

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

UCL Medical School, University College 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	UCL Medical School, University College London
GMC’s decision	Complies with the CPSA requirements
Date of decision	5 April 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 published in March 2021 and updated and reissued in November 2023. The MLA framework

* 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.

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 UCL Medical School, University College 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:

- 2023 Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report for UCL Medical School, University College London.
- Response from the assessment provider (UCL Medical School, University College London) to the 2023 Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report – as contained within that report.
- Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – guidance for MLA decision makers.

Decision

* 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 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 UCL Medical School, University College 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](#).

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 UCL Medical School, University College 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 UCL Medical School, University College 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

There are no mandatory changes.

Recommendations

1. Requirement area 7: Quality of CPSA content

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.

The assessment provider involves appropriate stakeholders in the creation and development of stations such as clinical lecturers and teaching fellows (who are usually at foundation year 3 level) to ensure that the level of challenge of the station is appropriate for a newly qualified doctor.

Stations deemed to be appropriate then undergo a pilot using the assessment team members to role play the patient, the candidate and the examiner. Feedback is collected

from examiners and SPs on the day of the CPSA and fed into the post-test station review process. However, the assessment provider could look to widen the range of stakeholders involved in the station development process. Specifically, we noted that they don't involve SPs during station development or piloting. Input from the SP during station development and piloting to provide the patient perspective would enhance the quality of the stations.

Recommendation: The assessment provider should look to widen the range of stakeholders involved in the creation, development and piloting of stations, for example, including SPs to provide a patient perspective.

2. Requirement area 11: Examiners

On the day of the CPSA, examiners are allocated their station and provided with extensive notes and anchor statements detailing the expected performance of a clear passing candidate. In some circumstances, for example where there are specific instructions for a station such as performing a physical examination, all examiners of that station are brought together prior to the CPSA starting to allow examiner calibration. However, while we recognise that calibration can be challenging in a cross site exam, we recommend that the assessment provider investigate ways for all examiners testing the same station to calibrate prior to the CPSA.

Recommendation: The assessment provider should investigate ways for all examiners testing the same station to calibrate prior to the CPSA.

3. Requirement area 14: Feedback to examiners and simulated patients

Examiners are monitored by the site lead and external examiner during the CPSA so that any issues can be addressed. After the exam, the assessment team identify any issues with examiner performance. If an examiner was an outlier in terms of marking or an examiner was performing sub optimally, then feedback is provided to this examiner.

The assessment provider described their plans to enhance examiner feedback in the 2023-24 academic year. If an examiner remains a persistent outlier in their marking, despite receiving feedback, then they may be invited to re-train or even excluded from the examiner list. While this is appropriate, we were unclear at what point the remediation process is triggered.

SPs receive no specific routine feedback on their performance, but examiners may feedback on an individual basis if there is a performance issue on the day. We recommend that the assessment provider considers how to give feedback to SPs.

Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.

Recommendation: The assessment provider should consider how to give and monitor feedback to SPs.

4. Requirement area 15: Policies and procedures

The assessment provider has a range of standard policies covering items such as misconduct, appeals and reasonable adjustments. Under the reasonable adjustment policy,

some candidates may present a support card to examiners to notify them of adjustments and how to support them.

The assessment provider should ensure clarity of their processes and procedures so that examiners know what to expect and how to manage reasonable adjustments fairly. For example, by using cards that, instead of describing the underlying condition, give the examiner instructions about potential symptoms that the candidate shouldn't be penalised for. While the use of the support cards is good practice, we recommend that the assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.

Recommendation: The assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.

5. Requirement area 18: Production of results

The software calculates the candidate's raw score automatically once all the marksheets have been submitted. This is reviewed by the assessment and feedback team who check for any missing data, with appropriate procedures in place on the rare occasion this occurs. These are appropriate quality checks with suitable people involved.

The assessment provider described how they follow up and remediate any incidents during the CPSA which may influence the marks. A recommendation of action is presented at Board of Examiners who consider various options such as removal of marks from individual stations, or removal of a station.

