Requirements for the Medical Licensing Assessment Clinical and Professional Skills Assessment - for piloting
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Background

The Medical Licensing Assessment

1 The Medical Licensing Assessment (MLA) is a demonstration that those who obtain registration with a licence to practise medicine in the UK meet a common threshold for safe practice.

2 The MLA consists of two parts:

   a The Applied Knowledge Test (AKT): a test of applied medical knowledge, to be taken by all candidates.

   b The Clinical and Professional Skills Assessment (CPSA): the final, high stakes clinical examination run by medical schools for their students, and the CPSA run by the GMC for international medical graduates (IMGs).

Purpose of the CPSA

3 The primary objective of the CPSA is to demonstrate that an individual is capable of functioning safely as they enter clinical practice in the UK.

Purpose of this document

4 This document specifies the requirements that each assessment provider’s CPSA must meet.

5 The purpose of these requirements is to ensure that an assessment provider is meeting the primary objective by demonstrating the quality, consistency and fairness of the examination.

* This document refers to all medical schools and the GMC as ‘assessment providers’ and all test-takers as ‘candidates’.
of their CPSA to a standard that the GMC requires for the CPSA to count towards a candidate’s MLA. In identifying these requirements, we have ensured they are based on scholarship and good practice.

6 The CPSA is the final, high stakes clinical assessment, irrespective of the format that each provider has chosen to use (eg Objective Structured Clinical Examination (OSCE), Objective Structured Long Examination Record (OSLER), Practical Assessment of Clinical Examination Skills (PACES)).

7 Assessment providers will be asked to submit evidence to the GMC to show how their CPSA meets these requirements. This evidence will be reviewed to decide whether assessment providers meet the primary objective.

Updates from the June 2018 version

8 This draft is an update to reflect the feedback and learning from our engagement with stakeholders since the original draft requirements were published in June 2018, most particularly the formative exercise run with medical schools between March and July 2019. This version of the requirements will be subject to review post-pilot.

Design

Assessment strategy

1 Demonstrate how the CPSA sits within the overall suite of assessments for the final and penultimate years, eg workplace based assessments (WPBA) and clinical procedural skills.

Suggested evidence

i Assessment strategy or programme assessment map.

ii Evidence that individual candidate performance has been reviewed and progression decisions are made consistent with procedures (eg minutes from exam boards/progress panels showing that only candidates eligible to progress enter the CPSA).

CPSA design

2 Demonstrate the rationale for the design of the CPSA. This should include:

   c format

   d station type

   e testing time, including number and duration of stations.
Suggested evidence

i Description of the CPSA and explanation of the rationale underpinning the design of the CPSA, including format (OSCE, OSLER, MOSLER, PACES etc.), station type (long case, integrated skills, etc.) and testing time, including number and duration of stations.

Scoring

3 Describe the rationale for the approach to scoring candidate performance:

a within station (eg domain/checklist/overall global judgement)

b how results are aggregated at the level of the overall assessment

c any marks or judgements given by the simulated or real patient, and how they contribute to the overall score.

Suggested evidence

i Example station materials including a marksheet or marksheet(s) showing scoring (individual items and global descriptors), examples of weightings, rating scales and any anchor statements/other examiner guidance.

ii Any generic scoring guidance, eg generic anchor statements/descriptions of the borderline/just passing candidate.

iii Description of how overall CPSA scores are calculated and outcomes determined.

iv Example of the rating scale and scores used by the simulated or real patient, if applicable.

Standard setting

4 Describe how standards are set for the first-take and resit, as applicable, and the underlying rationale for the chosen method/s, including:

a standard setting method at station and overall assessment level

b any additional passing criteria (eg minimum number of stations passed)

Suggested evidence

i Detailed description of standard setting method/s and the application within and across stations (including approaches to compensation within the CPSA or across different assessment components).
ii Description and rationale for any additional standard setting criteria, eg use of one or more standard errors of measurement.

Assessing professionalism

5 Demonstrate how professionalism is assessed during the CPSA and unprofessional behaviours are captured and followed up.

Suggested evidence

i Description of how professionalism is assessed.

ii The process for logging and addressing concerns relating to unprofessional behaviours (eg cause for concern/yellow card) and its role in determining the outcome of the CPSA.

Content

Content sampling

*The MLA content map is informed by Outcomes for graduates, the Foundation Programme training outcomes, the Generic professional capabilities framework and Good medical practice.*

6 Show how the CPSA content relates to the MLA content map:

a Demonstrate that the CPSA maps to the three overarching themes:

i Readiness for safe practice

ii Managing uncertainty

iii Delivering person-centred care

b Demonstrate how the CPSA maps to the individual domains:

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

c Demonstrate that candidates can identify and interpret clinical findings

Suggested evidence

i Evidence that the overall CPSA blueprint is mapped to the three overarching themes of the content map and that candidates demonstrate a level of competence across the content map domains. This could include a worked example of mapping the content of a single CPSA to the themes and domains in 6a and 6b.

ii A worked example of a single CPSA showing where and how candidates can demonstrate their ability to identify and interpret clinical findings.

CPSA construction

7 Demonstrate how a range of appropriate stakeholders is involved in the creation and development of stations to assure their authenticity and level of challenge.

Suggested evidence

i Description of the processes for ensuring that stations are set at the level for entering clinical practice in the UK and reflect what doctors might encounter in the workplace.

ii Description of processes for ensuring that stations are authentic from the patient’s perspective.

