

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

Glasgow Medical School, University of Glasgow

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	Glasgow Medical School, University of Glasgow
GMC’s decision	Complies with the CPSA requirements
Date of decision	Monday 3 June

Legislation and guidance

The Medical Act 1983, as amended, gives the GMC the function of promoting high standards in, and co-ordinating all stages of, medical education. The Act requires‡ the GMC to:

- determine the extent of the knowledge and skill required to obtain a primary UK qualification (PMQ) and secure that the instruction given is sufficient to equip candidates with that knowledge and skill, and
- determine the standard of proficiency required from candidates during examinations leading to a UK PMQ and secure the maintenance of that standard.

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

* The decision is made by a GMC Assistant Registrar, under delegated authority from the Registrar to act as an MLA decision maker.

† Assessment provider: either a UK awarding body offering a primary medical qualification (PMQ) or the GMC as a provider of the MLA to international medical graduates.

‡ Sections 5(2)(a) and (b).

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

published in March 2021 and updated and reissued in November 2023. The MLA framework requires that, from the academic year 2024-25, a medical degree awarded by a UK university on the GMC's list of awarding bodies (the list) must include a pass in the MLA to be recognised as a PMQ.

The MLA framework stipulates that, from 1 May 2024, for a university to be able to be included in the list:

- medical degree programmes must include the MLA
- the MLA must have two parts – an applied knowledge test (AKT) and a clinical professional skills assessment (CPSA)
- each AKT must meet our AKT requirements
- each CPSA must meet our CPSA requirements
- the content of all AKTs and CPSAs must derive from the *MLA content map* and
- medical degree programmes must meet the GMC's published standards, requirements and outcomes relating to undergraduate medical education and training.

The AKT requirements, CPSA requirements and MLA content map are annexed to the MLA framework.

Compliance with the requirements must be maintained in order for an assessment provider's AKT and CPSA to count towards a candidate's MLA.

Compliance process

Assessment providers submitted a narrative and supporting evidence (the submission) to the GMC, seeking to show how their CPSA complies with and meets the requirements.

The GMC's CPSA reviewers* reviewed the submissions in teams of three and discussed them at meetings facilitated by the GMC MLA team.

The GMC MLA team sent requests for further information and clarifications to the assessment provider as required, based on the CPSA reviewers' initial review of the submission. These requests were to obtain the evidence necessary to finalise the CPSA reviewers' advice. They were not an indication of whether or not the assessment provider was considered to have met the CPSA requirements.

* GMC associates appointed following an open recruitment campaign for their expertise, experience, and credibility in relation to assessment. All associates undertook bespoke Equality, Diversity, and Inclusion (ED&I) training at the GMC before starting their role. Checks were completed for any conflicts of interest.

Moderation meetings* were held to ensure the CPSA reviewers had taken a consistent approach to considering the submissions.

The GMC MLA team prepared a compliance report containing the key features of the CPSA reviewers' advice, together with the reviewers' collective opinion on whether each requirement was, or was not, met. The compliance report also set out any changes to the assessment provider's CPSA that the reviewers advised the GMC should consider and any further information that should be provided in the next submission.

The compliance report was shared with the assessment provider to enable them to respond and to check for factual inaccuracies†.

A copy of the compliance report containing advice to the GMC on the CPSA submission by Glasgow Medical School, University of Glasgow, including the assessment provider's response, is at Annex A.

Decision

GMC MLA decision maker's decision and reasons for decision

Documents considered in reaching decision

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

In reaching my decision I have considered the following documents:

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

Decision

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

I have considered the compliance report and I am satisfied that Glasgow Medical School, University of Glasgow (the assessment provider) complies with and meets the CPSA requirements

* 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.

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

Mandatory changes

Not applicable

Recommendations

Please note the recommendations detailed below. I note we have received a response from the assessment provider confirming the recommendations are accepted and compliance with them forms part of my decision.

Quality of CPSA content

Recommendation: The assessment provider should consider piloting all stations with a wide range of stakeholders, including SPs, before they're used in the CPSA as this would enhance the quality of the stations, in addition to trialling them for logistical and practical feasibility.

