



THE UNIVERSITY OF  
BUCKINGHAM

MEDICAL SCHOOL

**MB ChB**

**Code of Practice for Assessment**

## Important

This Code of Practice may be subject to revision as the course progresses, in accordance with ongoing monitoring and review by the Board of Studies for the MBChB, and any requirements or recommendations made by the visiting team from the General Medical Council. Details of assessments and decision processes may change subject always to conforming to the '*General Regulations for the MB ChB*' approved by the University. Any changes will be communicated to students in writing at least 12 months before the relevant assessments, and the resulting new Code of Practice will supersede this version of the Code. The most recent Code of Practice will always be available electronically.

This version of the Code of Practice will apply to students entering the course in 2018 from the beginning of their course (subject to any changes made subsequently). It will also apply to students who entered the course in 2017, starting from the beginning of their Phase 2 in February 2018, and to students who entered the course in 2015 or 2016, starting from January 2019. Changes in the 'General regulations for the MBChB' apply only to the 2018 intake.

The GMC is about to publish new '*Outcomes for Graduates*' that may come into force soon, which may require amendments to the whole course blueprint.

### Main changes from previous codes

Minimal changes have been made to this Code of Practice following last year's major revision.

However, a number of specific changes in the scheme of assessment have been made, including:

- Revised structure of the 'Narrative Medicine' Assessments
- Revised structure of the 'Student Selected Component' Assessments.
- Removal of the compensation within the Qualifying Examinations in Phase 1.
- The addition of an award of Distinction or Merit in summative assessment of portfolio which may contribute to the granting of the MB ChB with Honours at the end of the course.

The changes that apply to students who started the course in 2015, 2016 or 2017 are mostly clarifications within the '*General Regulations for the MB ChB*' which should not disadvantage any student.

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## 1 Introduction

The **purpose** of this Code of Practice is to describe and explain the standards and processes which ensure that students on the MB ChB course are assessed, and decisions about their progress made, in accordance with General Medical Council (GMC) standards expressed in *'Promoting Excellence: Standards for medical education and training' (2015)*, embodied in the *'General Regulations for the MB ChB'* that have been approved by the University. It describes in more detail the purpose, philosophy and format of summative assessments, how summative decisions about student progress will be made, how assessments will be set and scored and how the processes of assessment will be managed, governed and quality-controlled. Every effort has been made to ensure consistency between the additional detail presented here and the *'General Regulations for the MB ChB'*, but for avoidance of doubt it must be understood that in all cases the *'General Regulations for the MB ChB'* are the definitive statement of the rules governing assessment for the MB ChB course at Buckingham. These regulations are presented as Annex 1 to this Code of Practice. In this Code, like other documents from the Medical School the terminology of the General Medical Council *'Standards for Medical Education'* applies. The use of the word **'must'** means that an activity is obligatory. The use of the word **'should'** means that the School will normally comply with the guidance but has discretion as to how it does so. The use of the word **'may'** indicates that an activity can take place if appropriate.

### 1.1 The purpose and philosophy of summative assessment

The **primary purpose** of summative assessment at the University of Buckingham Medical School **must** be to assure the Medical School, the individual student, future employers, the General Medical Council and the public that each student has attained all of the *'Outcomes for Graduates'* defined by the General Medical Council by the end of the course and that students earlier in the course are making satisfactory progress towards those outcomes.

Most students will normally reach the outcomes through consistently satisfactory performance in assessments, so the other main purpose of the assessment system **must** be to **encourage appropriate learning by all students**, and the medical school **must** place a high weight on **educational impact** in the design of the assessment system. The aim **must** be to assess students in ways that will drive deep, contextual & constructive learning that will last into life-long practice, not just to conduct a measurement exercise to identify those few students who are not reaching the outcomes.

### 1.2 Systematic testing of outcomes

A single **whole course blueprint must** determine the outcomes to be tested in every core assessment for a given cohort of students. This **must** be constructed for each cohort before the beginning of their course. This blueprint **must** have two dimensions. First, the 16 high-level *'Outcomes for Graduates'* defined by the General Medical Council. Second, a list of the contexts, in the form of clinical presentations or conditions across which those outcomes will be tested repeatedly as the assessment scheme progresses.

Over the whole course each of the *'Outcomes for Graduates'* **must** be tested repeatedly in different contexts, so that by the end of the course a student who has passed the assessments will have demonstrated achievement of all of the *'Outcomes for Graduates'* as required. The full list of contexts, is presented as Annex 3 to this document.

The **aim** of this approach **must** be always to focus student learning on the application of material to clinical practice, and always to test that material in the context of practice.

### 1.3 *Matching assessment instruments to outcome*

Different outcomes require different types of assessment, and the medical school **should** always use an appropriate assessment type for each outcome to be tested. The *'Outcomes for Graduates'* are organised into three groups. Largely but not exclusively:

- Outcomes in the group *'Doctor as a Scholar and Scientist'* **should** be assessed using written examinations
- Outcomes in the group *'Doctor as a Practitioner'* **should** be assessed using Objective Structured Clinical Examinations (OSCE) or work-place based assessments
- Outcomes in the group *'Doctor as a Professional'* **should** be assessed by periodic examination of a portfolio of evidence collated by the student.

Any outcome **may**, however, be assessed through any assessment type if appropriate.

### 1.4 *Encouraging contextual, constructive deep learning*

It **must** be made clear to students that their learning will always be assessed by application to practice, and every component of every written and clinical assessment in the **core** curriculum **must** be directed towards one of the presentations or conditions in the list of contexts referred to above. In addition, all summative assessments in the **core** course **must** be fully integrated and synoptic up to the time of the assessment. There **must not** be separate summative testing of the content of individual components of the **core** course, (with the exception of the practical procedures defined in the *'Outcomes for Graduates'*). Each of the integrated assessments in the core course therefore **must** test all course content up to that point in the course, with the contexts being chosen to reflect an appropriate challenge for the student at that stage. There **must** also be no selective re-assessment of failed components of the **core** assessments (other than practical procedures or the portfolio), so that if a student fails any part of a diet of assessments in the core course (that is a group of assessments taken within a defined part of the core course – see *'The Assessment Scheme'* below) they **must** re-sit all parts of that diet. This is to achieve the educational impact of discouraging strongly any selective, short-term learning and strategic use of re-assessment opportunities.

Assessment instruments (types of question, assignment or station in clinical examinations) **must** be chosen as far as possible to drive deep learning. The medical school **must** therefore strive to avoid testing fragmented learning of facts by grouping assessment components around clinical problems. Written assessments **must** use a mix of constructed response (where the candidate must write a short answer to a question) and selected response (for example single best answer, or extended matching questions where the candidate chooses the correct answer from a list) types, in order to ensure that students develop the skills of concise written expression necessary for effective clinical practice. Clinical assessments **should** as far as practicable try to avoid fragmented testing of component skills and use longer integrated stations whenever possible.

### 1.5 *Ensuring good assessment practice*

The Medical School **must** ensure that assessments are fit for purpose and consistent with good practice across UK medical schools. Good assessment systems ensure that the assessments are **valid** (that is to say they test the outcomes they are supposed to test), **reliable** (that is to say they reliably distinguish those students who do well from those who do less well), **feasible** (that is to say are not

an unnecessary burden for students or the institution), and, crucially at Buckingham, have positive **educational impact**. The medical school **should** work to optimise the utility of the assessment systems and keep those systems under constant review. Each of these features normally has to be traded off against the others in order to produce a system which has optimum utility.

#### 1.5.1 *Validity*

**Face Validity must** be assured by use of assessment instruments that always relate the material tested to clinical practice.

**Content Validity must** be assured by effective whole course blueprinting to the '*Outcomes for Graduates*' and clinical contexts

**Construct validity must** be assured by using assessment instruments that as far as possible test the integration and application of knowledge, understanding and skills and avoid fragmented testing of isolated knowledge or skills.

**Predictive validity should** be tested as the medical school develops and assessments adjusted accordingly.

#### 1.5.2 *Reliability*

Reliability **must** be assured by using appropriate assessment instruments, by optimising assessment volume (that is numbers of questions or stations), and ensuring consistency of marking through guidelines, moderation as necessary and training. The reliability of all examinations **must** be measured using psychometric techniques, and each of these processes kept under constant review to ensure that reliability is maximised in the context of the overall utility of the assessment scheme.

#### 1.5.3 *Feasibility*

The Medical School **should** choose assessment types and volume that are the minimum burden on students and staff necessary to ensure that the purposes of the assessment system are met reliably.

#### 1.5.4 *Educational impact*

The Medical School **must** work to maximise the positive educational impact of all assessments, and to reinforce to students the links between an appropriate approach to learning and high probability of success in assessments.

The Medical School **must not** put undue weight on the ease or convenience of the assessment processes for staff, and must recognise that the assessment of students is a core activity of the School that **must** be supported by such staff time and resources as are necessary properly to realise the purpose and philosophy defined above.

### 1.6 *Standard setting*

The medical school **must** use internationally recognised methods of standard setting in all core assessments to determine which students are graded satisfactorily for each assessment. Different standard setting methods **should** be used as appropriate for different types of assessment, and the outcome of individual assessments **should** be a grade not a mark.



## 2 The Assessment Scheme - Summary

The graduate with the degrees of MB ChB a student **must** pass successfully a series of **progression points**. Progression at each point **must** be determined by performance in a set of **component assessments** defined for that progression point, each of which **must** be assessed and graded separately. Rules for progression **must** be **conjunctive**, based on grades and there **must** be no or minimal compensation between assessment components.

Most component assessments at each progression point **must** be assessments of the **core** course, but there **may** also be assessments of components that are student selected.

In the case of the **core assessments in Phase 1 of the course**, to progress automatically a student must meet **at least a threshold standard** in two thirds of the component assessments at each progression point, but **may**, at the discretion of the Board of Examiners (see below) fall slightly below that standard (indicated by the award of a 'borderline' grade – see below) in the remaining third. Student who do not meet the condition to progress automatically **must** take a **qualifying examination** covering all core components and reach a threshold standard in that examination to progress.

In the case of the **core assessments in Phase 2 of the course**, other than the summative assessment of the portfolio, a student who fails to meet threshold standard in **any of the core** components **must** take a **qualifying examination** covering all components and reach a threshold standard in that examination to progress.

In the case of **summative assessment of the portfolio**, a student who fails to reach threshold standard must complete and **implement successfully an action plan** to rectify deficits in their portfolio to progress.

In the case of **Student Selected Components** (including the 'Narrative Medicine' course) a student who fails to reach a threshold standard in any individual component must **be re-assessed in that component** and achieve a threshold standard in the resit to progress.

Any student who fails to reach threshold standard in **any** component after a qualifying examination or re-assessment at a progression point **must** be recommended for course termination, but a student **may** appeal against such a recommendation (see below), and if the appeal is successful take the preceding stage of the course again. Normally, a student **should** be allowed to repeat a stage only once during the course, so if progression criteria are not met either in the repeat stage or any later stage of the course termination **should** follow automatically.

### 2.1 Progression points

There **must** be five progression points:

1. Progression from year one to year two
2. Progression from year two to the Junior Rotation of full time clinical study. The Junior Rotation runs from February in Year three to March in year four.
3. Progression from the Junior Rotation of full time clinical study to the Senior Rotation of full time clinical study. The Senior Rotation runs from March in year four till April in year five.
4. Progression from the Senior Rotation of full time clinical study to the period of Preparation for Professional Practice. The period of Preparation for Professional Practice runs from April in year five to June in Year five.
5. Progression from the period of Preparation for Professional Practice to graduation

## 2.2 Grades and awards

Progression at progression points **must** be determined solely by the **grades** achieved by a student. **Grades** indicate whether or not the threshold standard has been met, so the highest grade that can be awarded corresponds to meeting the threshold standard.

Excellence **must** be recognised separately by the granting of **awards** to students who exceed the threshold standard significantly in assessments. **Awards must not** contribute to progression decisions. They are both recognition of excellence in themselves, and used to determine the award of prizes and/or the award of the MB ChB with honours.

## 2.3 Grading of Individual Assessments for progression

Decisions on the progression of individual students **must** be based solely on **grades** relating to the **achievement of threshold standards** in all relevant assessment components. The criteria for definition of threshold standards are defined further in section 4 below, but the general rule is that a **satisfactory performance is indicated when standards are met on 75% of the occasions that outcomes are tested.**

### 2.3.1 Written assessments and OSCEs in Phase 1 of the Course

For written and clinical examination diets in Phase 1 each component assessment **must** be graded for the purpose of determining progression as one of:

**Satisfactory** – the student has met the threshold standard set

**Borderline** – the student has fallen marginally short of the threshold standard but has achieved a majority of outcomes adequately

**Unsatisfactory** – the student has fallen significantly short of the threshold standard set.

### 2.3.2 Written assessments and OSCEs in Phase 2 of the Course

For written and clinical examination diets in Phase 2 of the course each component assessment must be graded for the purpose of determining progression as one of:

**Satisfactory** – the student has met the threshold standard set

**Unsatisfactory** – the student has fallen short of the threshold standard set.

### 2.3.3 Student Selected Components

Each Student Selected Component **must** be graded for the purpose of determining progression as one of:

**Satisfactory** – the student has met the threshold standard set

**Unsatisfactory** – the student has fallen short of the threshold standard set.

### 2.3.4 Narrative Medicine

The 'Narrative Medicine' assessment in Phase 1 **must** be graded for the purpose of determining progression as one of:

**Satisfactory** – the student has met the threshold standard set

**Unsatisfactory** – the student has fallen short of the threshold standard set.

### 2.3.5 Summative assessment of portfolio

Each time the portfolio is assessed summatively, it must be graded as one of:

**Satisfactory** – a well-constructed portfolio with good insight and evidence of reflection and a trajectory towards satisfactory completion by the end of the course

**Unsatisfactory** – the student has presented a portfolio that needs more work or needs major work to be on course for satisfactory completion by the end of the course.