Recommendation: The assessment provider should document the process for making post-assessment mark-data changes, such as removing a station, in an SOP.

I note that the assessment provider; UCL Medical School, University College London has acknowledged the CPSA reviewers' advice report, with the above recommendations and requested update, and has confirmed it provides an accurate summary.

Reasons for the decision

Based on the Medical Licensing Assessment (MLA) Clinical and professional skills assessment (CPSA) reviewers' advice report provided to me, which I am aware was compiled through a review* of the assessment provider's submission and evidence by GMC associates (expert and lay) in order to offer the GMC independent expert advice, I am satisfied on the balance of probabilities that the UCL Medical School, University College London has demonstrated that it meets the CPSA

* As per principles and compliance process detailed in Medical Licensing Assessment (MLA) – clinical and professional skills assessment (CPSA) – guidance for MLA decision makers.

requirements annexed to the GMC's MLA framework.

I have taken into account the advice set out in the CPSA reviewers' advice report. The CPSA reviewers have set out in detail, their independent expert advice on the assessment provider's submissions, against each of the CPSA requirement areas. Based on the findings made by the CPSA reviewers in their report, there have been no concerns raised about the robustness or objectivity of the evidence they have considered and taken into account. I have also noted that the assessment provider has replied to the report to confirm that it is factually accurate.

I have considered the recommendations made in the CPSA reviewers' report which I endorse and have detailed them in the Recommendations section above. However, I have noted that these are in the interests of improving standards - no concerns have been raised or identified about the extent of knowledge and skills tested, or the standard of proficiency. The assessment provider is otherwise reported by the CPSA reviewers to have met all of the 20 areas of [Requirements for the MLA Clinical and Professional Skills Assessment](#). No mandatory changes have been identified.

I can see that the assessment provider has acknowledged the report. I understand the GMC will agree implementation plans with assessment providers for recommendations made.

It is also worth highlighting that the CPSA reviewers noted an area of 'effective practice' by the assessment provider, which is to be commended.

No concerns regarding compliance with equality and / or human rights legal obligations have been brought to my attention. As per the information in the Compliance process section above, GMC associates were appointed following an open recruitment campaign and all associates undertook bespoke Equality, Diversity and Inclusion training before starting their role. Checks were also completed for any conflicts of interest. Given this, I am satisfied that all reasonable steps have been taken to ensure that any conflict of interests of those involved in the review process were identified and appropriately mitigated.

Signed

Lisa Bond

Date

5 April 2024

Annex A

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

UCL Medical School, University College London

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

UCL Medical School, University College 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 UCL Medical School, University College 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 UCL Medical School, University College 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.

UCL Medical School, University College London

Overview of CPSA reviewers' advice

Overall advice statement from CPSA reviewers

We, the CPSA reviewers, advise the GMC that UCL Medical School, University College 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 UCL Medical School, University College London meets the CPSA requirements, we suggest that the GMC considers a number of recommendations. These include six recommended changes and one update, or further information, we consider are needed for the next submission.

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

Our advice is based solely on a review of the written information and evidence submitted by UCL Medical School, University College 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>	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 and clinical procedural skills are assessed by portfolio. The portfolio includes supervised learning events, supervisor reports, educational activity forms, observed long histories, end of module reports, and WPBA. WPBA are assessed by direct observation of procedures (DOPS). Professionalism is assessed throughout the programme, for example on clinical placement, and during the CPSA where each station carries marks for professionalism. Students must pass all elements of the portfolio before taking the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number 	Yes	<p>The assessment provider has described the rationale and design features of their CPSA, including the format, total testing time, number and duration of stations, number of sites and circuits, and involvement of both real and simulated patients (SPs).</p> <p>The assessment provider uses an OSCE for their CPSA, consisting of one circuit of 12 stations taken on the same day. Stations are ten minutes long, with one minute of reading time. The CPSA is run at up to seven sites, with approximately two morning and two afternoon circuits at each site, depending on candidate numbers.</p> <p>The resit is run in the same format as the first sit.</p>