Feedback to examiners and simulated patients

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

Production of results

Recommendation: The process and rationale for making post-assessment mark-data changes should be documented in a SOP. This should include the process for making changes to candidates' marks.

Reasons for the decision

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

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

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

Signed

Elizabeth Swatkins

Date

3 June 2024

Annex A

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

Glasgow Medical School, University of Glasgow

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

Glasgow Medical School, University of Glasgow

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 Glasgow Medical School, University of Glasgow (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 Glasgow Medical School, University of Glasgow 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.

Glasgow Medical School, University of Glasgow

Overall advice statement from CPSA reviewers

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

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

Our advice is based solely on a review of the written information and evidence submitted by Glasgow Medical School, University of Glasgow, 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>Clinical procedural skills are assessed within clinical attachment blocks. Each block includes requirements for completion of WPBA, portfolio cases and observed Clinical and Procedural Skills (CAPS). Clinical procedural skills are reassessed during the CPSA. Professionalism is assessed throughout the programme and in the CPSA as part of the 'core consultation skills' domain. Students must pass all elements before taking the CPSA.</p> <p>We advise that the assessment provider has shown how the CPSA fits with the suite of assessments used for graduation, with clear information on progression requirements.</p>
2	<p>CPSA design</p> <p>Describe the rationale for the design of the CPSA. This should include:</p> <ul style="list-style-type: none"> a. format b. station type c. testing time, including number and duration of stations. 	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 16 stations. The CPSA runs over four days with candidates sitting four stations a day over consecutive days. Stations are ten minutes long, with one minute of reading time. The CPSA is run at two sites seven times in a single day, with five to six parallel circuits. During the pandemic, the assessment provider described running 14 stations due to examiner shortages and station logistics. This has been reestablished as 16 stations since</p>

			<p>academic year 2023-24.</p> <p>The resit runs at a single site up to twice a day, with up to three parallel circuits, depending on candidate numbers. Candidates sit eight stations a day over two days. The number and length of the stations is the same as the main sit.</p> <p>The assessment provider has given a detailed description of the model along with example stations and candidate and examiner briefings 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 and modelling 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 contribute to the scoring.</p> <p>The assessment provider uses a checklist scoring approach. Examiners are asked to observe student performance and mark contemporaneously against clear descriptors provided in the mark scheme. Stations include a combination of domains and total marks for each station may vary. Specific mark allocation within each domain varies according to the station scenario and the skills being assessed. Results are aggregated using the borderline regression method, described further under Requirement 4 (Standard setting). Examiners are also asked to award an overall global judgement for each candidate.</p> <p>SPs contribute between one to four marks. All SPs are asked to award a mark based on the candidate's general professionalism. In some stations with a focus on communication or professionalism scenarios, SPs may be asked to award a further two</p>

			<p>to four marks.</p> <p>We advise that the assessment provider has clearly described the rationale and approach to scoring candidate performance.</p> <p>Effective practice: The assessment provider includes clear written descriptors of expected borderline candidate performance in the station mark schemes.</p>
4	<p>Standard setting</p> <p>Describe and demonstrate how standards are set for the first take and resit, as applicable, and the underlying rationale for the chosen method(s), including:</p> <p>a. standard setting method at station and overall assessment level</p> <p>b. any additional passing criteria (eg minimum number of stations passed).</p>	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 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 75% of stations required to pass. The assessment provider told us that they have been modelling adding an additional pass mark and/or a standard error of measurement (SEM) to their pass criteria. We look forward to an update on this work in the next submission.¹</p> <p>The resit uses stations which have been used previously and demonstrate good reliability. This is appropriate as the smaller cohort in the resit makes it unsuitable for use of borderline regression. The pass mark for the last time the station performed is used. If a station has been altered or adapted significantly from previous use an Angoff process is used to set the station pass mark. The assessment provider explained that this is rare, with only two stations out of 14 requiring an Angoff generated pass mark for the resit in 2021-22. We saw clear criteria outlining the composition of an Angoff panel used to generate OSCE station pass marks, and on the information that panel members receive to inform their standard setting.</p> <p>We advise that the assessment provider sets and maintains the standard appropriately.</p>

