

The Prescribing Safety Assessment (PSA) Evolution Task and Finish (T&F) Group Applicant pack

Role Title

PSA Task and Finish Group Member

Role Summary

The successful applicants will sit on a time limited working group which will be asked to carry out the following tasks and make practical, evidence-based recommendations.

The group's work should be guided by the principles below, with recommendations assessed against feasibility, resource requirements, and their ability to strengthen fairness, robustness and confidence without destabilising the current assessment process:

- **Complementarity** - the PSA should complement the AKT by focusing on applied prescribing decisions, not knowledge recall
- **Authenticity** - PSA should reflect or model real prescribing scenarios faced by F1 doctors as much as practicably possible
- **Defensibility** - the PSA (and its processes - standard setting, equating etc) must be transparent, evidence based and capable of withstanding a reasonable challenge
- **Proportionality** - the PSA should not overburden schools or students
- **National consistency, local ownership** - PSA should continue to be developed through collaboration between all medical schools, coordinated by the Medical Schools Council (MSC) and The British Pharmacological Society (BPS), but the consequences of failure will be determined by individual medical schools in line with their programme design
- **Collaboration** - The PSA will continue to be run in partnership by MSC and BPS
- **Accessibility** - The PSA must remain suitable as formative or summative assessment and continue to be available to candidates in both medical schools and Foundation training.

The tasks for the T & F group include but may not be limited to:

1. Reviewing the PSA blueprint to identify overlap with the MLA AKT and CPSA, and clarify the unique assessment contribution of the PSA
2. Confirming that assessment content focuses on the core supervised prescribing activities expected of Foundation doctors, with particular emphasis on practical prescribing, medicines optimisation and patient safety
3. Reviewing the approach to marking and standard setting, including how "minimal competence" is defined for safe supervised prescribing (including whether an aggregate score alone is appropriate, and how psychometric evidence, expert judgement, safety review, marking consistency, and test equating are considered in delivery of the PSA assessment).
4. Review whether current assessment themes and item types appropriately probe prescribing judgement, clinical reasoning, prioritisation and decision making in complex or uncertain clinical situations rather than factual recall alone
5. Reviewing platform developments that would permit greater use of VSAs, SAQs, and authentic prescribing activities capable of assessing reasoning, synthesis and prescribing accuracy bearing in mind resource implications

- 6 Reviewing the extent to which the current PSA delivery platform reflects authentic contemporary prescribing practice, including interaction with electronic prescribing systems and medicines decision support

Common platform for learning and assessment

The co-chairs will each have detailed knowledge of this area and are in the best position to provide advice.

- Exploring the benefits of a shared national e-prescribing training and assessment environment that would allow healthcare students to practise and be assessed within a clinically authentic prescribing system.

The T&F will report its recommendations back to MSC and BPS Councils for consideration and implementation.

T&F Group membership: Skills and experience required

Applicants should be of Consultant, General Practitioner (or equivalent senior academic status) or equivalent Staff and Associate Specialist (SAS) grade. The selection process will ensure that at least one member of the group is an experienced clinical pharmacologist.

Applicants may hold an honorary or substantive role with a UK university that has a medical school and/or NHS organisation. They should have relevant experience in medical education, assessment, prescribing, pharmacology, Foundation training and/or assessment governance, with current or recent involvement in the teaching and/or training of final year medical students and/or F1 doctors. Applicants should have considerable understanding of the knowledge, skills, duties, responsibilities and competencies expected of a doctor in a first appointment within the UK Foundation Programme.

Applicants will have a sound knowledge of good practice in relation to medical assessment. At least one of the successful applicants will have experience of item writing and standard setting for the MLA Applied Knowledge Test. At least one appointed member will be a pharmacist with senior academic and/or clinical expertise in prescribing education, medicines optimisation, medication safety and/or prescribing assessment.

Experience of quality assuring items is desirable. Successful applicants will have experience of participating in exam boards. As well as knowledge of assessment, applicants will have an in depth understanding of undergraduate medicine curricula and the GMC's Outcomes for Graduates. They will have experience of designing and delivering curricula in undergraduate medical education.

Applicants must have an understanding of, and a commitment to addressing equal opportunity, diversity, and inclusivity, with a non-discriminatory approach to cultural differences and all other protected characteristics and an appreciation of the issues faced by newly qualified doctors.

Applicants should be up to date as appropriate with CPD requirements and relevant national guidelines, including EDI training.

Selection Process

Applicants will be short-listed anonymously on whether they meet the competencies set out in this document and then interviewed. Consideration will be given to ensuring the group represents the diversity of medical schools across the UK. Interviews will be held in July/August with work commencing in September. Selection panel will comprise of the Co-Chairs, Dr Alec Price-Forbes and Professor Amir Sam, MSC Chair Prof Steve Riley, BPS lead Prof Sir Mark Caulfield and the CEOs of MSC and BPS, Dr Katie Petty-Saphon and Dr Neha Issar-Brown.