	and duration of stations.		<p>The assessment provider has given a detailed description of the model along with several example stations evidencing how the CPSA design accurately represents a standard set at the start of the Foundation Programme (F1).</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.</p>
3	<p>Scoring</p> <p>Describe the rationale for the approach to scoring candidate performance:</p> <p>a. within station (eg domain/checklist/overall global judgement)</p> <p>b. how results are aggregated at the level of the overall assessment</p> <p>c. any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.</p>	Yes	<p>The assessment provider has described how each station is scored and how the CPSA is scored overall. They have provided example marksheets and examiner scoring guidance, including descriptors for borderline candidate performance, and they have described how SPs and real patients contribute to the scoring.</p> <p>The assessment provider uses a domain-based scoring approach with 40 marks available in each station. The weighting of the mark scheme depends on what the station is assessing. There is a section in the mark scheme within each station for the SP to give a score, which is clearly outlined in both the SP and examiner instructions. The score contributes to the overall marksheet and is weighted differently depending on the CPSA station.</p> <p>The examiner also awards a global judgement mark which reflects how the candidate performed overall. Examiners are provided with clear CPSA anchor statements to guide examiner scoring and consistency. The global judgement mark is used towards setting the passing score.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the</p>	Yes	<p>The assessment provider has described their rationale and methods 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</p>

	<p>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>have also described how the standard is maintained over different circuits/sites and the rationale and method for standard setting the resit.</p> <p>The assessment provider sets the standard for the first take using the borderline regression method, with a conjunctive standard of 55% of stations required to pass.</p> <p>The resit is set using the same method, however using historical borderline regression data from previous cohorts. This is appropriate, as the cohort in the resit will likely be too small to use their marks to reliably set the standard on the day.</p> <p>The standard is maintained over different circuits and sites by running identical circuits, comprised of the same stations and equipped with the same equipment. Examiner training and briefing, as well as SP briefing, ensure as much standardisation as possible between marking. A senior member of faculty is present at each CPSA site to ensure adherence to procedures.</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>	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>The assessment provider incorporates assessment of professionalism in the content of the CPSA, for example each station has a section on the mark scheme dedicated to professionalism, in which the examiner and SP can award points for candidate professionalism. The assessment provider supplied a marksheet in which dedicated marks for communication skills, gaining consent and good documentation can be seen. In addition, in some stations, the major focus is on professionalism. For example, adherence to ethical principles, or adopting a patient-centred approach.</p> <p>Examiners are briefed about the importance of professionalism, how to ensure that</p>