			Next submission: The assessment provider should provide an update on their work to model adding a pass mark and/ or SEM to their passing criteria.
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>Professionalism is assessed throughout the programme in small group settings in early years and during clinical attachments. There are effective mechanisms to identify and follow up on behaviours of individual students, with appropriate remediation opportunities. For example, End of Block assessments include a requirement to comment on professionalism evident during a candidate’s time on each block with some specific criteria automatically triggering a mandatory meeting with the year lead. Remediation may include additional placement time or repeating a clinical attachment block.</p> <p>The assessment provider incorporates assessment of professionalism in the context of the CPSA. Marks are awarded by the SP and examiner under the ‘core consultation skills’ domain. Some stations are focused on professionalism which allows for identification and remediation of specific professionalism skills in candidates.</p> <p>The assessment provider also operates a ‘yellow card’ system during the CPSA. Yellow cards may be issued by examiners for breaches of professionalism. They are reviewed by the OSCE lead following the exam, and fed back to candidates verbatim, with their CPSA results. Where necessary, yellow card concerns are discussed further and remediated as appropriate with the candidate.</p> <p>We advise that the assessment provider assesses professionalism appropriately, and that there are suitable processes for capturing and addressing concerns relating to unprofessional behaviours.</p>

6	<p>Content sampling</p> <p>Describe how the CPSA content relates to the MLA content map:</p> <p>a. Demonstrate that the CPSA maps to the three overarching themes:</p> <ul style="list-style-type: none"> i. Readiness for safe practice ii. Managing uncertainty iii. Delivering person-centred care <p>b. Demonstrate how the CPSA maps to the individual domains:</p> <ul style="list-style-type: none"> i. Areas of clinical practice ii. Areas of professional knowledge iii. Clinical and professional capabilities iv. Practical skills and procedures v. Patient presentations vi. Conditions <p>c. Demonstrate that candidates can identify and interpret clinical findings.</p>	Yes	<p>The assessment provider has explained their sampling approach and described and demonstrated how the CPSA content relates to the themes and domains of the <i>MLA content map</i>. They have also described where and how candidates can demonstrate their ability to identify and interpret clinical findings.</p> <p>The assessment provider 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 assessment provider also described how other aspects of the programme map to the content map. For example, completion of the CAPS log - which is a graduation requirement - encompasses the full list of practical skills and procedures.</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</p>	Yes	<p>The assessment provider has described and demonstrated their processes to create, approve, evaluate and maintain quality stations testing MLA content, ensuring stations</p>