## 2.4 Recognition of excellence

Excellent performance in individual assessments and over parts of the assessment scheme **must** be recognised by granting of **awards** in addition to the grades for progression. **Awards must not** play any part in progression decisions, which **must** be based only on the achievement of threshold standards demonstrated by the **grades** in section 2.3 above. Awards **may** contribute to the granting of the MB ChB with Honours at the end of the course.

The following **awards should** be made to appropriate students:

- Overall excellence in the written assessments in the first year of Phase 1
- Overall excellence in OSCE in the first year of Phase 1
- Overall excellence in the written assessments in the second year of Phase 1
- Overall excellence in OSCE in the second year of Phase 1
- Excellence in each of the Student Selected Components
- Distinction or Merit in summative assessment of portfolio
- Distinction or Merit in Phase 1 overall
- Distinction or Merit in the Phase 1 Student Selected Components combined
- Distinction or Merit in the 'Narrative Medicine' component.
- Distinction or Merit in the Intermediate Professional Examination written component
- Distinction or Merit in the Intermediate Professional examination OSCE
- Distinction or Merit in the Final Professional Examination written component
- Distinction or Merit in the Final Professional Examination OSCE

Awards of distinction or Merit **must** contribute points to a score that may lead to the award of the MB ChB with honours (see below).

The criteria for each of these awards are defined in later sections of this Code.

## 3 Assessment components at progression points

The **core** course **must** be assessed by a fully integrated assessment scheme with the following components:

- **Written assessments**, mostly, but not exclusively testing outcomes in the '*Outcomes for Graduates*' group '*Doctor as a scholar and scientist*'
- **Objective Structured Clinical Examinations (OSCEs)**, mostly, but not exclusively testing outcomes in the '*Outcomes for Graduates*' group '*Doctor as a Practitioner*'
- **Assessment of a portfolio of evidence** collated by the student, mostly testing outcomes in the '*Outcomes for Graduates*' group '*Doctor as a Professional*', but also including individual assessment and sign off of each of the 32 prescribed '*Practical Skills for Graduates*' defined in the '*Outcomes for Graduates*'

Any outcome **may** however be tested in any assessment where appropriate, as it is not possible rigidly to separate outcomes.

**Student selected components must** be assessed in ways that are appropriate to the component concerned (see section below). The Narrative Medicine course **must** be assessed by written assessment(s) (see section below).

### 3.1 Assessments in the first year

In the first year, for the assessment of the **core** course there **must** be:

- One two-hour written 'End of Term Assessment' after term one – **ETA1**
- One two-hour 'End of Term Assessment' after term two – **ETA2**
- One 'End of Term Assessment' consisting of two, two-hour written papers after term three – **ETA3**
- One Objective Structured Clinical Examination (OSCE) with a minimum of twelve 'stations' after term three – **OSCE1**

The results of the papers taken after terms one and two **must** be combined to a single grade for purposes of progression. In order to progress automatically to the second year a student **must** obtain a **satisfactory** grade in **each of**:

- The combined ETA1 and ETA 2 assessments
- The ETA3 assessment
- The OSCE1 assessment

The Board of examiners **may**, at its discretion, permit a student to progress with **no more than one 'borderline'** grade.

If a student does not meet the condition for automatic progression, then they **must** take a '**Qualifying Examination**' held before the start of year two, which will consist of:

- Two two-hour written papers
- One 'Objective Structured Clinical Examination' with a minimum of twelve stations

In order to progress students must obtain as satisfactory grade in each of:

- The two written papers combined
- The OSCE

The Board of examiners **may**, at its discretion, permit a student to progress with **no more than one 'borderline' grade** in the qualifying examination.

If a student does not meet the criterion for progression they **must** be recommended for course termination. They **may** appeal.

### 3.2 Assessments in the second year

In the second year, for the assessment of the **core** course there **must** be:

- One two-hour written 'End of Term Assessment' after term four – **ETA4**
- One two-hour 'End of Term Assessment' after term five – **ETA5**
- One 'End of Term Assessment' consisting of two, two-hour written papers after term six – **ETA6**
- One Objective Structured Clinical Examination (OSCE) with a minimum of twelve 'stations' after term six – **OSCE2**

The results of the papers taken after terms four and five **must** be combined to a single grade for purposes of progression. In order to progress automatically to the Junior Rotation of full time clinical study a student **must** obtain at least a satisfactory grade in **each of**:

- The combined ETA4 and ETA 5 assessments
- The ETA6 assessment
- The OSCE2 assessment

The Board of examiners **may**, at its discretion permit a student to progress with **no more than one 'borderline'** grade.

Any student who does not meet the **core** assessment criteria for automatic progression **must** take a **'Qualifying Examination'** held before the start of the Junior Rotation, which **must** consist of:

- Two two-hour written papers
- One 'Objective Structured Clinical Examination' with a minimum of twelve stations.

In order to progress students must obtain as satisfactory grade in **each of**:

- The two written papers combined
- The OSCE

The Board of examiners **may**, at its discretion, permit a student to progress with **no more than one 'borderline' grade** in the qualifying examination.

**Irrespective of performance in the core course**, a student **must** also obtain **a satisfactory grade** in the assessments of **each of two Student Selected Components**, and **a satisfactory grade in the assessment of the 'Narrative Medicine'** course either at first sit or re-sit.

Exceptionally, if mitigation is accepted, the Board of Examiners **may** permit a third sit of a student selected component or Narrative Medicine.

If a student does not meet the criterion for progression they **must** be recommended for course termination. They **may** appeal.

### *3.3 Assessments in the Junior Rotation*

Summative assessments of the **core** course **must** be held at the end of the junior rotation, together known as the **'Intermediate Professional Examination' (IPE)**.

The summative assessments in the Intermediate Professional Examination **must** be:

- A **written examination** consisting of three two-hour papers.
- An **Objective Structured Clinical Examination** (OSCE).
- An **assessment of the student portfolio of evidence** of professional development.

In order to progress automatically to the Senior Rotation, a student **must** obtain **a grade of satisfactory** in **each of** these components.

If a student achieves an **unsatisfactory** grade in **either or both** of the written examination or OSCE, then they **must** take a 'Qualifying Examination' held at the end of the first block of the Senior Rotation.

The Qualifying examination **must** include:

- A written examination consisting of three two-hour papers held in June of year four
- An Objective Structured Clinical Examination (OSCE).

To pass the qualifying examination a student **must** obtain a **grade of satisfactory** in **each of** these components.

If a student achieves a grade of unsatisfactory in the assessment of their portfolio they **must** provide an action plan for reaching a satisfactory portfolio and evidence of implementing it by the time of the qualifying examination.

Students **may** proceed conditionally to the first block of the Senior Rotation, but should they fail to satisfy the examiners at the qualifying examination, or to demonstrate a satisfactory portfolio they **must** be recommended for course termination. They **may** appeal.

Each block of clinical education **should** also be assessed formatively, and students whose progress is giving cause for concern **must** be referred to the 'Concerns Group' for ongoing monitoring. Regulations permit the Board of Examiners to require a student whose progress is giving serious cause for concern to leave the course temporarily or permanently.

Irrespective of performance in the core course, a student **must** also obtain at least a **satisfactory** grade in the assessments of the **Student Selected Component** in the Junior Rotation. A student graded as unsatisfactory must prepare and implement an action plan to achieve the outcomes defined in an alternative way. Completion of this action plan **should** result in a satisfactory grade of the SSC.

### *3.4 Assessments in the Senior Rotation*

Summative assessments of the **core** course **must** be held at the end of the Senior Rotation, and together known as the '**Final Professional Examination**' (FPE).

The summative assessments are:

- A **written examination** consisting of three two-hour papers
- An **Objective Structured Clinical Examination** (OSCE).
- An **assessment of the student portfolio** of evidence of professional development.

In order to progress automatically to Preparation for Professional Practice, a student **must** obtain a grade of **at least satisfactory** in **each of** these components.

If a student achieves an **unsatisfactory** grade in **either or both** of the written examination or OSCE, then they **must** take a 'Qualifying Examination' held in May of the fifth year. The Qualifying examination **must** include:

- A written examination consisting of three two-hour papers
- An Objective Structured Clinical Examination (OSCE).

To pass the qualifying examination a student **must** obtain a **grade of satisfactory** in **each of** these components.

If a student achieves a grade of unsatisfactory in the assessment of their portfolio they **must** provide an action plan for reaching a satisfactory portfolio and evidence of implementing it by the time of the qualifying examination.

Students **may** proceed conditionally to Preparation for Professional Practice, but should they fail to satisfy the examiners at the qualifying examination, or fail to provide a satisfactory portfolio they **must** be recommended for course termination.

Each block of clinical education **should** also be assessed formatively, and students whose progress is giving cause for concern **must** be referred to the 'Concerns Group' for ongoing monitoring. Regulations permit the Board of Examiners to require a student whose progress is giving serious cause for concern to leave the course temporarily or permanently.

Irrespective of performance in the core course, a student **must** also obtain at least a **satisfactory** grade in the assessments of the **Student Selected Component** in the Senior Rotation. A student graded as unsatisfactory must prepare and implement an action plan to achieve the outcomes defined in an alternative way. Completion of this action plan **should** result in a satisfactory grade of the SSC

### *3.5 Assessments in the period of Preparation for Professional Practice*

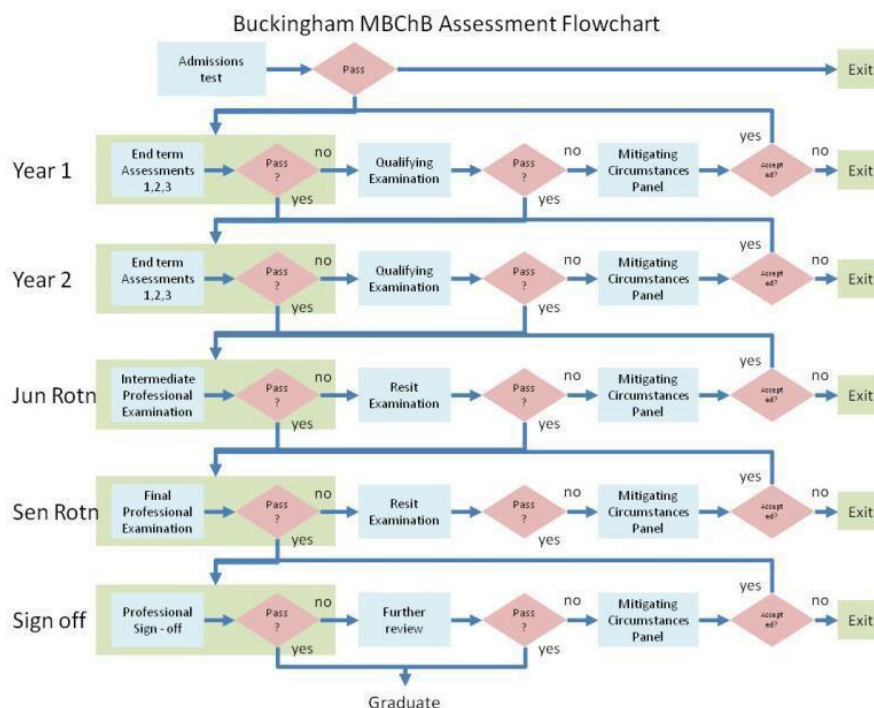
The period of Preparation for Professional Practice **must** be assessed by:



- A **reflective report** on the work undertaken in the student's elective block
- **Work-based assessments** during the period of Assistantship
- **Final assessment of the portfolio of evidence**, including an action plan for further development in the first year of practice after graduation

In order to progress to graduation, a student **must** achieve at least a satisfactory grade in **each of** these components. A student will be permitted one further attempt at each assessment if it is graded less than satisfactory. Should they still fail to meet the condition for progression after this second attempt, then their course will be terminated. They **may** appeal.

### 3.6 Progression algorithm



## 4 Form and Conduct of Components of Assessment of the **core** course

There are three types of assessment of the **core** course that contribute to progression, written, OSCE and assessment of the portfolio.

The whole course blueprint **must** define which outcomes are to be assessed in which parts of which assessments for every assessment for a given cohort of students. The whole course blueprint **must** be constructed for each cohort by the Assessment Unit. It **should** normally be kept confidential.

### 4.1 Written Assessments

All summative written assessments of the **core** course **must** have the same basic form. They **must** consist of a series of **question sets**, each set organised around a brief case vignette linked to one of the key presentations in the whole course blueprint. That blueprint **must** define the key presentation for every question set in every written assessment for a given cohort.

The sub-questions in the question set **must** be chosen to test a selection of the '**Outcomes for Graduates**' based upon material that has been learned by the students up to that point. All students **must** answer all questions in every paper. Each key presentation **must** be used several times in

different assessments as the course progresses, with different sub-question sets reflecting the progression of student learning. There is no bar to using the same case vignette or a closely related vignette in several assessments. Any diet of written assessments **must** be made up of a series of two-hour papers. Each two-hour written paper **must** include 12 question sets.

#### 4.1.1 *Determining grades in written assessments*

The Angoff standard setting technique (see below), or an equivalent **must** be used to set a cut score for **each question set**

##### **Satisfactory Grade**

To achieve a **satisfactory grade** in a written assessment of the core course, including qualifying examinations, a student **should** meet or exceed the cut score in **at least 75%** of the question sets in the papers concerned.

In **Phase 1**, where all grades are awarded on the basis of two papers with a total of 24 question sets this means meeting or exceeding the cut score in **at least 18 question sets**.