			<p>professional behaviour is acknowledged, and unprofessional behaviour is reported via ‘concerns about professional behaviour’ (CoPB) forms. Any CoPBs issued during the CPSA are considered by the Pre-Boards of Examiners to determine if they have been correctly issued and are to be upheld. The Pre-Board then makes a recommendation for follow up action to the Board of Examiners, which includes remediation opportunities.</p> <p>The assessment provider has comprehensive policies and procedures in place for recognising and addressing unprofessional behaviours, including a Medical Student Code of Conduct which details the expected behavioural standards and CoPB process.</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 demonstrated a robust and comprehensive approach to assessing professional behaviour in the CPSA.</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 maps to the individual domains:</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider has described and demonstrated the process for content sampling at a station level and across the whole CPSA. There is sampling across a range of domains and areas of clinical practice, with clear mapping to the content map and the requirement for candidates to demonstrate that they can identify and interpret clinical findings.</p> <p>The final year academic lead chairs the Panel of Examiners meetings, which decide on the content of the assessment. These meetings have representation from each site as well as the assessment faculty. At the meetings they review any changes that have been made to the curriculum, the statistics and feedback of previously used stations</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>and then commission new stations based on this information. All stations are blueprinted against the curriculum map intended learning outcomes (which is aligned with the <i>MLA content map</i>), <i>Outcomes for Graduates</i> and <i>Good Medical Practice</i> to ensure there is an appropriate spread of content. All new stations (or ones with significant changes) are piloted and redrafted prior to external examiner review.</p> <p>We advise that there is a suitable approach to selecting content for the CPSA and that it is appropriately mapped to the <i>MLA content map</i>.</p>
7	<p>Quality of CPSA content</p> <p>Describe and demonstrate how stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity 	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations are authentic and at the appropriate level of challenge.</p> <p>Station writers are recruited by clinical lecturers, site and module leads to ensure that doctors at all levels of postgraduate training are represented, guaranteeing a breadth of expertise and assuring that the stations are authentic, diverse and of an appropriate level of challenge. New station writers attend an assessment workshop and receive in depth guidance on how to write a station. This includes a station writing template, anchor statement and details on the concept of the station they are assigned. The station writer is assigned a mentor to provide guidance and feedback on the CPSA-writing process.</p> <p>The assessment provider involves appropriate stakeholders in the creation and development of stations such as clinical lecturers and teaching fellows (who are usually at foundation year 3 level) to ensure that the level of challenge of the station is appropriate for a newly qualified doctor.</p>

	<p>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>New stations are collated and reviewed by the assessment and feedback team who provide feedback on how the station can be amended and improved. Stations deemed to be appropriate then undergo a pilot using the assessment team members to role play the patient, the candidate and the examiner. Feedback is collected from examiners and SPs on the day of the CPSA and fed into the post-test station review process. However, the assessment provider could look to widen the range of stakeholders involved in the station development process. Specifically, we noted that they don't involve SPs during station development or piloting. Input from the SP during station development and piloting to provide the patient perspective would enhance the quality of the stations.</p> <p>We advise that the assessment provider has appropriate processes to produce quality assessment materials that correctly reflect what new doctors might encounter in clinical practice, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should look to widen the range of stakeholders involved in the creation, development and piloting of stations, for example, including SPs to provide a patient perspective.</p>
8	<p>Security of CPSA content</p> <p>Describe and demonstrate how the security of the assessment content is maintained.</p>	<p>Yes</p> <p>The assessment provider has described and demonstrated how they maintain the security of assessment materials, including how station content is stored and shared with all those involved in the CPSA. They have also described how they ensure security of the assessment content across different circuits/sites/sittings.</p> <p>Station content is stored in a restricted network drive which is only accessible to approved members of the assessment team. CPSA materials are shared with sites one week before the CPSA using a secure sharing platform. This is described in a standard operating procedure (SOP) covering information security.</p> <p>Station information is shared with the SP role player agency using the secure sharing platform. SPs only receive the information relevant to their role. Examiners do not receive any information in advance as they are allocated a station on the day.</p>

			<p>Candidates are quarantined between morning and afternoon sessions, with no access to electronic devices.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p>
9	<p>Familiarisation with the assessment process for candidates</p> <p>Describe and demonstrate how candidates have been given information about the CPSA in advance, and briefed on the day, covering:</p> <p>a. assessment format, including the criteria for achieving a pass</p> <p>b. expected standards of performance</p> <p>c. how the CPSA will be run on the day.</p>	Yes	<p>The assessment provider has described and demonstrated the information and briefing they provide to candidates in advance, and on the day, to ensure candidates are familiar with the format and expected standards of performance.</p> <p>Candidates receive a lecture outlining the format of the CPSA, how it is marked, the criteria for achieving a pass and a question and answer session. They also have access to a virtual learning environment (VLE) which contains comprehensive CPSA resources, including sample stations and example marksheets, and links to university examination policies and regulations.</p> <p>Candidates attend a mock OSCE which is run in the same format as the CPSA. They also have the opportunity to attend CPSA practice sessions in the clinical skills centres where they are provided with sample stations to work through in peer groups.</p> <p>Candidates receive details of their assessment two to three weeks before the CPSA and attend a further briefing on the day to remind them of the format and structure.</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</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>Exam results and feedback are collated and uploaded to the candidate's academic record, including free text comments. Examiners have been trained on how to give feedback which is constructive and useful to candidates. Feedback content is not</p>