<p>stations are created and approved, and quality is maintained. This should include:</p> <ul style="list-style-type: none"> a. how station writers are trained b. the process for creating, reviewing and approving new stations, and reusing existing stations c. how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge d. how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process. 	<p>are authentic and at the appropriate level of challenge.</p> <p>All station writers are Specialty Leads (or Deputies) and are closely involved in the delivery of the curriculum. Prior to writing a new station, all station writers are provided with station writing guidelines and given examples of stations in their area of specialty interest. The assessment provider aims to have at least 50% of new stations at each main sit.</p> <p>The OSCE Lead reviews previous examination diets and areas of curriculum change and invites the Specialty Leads to write a new station. New stations are reviewed initially by the OSCE Lead, then by a panel during the Station Development session, which is attended by all members of the OSCE team, relevant Specialty Leads/Deputies, and has actor and lay member representation to also present a patient perspective. The assessment provider did not mention piloting stations before use. We recommend that they should consider piloting all stations with a wide range of stakeholders, including SPs, before they're used in the CPSA as this would enhance the quality of the stations, in addition to trialling them for logistical and practical feasibility.</p> <p>Examiners are provided with an examiner feedback form to evaluate their CPSA station following the exam. Specialty Leads receive a copy of the evaluation forms completed for their station and the analysis of how their station performed in the CPSA to reflect on the station performance and consider how to refine the station for future use.</p> <p>If it is decided to re-use a previously run station, the station writers are presented with a copy of the relevant completed evaluation forms, asked to consider the comments and make any necessary improvements. We saw evidence of the station life cycle including station metrics and examiner feedback and how this was incorporated into station development.</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>
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			<p>Recommendation: The assessment provider should consider piloting all stations with a wide range of stakeholders, including SPs, before they're used in the CPSA as this would enhance the quality of the stations, in addition to trialling them for logistical and practical feasibility.</p> <p>Effective practice: The station development life cycle, writing guidelines and target of 50% of new stations per main sit is excellent.</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/sites/sittings.</p> <p>The assessment provider explained that exam content is stored on a secure network drive with restricted access. Content is shared using a secure sharing platform. On the day of the CPSA, one hard copy of the station information is provided and securely retained in the station. The assessment provider uses an electronic marking system which keeps information secure.</p> <p>Candidates are quarantined on assessment days between the morning and afternoon sessions, with no access to electronic devices. The assessment provider advised that quarantining was suspended during the Covid-19 pandemic but they planned to reinstate this from academic year 2022-23. We look forward to hearing an update on this in the next submission.²</p> <p>Following the CPSA, the assessment provider performs an analysis of the two CPSA sites to identify any variations in candidate performance by site, or by morning or afternoon sitting, which could indicate any security issues with examination content.</p> <p>We advise that the assessment provider appropriately ensures the security of CPSA materials.</p> <p>Next submission: The assessment provider should provide an update on their plans to</p>

			reinstate candidate quarantining during the CPSA.
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>The assessment provider described the online briefing package which is made available to candidates before the CPSA. This includes information on the format of the assessment, venues, timings and what to expect. It also includes advice on how to prepare for the CPSA, time keeping during the assessment, appropriate dress and professional obligations. There is additional information for candidates with reasonable adjustments. Candidates are given broad specialty outlines for stations (for example: 'Medicine', 'Surgery') and advised which stations will be assessed each day. They are given information on the pass mark and standard setting process (borderline regression) and also provided with the protocol for raising a concern.</p> <p>Candidates attend a revision session for the CPSA which includes a lecture and screening of examiner OSCE training videos, followed by a question and answer session.</p> <p>On the day of the CPSA, candidates are briefed face to face before the assessment. They are reminded of station timings and the process for the CPSA.</p> <p>We advise that the assessment provider has appropriately shown how they prepare candidates to take the CPSA and inform them what to expect.</p>
10	<p>Results and feedback to candidates</p> <p>Describe and demonstrate what results and feedback are given to candidates and how the quality of</p>	Yes	<p>The assessment provider has described the information they give to candidates about their results and performance, including how the quality of any feedback is assured, and what support is given to unsuccessful candidates.</p> <p>The assessment provider has described and demonstrated detailed and comprehensive feedback given to candidates, including information on how to use and</p>

	<p>any feedback is assured, as well as what support is given to unsuccessful candidates.</p>		<p>interpret the feedback, to assist their reflection and strengthen their future learning. Candidates are provided with their overall pass/ fail score, station and domain specific feedback and examiner feedback comments.</p> <p>Unsuccessful candidates are invited to meet with the OSCE lead within a week of the CPSA to debrief and review their scores. At the meeting they review and discuss feedback and plan for remediation ahead of the resit. Candidates who pass their CPSA but narrowly can also arrange to meet with the OSCE lead to review and discuss their scores if they wish.</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> <ul style="list-style-type: none"> a. criteria for becoming an examiner b. training to support examiners' preparedness c. details of marking calibration d. details of equality, diversity and inclusion (ED&I) training. 	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>The assessment provider recruits clinicians who are actively involved in undergraduate teaching to examine the CPSA. Most examiners for the CPSA will be senior clinicians at GP, consultant or senior training grades. The assessment provider reported collecting demographic information on the examiner pool to ensure that it's representative and suitably diverse in terms of examiner age range, gender and ethnic mix, and medical specialty spread. This data is used to inform diverse examiner recruitment.</p> <p>Examiners are trained using an online training package which covers an overview of the OSCE, examiner code of conduct, information on electronic marking, expected examiner behaviours, giving feedback to candidates, and examiner bias. It includes an overview of standard setting, an explanation of the borderline regression method and a definition of the borderline candidate. Examiners are also provided with an examiner handbook and provided with training on how to use the electronic marking system if</p>