In **Phase 2**, where all grades are awarded on the basis of three papers with a total of 36 question sets this means meeting or exceeding the cut score in **at least 27 question sets**.

##### **Borderline Grade**

In Phase 1 a borderline grade **should** be awarded to students who meet or exceed the cut score in **16 or 17** question sets.

Borderline grades **must not** be awarded for Phase 2 written examinations.

##### **Unsatisfactory grade**

In **Phase 1** any student who meets or exceeds the cut score in **fewer than 16** question sets **should** be awarded the grade of unsatisfactory.

In the **Intermediate Professional Examination**, any student who meets or exceeds the cut score in **less than 27 question** sets **should** be awarded the grade of unsatisfactory.

In the **Final Professional Examination**, any student who meets or exceeds the cut score in **fewer than 27 question** sets **should** be awarded the grade of unsatisfactory.

The Board of Examiners **may**, at its discretion vary the thresholds for the award of grades.

#### 4.1.2 *Awards for excellence in written examinations*

##### **Phase 1**

Excellence **must not** be recognised separately for individual written assessments in Phase 1. At the end of **each year** of Phase 1 a student **should** be awarded **overall excellence in written** if the average difference, over all 48 question sets in the ETAs for that year, between the cut score and their score exceeds +2.5. Any student who has taken a qualifying examination, unless as a 'first sit', **must not** be awarded the overall grade of excellent.

Students who gain an award of excellence in both OSCE and written at the end of Phase 1 **must** be awarded **Distinction** in Phase 1. Those who gain an award of excellence in either written or OSCE, but not both **must** be awarded **Merit** in Phase 1

##### **Phase 2**

In **each set of Phase 2 written examinations** a student **should** be awarded a **distinction** if the average difference over all 36 question sets between the cut score and their score exceeds +2.5.



In **each set of Phase 2 written examinations** a student **should** be awarded a **merit** if the average difference over all 36 question sets between the cut score and their score exceeds +2.0

The Board of Examiners **may** vary these thresholds at its discretion.

#### 4.1.3 *Constructing written assessments*

The assessment scheme **must** determine how many papers there are in each diet of written assessments, and how many question sets in each paper. The whole course blueprint **must** determine which key presentations are to be used for each question set in each paper. The sub questions **should** be banked by key presentation they relate to. The assessment unit **must** take responsibility for assembling individual assessment papers, according to the following process:

The whole course blueprint **must** define the key presentations for each question set in each paper for that diet of written assessments and which *'Outcomes for Graduates'* that need to be addressed in each paper.

#### **Preparing draft papers**

For each question set:

1. The assessment unit **must** nominate a small group of staff to construct or select a suitable starting vignette.
2. A wide range of staff **should** be invited to write new sub-questions in addition to those already held in the question bank.
3. The assessment unit **must** nominate a small group of staff to select from the full range of sub-questions available a draft set of sub-questions for each vignette according to the following conventions:
  - The marks for the sub questions following each vignette **must** add up to **10 marks**
  - The question set **must** be designed to be answered by students in **10 minutes**.
4. Sub questions **may** be constructed response (short answer questions), or selected response (single best answer or extended matching type)
5. Selected and constructed response types **may** be mixed within question sets or papers within the following limits:
6. In phase 1 core written examinations selected response format **must not** be used for more than 20% of the total marks available for the paper.
7. In Phase 2 core written examinations selected response format **must not** be used for more than 67% or less than 33% of the total marks for the **set of papers**. One or two whole papers **may** be selected response format to facilitate machine marking.
8. Where constructed response types are used the sub-questions **should** normally be worth a maximum of 1, 2, 3, or 4 marks, though occasionally longer more complex answers **may** attract up to a maximum of five marks.
9. Constructed response questions **must** be written so that there is a clear relationship between components of the expected answer and the maximum number of marks for the sub- question. Where possible the number of components required in the answer **should** be specified in the question, and relate to the maximum marks available.
10. A model answer with mark breakdown **must** be written with the question and used in marking (see below)
11. Selected response questions **may** attract one or two marks depending on their difficulty, within the general guidance that those requiring problem solving **may** attract two marks.

12. The amount of text to be read by students **should** be kept to a minimum consistent with unambiguous clarity.

### Validating and refining draft papers

All draft papers **must** be subject to scrutiny by a suitably staffed **Validation Group**.

The Group **must** contain a suitable range of staff according to the standards defined below.

The validation group **must** consider all vignettes and draft questions and make suggestions to ensure that:

- Questions are appropriate, clear and unambiguous
- Questions are appropriately related to material that students should have learned in the course to date
- The level of difficulty is appropriate for the stage of the student.

Following the meeting of the validation group the Assessment Unit **must** refine or replace questions and vignettes to deal with any issues raised.

A final draft of the assessment papers **must** then be prepared by the assessment unit.

### Consideration by an External Examiner

The assessment unit **must** send the final draft of the assessment paper(s) to a suitable external examiner for comment.

When comments are received the Assessment Unit, in consultation with the Director of Medical Education **must** make suitable changes to produce the final paper. The School **should** make changes in response to the external's comments, but is not required to do so as long as the reasons are explained to the external examiner

### Preparing the final paper

The Assessment Unit **must** prepare the final paper for printing in the standard assessment template in accordance with:

- San-serif fonts **must** be used throughout.
- A minimum font size of 12pt **must** be used.
- Space **must** be provided to write constructed response answers, with the amount of space related to the expected size of response.
- Papers **must** be constructed so that it is clear when the question sets end, and when the paper is at an end to reduce the risk of students missing parts. Each page **must** be numbered and also indicate the total number of pages in the paper.
- Each student **must** have a paper identified by their unique examination number on **every** page.

### Conducting the assessment

The Assessment Unit **must** be responsible for the administration of the assessment to students, drawing on other staff in the Medical School as necessary for efficient and secure assessment.

Assessments **must** take place under examination conditions, conducted and invigilated according to standard University practice. Each student **must** have an identified place with their unique paper. Their identity **must** be checked in the examination room through photographic ID.

All papers **must** be collected after the examination and returned to the assessment unit. Papers **must** remain under the direct control of the assessment unit at all times. All marking **must** be

conducted on University premises by groups of markers under the direct supervision of the Assessment Unit at all times.

### Marking of written assessments

All written assessments **must** be marked anonymously, using only the examination numbers.

Marking of constructed response papers **must** follow the following protocol:

1. Papers **must** be separated by the Assessment Unit into question sets.
2. All the scripts for each question set **must** be marked by the same team of three to five markers working at the same table at all times.
3. Teams **must** be chosen to have the expertise to mark all the sub-questions, if necessary including reference to other experts in the room.
4. The group **must** mark according to the model answers written at the time the questions are constructed, adjusted initially by the team first marking 10% of the scripts to review the relationship between the model answers and typical student responses, then reviewing the model answers in the light of student responses. Any changes made to the model answers **must** then be followed for all the scripts including the first 10%, which **must** be remarked if necessary.
5. The team allocated to a question set **must** mark the whole set sitting at the same table. Any member of the team who is uncertain about a mark **must** refer to other members of the team.
6. In the case of qualifying examinations and the Intermediate and Final Professional Examinations each question set **must** be marked by two teams, each recording their marks in different coloured ink.
7. In the case of end of term examinations in Phase 1 a suitable proportion of the scripts **must** be checked by another team
8. If a mixture of selected and constructed response sub-questions is used within a paper the selected response questions **must** be marked manually.
9. In papers where all sub-questions are selected response the scripts **may** be machine marked.
10. Papers **must** be reassembled by candidate number after marking and marks entered to a data base system using a secure double entry protocol before further analysis.

#### 4.1.4 *Standard setting of written assessments*

A cut score **must** be set for each question-set by a modified Angoff process.

A **Standard Setting Operational Group must** be convened according to the rules defined in section below.

The standard setting group **must** follow the following protocol:

In advance of meeting, each member of the group **must** complete a table identifying for each sub-question the minimum mark to be obtained by a borderline satisfactory student in that sub question.

The group **must** then meet and consider each question set to agree a cut score for that question set by a process of negotiation. The group **may** consider summary statistics of actual student performance to inform discussions but **must not** resort to norm-referenced standard setting.

The **grade** achieved by each student is then determined by the **number of question sets in which they achieved at least the cut score** (see above).

**Awards** for excellence are determined by the **average difference** between the cut score and the achieved scores.

## 4.2 Objective Structured Clinical Examinations

Objective Structured Clinical Examinations (OSCE) **should** be used to test outcomes mostly under the category 'Doctor as a Practitioner'. All OSCE stations **must** be blueprinted to the course outcomes and key presentations/conditions, according to the whole course blueprint.

OSCE stations **must** increase in complexity and integration as the course progresses and isolated testing of component skills and competencies **should** be avoided.

### 4.2.1 OSCEs in Phase 1

There **must** be two OSCEs in Phase 1, one at the end of each year, plus for a proportion of students, a twelve station OSCE as a part of each 'qualifying examination' at the ends of years one and two.

Every OSCE in Phase 1 **must** be made up of twelve stations each of which **should** be eight minutes long. Each OSCE **must** include a good range of tasks, including as a minimum:

- Stations testing communication skills.
- Stations testing explanation skills
- Stations testing aspects of physical examination
- Stations testing the interpretation of the results of investigations.
- Stations testing one or more of the procedural skills defined in the 'Outcomes for Graduates
- Stations testing biomedical understanding in the context of application to clinical practice.

OSCEs in Phase 1 **may** include the testing of information skills

### 4.2.2 OSCEs in Phase 2

The OSCEs in the Intermediate and Final Professional Examinations **must** test more complex and integrated clinical tasks than in Phase 1, and **must** include some stations involving real patients.

OSCE's in Phase 2 **should** be divided into two circuits.

#### Circuit 1

Circuit one **should** include ten, 10-minute stations in both the Intermediate and Final Professional Examinations.

Tasks **must** be chosen to reflect those undertaken frequently by Foundation Doctors in a variety of speciality contexts, and must sample across the blocks in the junior rotation for the Intermediate Professional Examination OSCE, and for all blocks in Phase 2 for the Final Professional Examination OSCE. They **should** include:

- Management scenarios for common clinical conditions including specifically the testing of prescribing skills
- Patient explanation scenarios
- Ordering and interpretation of common investigations
- Higher fidelity simulation of procedural skills
- Management of acute scenarios
- Common challenges facing Foundation doctors

#### Circuit 2

Circuit two **should** be made up of long stations testing consultation skills with real or simulated patients, or more complex clinical scenarios. Stations **should** be 20 minutes long. The stations **must** follow a standard protocol, and the consultations **must** be fully observed and **must** be graded according to standard descriptors used across all assessments of consultation competence.

In circuit 1 the stations **must** be divided into two parts. Each part **should** last 10 minutes and each part **must** be scored separately. In the first part the student **must** take an appropriate history from and examine or assess the patient and suggest a diagnosis. In the second part the student **must** prepare and present a management plan to the examiner, or in the case of an acute scenario implement that plan in a simulated environment.

The **Intermediate Professional Examination** OSCE **should** have five stations in circuit 1, including consultations with real or simulated patients drawn from the following categories:

- A patient with a cardio-respiratory system problem
- A patient with a gastro-intestinal problem
- A patient with a musculo-skeletal problem
- A peri-operative patient
- A patient with a mental health problem.
- A patient who might present to primary care

The **Final Professional Examination** OSCE **should** have five stations in circuit 1, including interactions with real or simulated patients selected from the following categories:

- An acute scenario
- An elderly patient with a chronic illness
- A patient with cancer or a cancer related problem
- A child
- A pregnant woman or woman with a gynaecological problem
- A patient with a condition affecting special senses

#### 4.2.3 *Scoring of OSCE stations*

All examiners **must** be trained in the scoring of stations. When there are parallel stations the examiners for the station in all circuits **must** meet immediately prior to the OSCE to calibrate their scoring and agree a consistent approach.

Each station **must** have a check list that examiners may use as an aide-memoire as they observe the performance of each student. This check list is not the score sheet.

Examiners **must** make a series of judgements, rating each student against descriptors on a five-point scale for each of four domains:

- Communication skills
- Practical skills
- Problem Solving skills
- Professionalism

The same standard grade descriptors for each domain **must** be used in all stations.

The final score for each student at each station (or half-station in circuit 1 of phase 2 OSCEs) will therefore be out of 20. For the purposes of awarding excellence, the scores and cut-score will be divided by two, to ensure a consistent approach between OSCEs and written assessments.

Examiners **must** also provide a 'global rating' on a six-point scale. This **must not** be the score for the station (or half station in circuit 1 in Phase 2 OSCEs), but **must** be used for standard setting.

Score sheets for all stations **must** have space for examiner feedback which **should** be completed by all examiners.

#### 4.2.4 *Standard setting of OSCEs*

Standard setting **must** be undertaken by a borderline method, using the global scores provided by the examiners. This **should** normally be by the Borderline regression method. This will yield a **cut score** for each station.

#### 4.2.5 *Grading of OSCEs*

In **Phase 1** a student **should** be graded as **satisfactory** in an OSCE if they meet or exceed the cut score for **9 or more** of the 12 stations.

For **Phase 1** a student **should** be graded as **borderline** in an OSCE if they meet or exceed the cut score in **8** stations.

Grade criteria for OSCEs in qualifying examinations in Phase 1 are as for first sit.

Each OSCE in **Phase 2** is made up of 20 stations, 5 pairs of stations from circuit 1 and 10 individual stations from circuit 2. The grade **must** be awarded on the basis of all the stations from both circuits.

For the **Intermediate Professional OSCE** a student **should** be graded as **satisfactory** if they meet or exceed the cut score in **at least 15** of the stations.

Grade criteria for resit in the Intermediate Professional OSCE are as for first sit.