	<p>what support is given to unsuccessful candidates.</p>		<p>routinely checked before being released to candidates; apart from in the case of failing candidates, which is checked to ensure it correlates against the candidate score.</p> <p>Unsuccessful candidates are invited to attend a meeting with the divisional tutor or deputy to discuss their options, such as resitting the exam or repeating the year. Candidates who resit the CPSA undertake an additional placement during which they receive targeted examination support. Candidates who choose to repeat the year receive enhanced support through their resit year from the welfare staff and their personal tutor.</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>
11	<p>Examiners</p> <p>Describe how examiners are recruited, trained, briefed and calibrated, and demonstrate:</p> <p>a. criteria for becoming an examiner</p> <p>b. training to support examiners' preparedness</p> <p>c. details of marking calibration</p> <p>d. details of equality, diversity and inclusion (ED&I) training.</p>	Yes	<p>The assessment provider has described and demonstrated how examiners are recruited, trained, briefed and calibrated. This includes the criteria for appointment, ED&I training, and how examiners are standardised to ensure they have a common approach to scoring, identifying different levels of performance – especially borderline candidates – and giving feedback to candidates.</p> <p>Examiners are recruited via email from a wide range of clinical and academic departments and encompass a wide variety of clinical specialties. All examiners must be the equivalent of Speciality Trainee (ST3) or above and must have had some prior involvement with teaching.</p> <p>Examiners are required to complete an online training package before they're allowed to examine. This gives an overview of the format of the CPSA, discusses how to examine, examiner conduct, how to mark, and how to give feedback. It includes ED&I training, including unconscious bias training. The training also includes two videos of simulated CPSA stations for the examiners to mark, and then receive feedback on. This aims to calibrate the examiners and ensure they adopt a common approach to marking before the assessment.</p> <p>On the day of the CPSA, examiners are allocated their station and provided with</p>

			<p>extensive notes and anchor statements detailing the expected performance of a clear passing candidate. In some circumstances, for example where there are specific instructions for a station such as performing a physical examination, all examiners of that station are brought together prior to the CPSA starting to allow examiner calibration. However, while we recognise that calibration can be challenging in a cross site exam, we recommend that the assessment provider investigate ways for all examiners testing the same station to calibrate prior to the CPSA.</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 investigate ways for all examiners testing the same station to calibrate prior to the CPSA.</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. The assessment provider has also described the involvement and preparation of real patients in the CPSA.</p> <p>The assessment provider uses an agency to supply and train SPs. All receive ED&I training. SPs are sent the details of their role before the day of the CPSA so they have time to familiarise themselves. This may include videos to watch to allow them to better understand the condition they are playing. If more than one circuit is running at a single site, the SPs are asked to meet with their corresponding SP prior to the start of the CPSA to ensure consistency.</p> <p>On the day of the CPSA, SPs receive a further briefing before moving to calibrate with their examiner. SPs contribute to the candidate mark using a set scoring criteria to grade their professionalism. SPs are trained on how to award this mark by the role player agency and discuss it with their examiner on the day of the exam to ensure</p>