			<p>needed. Examiners are required to provide evidence of up to date ED&I training before examining in the CPSA.</p> <p>New examiners are invited to attend a face to face interactive calibration session which is run by the OSCE leads. In the sessions, previously recorded OSCE stations are viewed as a group and marked in real time. Facilitated discussion about the spread of marks then takes place, allowing examiners time to reflect on their marking and re-calibrate appropriately, as needed.</p> <p>Examiners do not see their station before the day of the CPSA but have time allocated before the assessment to familiarise themselves with the content and meet their SP. The assessment provider acknowledged that this is an area for development³ for them. They accepted that there are geographical and time challenges in running the exam across two sites and described their plans to pilot two methods for examiner station-specific calibration. Some stations will have an online briefing and some will receive detailed station specific briefing notes. The assessment provider will pilot both approaches and take examiner feedback on board before making a decision on which to implement. We look forward to seeing an update in the next submission.</p> <p>We advise that the assessment provider has described how examiners are recruited, trained, briefed and calibrated, so that they're well-prepared to mark in the CPSA.</p> <p>Next submission: The assessment provider should provide an update on their plans to introduce station-specific examiner calibration for the CPSA.</p> <p>Effective practice: The assessment provider runs face to face interactive calibration sessions for new examiners.</p>
12	<p>Simulated/ real patients</p> <p>Describe how simulated/ real patients are involved in the CPSA, and demonstrate how they are</p>	Yes	<p>The assessment provider has described how SPs are involved in the CPSA, and demonstrated how they are recruited, trained, briefed and calibrated on their role.</p> <p>The assessment provider uses trained actors as SPs in their CPSA. All SPs are also involved in small group teaching during the earlier years of the programme and are</p>

	<p>recruited, trained, briefed and calibrated.</p>		<p>required to have completed role and OSCE specific ED&I training.</p> <p>SPs receive details of their role two weeks before the CPSA. The assessment provider runs SP calibration sessions specific to each station in the week before the assessment. The sessions are run by the OSCE lead and the station lead (where possible) and bring together all SPs who will be performing in the same station across different circuits and sites to ensure consistency. They comprise of a run through of the station, including a detailed review of the SP brief and consideration of the station mark sheet and awarding marks. The assessment provider advised that they have received complimentary feedback from the external examiner on the consistency of their SP performances.</p> <p>SPs receive the station scenario ahead of time, and input into station development and final versions of each SP script. Script details may be updated following SP feedback during these sessions; minor refinements and any extra information are agreed and written into the scenario, as necessary.</p> <p>We advise that the assessment provider has clearly described how it involves SPs in the CPSA and has provided evidence of appropriate training and calibration.</p> <p>Effective practice: The assessment provider ensures that SPs are well prepared for the CPSA, including running group calibration sessions for SPs performing the same station across different sites and circuits, to ensure quality and consistency.</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</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 have allocated time before the CPSA to review the station contents and scenarios together, with examiners specifically requested to run over the role with their SP (and examine them, if relevant to the station).</p> <p>There is a clinical lead for each site on CPSA days who is available for any examiner or</p>

