yes</p>	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>The assessment provider produces at least six new stations each year for the initial sequence of 12 stations. They run station writing workshops for those new to writing OSCE stations. Writers are either year leads or content experts.</p> <p>As noted in requirement 3, all stations have a total of 30 marks. We noted that the</p>

	<p>reviewing and approving new stations, and reusing existing stations</p> <p>c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge</p> <p>d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.</p>		<p>necessity of distributing those marks across the checklist may drive how a writer develops a station, rather than focussing it on the most clinically discriminating criteria. We flag this as something for the assessment provider to be aware of as their CPSA develops.</p> <p>The assessment provider involves a range of appropriate stakeholders in the creation and development of stations such the Lead of Communication for communication stations and the patient partner programme team.</p> <p>We saw a description of the stages of development of a CPSA station in the narrative, which reassured us that the assessment provider was following an appropriate process. At the time of submission these stages weren't documented in the SOP, but the assessment provider told us of their plans to review the SOP to rectify this, which we welcome.</p> <p>Feedback on stations is collected from examiners and external examiners on the day of the CPSA. Post-exam station metrics are considered when reusing or revising stations.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice.</p> <p>Next submission: The assessment provider plans to revise the SOP for writing stations to cover all the stages of station writing. They should submit the updated SOP in the next submission.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	Yes	<p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits.</p> <p>The assessment provider doesn't quarantine students. They provided evidence to show that they look the marks awarded for morning and afternoon candidates as part</p>

			<p>of their statistical analysis.</p> <p>Draft stations are shared through a digitally secured SharePoint site and final versions are stored in a secure custom-built computer system, which is only accessible to a pre-defined user group with administrative privileges prior to the CPSA. The system has an audit log to show who has accessed the material.</p> <p>Stations are emailed to examiners prior to the exam. SPs are either emailed or sent a hard copy of their brief (the latter for reasons of inclusivity). The assessment provider noted that it is exploring the use of MS Teams and SharePoint to share documents with NHS and academic staff rather than emailing them. We welcome this approach. The assessment provider had not identified a solution for sharing briefs with patient partners at the time of submission.</p> <p>We advise that they should look for ways to minimise the security risks around emailing or sending out hard copies, for instance collecting in the latter at the end of the CPSA, and documenting the process.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should explore how to minimise the risk of exposure of assessment content when sharing with examiners and SPs.</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>	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 are introduced to the OSCE format in early years and take both summative and formative OSCEs in Year 4 which are in a similar format to the CPSA. They also receive briefings and written information on the CPSA, including details of how the sequences work and timings on the day of the CPSA.</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>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured, as well as what support is given to unsuccessful candidates.</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>Candidates don't receive feedback between the two sequences, other than whether they are exempted from taking the second sequence. Those who must take the second sequence are given the opportunity to engage with the student support team. This is appropriate, as the two sequences form a single assessment.</p> <p>After the second sequence, generic feedback is provided to all candidates, based on overall examiner comments, highlighting general areas for improvement across the stations. Additionally, candidates receive individual feedback based on examiner free text comments and their marks in relation to the pass mark for each station.</p> <p>We considered that the assessment provider could enhance its feedback to unsuccessful candidates with category specific feedback.</p> <p>All free text comments from examiners are reviewed and ratified by the year OSCE coordinator. We saw an SOP detailing the steps the assessment provider takes to ensure that each candidate received the correct feedback.</p> <p>The assessment provider has described and demonstrated detailed and comprehensive feedback given to candidates, including information on how to use and interpret the feedback, to assist their reflection and strengthen their future learning.</p> <p>We advise that the assessment provider has appropriately described the information</p>

			<p>and support they give to candidates about their results and performance.</p> <p>Recommendation: The assessment provider should consider giving candidates category specific 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 and details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – giving feedback to candidates.</p> <p>The assessment provider has clear criteria for becoming an examiner, set out in an SOP. All examiners must complete training and be certified before examining. This is monitored and followed up with anyone who doesn't complete the training.</p> <p>Examiners must also have completed ED&I training in the past three years. However, we didn't see evidence of exam-specific ED&I training for examiners. The assessment provider could strengthen this aspect of its examiner training by focussing on ED&I within the context of the CPSA, and we advise that the assessment provider should consider how to do this.</p> <p>While the training included the expected standards and training videos on how to mark, we didn't see evidence that examiners are trained in giving free text feedback to candidates. We recommend that the assessment provider should strengthen its training around this (in requirement 14 – Feedback to examiners and simulated patients, we note that the assessment provider is intending to review its approach to giving feedback, and this recommendation may fall under that wider review).</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should look at providing CPSA-specific</p>

			<p>ED&I training for examiners, in addition to completing general ED&I training.</p> <p>Recommendation: The assessment provider should give examiners training on giving free text feedback to candidates.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are recruited, trained, briefed and calibrated.</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role. This includes appropriate training on their contribution to the station score.</p> <p>The assessment provider uses ‘Patient partners’ as SPs recruited via word of mouth or through advertised talks to charity and community groups. All SPs attend mandatory training, which includes how to mark in a station. They also receive ED&I training, which must be completed within the last two years.</p> <p>The assessment provider tells candidates in the briefing that some patients may not correspond to the age being described in the scenario. We noted that the assessment provider has faced challenges recruiting a diverse pool of patient partners, but that this has been a focus of attention for them. One solution to how they include younger patients has been to recruit students from other courses as SPs. Whilst we welcome the approach to widen the range of patients in the CPSA, we noted that this has potential security implications for the CPSA if the students playing the part of a patient know the candidates. As a result, we suggest that the assessment provider should monitor this aspect.</p> <p>Patient partners receive their script two weeks before the CPSA. They can discuss and play through the role with the patient partner team, if they wish, but this is optional. As a result, the first time a patient partner runs through the station may be on the morning of the CPSA with the examiner. To aid standardisation across circuits, we advise that all patient partners should attend a calibration session before the CPSA to standardise how the role is played.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the</p>