For the **Final Professional OSCE** a student **should** be graded as **satisfactory** if they meet or exceed the cut score in **at least 15** stations.

Grade criteria for resit in the Final Professional OSCE are awarded as for first sit.

The Board of Examiners **may** vary these thresholds at its discretion.

#### 4.2.6 *Awards for excellence in OSCEs.*

At the end of the first year of Phase 1 a student **should** be awarded an **overall grade of excellence in OSCE** if the average difference, over all stations between their score and the cut score exceeds +2.5.

At the end of the second year of Phase 1 a student **should** be awarded an **overall grade of excellence in OSCE** if the average difference, over all stations between their score and the cut score exceeds +2.5.

For the purposes of awarding excellence, the scores and cut-score will be divided by two, to ensure a consistent approach between OSCEs and written assessments.

Students who gain an award of excellence in both OSCE and written at the end of Phase 1 **must** be awarded **Distinction** in Phase 1. Those who gain an award of excellence in either written or OSCE, but not both **must** be awarded **Merit** in Phase 1

In the **Intermediate Professional OSCE** a student **should** be awarded an **overall grade of Distinction** if the average difference, over all stations between their score and the cut score exceeds +2.5.

In the **Intermediate Professional OSCE** a student **should** be awarded an **overall grade of merit** if the average difference, over all stations, between their score and the cut score exceeds +2.0.

In the **Final Professional OSCE** a student **should** be awarded an **overall grade of distinction** if the average difference, over all stations, between their score and the cut score exceeds +2.5.

In the **Final Professional OSCE** a student **should** be awarded an **overall grade of merit** if the average difference, over all stations, between their score and the cut score exceeds +2.0.

The Board of Examiners **may**, at its discretion, vary these thresholds.

#### 4.2.7 *Constructing OSCE stations*

##### **Preparing draft stations**

The Assessment Unit **must** be responsible for creating OSCE stations. Working with a wide range of staff, the assessment lead **must** prepare draft materials for stations at least three months before each examination.

This material **must** include:

- Student briefing material for outside and inside of the station
- Examiner briefing material
- Examiner training material, which may include training videos
- Kit lists for each station
- Check lists and detailed guidance for scoring at the station
- Scoring sheets

### Validating and refining stations

The assessment unit must convene an **OSCE validation group** to meet and scrutinise all materials for the stations within any particular OSCE. The validation group **must** consider all materials for stations and make suggestions to ensure that:

- Written materials are appropriate, clear and unambiguous
- Tasks are appropriately related to student experience in the course to date
- The level of difficulty is appropriate for the stage of the student.

Following the meeting of the validation group the Assessment Unit **must** refine or replace stations and materials to deal with any issues raised.

### Consideration by an External Examiner

The assessment unit **must** send the final draft of the assessment materials to a suitable external examiner for comment.

When comments are received the Assessment Unit, in consultation with the Director of Medical Education **must** make suitable changes to produce the OSCE. The School **should** make changes in response to the external comment, but is not required to do so as long as the reasons are explained to the external examiner

### Training of Examiners

All examiners who take part in OSCEs **must** receive appropriate training, either through training sessions or on-line training sessions. This training **must** include:

- Introduction to the principles of Objective Structured Clinical Examinations
- Specific information about the particular OSCE they will be involved in
- Instruction on appropriate conduct as examiners
- Instruction on scoring, including scoring tasks based on video records of stations
- Reminder of obligations relating to equality and diversity

### Delivery of the OSCE

The Assessment unit **must** take responsibility for the delivery of each OSCE, and all staff in the Medical School **must** make themselves available to take part as appropriate in OSCEs. Staff at Local Education Providers **should** be made available according to the contracts with those providers. Examining duties **must** be non-negotiable and **must** take priority over other tasks.

The assessment unit **must**:

- Prepare all written materials for all stations
- Ensuring the setting up of examination rooms to appropriate standards



- Work with the clinical skills and anatomy staff to ensure all necessary materials are provided in stations.
- Coordinate staff to run the OSCE on the day, including staff and student briefings, room and circuit management and processing of all results.
- Ensure accurate and secure data entry of results and present them for appropriate processing.

### 4.3 Assessment of the Portfolio

All students **must** maintain a portfolio of evidence as the course progresses, using the e-portfolio platform provided through the national medical school's consortium. The categories of evidence required are defined in guidance provided with the portfolio, but as a minimum they **must** include evidence of:

- Progress as a learner and reflections on learning events
- Evidence of progress towards attainment of each of the '*Outcomes for Graduates*' in the group '*Doctor as a Professional*'
- Verified evidence of competence at each of the 32 practical procedures defined in the '*Outcomes for Graduates*'

The developing portfolio **must** be assessed formatively in Phase 1 and summatively in Phase 2. Students **must** reach an overall satisfactory standard in the portfolio to graduate.

Each student's portfolio **must** be assessed summatively around the time of the Intermediate Professional Examination, around the time of the Final Professional Examination and at the end of the course.

#### 4.3.1 Process of summative assessment of the portfolio

The portfolio **must** be assessed by a panel of three people that includes:

- A member of Medical School staff other than the personal tutor of the student
- At least one lay person

The panel **must** be provided with:

- A summary of the types and quantity of evidence included in the portfolio under each category of evidence. This **should** be generated automatically by the e-portfolio.
- Evidence linked by the student that they wish to be considered to demonstrate their skills at reflection.
- Evidence linked by the student that they wish to be considered to demonstrate achievement of each of the '*Outcomes for Graduates*' in the group '*Doctor as a Professional*'
- A summary of the state of sign-off of each of the 32 procedures defined in the '*Outcomes for Graduates*'. The processes of verification of procedures **must** ensure that appropriately competent assessors have observed the student performing the procedure and judged them competent.

The panel **must** consider this evidence, and **may** consider any other evidence from the portfolio that it wishes to make judgements under the grade categories defined below.

#### 4.3.2 Grading of the portfolio

A component grade **must** be awarded for each of:



#### 4.3.3 *Completeness of the portfolio*

- A **satisfactory** portfolio will have a reasonable amount of evidence recorded in each category over a long period of time, well organised and reasonably presented
- A portfolio **unsatisfactory and needing more work** will have limited evidence in some categories, much of which appears to have been assembled relatively recently, and not well presented
- A portfolio **unsatisfactory and needing major work** will have little or no evidence in some categories, with evidence of hasty recent assembly and poor presentation.

#### 4.3.4 *Evidence of meeting 'Doctor as a Professional' outcomes*

- A **satisfactory** portfolio will demonstrate adequate evidence that, if the student is at the end of the course they have achieved all of the outcomes under '*Doctor as a Professional*' defined in the '*Outcomes for Graduates*', or if they are earlier in the course they are making sound progress towards achieving those outcomes, and the student will have no or a minor record of unprofessional behaviour during the course with adequate reflection on that behaviour
- A portfolio **unsatisfactory and needing more work** will demonstrate limited evidence that the student is progressing towards achieving the outcomes under '*Doctor as a Professional*' defined in the '*Outcomes for Graduates*', and the student may have a record of unprofessional behaviour during the course with inadequate reflection on that behaviour
- A portfolio **unsatisfactory and needing major work** will demonstrate very limited evidence that the student is progressing towards achieving the outcomes under '*Doctor as a Professional*' defined in the '*Outcomes for Graduates*', and the student may well have a record of unprofessional behaviour during the course with little reflection on or insight into that behaviour.

#### 4.3.5 *Evidence of competence in practical skills*

- A **satisfactory** portfolio will show evidence of competence in all of the procedural skills defined in the '*Outcomes for Graduates*' verified by sign-off in the simulated environment at an appropriate level of fidelity, and supported by some evidence of developing those skills in real clinical environments as far as possible
- A portfolio **unsatisfactory and needing more work** will show evidence of competence in some of the practical skills defined in the '*Outcomes for Graduates*' verified by sign-off in the simulated environment and supported by limited evidence of developing those skills in real clinical environments
- A portfolio **unsatisfactory and needing major work** will show evidence of competence in few of the practical skills defined in the '*Outcomes for Graduates*', verified by sign-off in the simulated environment and poorly supported by evidence of developing those skills in real clinical environments

#### 4.3.6 *Overall summative grade of the portfolio*

To be judged **satisfactory overall** a portfolio **must** be judged satisfactory in **each** component. In the case of procedural skills, there is a defined sub-set that **should** be achieved by each stage in the course, so a student will be satisfactory so long as they have demonstrated competence in that sub-set, though they must demonstrate competence in all skills by the end of the course. If any component is judged as 'unsatisfactory and needing more work' or 'unsatisfactory and needing major work' then the student **must** present an effective action plan to reach at least a satisfactory

standard by the time of the next progression point in the course. This action plan **must** be presented within a defined deadline of the summative assessment, and a student **must** not proceed on the course if the action plan is judged by a second assessor panel to be unsatisfactory. In the case of the progression point at the Final Professional Examination a student **must** demonstrate achievement of all the outcomes by the end of the course in order to graduate.

#### 4.3.7 *Award for excellence in the portfolio*

An **award of excellence** in the portfolio **should** be made to students whose portfolio

- Has substantial evidence in each category that is well organised and well-presented and clearly collected over a long period of time.
- Demonstrates substantial evidence that, if the student is at the end of the course they have achieved all of the outcomes under *'Doctor as a Professional'* defined in the *'Outcomes for Graduates'*, or if they are earlier in the course they are making very good progress towards achieving those outcomes, and the student will have no record of unprofessional behaviour during the course
- Shows evidence of competence in all the procedural skills defined in the *'Outcomes for Graduates'* verified by sign-off in the simulated environment at an appropriate level of fidelity and supported by extensive evidence of developing those skills in real clinical situations as far as possible.

A **distinction** will be awarded to students who achieve excellence in both the portfolio assessment at the end of the junior rotation and the senior rotation.

A **merit** will be awarded to students who achieve excellence in one of the portfolio assessments at the end of the junior rotation and the senior rotation.

#### 4.4 *Assessment of Phase 1 Student Selected Components*

The primary purpose of assessment of Student Selected Components (SSCs) **must** be to stimulate students to follow their interests, to study topics in depth, and to strive for excellence. SSCs have, by their very nature, the potential for a wide variation in learning style and format. This **should** be reflected in equally diverse methods of assessment of student achievement. The method of assessment for each SSC **must** be proposed by the SSC convenor based on the SSC unit's proposed aims, objectives and activities, and approved by the Curriculum Executive.

##### 4.4.1 *Generic outcomes for Student Selected Components*

All Student Selected Components **must** address and assess the following broad outcomes derived from the *'Outcomes for Graduates'*:

*'Outcomes for Graduates'* 12 ( a ) Critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature.

*'Outcomes for Graduates'* 12 ( b ) Formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions.

*'Outcomes for Graduates'* 12 ( c ) Apply findings from the literature to answer questions raised by specific clinical problems.

'Outcomes for Graduates' 14 ( j ) Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.

'Outcomes for Graduates' 15 ( b ) Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic background or their disabilities, including when English is not the patients first language.

'Outcomes for Graduates' 15 ( c ) Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients. The graduate should appreciate the significance of non-verbal communication in the medical consultation.

'Outcomes for Graduates' 19 ( b ) Make effective use of computers and other information systems, including storing and retrieving information.

'Outcomes for Graduates' 19 ( d ) Access information sources and the information in relation to patient care, health promotion, giving advice and information to patients, and research and education.

'Outcomes for Graduates' 21 ( a ) Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure that patients receive the highest level of professional care.

'Outcomes for Graduates' 21 ( b ) Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.

'Outcomes for Graduates' 21 ( d ) Manage time and prioritise tasks, and work autonomously when necessary and appropriate.

#### 4.4.2 SSC Assessment Methods

Assessment methods for each SSC **must** be defined in the SSC documentation. All SSC units **must** have 3 assessment modalities; one of each of the following:

- A scholarly piece
- A presentation
- A reflective piece.

The three assessments combined **must** test each of the outcomes at least once and not more than 3 times. Each of the 3 assessments **must** test a minimum 25% of the total number of outcomes defined above. General rules above about ensuring validity and reliability of assessment methods **must** be followed.

Each SSC **may**, in conjunction with the SSC group, decide the specific assessment within each modality but examples of assessments in each category are as follows:

- Scholarly
  - Essay
  - Patient case report
  - Practical projects
  - Literature searches
  - Formal examinations
- Presentation
  - Poster presentation
  - Power point presentations
  - Patient Information Leaflets

- OSCE
- Reflective
  - Critical reflections
  - Video creation
  - Poetry

Any submitted written work **must** be subject to analysis for plagiarism using a suitable package such as 'Turnitin'. Where academic misconduct is suspected the separate '*Academic Misconduct Policy*' **must** be followed and a report submitted to the Board of Examiners

#### 4.4.3 *Moderation of marking*

The marking of any assessments near a grade or award boundary and a total of 20% of all written work **should** be subject to moderation by a different, suitably qualified examiner. Final scores **should** be agreed between the initial marker and moderator. The course leader **must** have final discretion in the event of disagreements between the first marker and moderator.

#### 4.4.4 *Determining the Grades of SSCs*

Each of the three assessment modalities **must** have their own rubrics to assess a defined set of outcomes against defined performance levels. These **must** be standard across the different SSC's and published to students in advance.

A student will be graded as **satisfactory** in the SSC if they demonstrate competence in 75% of the total outcome-tests across all 3 assessments (note some outcomes may be assessed more than once).

A student will be graded as **unsatisfactory** if less than 75% of the outcome-tests are graded as satisfactory. Borderline grades **must** not be awarded.

The Board of Examiners **may** vary these criteria at its discretion.

Students who are awarded an unsatisfactory grade **must** take a re-assessment of that student selected component. A student who does not obtain a satisfactory grade in re-assessment **must** be recommended for termination of their course. They **may** appeal against course termination.