			<p>consistency.</p> <p>Real patients are recruited by NHS clinicians working with the assessment provider and are only used for stations where candidates need to identify clinical signs. Real patients are briefed by a member of the clinical skills team before the exam so that they know what to expect and can ask any questions. Real patients do not contribute to scoring.</p> <p>We advise that the assessment provider has clearly described how it involves SPs and real patients in the CPSA and has provided evidence of appropriate training and calibration.</p>
13	<p>Collaboration between examiners and patients</p> <p>Describe and demonstrate how the examiner and simulated/ real patient for each station are given the opportunity to meet and familiarise themselves with the station content.</p>	Yes	<p>The assessment provider has described and demonstrated how the examiner and SP for each station are given the opportunity to meet and familiarise themselves with the station content on the day.</p> <p>Examiners and SPs are asked to arrive early so that they can rehearse the station and discuss the SP mark before candidates arrive. 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.</p> <p>The assessment provider has described what steps they take to ensure that the station is being run in the same way across different circuits/sites. This includes standard equipment and set up for the venues, including images, to ensure that stations are set up in the same way across sites. On the day before each exam day, site leads from all locations meet at a central site to perform a complete circuit walk around to ensure consistency. Stations are discussed and agreed; the site leads then relay this to their site. On the day of the assessment there are WhatsApp groups to ensure all decisions are enacted across all 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>

14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they plan to monitor the impact of examiner feedback on future marking behaviours and how they will deal with underperformance.</p> <p>Examiners are monitored by the site lead and external examiner during the CPSA so that any issues can be addressed. After the exam, the assessment team identify any issues with examiner performance. If an examiner was an outlier in terms of marking or an examiner was performing sub optimally, then feedback is provided to this examiner.</p> <p>The assessment provider described their plans to enhance examiner feedback in the 2023-24 academic year. They plan to introduce a full ‘Hawks and Doves’ analysis for each examiner. This highlights particularly stringent or lenient marking. The report will enable them to compare their marking against that of their counterparts for the same station on a different circuit or site and adjust accordingly. They hope that this will facilitate standardisation, as well as providing formative feedback to the examiners. If an examiner remains a persistent outlier in their marking, despite receiving feedback, then they may be invited to re-train or even excluded from the examiner list. While this is appropriate, we were unclear at what point the remediation process is triggered. Consequently, we suggest that the assessment provider should put in place a clear process for monitoring and remediation of examiners who are outliers.</p> <p>SPs receive no specific routine feedback on their performance, but examiners may feedback on an individual basis if there is a performance issue on the day. We recommend that the assessment provider considers how to give feedback to SPs.</p> <p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendations:</p>
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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 clear SOP for the CPSA, which sets out what happens before, during and after the exam, and details the roles of everyone involved in it. With the CPSA running at several sites, we noted the ways that the assessment provider ensures standardisation of the approach, including a site leads walk around the day before the CPSA, as well as communication between sites on the day.</p> <p>The assessment provider has a range of standard policies covering items such as misconduct, appeals and reasonable adjustments. Under the reasonable adjustment policy, some candidates may present a support card to examiners to notify them of adjustments and how to support them. The example card provided in their supporting evidence read: ‘This candidate is subject to anxiety and panic attacks. Examiners are asked to be sympathetic in their approach. Please take this into account when marking this student’. We were concerned that this implies that the candidate is subject to a lower threshold and asks the examiner to be lenient.</p> <p>The assessment provider explained that, in this example, this is to prompt examiners to be sympathetic if a candidate shows signs of extreme anxiety and not to mark them less favourably as a result of this. The assessment provider said that they ensure that this is interpreted correctly by the examiner by covering this in their examiner training on managing reasonable adjustments. Examiners are also informed that affected candidates may request to re-take a station. However, we advise that the assessment</p>

			<p>provider should not use the term ‘sympathetic’ in reference to reasonable adjustments. The term implies that the standard is adjusted, and the same standard must be applied throughout.</p> <p>The assessment provider should ensure clarity of their processes and procedures so that examiners know what to expect and how to manage reasonable adjustments fairly. For example, by using cards that, instead of describing the underlying condition, give the examiner instructions about potential symptoms that the candidate shouldn’t be penalised for. While the use of the support cards is good practice, we recommend that the assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should review the content of their support cards and develop further guidance for examiners on how to interpret and integrate the instructions into their marking.</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 their CPSA over several sites which are situated either within education centres and tutorial rooms located within clinical trusts, or within clinical skills suites within the university. These sites are regularly quality checked. They also hire one venue with three purpose-built OSCE circuits. All sites are experienced in the provision of high-stake examinations.</p> <p>The assessment provider has described and demonstrated clear evidence of the venue</p>