	station content.		<p>SP questions and, if necessary, liaison between sites ensures a consistent approach to any last-minute issues at station level, although the assessment provider advised that this is rare.</p> <p>The assessment provider has also shown what steps they take to ensure that the station is being run in the same way across different circuits/sites, for example running group calibration sessions for SPs as described under Requirement 12 (Simulated/ real patients).</p> <p>We advise that the assessment provider has clearly described how examiners and patients prepare on the day of the exam to ensure that they understand how the station should be presented and any issues are clarified.</p>
14	<p>Feedback to examiners and simulated patients</p> <p>Describe and demonstrate what feedback is given to examiners and simulated patients, and how the impact of this feedback is monitored.</p>	Yes	<p>The assessment provider has described and demonstrated how they monitor examiners and SPs during and after the CPSA, and what feedback is given to examiners and SPs. They have also shown how they monitor the impact of examiner feedback on future marking behaviours and how they deal with underperformance.</p> <p>Examiners receive individual feedback on their marking accompanied by an explanatory letter to help them interpret and reflect on this. Examiners are asked to consider the station mean score, their score, and their station standard deviation score compared to the average for the station. The assessment provider advised that they have only recently implemented providing feedback in this way and have plans to monitor this data to identify and remediate individual examiners whose marks deviate significantly from the mean. We were encouraged to read this and recommend that the assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.</p> <p>Feedback on CPSA stations (station pass mark, fail rates) is sent to all SPs after the assessment, along with any SP specific comments received from station examiners on the feedback form. SPs are given direct feedback from the OSCE lead if any issues are identified during the CPSA.</p>

			<p>We advise that the assessment provider has appropriately described how examiner and SP performance is monitored during the exam and how feedback is given and evaluated, with the following suggested recommendation:</p> <p>Recommendation: The assessment provider should put in place a clear monitoring and remediation process for examiners they identify as outliers.</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 range of standard assessment protocols and policies, including those for candidates with disabilities, reasonable adjustments, appeals and extenuating circumstances.</p> <p>We also saw evidence of a standard operating procedure (SOP) for the basic policies and procedures for the CPSA. The assessment provider described how the SOP is reviewed annually at the assessment planning meeting held at the start of each academic year, when timelines for CPSA development are confirmed and team responsibilities delegated. This allows an opportunity to debrief on the previous year's assessment processes, review examiner and candidate feedback, and consider changes to processes ahead of the new assessment diet.</p> <p>We advise that the assessment provider has appropriately described how the CPSA operates within the context of a policy framework which makes it clear to staff and candidates how procedures are implemented.</p>
16	<p>Resources and space</p> <p>Demonstrate that the CPSA takes place in a space appropriate for a high stakes assessment with access</p>	Yes	<p>The assessment provider has demonstrated that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical equipment and resources.</p> <p>The CPSA takes place in the clinical skills suite of the medical school building and at a</p>

	to appropriate clinical resources.		<p>local conference centre. Candidates are randomly allocated to either venue. The assessment provider has described and demonstrated clear evidence of the venue spaces, station layout and set up, equipment and clinical skills resources, with effort made to ensure consistency of experience for candidates on different sites and circuits. The assessment provider described plans to develop the venue at the conference centre as a dedicated undergraduate teaching and assessment space. We look forward to hearing an update on this in the next submission.</p> <p>We advise that the assessment provider has clearly described how they ensure the provision of the CPSA through securing appropriate venues, and the resources needed, so that candidates can demonstrate their clinical skills in an authentic way.</p> <p>Next submission: The assessment provider should provide an update on their plans to develop the venue at the conference centre as a dedicated undergraduate teaching and assessment space.</p>
17	<p>Data acquisition</p> <p>Describe and demonstrate the approach to accurate and consistent data acquisition during the CPSA and dealing with missing data identified during the CPSA itself.</p>	Yes	<p>The assessment provider has shown how the CPSA mark data are accurately captured and validated on the day and has described the approach to dealing with missing data.</p> <p>The assessment provider uses an electronic marking platform for their CPSA to ensure accurate data acquisition. The platform does not allow examiners to move on from a candidate until they've completed marking all domains, which eliminates missing data.</p> <p>In the rare event of a candidate attending the wrong venue in error, paper marksheets are available to examiners to ensure that the candidate can be accommodated. Their marks are manually entered into the electronic system by the OSCE clinical lead at the end of the exam day. Paper mark sheets are kept for manual checking and verification of marks if needed.</p> <p>We advise that the assessment provider has appropriately described how scores are captured and there are processes in place to ensure scores are accurate and complete.</p>