#### 4.4.5 *Awards for Excellence in a Student Selected Component*

An **award of excellence** in an SSC **should** be made to students who achieve **75% of outcome-test across the three assessments at the highest performance level and have no outcome-tests graded at the lowest level**. An award of excellence **must not** be made on the basis of a re-assessment unless it is deemed a 'first sit' for reasons of accepted mitigation.

In Phase 1, students who obtain an award of excellence in both SSCs **should** be awarded a **distinction** in Phase 1 SSCs.

In Phase 1 students who obtain an award of excellence in one SSC, and a grade of satisfactory in the other **should** be awarded a **merit** in Phase 1 SSCs.

#### 4.5 *Assessment of Phase 2 Student Selected Components*

The primary purpose of assessment of Student Selected Components (SSCs) **must** be to stimulate students to follow their interests, to study topics in depth, and to strive for excellence. In view of the nature of the Phase 2 SSCs assessment of the Phase 2 SSCs will be based on student attendance and a short reflective report which students **must** upload to the portfolio for review at the IPE portfolio assessment. Students will be graded as **satisfactory** on the basis of full attendance at Phase 2 SSCs and the presence of a satisfactory reflective piece in their portfolio. Students **should** be graded as

**unsatisfactory** if they fail to have 80% attendance of the Phase 2 SSCs **or** fail to upload a satisfactory reflective piece. A student graded as unsatisfactory must prepare and implement an action plan to achieve the outcomes defined in an alternative way. Completion of this action plan **should** result in a satisfactory grade of the SSC.

#### 4.6 *Assessment of the 'Narrative Medicine' course*

The primary purpose of assessment of Narrative Medicine component **must** be to stimulate students to explore holism by following a patient for 18 months. The summative assessment of the 'Narrative Medicine' course **must** be by means of 3 written pieces;

- A case presentation (2500 words),
- A case analysis (3000 words),
- A reflective statement (1500 words).

The three assessments combined **must** test each of the outcomes at least once. Each of the 3 assessments **must** test a minimum 25% of the total number of outcomes being tested.

Each piece of written work **must** be marked according to a grading rubric defined for each of the three assessments to determine a score for the achievement of each of a series of outcomes. These scores must be used to determine the overall grade of satisfactory or unsatisfactory and awards of merit and distinction.

All written work **must** be submitted by a prescribed deadline, and **must** be subject to analysis for plagiarism using a suitable package such as 'Turnitin'. Where academic misconduct is suspected the separate 'Academic Misconduct Policy' **must** be followed and a report submitted to the Board of Examiners.

##### 4.6.1 *Outcomes to be tested*

The Narrative Medicine assessment **must** assess the following outcomes derived from the '*Outcomes for Graduates*':

*'Outcomes for Graduates'* 8 ( a-g ) The graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: Anatomy,, biochemistry, cell biology, genetics, immunology, microbiology,, molecular biology, nutrition, pathology, pharmacology and physiology

*'Outcomes for Graduates'* 9 ( a-g ) The graduate will be able to apply psychological principles method and knowledge to medical practice

*'Outcomes for Graduates'* 10( a-e ) The graduate will be able to apply sociological principles method and knowledge to medical practice

*'Outcomes for Graduates'* 12 (c) Apply scientific method and approaches to medical research.

*'Outcomes for Graduates'* 13 ( a,b,d,e,f ) The graduate will be able to carry out a consultation with a patient

*'Outcomes for Graduates'* Diagnose & Manage Clinical presentations 17 ( a ) Prescribe drug safely, effectively and economically

*'Outcomes for Graduates'* 15 (a,b,c,h) Communicate effectively with patients and colleagues in a medical context

*'Outcomes for Graduates'* 17 (a) Prescribe drugs safely, effectively and economically

*'Outcomes for Graduates'* 20 ( a,b,c,d,e,f ) The graduate will be able to behave according to ethical and legal principles.

'Outcomes for Graduates' 21 (a,b,c) reflect learn and teach

'Outcomes for Graduates' 22 ( a,b,c ) Learn and work effectively within a multi-professional team

'Outcomes for Graduates' 23( a,c,e ) Protect patients and improve care

Each of the three assessments will assess a different set of outcomes as follows:

1. Case presentation:  
Doctor as a Scholar and Scientist (Outcomes 8(a-g), 9 (a-g), 10( a-e ), 12 (c))
2. Case analysis:  
Doctor as a Practitioner (Outcomes 13 ( a,b,d,e,f ), 14 ( a,d,e,g,h ), 15 (a,b,c,h), 17 (a))
3. Reflective statement:  
Doctor as a Professional (Outcomes 20 ( a,b,c,d,e,f ), 21 (a,b,c), 22 ( a,b,c ), 23( a,c,e ))

#### 4.6.2 Moderation of marking

The marking of any assessments near a grade or award boundary and a total of 20 % of all written work **should** be subject to moderation by a different suitably qualified examiner. Final scores **should** be agreed between the initial marker and moderator. The course leader **must** have final discretion in the event of disagreements between the first marker and moderator.

#### 4.6.3 Determining the grade

Each of the three assessment modalities **must** have their own rubrics to assess a defined set of outcomes against defined performance levels. These **must** be standard across the different SSC's and published to students in advance.

A student will be graded as **satisfactory** if they demonstrate competence in 75% of the total outcome-tests across all 3 assessments.

A student will be graded as **unsatisfactory** if less than 75% of the outcome-tests are graded as satisfactory.

The Board of Examiners **may** vary these criteria at its discretion.

Students who are awarded an unsatisfactory grade **must** take a re-assessment of that component. A student who does not obtain a satisfactory grade in re-assessment **must** be recommended for termination of their course. They **may** appeal against course termination.

#### 4.6.4 Awards for excellence in the Narrative Medicine Assessment

A student **should** be awarded a **distinction** if **they achieve 75% of outcome-test across the three assessments at the highest performance level and have no outcome-tests graded at the lowest level.**

A Student **should** be awarded a **Merit** if they achieve **at least 50% of the outcome-tests across the three assessments at the highest level and have no outcome-tests graded at the lowest level.**

An award of excellence **must not** be made on the basis of a re-assessment unless it is deemed a 'first sit' for reasons of accepted mitigation. The Board of Examiners **may** vary these criteria at its discretion.

## 5 Mitigating circumstances

The Board of Examiners **should** take into account any mitigating circumstances declared by students when considering progression. Mitigating circumstances, however strong, **must never** change the



outcome of any assessment, but **may** change the consequences of that outcome for the progression of the student.

#### 5.1.1 *The Mitigating Circumstances Group*

The Mitigating Circumstances Group **must** advise the Board of Examiners when students claim mitigating circumstances for performance in assessments. It **must** consider confidential information provided by students and decide whether proffered mitigation should be accepted or rejected.

#### Membership of the group

One lay representative

Chair

The Student Support Lead or representative

At least one other medically qualified person

#### Conduct of the Group

The Mitigating Circumstances Group **must** meet before each meeting of the Board of Examiners that makes decisions about student progression and **may** meet before other meetings of the Board, though in those cases a formal report will not be made to the Board. Students **must** submit evidence of mitigating circumstances before any particular assessment, or in the case of events happening at or very close to the time of the assessment immediately afterwards, and in any case, at least 24 hours before the meeting of the Mitigating Circumstances Group. The Mitigating Circumstances Group may meet by teleconference or virtually by email if appropriate.

The group **must** consider the evidence provided by the student together with any previous mitigation offered, and any record held by the Concerns Process and make a decision whether the mitigation should in this case be accepted or rejected.

Each case **must** be treated as an individual judgement of individual circumstances, in accordance with the following general principles.

- Any disability for which reasonable adjustments have been made cannot be considered as mitigation
- A student who presents themselves for an examination is declaring themselves fit to take that examination. The result of an assessment stands if a student becomes unwell during any part of an examination unless it can be shown that the student could not reasonably have foreseen that acute illness.
- Acute illness affecting preparation for any assessment will only be accepted as mitigation if verified by a certificate from an appropriate Medical Practitioner. The Medical School reserves the right to seek further medical opinion if it is felt necessary. Medical certificates from any relative of a student are not acceptable.
- If a student has failed previously to report a chronic illness to the Occupational Health Service then it cannot be offered in Mitigation.
- If appropriate support has been put in place for chronic illness, then that illness can only be accepted as mitigation in the case of a medically-verified acute exacerbation at or immediately before the time of assessments.
- Circumstances during an assessment can only be considered as mitigation if they affect that student particularly. Circumstances affecting groups of students or all students will be considered by the Board of Examiners, which will decide how grades are to be awarded in these cases.

- Personal circumstances affecting study and preparation for assessments must be supported by appropriate written evidence. If personal circumstances have been affecting study for more than two weeks and a student has not sought support through the student support services, then they may not normally be offered in mitigation however sensitive the student may perceive them to be.
- Students who have been supported through the concerns process may not offer as mitigation any issue which they have previously claimed resolved following the implementation of an action plan.
- Notwithstanding all the principles above the aim of the Mitigating Circumstances Group is to take proper account of genuine mitigation and make recommendations that will allow the student opportunity to recover their position.

Should the Mitigating Circumstances Group recommend that the mitigation is accepted, the Board of Examiners **may** offer a repeat period of study to a student whose course would otherwise be recommended for termination of the grounds of failure at examination.

#### **For the avoidance of doubt:**

- Mitigation **must never** change the grade obtained by a student which **must** stand. All it can change is the consequences of obtaining that grade.
- The most favourable option open to the Board of Examiners in the case of mitigation being accepted **must** be to offer a repeat period of study to a student whose course would otherwise be recommended for termination.
- If a student has already repeated any part of the course, the Board of examiners **should** only grant another repeat period in the most exceptional circumstances.

In exceptional, acute circumstances which result in a student being prevented from taking a component of assessments at first sit the Board of Examiners **may** on the advice of the mitigating circumstances committee make special arrangements for that student in qualifying examinations.

## **6 Appeal against course termination**

Any student whose course is recommended for termination **may** appeal to a panel external to the Medical School.

### **6.1 Composition of the appeal panel**

The Dean of another Faculty in the University or their senior representative      Chair

A medically qualified member of staff from a partner organisation

A lay representative

The medically qualified member **must** be a person who is not heavily involved in the Medical School and who has not taught the student being considered. The Lay representative **must** be a person who is not involved in the concerns process or the Board of Examiners

### **6.2 Grounds for Appeal**

A student **may** appeal only on the grounds of:

- Procedural irregularity in the operation of the assessment processes or the Board of Examiners
- New mitigating circumstances that could not have been reported to the Mitigating Circumstances Group at the normal time



### 6.3 Outcome of appeal

The appeal panel **must** choose between two options. No other options are available to it.

- Confirm course termination
- Permit the student a repeat period of study in line with the regulations

The appeal panel **must not** change the outcome of any assessment or allow a student to progress if they have not met the conditions for progression.

### 6.4 Conduct of the appeal process

Students whose courses have been recommended for termination **must** be invited to submit an appeal in writing explaining their grounds for appeal and providing any additional evidence that is appropriate. Students **must** be reminded that they continue to have separate pastoral support available to them. A deadline for receipt of appeals **must** be set, and submissions made after that time **should** not be considered.

The Medical School **must** prepare a report in a standard form for any student who appeals. This **should** include:

- The full academic record
- A report of any interactions with the 'concerns process', and actions taken, including reasonable adjustments, occupational health support, measures put in place to manage ongoing issues with the student, and their degree of their cooperation with them.

The appeal panel **must** meet and consider each case in turn. The student **should not** normally be present. The following procedure **should** be followed:

1. The chair **must** confirm with the panel that they are familiar with the evidence provided by the student and the Medical School.
2. Normally, one member of the panel will have been asked in advance to look in more detail at the evidence for any particular student. That member **should** be asked to comment on any special features of the case, but not to make a recommendation to the panel
3. The whole panel **must** then decide the outcome of the case
4. A summary of the panel deliberations **must** be recorded
5. The decision **should** be communicated to the student in writing within two working days together with a statement of the grounds for the decision in a standard format.

Very occasionally, the panel **may** decide it is appropriate for the student to appear before it. The student **may** also make a case to appear personally if the case is especially sensitive, though the final decision rests with the panel. When the student appears in person they **may** be accompanied by their personal tutor (or another member of staff who has agreed to perform that role), and by a companion who may not be a family member, and will normally be another student of the University. Legal representatives **must not** be allowed to be present under any circumstances.

If a student is present, then the following procedure **should** be followed:

1. The chair **must** confirm with the panel that they are familiar with the evidence provided by the student and the Medical School.
2. The student and companion(s) will be invited into the room.
3. The chair of the panel **must** give a standard introduction and then invite the student to make a verbal submission in support of their written evidence. This must last no longer than five minutes.
4. Members of the panel **should** then ask questions of the student to clarify the case.

5. The accompanying persons will be invited to make short (no longer than 2 minute) submissions of support.
6. The student **should** be asked to make a final short statement and then withdraw
7. The panel **must** consider the case and come to a decision
8. A summary of the panel deliberations **must** be recorded
9. The decision **should** be communicated to the student in writing within two working days together with a statement of the grounds for the decision.

Further appeal **must not** be allowed. Students **may** complain to the Office of the Independent Adjudicator if they feel that they have sufficient grounds.