			<p>spaces, station layout and set up, equipment and clinical skills resources, with effort made to ensure consistency of experience for candidates on different sites and circuits.</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>	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 electronic devices. 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. The assessment provider supplied a guidance document followed by the assessment lead at each site which describes their data acquisition processes.</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 Board of Examiners. They have described the criteria and process for making post-assessment mark adjustments.</p> <p>The software calculates the candidate's raw score automatically once all the marksheets have been submitted. This is reviewed by the assessment and feedback team who check for any missing data, with appropriate procedures in place on the rare occasion this occurs. These are appropriate quality checks with suitable people involved.</p> <p>The assessment provider described how they follow up and remediate any incidents during the CPSA which may influence the marks. A recommendation of action is</p>

	mark-data changes.		<p>presented at Board of Examiners who consider various options such as removal of marks from individual stations, or removal of a station. The assessment provider supplied examples of these types of discussions and decisions from previous Board of Examiners meetings. While we recognise that this is an uncommon event, we recommend that the assessment provider should document the circumstances in which it would make post-assessment mark-data changes for consistency and fairness across different exam diets.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the Board of Examiners 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 process for making post-assessment mark-data changes, such as removing a station, in an 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. 	Yes	<p>The assessment provider has described and shown how assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making, to demonstrate that the assessment produces reliable outcomes. They have described how psychometric analysis is used to monitor station and examiner performance and improve the CPSA.</p> <p>The assessment provider looks at typical psychometric measures for an OSCE, at both the station level and across circuits and administrations. They also analyse cross-site results to look for longitudinal trends. The assessment provider has only recently started performing this analysis and, at the time of the submission, did not have enough data to present it at the Board of Examiners but we support this development.</p> <p>Any issues that arise are discussed at a post-exam review meeting and reviewed in conjunction with feedback provided by examiners, external examiners, SPs and candidates. Appropriate changes or adaptations to stations are made at this stage. Station authors are provided with their station's statistics and comments. Stations that</p>

			<p>have performed poorly are removed from the bank.</p> <p>The assessment provider has given a clear description of how all data are reviewed at the post-test meeting before outcomes are considered by the Board of Examiners, with examples of the analyses routinely carried out by the psychometrician.</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>Next submission: The assessment provider should provide an update on their cross-site psychometric analysis and any changes made to the CPSA as a result.</p>
20	<p>External examiners</p> <p>Describe and demonstrate how the external examiners contribute to the quality of the CPSA and how the assessment provider responds to their advice.</p>	Yes	<p>The assessment provider has shown how the external examiner plays a role in the quality assurance and improvement of the CPSA and how they engage with the external examiner's comments and advice as part of the quality improvement cycle.</p> <p>The assessment provider has described and demonstrated examples of the external examiners' involvement across the CPSA throughout the academic year, for example, they're sent copies of CPSA stations before the assessment and their feedback is considered when finalising the assessment content.</p> <p>The assessment provider demonstrated that external examiners are suitably recruited and briefed and are supplied with detailed information on the responsibilities of the role. They have opportunities to observe the CPSA and take part in the Board of Examiners meetings following the assessment. The evidence showed how the assessment provider uses the external examiners as critical friends, for example when considering changes to the design of the CPSA.</p> <p>The supporting evidence includes an example external examiner report and a document showing how the assessment provider has responded to their comments.</p> <p>We advise that the assessment provider has clearly described how external examiners</p>

			play a role in the quality assurance and improvement of the CPSA.
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Assessment provider's response

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

Assessment provider's response

The assessment provider has acknowledged the report and has confirmed it provides an accurate summary. They have no points on which they feel they need to provide a response at this time.