Quality of CPSA content

8 Demonstrate how stations are created and quality is maintained. This should include:

a how station writers are trained

b the process for creating and approving new stations

c how feedback collected on the day of the CPSA and post-exam station metrics are fed into the writing and review process.

Suggested evidence

i Case study showing the lifecycle of a station.

ii Details of the training programme and materials for new station writers, including how these skills remain current.
Description of station review process, including examples of feedback and post-exam station metrics, and the revisions made to stations.

**Security of CPSA content**

9 Demonstrate how the security of the assessment content is maintained.

*Suggested evidence*

i Narrative explaining how security is achieved, including details of the process for station usage/review/revision/storage and sharing.

**Preparation of and support for candidates**

**Familiarisation with the assessment process for candidates**

10 Demonstrate how candidates have been given information about the CPSA well in advance, and briefed on the day, covering:

a assessment format, including scoring

b expected standards of performance

c how the CPSA will be run on the day.

*Suggested evidence*

i Evidence of timing and methods of communication, eg talks (slides and/or video recording), virtual learning environment (VLE) announcements, e-bulletins, handbooks, formative/mock CPSAs.

**Results and feedback to candidates**

11 Demonstrate what results and feedback are given to candidates and how the quality of any feedback is assured.

*Suggested evidence*

i Description of information provided to candidates, including results and feedback (eg examiners’ free text comments).

ii Description of processes for assuring the quality of feedback to candidates.

**Preparing candidates for a resit/repeat assessment**

12 Demonstrate what support is given to unsuccessful candidates.
Suggested evidence

i  Description of the remediation plan (eg feedback for unsuccessful candidates, availability of revision sessions).

Preparedness of examiners and patients for the CPSA

Examiners

We encourage the inclusion of multi-professional, lay and training grade examiners. Professionally qualified examiners should be in good standing with the relevant regulatory body.

13 Demonstrate how examiners are recruited and trained. This should include:

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.

Suggested evidence

i  Criteria for becoming an examiner.

ii  Exemplar materials for training events, covering examiner conduct, awareness of bias, scoring guidance and training on giving feedback to candidates.

iii  Details of marking calibration exercises to ensure that examiners have a common approach to identifying different levels of performance, especially borderline candidates.

iv  Details of how examiner performance is monitored and feedback given.

Simulated/real patients

14 Describe how simulated/real patients are involved in the CPSA and demonstrate how they are recruited, trained, briefed and calibrated.

Suggested evidence

i  Narrative detailing the involvement of simulated/real patients in the CPSA, and how they are trained and prepared for their role.

ii  Familiarisation of examiners and simulated/real patients with station content
15 Demonstrate how the examiner and simulated/real patient for each station are given the opportunity to familiarise themselves with the station content.

*Suggested evidence*

i Details of briefing and station level familiarisation proximal to the CPSA.

ii Evidence of how the examiner and patient prepare on the day of the exam, eg by rehearsing the station together, or with examiners and patients on parallel circuits.

**Feedback to examiners and simulated patients**

16 Demonstrate what feedback is given to examiners and simulated patients, and how you monitor the effect of this feedback.

*Suggested evidence*

i Description of how examiner and simulated patient performance is monitored during the exam.

ii Description of feedback provided to examiners and simulated patients.

**Policies and resources**

**Policies and procedures**

17 Demonstrate that there are policies and procedures in place to deal with all aspects of the CPSA.

*Suggested evidence*

i Written policies and standard operating procedures for the CPSA (eg roles and responsibilities of key staff, mitigating circumstances, reasonable adjustments, illness on the day, appeals process and unexpected incidents around the time of the CPSA, or this information in a Code of Practice for Assessment).

ii Description of how the principles in *Welcomed and Valued* are applied when determining the necessary level of support for candidates, including the provision of reasonable adjustments for disabled candidates.

**Resources and space**

18 Show that the CPSA takes place in a space appropriate for a high stakes assessment with access to appropriate clinical resources.
Suggested evidence

i  All resource details, eg map/photographs/video of circuit and inventory of resources, as well as external examiner comments/observations regarding suitability of assessment environment.

Data management

Data acquisition

19  Demonstrate the approach to accurate and consistent data acquisition during the CPSA, and dealing with missing data.

Suggested evidence

i  A description of how scores are captured (eg on paper or tablet computer), and processes in place to ensure scores are accurate and complete (eg checks at the end of each session).

Production of results

20  Demonstrate how the assessment provider combines and checks results data to produce results for the exam board.

Suggested evidence

i  Narrative describing the data processing that occurs between the completion of the CPSA and the exam board, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data and calculation of results, including cross-checking.

Evaluation and quality assurance

Psychometric analysis

21  Demonstrate how assessment performance is analysed post-CPSA, including looking at factors such as the performance of candidates, examiners, stations, simulated patients and examination sites, and how the data feedback into a quality cycle.

Suggested evidence

i  Description of the analyses that are carried out, including who is involved, what their responsibilities are, and what checks are in place to ensure accurate handling of data.

  ii  Example report of psychometric analysis.
**Internal quality assurance**

22  Describe the internal quality assurance processes for the CPSA, including how the processes feed into post-CPSA review, evaluation and decision making.

*Suggested evidence*

i  Narrative describing the quality assurance for the CPSA, eg circuit walkthroughs prior to the CPSA, the role of internal examiners/leads on the day.

**External examiners**

23  Describe the role and input of the external examiner and how the assessment provider responds to the external examiner’s advice.

*Suggested evidence*

i  Evidence of how external examiners are recruited and briefed on their roles.

ii  Records of external examiners' reports and the formal institutional response to them.