## 7 *Award of Honours*

The degrees of MB ChB **may** be awarded with honours at the discretion of the Board of Examiners. Honours **must** be awarded on the basis of accumulated **merits** and **distinctions** across the whole medical course. A point score **should** be calculated on the basis of:

**Eight** points awarded for each of

- distinction in the Final Professional Examination OSCE
- distinction in the written part of the Final Professional Examination

**Four** points are awarded for each of:

- merit in the Final Professional Examination OSCE
- merit in the written part of the Final Professional Examination
- distinction in the written component of the Intermediate Professional Examination
- distinction in the Intermediate Professional Examination OSCE
- distinction in Phase 1 Student Selected Components
- distinction in the phase 1 'Narrative Medicine' course
- distinction in the Phase 1 core modules
- distinction in the portfolio assessment

**Two** points are awarded for each of

- merit in the written component of the Intermediate Professional Examination
- merit in the Intermediate Professional Examination OSCE
- merit in Phase 1 Student Selected Components
- merit in the phase 1 'Narrative Medicine' course
- merit in the Phase 1 core modules
- merit in the portfolio assessment

The Board of Examiners **must** set a point threshold above which the degrees of MB ChB will be awarded with honours. This **should** normally be around 20 points, but **may** be varied at the discretion of the Board.

## 8 *Feedback to Students after Summative assessments*

All students **must** receive structured feedback following each written examination and OSCE. This will normally be provided within one week of the relevant Board of Examiners meeting.

### 8.1.1 *Feedback after written assessments of the core course*

As a minimum, each student **must** receive a list indicating, for each question set in the paper(s):

- The Clinical presentation/condition used as the context for that question
- Whether the mark obtained was above or below the Angoff cut score for that question set.
- The difference between the Angoff cut score for that question set and the score obtained by the student
- A histogram of the differences between the Angoff cut score and obtained scores for their cohort at that assessment

Plus, an indication of any more general strengths and weaknesses relating to the outcomes and subjects tested in the paper.

Students **must not** be permitted to see their marked scripts, but student support staff **may** scrutinise those scripts to give additional feedback to students who have performed badly.

### 8.1.2 *Feedback after OSCEs*

Each student **must** receive, for each station (or component station in the case of Phase 2 OSCEs):

- The Clinical presentation/condition used as the context for that question
- Whether the mark obtained was above or below the borderline regression cut score for that question set.
- The difference between the borderline regression cut score for that question set and the score obtained by the student
- A histogram of the differences between the borderline regression cut score and obtained scores for their cohort at that assessment

Students **must not** be permitted to see the marking sheets for OSCE stations, but student support staff **may** scrutinise those sheets to give additional feedback to students who have performed badly.

## 9 *Governance of Assessments*

The Senate of the University of Buckingham is responsible for academic matters. The *Board of Studies* for the MB ChB **must** make recommendations to the Senate concerning the Assessment Philosophy, the Assessment Scheme and its associated regulations, and the Quality Management of assessments. The *Board of Examiners* for the MB ChB makes recommendations to the Senate concerning Academic Standards and the progression of individual students.

The membership and remit of the Board of Studies for the MB ChB are defined in the '*Standards for the Management of the Curriculum*'.

### 9.1 *The Board of Examiners*

The **Board of Examiners for the MB ChB** is responsible for monitoring the quality of assessments, setting appropriate standards, and for making recommendations to the Senate of the University about the progression of individual students.

#### 9.1.1 *Membership of the Board*

The Director of Medical Education	Chair	ex officio
The External Examiners		
The Phase 1 Lead		ex officio
The Phase 2 Lead		ex officio

The Assessment Lead	ex officio
The Equality Lead	ex officio
The Quality Lead	ex-officio

Unit Leads in Phase 1

Block leads in Phase 2

Two clinical staff from partner organisations who are not block leads

A representative of postgraduate medical education

Two lay representatives

The Phase 1 or Phase 2 lead **may** chair the Board in the absence of the Director of Medical Education. As the Board will meet frequently during the year to consider assessments for all years of the course it is not necessary for all members always to be present and the attendance **may** vary according to which part of the course is being considered.

### 9.1.2 Rules of quoracy:

- The Board **must** be chaired by the Director of Medical Education or either of the Phase Leads.
- At least two of the ‘domain leads’ **must** be present (see ‘*Standards for Management of the Curriculum*’)
- For consideration of assessments in phase 1 of the curriculum at least three Phase 1 unit leads **must** be present
- For consideration of assessments in Phase 2 of the course at least three Phase 2 Block leads or their deputies **must** be present
- If decisions to terminate the course of any students are to be taken at least one external examiner **must** be present either in person or by teleconference
- A lay representative **should** normally be present.

### 9.1.3 Conduct of the Board of Examiners

Meetings of the Board of Examiners **should** be held according to a schedule published at the beginning of each year. The Board **must** meet before any results are issued to students. The timing of Board meetings **may** be altered under exceptional circumstances.

Meetings of the Board **must** follow a standard agenda:

1. Apologies for absence
2. Declaration of Interests – any member of the Board must declare if they have a personal interest in any student
3. Consideration of the Minutes of the Last Meeting of the Board
4. For each diet of assessments considered at the meeting:
5. A report from the Assessment Unit on the conduct of the assessments, including any circumstances which may have affected the performance of students, an appropriate psychometric analysis of the assessment, and the recommendations of the standard setting processes.
6. Consideration of any adjustments necessary in the light of issues with the assessment(s)
7. A table indicating the grades achieved by each student, together with a statement of the rules of progression as they apply to that diet of assessments.
8. Confirmation of individual student grades

9. Consideration of the report of the Mitigating Circumstances Group in the case of any student whose grades would normally lead to a recommendation for course termination, and decision whether to recommend a repeat period of study in accordance with the regulations.
10. Verbal report from External Examiners if present.
11. Report from the Quality Lead
12. Comments from the lay representative, if present
13. Any other business

The Board of Examiners **may**, on the advice of the Assessment Unit and with the approval of external examiners change grade thresholds if appropriate.

The Chair of the Board of Examiners or a representative **must** present the progression decisions either to the Senate, or an appropriate body acting for the Senate, for final approval.

The outcome of Meetings of the Board **must** be published to students as soon as possible after the Board of Examiners. Each student **must** be informed individually of decisions affecting them.

Students **must** not be informed officially about the individual performance of other students, but may receive feedback about the overall performance of their student cohort.

## 10 Management of Assessments

### 10.1 The Assessment Lead

The **Assessment lead**, supported by the assessment manager, **must** be accountable to the Director of Medical Education for effective leadership of the **Assessment Unit** to ensure that the following standard prescribed by the General Medical Council is met:

- **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**

Working with the other Domain Leads, teams and Clinical Placement providers the Assessment lead **must** ensure that the following requirements are met:

- **R5.5** Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.
- **R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.
- **R5.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.
- **R5.8** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.
- **R2.12** Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
- **R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators,

other doctors, health and social care professionals and, where possible, patients, families and carers.

- **R3.15** Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.

The **assessment lead**, supported by the assessment unit, **must** also be accountable to the Director of Medical Education for:

- Making recommendations to the Curriculum Executive concerning the overall philosophy, strategy and detailed operation of the assessment scheme and its component parts at the University of Buckingham Medical School, to ensure that GMC standards are met in the context of the overall educational philosophy of the course.
- Regular review and maintenance of a comprehensive '*Code of Practice for Assessment*' to ensure consistent and defensible operation of assessment processes.
- Working with the Assessment manager and a wide range of stakeholders to put in place operational systems to:
  - Construct appropriate assessment blueprints to ensure that all the '*Outcomes for Graduates*' prescribed by the GMC are tested repeatedly in an appropriate range of contexts across the course.
  - Construct individual assessments to those blueprints that are valid and reliable.
  - Ensure the effective delivery of those assessments and their scoring by appropriately qualified and trained examiners.
  - Oversee the standard setting of all assessments using recognised methods.
  - Oversee the preparation of psychometric reports on all assessments and present them to the Board of Examiners
  - Work with the quality unit to oversee an independent quality check of assessment processes for each assessment
  - Prepare definitive results lists for consideration by the Board of Examiners.
  - Publish results to students individually together with appropriate feedback
- Devising and delivering, or ensuring the delivery of, appropriate training for examiners
- Quality control of assessments to ensure that they are sufficiently valid and reliable to meet GMC standards, making appropriate reports to the Quality unit, and responding effectively to quality concerns.
- Regularly reviewing standard operating procedures to ensure that operational processes work effectively and reliably with the minimum risk of error.
- Maintaining a realistic risk register for assessment processes and preparation of action plans to mitigate risks.
- Allocating between themselves or others specific accountabilities for the major parts of the assessment scheme, so that it is clear who is responsible for what within the overall umbrella of the assessment unit. This should include responsibility for:
  - Written assessments at various stages of the course
  - Objective Structured Clinical Assessments at various stages of the course
  - Assessments of Student Selected Components
  - Assessment of the 'Narrative Medicine' course
  - Summative assessment of the e-portfolio
- Chairing the Assessment Strategy Group (see below)

- Contributing as appropriate to the operational groups responsible for aspects of assessment processes (see below)
- Attending and making regular written or verbal reports to:
  - The Curriculum Executive
  - The Board of Examiners
  - The Board of Studies for the MB ChB
- As a member of the Curriculum Executive, making a full contribution to the broader management of the Medical School
- Contributing as appropriate to Quality Assurances processes undertaken by the visiting team from the General Medical Council
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

### *10.1.1 The Assessment Manager*

The Assessment Manager **must** be responsible for leading a team of assessment administrators accountable to the Assessment Lead and the Director of Medical Education for ensuring the effective operational delivery of the functions of the Assessment Unit, including:

- Systematic commissioning, banking and tagging of quality controlled assessment items available to the Assessment Leads for the construction of valid and reliable individual assessments.
- Arrangements for the consideration of draft assessments by an appropriately constituted validation group and recording and implementation of necessary changes to drafts in consultation with the assessment leads and others
- Preparation of final versions of assessments, submitting them to external examiners for comment and overseeing modification in response to those comments.
- Preparation of quality-controlled written and other materials for assessments, except for specific clinical equipment required for Objective Structured Clinical Examinations
- Working with the assessment leads and others, identification of appropriate numbers of appropriately qualified examiners for assessments.
- Organisation of training sessions and training materials for examiners
- Effective, secure delivery of the final versions of assessments to students, following robust examination procedures.
- Secure collection, processing and storage of assessment scripts and data.
- Convening and servicing of appropriate scoring groups and accurate, quality controlled data entry of the results.
- Storing and processing definitive scores in robust IT systems
- Convening and servicing appropriate standard setting operational groups and processing their decisions.
- Preparing data for psychometric analysis and liaising with the Quality Unit to facilitate independent quality monitoring of assessment processes.
- Preparation of definitive results lists for the Board of Examiners
- Preparation and individual publication of results to students, together with feedback as defined by the relevant Code of Practice



- Maintenance of IT systems to support all activities and maintain secure records of student performance, in particular ensuring the accuracy and integrity of the formal record of student assessment performance held within EMER

### 10.1.2 *The Assessment Strategy Group*

The Assessment Strategy Group **should** be chaired by the Assessment Lead and is responsible for the discussion and approval of proposals for assessment strategy, policies and processes to be considered by the Curriculum Executive and Board of Studies for the MB ChB.

Membership of the Assessment Group:

The Assessment Lead

Chair

The Director of Medical Education

The Phase Leads

Three unit leads from Phase 1 of the Curriculum

Three block leads from Phase 2 of the curriculum

One theme lead

One Clinical Educator

The Assessment Strategy Group **must** meet at least once each term and report to the Curriculum Executive. To be quorate a meeting **must** be attended by the Assessment Lead, at least one Phase lead, or the Director of Medical Education, and at least two others.

The **remit** of the Assessment Group is to:

- Support the assessment lead in the formulation of the overall strategy of the Assessment scheme for the MB ChB to ensure that the standards prescribed by the General Medical Council are met in the context of the overall educational philosophy of the course.
- Consider and advise on the development of the '*Code of Practice for Assessment*' as the assessment scheme evolves.
- Consider and advise on the development and delivery of policies and processes to ensure that:
  - Appropriate assessment blueprints are constructed to ensure that all the '*Outcomes for Graduates*' prescribed by the GMC are tested repeatedly in an appropriate range of contexts across the course.
  - Individual assessments that are valid and reliable are constructed to those blueprints.
  - Those assessments are delivered and scored by appropriately qualified and trained examiners.
  - All assessments are standard set using recognised methods.
  - Psychometric reports on all assessments are considered and appropriate action plans for mitigation of issues created and implemented
  - Reports from the quality unit are considered and action plans prepared to address issues
  - Accurate, definitive results lists are considered by the Board of Examiners.
  - Accurate results are published to students in a timely manner with appropriate feedback.
- Consider and approve the live risk register for assessment systems and action plans to mitigate risks



### 10.1.3 The Assessment Operational Groups

The detailed work for the construction and delivery of assessments **must** be undertaken by **Operational Groups** that meet as frequently as is necessary to ensure the smooth operation of the assessment scheme. Different Operational Groups **should** discharge different functions, but all groups:

- **Must** be facilitated by a member of the assessment unit
- **Must** be made up of at least four appropriately qualified staff, increased as necessary to complete the work of the group in an effective and timely manner.
- **Should** include at least one senior medically qualified member of staff
- **May** include junior doctors working as Clinical Educators

At a minimum, there **must** be operational groups for:

#### Validation of written assessments and Objective Structured Clinical Assessments

These groups consider draft assessments in detail and make recommendations for refinement and improvement to ensure validity and fairness to students.

#### Scoring of written assessments including SSC and Narrative medicine, and the examiner group for OSCEs

These groups **should** contain as many staff as is appropriate to score assessments in a timely manner. The assessment unit **must** ensure that all staff on scoring groups are appropriately trained for their role and records of that training kept.

#### Standard setting of all types of assessment

For each written assessment, there **must** be a standard setting group whose composition follows the general rules above, but has at least six members trained to the standard setting method being employed.