The following number of people holding the following roles are needed. Co-Chairs may identify additional areas requiring representation, with the final composition not exceeding 9 members in addition to the Co-Chairs.

- Two Education Leads
- Two PSA Leads
- Two Assessment Leads
- One pharmacist member
- One UKFPO observer
- One GMC observer

Care will be taken to ensure the Group includes at least one person representing the following category types:

Specialties	Clinical pharmacology, General practice, Pharmacy
Geography	England, Scotland, Wales and N Ireland
Type of medical school	Established, Graduate entry, School with first graduates within last 5 years

Ex officio members

The GMC and the UKFPO will have seats on the Group. Prof Alan Denison, Assistant Director of Education and Standards at the GMC and Dr Mike Masding, National Clinical Director of the UK Foundation Programme Office have indicated that they could contribute as observers

Timeline

The T&F group is expected to conclude it's work over a period of 6-9 months with a detailed timeline, commitment and methodology to be confirmed in consultation with the Co-Chairs

Equality and diversity is important

MSC and BPS are committed to being fair and going beyond their legal responsibilities under the Equality Act 2010. They will not discriminate against anyone on the grounds of a 'protected characteristic'¹ when making appointments and will actively encourages applications from doctors from groups which share protected characteristics.

They are fully committed to making the appointment process at all stages and experience in the role accessible for any applicant with a disability or other specific requirements. This may include providing application forms in an alternative format or making adjustments to the interview process, as well as holding face to face meetings, should they be required, in accessible venues and making adjustments to sessions as required.

¹ The nine 'protected characteristics' under the Equality Act 2010 are age, disability, sexual orientation, religion and belief, race, sex, gender reassignment, marriage and civil partnership, and pregnancy and maternity.

Person specification

General and professional education (as relevant to ^{2,3})	Essential	Desirable
Holds a medical qualification such as MBBS or MBChB ²	✓	
Holds a Licence to Practise from the GMC ²	✓	
Holds a Pharmacy qualification such as MPharm or equivalent registrable pharmacy qualification ³	✓	
Has a qualification in medical education with a minimum PGCert MedEd or SFHEA or equivalent		✓
Has an honorary or substantive contract with a UK university that has a medical school		✓
Experience and knowledge		
Actively engaged in the education and training of final year medical students and / or F1 doctors within the last two years	✓	
Experience of working in a clinical team with F1 and F2 doctors within the last two years	✓	
Good understanding of the principles of medical education, including knowledge-based assessments	✓	
Understanding of developments in e-prescribing and an appreciation of how prescribing practice will change over the next 5 years.		✓
For at least one appointed member: registered pharmacist with senior academic and/or clinical expertise in prescribing, medicines optimisation, pharmacology and therapeutics, e-prescribing/digital prescribing systems, and experience relevant to final-year medical student and/or Foundation doctor education or assessment	✓	
Previous experience of exam board membership at undergraduate (or postgraduate) level and/or external examiner for medical school exams	✓	
Understanding of standard setting methodology and quality assurance processes used for high stakes examinations	✓	
Understanding of the undergraduate medicine curricula and the GMC's Outcomes for Graduates.	✓	

² Not applicable for Pharmacist member

³ Only for Pharmacist member

Experience of designing and delivering the undergraduate medicine curriculum.		✓
Able to demonstrate a commitment to and understanding of key issues around EDI in medical education particularly in relation to assessment	✓	
Up to date with: <ul style="list-style-type: none"> • Employer’s equality and diversity training • CPD requirements • GDPR training 	<ul style="list-style-type: none"> ✓ ✓ 	✓

Secretariat

The Minutes of meetings will be recorded by AI and then sense checked and corrected by MSC and BPS staff (Neha Issar-Brown / Mike Poole for BPS and Katie Petty-Saphon for MSC). Day-to-day meeting secretariat will be provided by Mike Poole with oversight by Neha and Katie.

Addendum: How to Apply

To support a fair and consistent process, applicants are invited to:

- Submit a brief cover letter and CV
- Cover letters should **not** exceed more than two sides of an A4, CVs no more than three sides of an A4.
- Applications should clearly address **all** essential criteria and, where possible, the desirable criteria (*listed under Person specification*)
- Please provide **specific and clear evidence** of relevant experience, expertise and contribution against the required skills (*summarised under skills and experience required*)
- Please send all applications by **Monday 6th July 2026** to Mike.Poole@bps.ac.uk or katie.petty-saphon@medschools.ac.uk, with the reference (in subject line): **PSA T&F application**.

For the purposes of shortlisting, only basic identifiable information will be redacted. If you have any queries or require any assistance to be able to make your application, please contact Mike Poole, Director of Finance, Business & Operations, BPS at Mike.Poole@bps.ac.uk or 07976 220 214

Recruitment timeline

Applications open	Wednesday 10 June 2026
Applications close	Monday 6 July 2026
Shortlisting	July/August 2026
T&F Group work begins	September 2026