18	<p>Production of results</p> <p>Describe and demonstrate how results data are combined and checked after the CPSA to produce results for the exam board, including:</p> <p>a. approach to missing data identified during production of results</p> <p>b. approaches to post-assessment mark-data changes.</p>	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>The CPSA is marked electronically, using an electronic marking platform. At the end of each exam day the data is uploaded and synched onto the server. The assessment provider uses the software to combine all four exam parts (over four days) into one exam for results production and data analysis. This process is documented in a SOP.</p> <p>The assessment provider explained that it's rare that candidates' marks are changed post assessment. The assessment provider gave an example where a small number of candidates were awarded marks due to examiner error during the exam. However, given the high stakes nature of the MLA, we feel this approach is difficult to justify to the public or to candidates, and may inadvertently affect the pass outcome for borderline candidates, in the event of them being given the benefit of the doubt and awarded a mark for something they didn't demonstrate during the CPSA. We'd therefore advise that an alternative approach should be introduced, such as repeating the station at the end of the assessment. We recommend that the process and rationale for making post-assessment mark-data changes is documented in a SOP.</p> <p>We advise that the assessment provider has clearly described what data processing occurs between the completion of the CPSA and the exam board and what checks are in place to ensure accurate handling of data and calculation of results, with the following suggested recommendation:</p> <p>Recommendation: The process and rationale for making post-assessment mark-data changes should be documented in a SOP. This should include the process for making changes to candidates' marks.</p>
19	<p>Psychometric analysis</p> <p>Describe and demonstrate how the</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.</p>

	<p>assessment data are analysed and how the outcomes of the analysis feed into post-CPSA review, evaluation and decision making. This should include:</p> <ul style="list-style-type: none"> a. what analyses are conducted b. how the analysis is used to improve station quality c. how the analysis informs the development of the CPSA. 		<p>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 appropriate psychometric measures for an OSCE, at both the station level and across circuits. The assessment provider has given a clear description of the data reviewed, with an example of the analyses routinely carried out and included in the psychometric report which is reviewed by the exam board. The assessment provider explained that they had, at the time of the submission, recently recruited a data analyst to improve their ability to analyse and compile exam data. We look forward to an update on this in the next submission.</p> <p>Station level psychometrics are reviewed by the assessment team as part of post-hoc exam analysis and subsequently inform station topic selection and station design for future CPSA planning.</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 the work of their data analyst in improving their ability to analyse and compile exam data.</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 demonstrated that external examiners are suitably briefed and have opportunities to observe the CPSA. External examiners are sent all assessment material in advance of each CPSA to review, along with a blueprint showing the mapping of the exam to the appropriate outcomes. Their feedback is incorporated into the final versions used in the CPSA.</p> <p>External examiners are invited to attend all CPSA examinations. They are invited to</p>

		<p>give informal feedback on the day and formal comments to the exam board. The assessment provider recruits four external examiners for each year of the programme.</p> <p>The supporting evidence included an example external examiner report with the assessment provider's response to their comments, and examples of where the assessment provider has used external examiner feedback to make improvements to the CPSA.</p> <p>We advise that the assessment provider has clearly described how external examiners play a role in the quality assurance and improvement of the CPSA.</p> <p>Effective practice: The assessment provider recruits four external examiners for each year of the programme. External examiners are used as critical friends and contribute to the quality of the CPSA throughout the final year of the programme.</p>
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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

We can confirm that the report is factually accurate. Thank you for highlighting areas of effective practice and for the helpful comments and recommendations.

We have reviewed the comments carefully and will implement the changes in consultation with our assessment team. We are pleased to already be making progress in many of the areas highlighted and these actions will be detailed in our next submission.

The endnotes below cover additional responses to individual requirements.

¹ **Assessment provider's response:** For standard setting, we now use a conjunctive standard with a minimum station pass mark (75% of stations) and an overall score plus 1.64 SEM.

² **Assessment provider's response:** Quarantining was re-instated in 2022-2023

³ **Assessment provider's response:** Station specific, on the day calibration for examiners was introduced in 2023-2024