#### Moderation of marking of constructed response assessments

All written assessments, including SSC and Narrative Medicine, **must** be subject to appropriate moderation by a suitably qualified moderation group.

#### Assessment of Student Selected Components in Phase 1 and Phase 2

These groups **must** work under the ambit of the assessment unit so that all processes are coordinated. The definitive records of student performance **must** be held within the assessment unit and published by the assessment unit.

#### Assessment of the Narrative Medicine course

This group **must** work under the ambit of the assessment unit so that all processes are coordinated. The definitive records of student performance must be held within the assessment unit and published by the assessment unit

#### Summative assessment of the student portfolio

This group **must** work under the ambit of the Assessment Unit so that all processes are coordinated. The definitive records of student performance must be held within the assessment unit and published by the Assessment Unit.

## 11 Quality Control of Assessment

The Assessment lead and Assessment Unit **must be** responsible for the quality control of assessments. The quality control of item writing and item selection for individual assessments is

described above. Immediately after each diet of assessment and before the examination board meets the results **must** be examined to:

- Estimate the reliability of each assessment and report to the Board of Examiners with an analysis of any problems revealed
- Scrutinise the performance of each assessment item both to identify problem items that may need to be removed before decisions are made and to collect data to inform the future adaptation and use of that item
- Provide summary statistics of student performance to inform the decisions of Boards of Examiners

Students **must** be given the opportunity to comment on assessments, and those comments will be reviewed by the Assessment Unit and appropriate action taken.

Comments **must** be sought from markers of constructed response questions and fed into future use of questions, and the review of course content design and delivery if systematic weaknesses in student understanding are revealed.

The Assessment unit **must** produce a report each year reviewing the assessment processes over that year and making recommendations for change. The report will include:

- Statistical analysis and comment on the performance of each assessment conducted across the course over that year and identification of any issues that need to be addressed in subsequent years
- Comment on the operation of assessment processes and any problems that need to be addressed for subsequent years
- Proposals for the evolution and enhancement of assessment systems and processes
- An updated 'risk register' for assessment processes and action plans to address risks

## 12 Annex 1 - General regulations for the MB ChB

### 1. General

1.1 The degrees of Bachelor of Medicine and Bachelor of Surgery (MBChB) of the University may be conferred with or without honours. Honours degrees are not classified.

1.2 The degrees of MBChB of the University may be conferred by the authority of the Senate upon such candidates who are reported to the Senate as having:

1.2.1 Satisfied the provisions of the regulations of the University as they apply to the MBChB; and

1.2.2 Completed successfully the programme of studies for the MBChB as defined in the course documentation for the degrees; and

1.2.3 Satisfied the examiners in that they have attained the requisite standard in the assessments prescribed for the programme in these regulations; and

1.2.4 Been deemed by appropriate processes to be fit to practise as a doctor. No candidate deemed unfit to practise may graduate, irrespective of performance in the course.

1.3 The course for the degree of MBChB is designed to meet the requirements of the UK General Medical Council (GMC), as stipulated in the document *'Promoting Excellence: standards for medical education and training (2015)* and will be modified to suit any further requirements of the GMC in the future.

### 2. Course Duration

2.1 The course for the MB ChB comprises study over four and a half academic years, starting in January of the first year and normally completing in June of the fifth year. Students who are required to repeat years, or whose study is suspended for any reason will normally be required to complete the entire programme within seven years of first registration, and their registration will be terminated if they do not complete within this timescale.

### 3. Minimum requirements

3.1 In order to be eligible for the award of MBChB, a student must have:

3.1.1 Achieved at least a satisfactory standard in the Core programme, according to the regulations defined below; and

3.1.2 Achieved at least a satisfactory standard in each of the student selected components according to the regulations defined below.

3.2 No compensation is permitted between these two requirements.

Students must demonstrate at each stage satisfactory progress towards the entire course outcomes and by the end of the course satisfactory achievement of all of the outcomes of the entire course.

### 4. Exemption/Credit transfer

4.1 The programme for the MBChB must always be completed in its entirety. No exemption or credit transfer will be permitted from courses within or outside of the University of Buckingham.

### 5. Core Course Component

5.1 Students will have no choice of units to be studied in the Core Course. All students will be registered for and must study the same core components.

### 6. Student Selected Components

6.1 All students studying for the MBChB must also complete six Student Selected Components as defined in the course documentation.

6.2 In each Student Selected Component students may choose between a list of electives defined by the Medical School which may cover a wide range of topics.

6.3 In the case of Student Selected Components it is each student's responsibility to ensure that the course administrator is notified of his/her choice of component. Failure to do so may result in the student not being able to satisfy the regulations for the MBChB.

6.4 Each Student Selected Component must be passed separately in accordance with the regulations defined below.

6.5 No compensation is permitted between Student Selected Components.

## **7. Attendance**

7.1 Students must attend and participate in all scheduled learning events throughout the course.

7.2 Attendance at all learning events will be monitored, and students whose attendance is giving cause for concern will be referred to a concerns process that will attempt to identify and remediate issues interfering with proper engagement with the course.

7.3 A student whose attendance continues to give cause for concern will be deemed in neglect of their academic obligations and their studies will be terminated.

7.4 The Medical School will publish details of arrangements for notifying absence through illness, and for dealing with requests for absence for personal reasons, which will be considered according to guidelines published in a Code of Practice.

7.5 The Medical School reserves the right to refuse requests for absence.

7.6 Students whose absences, for whatever reason, exceed limits defined within the Code of Practice will be required to withdraw temporarily from the course, to return at the beginning of the year or rotation during which they withdrew.

## **8. Patterns of Study**

8.1 The course cannot be studied part time.

8.2 Students must complete the components of the course sequentially with no gaps in the programme of study.

8.3 Suspension of studies will only be permitted in the case of illness certificated by an appropriate doctor, or serious personal issues validated by appropriate written evidence submitted to the Director of Medical Education.

8.4 Arrangements for maternity and paternity leave are published in a separate Code of Practice.

8.5 In all other cases students who suspend their studies must return at the beginning of the year or rotation in which they were studying at the point of withdrawal.

8.6 If the period of suspension is owing to illness a medical certificate from an appropriate doctor must be provided together with a completed Fitness to Study Form, signed by the University's Medical Officer.

## **9. Dissertation**

9.1 In cases where a Student Selected Component is assessed by dissertation, the dissertation must be submitted by a deadline set by the Medical School. A candidate who fails to submit the dissertation by that deadline without good reason notified to the Board of Examiners will be deemed to have failed that component of the course assessment at first attempt. One re-submission only will be permitted.

9.2 A candidate may, at the discretion of the examiners be required to attend a viva- voce examination or such other test as considered appropriate in the circumstances.

## **10. Course work – portfolio of professional development**

10.1 All students must maintain an electronic portfolio of evidence of professional development as the course progresses.

10.2 The required components of the portfolio will be defined by the Medical School.

10.3 The developing portfolio will be assessed periodically in accordance with the Regulations set out below. At each assessment, any deficiencies in the portfolio will be identified to the student.

10.4 A student must remedy all defined deficiencies in his/her portfolio in order to progress through the course, and may not graduate with a portfolio deemed to be incomplete, irrespective of performance in other assessments.

## **11. Academic progress**

11.1 There are five progression points defined in the course:

11.1.1 Progression from year one to year two;

11.1.2 Progression from year 2 to the Junior Rotation of full time clinical study. The junior rotation runs from March of year three to February of year four inclusive;

11.1.3 Progression from the junior rotation of full time clinical study to the senior rotation of full time clinical study. The senior rotation runs from March of year four to March of year five inclusive; and

11.1.4 Progression from the senior rotation to Preparation for Professional Practice. Preparation for Professional Practice runs from April in year five to June of year five inclusive.

11.2 In order to progress from year 1 to year 2 of the course, a student must:

11.2.1 Achieve at least a satisfactory standard in each of two written assessments:

11.2.1.1 An assessment made up of the combined results of two papers one taken after each of terms one and two; and

11.2.1.2 An assessment made up of two papers taken at the end of year one.

11.2.2 Achieve at least a satisfactory standard in an Objective Structured Clinical Examination held at the end of term three.

11.3 If either or both of these conditions are not met then the student must take and achieve at least a satisfactory standard in a Qualifying Examination, taken at the end of the year and made up of two written papers and an Objective Structured Clinical Examination. There will be no selective resit of failed components. Failure to achieve a satisfactory standard in any component during the year will require the entire Qualifying Examination to be taken.

11.4 Failure to achieve a satisfactory standard in the Qualifying Examination will normally result in the termination of a student's studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the year. Students who repeat a year must comply with exactly the same progression rules within the repeat year alone, with no allowance for performance during their first attempt at the year. Normally no student will be permitted more than one repeat year during the course.

11.5 In order to progress from year two to the junior rotation of full time clinical study a student must achieve a satisfactory standard in both the core course and each of the student selected components and the 'Narrative Medicine' course in year two.

11.6 For the Core Course a student must:

11.6.1 Achieve at least a satisfactory standard in each of two written assessments:

11.6.1.1 An assessment made up of the combined results of two papers one taken after each of terms four and five; and

11.6.1.2 An assessment made up of two papers taken after term six.

11.6.2 Achieve a satisfactory standard in an Objective Structured Clinical Examination held after term six.

11.7 If either or both of these conditions are not met then the student must take and achieve a satisfactory standard in a Qualifying Examination, taken at the end of the year and made up of two written papers and an Objective Structured Clinical Examination. No selective resit of failed components is permitted. Failure to achieve a satisfactory standard in any component of the core course during the year will require the entire Qualifying Examination to be taken.

11.8 Students must also achieve at least a satisfactory standard in each of the two Student Selected Components in year two and the assessments submitted for the 'Narrative Medicine' course.

11.9 Students may be permitted one resit of each Student Selected Component or the Narrative Medicine Dissertation.

11.10 Failure to achieve at least a satisfactory standard in the Core Course (either by passing each element of assessment at the first attempt, or by passing the Qualifying Examination), or failure to achieve a satisfactory standard in each Student Selected Component at the first attempt or resit, will normally result in the termination of a student's studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the year in its entirety. Students who repeat a year must comply with exactly the same progression rules within the repeat year alone, with no allowance for performance in any element during their first attempt at the year. Normally no student is permitted more than one repeat year during the course.

11.11 In order to progress from the junior rotation of full time clinical study to the senior rotation of full time clinical study, a student must achieve at least a satisfactory standard in both the Core Course and the Student Selected Component in the junior rotation.

11.12 For the Core Course a student must:

11.12.1 Achieve at least a satisfactory standard in the written component of the Intermediate Professional Examination, made up of three written papers taken after the sixth block of Phase two;

11.12.2 Achieve at least a satisfactory standard in the Objective Structured Clinical Examination Component of the Intermediate Professional Examination taken after the sixth block of Phase two; and

11.12.3 Achieve at least a satisfactory standard in their accumulating portfolio of evidence of professional development, including a record of satisfactory attendance and engagement with the clinical blocks in the junior rotation.

11.13 If any of these conditions are not met, the student must take and achieve a satisfactory standard in a Qualifying Examination held after the first block of the senior rotation. No selective resit of failed components is permitted. Failure to achieve at least a satisfactory standard in any component during the rotation will require the whole Qualifying Examination to be taken. Students may undertake the first block of the senior rotation, but will not be allowed to progress to the second block unless they achieve at least a satisfactory standard in each of:

- 11.13.1 A written assessment made up of three papers; and
- 11.13.2 An Objective Structured Clinical Examination; and
- 11.13.3 A further review of their portfolio of evidence of professional development.
- 11.14 Students must also achieve at least a satisfactory grade in the Student Selected Component of the junior rotation.
- 11.15 Students are permitted one re-sit of the Student Selected Component.
- 11.16 Failure to achieve at least a satisfactory standard in all three elements of the Core Course Assessment or the Qualifying Examination and failure to achieve at least a satisfactory standard in the Student Selected Component at the first or second attempt will normally result in the termination of studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the junior rotation. Students who repeat the junior rotation must comply with exactly the same progression rules within the repeat period alone, with no allowance for performance during their first attempt. Normally no student will be allowed more than one repeat year during the course.
- 11.17 In order to progress from the Senior Rotation of full time clinical study to Preparation for Professional Practice, a student must achieve at least a satisfactory standard in both the Core Course and the Student Selected Components in the senior rotation.
- 11.18 For the Core Course a student must:
- 11.18.1 Achieve at least a satisfactory standard in the written component of the Final Professional Examination, consisting of three written papers taken after the twelfth block of Phase 2;
- 11.18.2 Achieve at least a satisfactory standard in the Objective Structured Clinical Examination Component of the Final Professional Examination taken after the twelfth block of Phase 2; and
- 11.18.3 Achieve at least a satisfactory standard in his/her accumulating portfolio of evidence of professional development, including a record of satisfactory attendance and engagement with the clinical blocks in the senior rotation.
- 11.19 If any of these conditions are not met, the student must take and achieve at least a satisfactory standard in a Qualifying Examination held approximately nine weeks after the Final Professional Examination. No selective resit of failed components is permitted. Failure to achieve at least a satisfactory standard in any component during the rotation will require the whole qualifying examination to be taken. Students may undertake their elective period at this time, but will not be permitted to proceed to assistantship unless a satisfactory standard is achieved in each of:
- 11.19.1 A written assessment made up of three papers;
- 11.19.2 An Objective Structured Clinical Examination; and
- 11.19.3 A further review of their portfolio of evidence of professional development.
- 11.20 Students must also achieve at least a satisfactory standard in the Student Selected Component of the senior rotation.
- 11.21 Students are permitted one re-sit of the Student Selected Components.
- 11.22 Failure to achieve at least a satisfactory standard in all three elements of the Core Course assessment or the Qualifying Examination and failure to achieve at least a satisfactory standard in the Student Selected Component at the first or second attempt will normally result in the termination of studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the senior rotation. Students who repeat the senior rotation must comply with exactly the same progression rules within the repeat



period alone, with no allowance for performance during their first attempt. Normally no student will be permitted more than one repeat year during the course.