			<p>CPSA and has provided evidence of appropriate training and calibration.</p> <p>Recommendation: Patient partners should attend calibration before the CPSA in order to standardise how the role played and enhance consistency of performance across circuits.</p> <p>Next submission: The assessment provider should give an update on their work to recruit a diverse range of patient partners.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>Examiners on a particular station meet to calibrate and agree the approach to marking the station, before rehearsing the station with the patient. We noted that this hadn't happened during the pandemic, but that the assessment provider intends to return to doing it. They also intend to include patient partners in the huddle, which we welcome as it will enhance the consistency of how stations are played and marked across circuits.</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> <p>Next submission: The assessment provider should give an update on the use of huddles to support calibration.</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</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>Prior to the Covid-19 pandemic, the assessment provider gave examiners boxplot</p>

	<p>impact of this feedback is monitored.</p>		<p>graphs comparing their marking to examiners on different sites, a common method of feeding back to examiners. The assessment provider didn't monitor examiner performance longitudinally.</p> <p>The assessment provider is currently reviewing how best to provide feedback to examiners. Their challenge is that they have a large pool of examiners who rarely examine for a whole day and hence only see a small number of candidates. As a result, the assessment provider has found it challenging to give meaningful feedback.</p> <p>While we recognise that this is a common issue in giving feedback to examiners, it's important to give examiners insight into how they're marking. We welcome the review of how feedback is given to examiners and recommend that the assessment provider should update on its progress in the next submission.</p> <p>The assessment provider also told us that it would consider how to give feedback to patient partners as part of the review.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendation:</p> <p>Next submission: The assessment provider should give an update on its work to provide feedback to examiners and patient partners and monitor its impact.</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, including evidence of efforts to ensure consistency across different sites, supplemented with information about central university policies, including processes for reasonable adjustments.</p> <p>The assessment provider has a suite of suitable policies and procedures in place. We saw clear evidence of both policies and SOPs for running the CPSA. However, we did identify one policy where we had a concern. The exceptional circumstances policy gives the exceptional circumstances committee the option to award a pass where the</p>

			<p>student has failed the examination by a very narrow margin (typically <0.5 marks). Whilst we recognised that this would be a rare occurrence and safeguards are in place, we were concerned that a candidate could pass the CPSA without demonstrating they had met the required standard of proficiency. We recommend that the assessment provider should review its exceptional circumstances policy to ensure that all candidates passing the CPSA have demonstrated they have met the required standard of proficiency.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review its exceptional circumstances policy to ensure that all candidates passing the CPSA have demonstrated they have met the required standard of proficiency.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The assessment provider runs the CPSA at a single site, a bespoke clinical skills centre, appropriate for a high-stakes clinical exam. The use of a single site helps ensure consistency of experience for candidates taking the CPSA and allows all examiners for the same station to meet in a huddle for calibration.</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 circuits.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of a quality assessment through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an</p>

			<p>authentic way.</p> <p>Effective practice: The assessment provider has a bespoke clinical assessment centre which ensures a comparable experience for all candidates.</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>Marking the CPSA takes place on iPads. There are checks in place to make sure that the examiner is marking the right candidate. All marks are mandatory, so an examiner cannot submit their marks if one is missing. Results are uploaded and checked immediately after the CPSA.</p> <p>The processes described are appropriate, but for this requirement and requirement 18 (production of results), we didn't see an SOP. The assessment provider themselves identified the need for one, so will need to provide it in the next submission. As it will cover both requirements, we've included the need for an update in requirement 18.</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</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately processed and checked to create results and assessment outcomes for the exam board. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>If the assessment provider identifies an issue with a station, it is reviewed and escalated to the programme lead, if necessary. Suggested changes are modelled and discussed at the exam board. We suggest that the SOP should cover the principles and approach to making changes, including any thresholds for when a post-assessment mark-data change should be made.</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</p>

	mark-data changes.		<p>in place to ensure accurate handling of data and calculation of results.</p> <p>Next submission: The assessment provider identified that it doesn't have a formal SOP for data acquisition and the production of results. In the next submission the assessment provider should submit the SOP. This should include their process for station removal and mark adjustments.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <p>a. what analyses are conducted</p> <p>b. how the analysis is used to improve station quality</p> <p>c. how the analysis informs the development of the CPSA.</p>	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>We reviewed example statistical reports routinely carried out according to the assessment provider's SOP, alongside an explanation of how these are used to check that the CPSA results are reliable, valid and fair. This includes appropriate checks for variation between morning and afternoon sessions.</p> <p>They have also described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA. The analysis is fed into an OSCE debrief meeting where OSCE co-ordinators from across the years share their learning, with good practice being shared and poorly performing stations being changed or no longer used.</p> <p>We advise that the assessment provider has appropriately described how analyses are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how</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 usually has two external examiners for each academic year,</p>

<p>the assessment provider responds to their advice.</p>	<p>with two or three external examiners overseeing the year 4 and 5 written and clinical assessments. External examiners are trained and provided with a handbook.</p> <p>External examiners are sent the plans for the CPSA, along with any proposed changes. They also review stations, attend the exam board and submit a report to the assessment provider. As part of the evidence, we saw an example external examiner report with the assessment provider's response to their comments.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p>
--	---

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.

<p>Assessment provider's response</p> <p>I can confirm that there appear to be no factual errors within the report. We are reviewing the recommendations and will be making appropriate changes and updates based on them for the next submission.</p>