11.23 In order to progress from Preparation for Professional Practice to Graduation, a student must:

11.23.1 Achieve at least a satisfactory standard in a report written about their elective study; and

11.23.2 Achieve a satisfactory standard in a period of 'student assistantship'; and

11.23.3 Achieve a satisfactory standard in a final review of their portfolio of evidence of professional development.

11.24 Failure to achieve at least a satisfactory standard in all three elements of the assessment of the Preparation for Practice will normally result in the termination of studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the senior rotation and Preparation for Practice. Students who repeat must meet exactly the same progression rules within the repeat period alone, with no allowance for performance during their first attempt. Normally, no student is permitted more than one repeat period during the course.

## **12. Examinations and Assessed Work**

12.1 Candidates are responsible for ascertaining what tests and examinations they must sit, and for presenting themselves at the time and place specified.

12.2 In the case of assessed work completed in the student's own time there must be disclosed full particulars of:

12.2.1 All sources of information consulted (which must be distinguished as primary or secondary); and

12.2.2 All money paid in respect of its preparation.

12.3 In research for, and preparation of, assessed work a student must not receive any assistance other than in either or both of:

12.3.1 The typing of the student's own manuscript;

12.3.2 The obtaining of access to a source of information including an opportunity to question a person orally or in writing.

Any student in breach of this Regulation will be deemed to be guilty of unfair practice and will be subject to disciplinary proceedings under the University's Procedure for Academic Misconduct.

12.4 Examinations must be taken at the time specified. No candidate may defer an examination. If a candidate fails to attend any part of an examination for any reason then they will be deemed not to have achieved a satisfactory grade in the whole examination.

12.5 Examinations will be conducted according to procedures defined in the Code of Practice for Assessment of the MBChB.

12.6 In the case of the Core Course a student who misses any part of the assessments for any reason must proceed to the Qualifying Examination. If the absence is deemed legitimate through certified illness or evidence of serious personal circumstances submitted in writing to the examiners, the student's record will record the fact. Otherwise the absence(s) will be recorded as a fail.

12.7 If the missed examination or assessment is part of the Qualifying Examination, the student may repeat the year or rotation on condition that the absence is deemed by the examiners to be legitimate. If the absence is not deemed to be legitimate, the student's studies will be terminated.

12.8 In the case of Student Selected Components, a student who misses any part of the assessment for any reason must proceed to the resit assessment, unless the missed examination is part of the resit examination, in which case, on condition that the absence is deemed by the examiners to be legitimate, the student may repeat the year or rotation. If the absence is not deemed to be legitimate, the student's studies will be terminated.

12.9 Students who are absent from examinations or assessments for medical reasons must provide medical certification to the examiners from an appropriate doctor, normally the General Practitioner with whom the student is registered, or an NHS consultant to whom they have been referred. This evidence must be submitted to the Programme Director within a period defined by the University in time for review by the relevant Examination Board.

12.10 Students whose examination scripts are deemed illegible will be deemed not to have achieved a satisfactory standard in the assessment concerned.

12.11 There is no provision for the award of Aegrotat degrees in the MBChB. All assessment requirements must be achieved to a satisfactory standard.

### **13. Results**

13.1 Results of examinations and assessments will be published electronically to students either by email to their University email account or through the Medical School virtual learning environment.

13.2 Results of examinations and assessments will be published as soon as possible after the assessments have taken place in order that the student is given at least two weeks' notice if he/she is required to take a Qualifying Examination.

13.3 Students will receive structured feedback on assessment performance in accordance with the protocols specified in the MBChB Code of Practice for Assessment.

### **14. Awards and Classification**

14.1 Students may be awarded merit or distinction in the following components of assessment:

14.1.1 The Core Course in Phase 1

14.1.2 The written component of the Intermediate Professional Examination

14.1.3 The OSCE component of the Intermediate Professional Examination

14.1.4 The written component of the Final Professional Examination

14.1.5 The OSCE component of the Final Professional Examination

14.1.6 The two Student Selected Components in Phase 1.

14.1.7 The Narrative Medicine course in Phase 1

14.1.8 The summative assessment of portfolio across the course

14.2 In each case the Board of Examiners will determine thresholds of overall performance across the component for the award of marks with merit and distinction. These thresholds are not determined on the same scales as satisfactory performance, and may take into account information not used in determining pass/fail decisions. Details of how the thresholds are determined are published in the 'MBChB Code of Practice for Assessment'.

14.3 The achievement of Merit or Distinction grades will be recorded on the student's transcript following completion of their studies.

14.4 The MBChB may be awarded with honours.

14.5 The award of honours is determined by a process which takes into awards of merit and distinction during the entire course. An 'honours score' will be calculated according to the following rules:

14.5.1 Two points for each merit and four points for each distinction in:

14.5.1.1 The Core course in Phase 1

14.5.1.2 The written component of the Intermediate Professional Examination

14.5.1.3 The OSCE component of the Intermediate Professional Examination

14.5.1.4 The two Student Selected Components in Phase one

14.5.1.5 The Narrative Medicine course in Phase one

14.5.1.6 The summative assessment of portfolio

14.5.2 Four points for each merit and eight points for each distinction in:

14.5.2.1 The written component of the Final Professional Examination

14.5.2.2 The OSCE component of the Final Professional Examination

14.6 The Board of Examiners will set a threshold honours score for the award of honours.

14.7 In the middle of the fourth year of the course every student will be allocated a decile score solely for the purposes of application to Foundation Training in the UK or equivalent postgraduate training overseas. This will be calculated according to national guidelines as follows:

14.7.1 First, for each student the following is calculated:

14.7.1.1 The average difference across all written assessments and OSCEs in Phase one between the question set or station 'cut score' and the marks obtained in that question set.

14.7.1.2 The average difference between the 'cut score' and the mark obtained across all question sets in the written component of the Intermediate Professional Examination at first attempt.

14.7.1.3 The average difference between the 'cut score' and the mark obtained across all stations in the OSCEs of the Intermediate Professional Examination at first attempt.

14.7.2 Second, the mean and standard deviation of each of these scores across all students are calculated, and each student allocated a 'z-score' for each component. The z-score is a measure of the number of standard deviations by which an individual score departs from the mean and may be a positive or negative number.

14.7.3 Third, for each student a weighted overall z-score is calculated allocating a 50% weight to the Phase 1 score and 25% weighted to each of the Intermediate Professional examination scores.

14.7.4 Fourth, students are ranked by their weighted z-scores, and divided into deciles.

14.7.5 Each decile is allocated a score according to national rules and the outcome published to students for use in postgraduate applications. Role of External Examiners

### *13 Annex 2 - The Role of External Examiners*

External examiners will oversee the assessments in the Medical Course in accordance with the University of Buckingham Code of Practice for External Examining modified for the particular circumstances of the MBChB.

#### **1. General principles**

##### **1.1 Purpose of External Examiners**

External examiners are an integral element of the University's framework for the management of academic standards. They act as impartial advisers, providing the University with informed comment on the standards set and student achievement in relation to those standards. They may also be asked to contribute to curriculum development and can offer advice on good practice and opportunities to enhance the quality of the University's programmes.

The main purposes of the external examining process at the University are:

- To verify that the academic standards are appropriate for the award (or part thereof) which the external examiner has been appointed to examine;
- To help the University assure and maintain academic standards across Higher Education (HE) awards at the University and awards offered through collaborative provision arrangements;
- To provide assurance that the assessment process measures student achievement against the intended learning outcomes for the programme and/or course; and
- To help the University ensure that its assessment processes are sound, fairly operated and in line with its policies and regulations

One or more external examiners will be appointed to carry out the role as defined under 1.2 below for all provision leading to an HE award of the University, including those delivered through collaborative provision.

External examiners' reports provide invaluable feedback to the University at programme and institutional level. Overview Reports of External Examiners' Reports for home and collaborative provision are submitted for consideration by Senate to ensure that they are considered at the highest level of the University.

The University acknowledges the importance of the role of students in contributing to the management of quality and standards. In the light of the recommendations of the UUK/GuildHE Review of External Examining Arrangements in Universities and Colleges in the UK (April 2011), and in accordance with the UK Quality Code (Chapter B7, Indicator 14), external examiners' reports will be made available to students from 2012, with the exception of any confidential report(s) made directly, and separately, to the Vice-Chancellor.

##### **1.2 Role of External Examiners**

The primary role of External Examiners is to ensure that:

- a) the University is maintaining the threshold academic standards set for its awards in accordance with the Framework for Higher Education Qualifications (FHEQ) and the requirements of the General Medical Council;
- b) the University's assessment process measures student achievement rigorously and fairly against the intended learning outcomes of the programme(s) and is conducted in line with the University's policies and regulations; and
- c) the academic standards and achievements of students at the University are comparable with those in other UK HE institutions of which the external examiner has experience.

### 1.3 Responsibilities of External Examiners

The responsibilities of External Examiners at the University are summarised below.

- a) to approve examination papers for the programmes or courses which they have been appointed to examine;
- b) to comment and advise on programme content and learning, teaching and assessment strategies as set out in the relevant Course documentation;
- c) to consider student examination scripts and assessed work and comment on whether the assessment measures student achievement rigorously and fairly against the intended learning outcomes of the programme and/or course;
- d) to comment on whether internal marking is of an appropriate standard;
- e) to comment on whether the academic standards and achievements of students indicate adequate teaching of the programme and/or course;
- f) to comment on whether the academic standards and achievement of students are comparable with those of other UK HE institutions with which they are familiar;
- g) to comment on administrative arrangements and resources;
- h) to attend Board of Examiners Meetings which determine progression and award;
- i) to provide advice and guidance to the Board of Examiners;
- j) to comment on whether or not the assessment process has been conducted in line with the University's policies and regulations;
- k) to submit a report to the University by the date stipulated.

## 2. Policies relating to the appointment of external examiners

Under the Royal Charter of the University, responsibility for the appointment of External Examiners to the University of Buckingham lies with the Academic Advisory Council (AAC) and Senate of the University. (Statute 16(i) and Statute 17(b)). All External Examiner appointments must be approved by these statutory bodies (or by the Chairman acting under delegated authority of the relevant body).

### 2.1 Criteria for the Appointment of External Examiners

External Examiners are appointed in accordance with criteria set out in the UK Quality Code for Higher Education (Chapter B7, Indicator 5) and must show evidence of the following:

- a) Knowledge and understanding of UK sector agreed reference points for the maintenance of academic standards and assurance and enhancement of quality
- b) Competence and experience in the fields covered by the programme of study, or parts thereof
- c) Relevant academic and/or professional qualifications to at least the level of the qualification being externally examined, and/or extensive practitioner experience where appropriate
- d) Competence and experience relating to designing and operating a variety of assessment tasks appropriate to the subject and operating assessment procedures e) Sufficient standing, credibility and breadth of experience within the discipline to be able to command the respect of academic peers and, where appropriate, professional peers
- e) Familiarity with the standard to be expected of students to achieve the award that is to be assessed
- f) Fluency in English, and where programmes are delivered and assessed in languages other than English, fluency in the relevant language(s) (unless other secure arrangements are in place to ensure that external examiners are provided with the information to make their judgements)

- g) Meeting applicable criteria set by professional, statutory or regulatory bodies
- h) Awareness of current developments in the design and delivery of relevant curricula
- i) Competence and experience relating to the enhancement of the student learning experience.

## 2.2 Conflicts of Interest

The University will not appoint as external examiners anyone in the following categories or circumstances:

- a) A member of a governing body or committee of the appointing institution or one of its collaborative partners, or a current employee of the appointing institution or one of its collaborative partners
- b) Anyone with a close professional, contractual or personal relationship with a member of staff or student involved with the programme of study
- c) Anyone required to assess colleagues who are recruited as students to the programme of study
- d) Anyone who is, or knows they will be, in a position to influence significantly the future of students on the programme of study
- e) Anyone significantly involved in recent or current substantive collaborative research activities with a member of staff closely involved in the delivery, management or assessment of the programme(s) or modules in question
- f) Former staff or students of the institution unless a period of five years has elapsed and all students taught by or with the external examiner have completed their programme(s)
- g) A reciprocal arrangement involving cognate programmes at another institution
- h) The succession of an external examiner by a colleague from the examiner's home department and institution
- i) The appointment of more than one external examiner from the same department of the same institution.

## 2.4 Terms of Office, Extensions and Resignation

- a) The duration of an external examiner's appointment will normally be for four years, with an exceptional extension of one year to ensure continuity.
- b) Any request for an extension to the term of office of an external examiner must be approved following the same procedure as for the appointment of a new external examiner. The extension must be approved by the AAC and by Senate.
- c) If an external examiner wishes to resign their position, he/she must, wherever possible, give at least 6 months' notice, in writing, to the Registrar.
- d) An external examiner may be reappointed in exceptional circumstances but only after a period of five years or more has elapsed since their last appointment, and they fulfil other requirements.
- e) External examiners normally hold no more than two external examiner appointments for taught programmes/modules at any point in time.
- f) The University reserves the right to terminate the appointment of an external examiner prematurely for non-fulfilment of the responsibilities set out under 1.3 above.

## 2.5 Fees

Fees are paid to External Examiners by the QA Office upon receipt of the External Examiner's Report according to the schedule of fees agreed by Senate. Expenses incurred by External Examiners will be reimbursed upon receipt by the QA Office of a completed claims form. Expenses may include the

cost of travel to and from the University, overnight accommodation (where required), postage and general subsistence.

### **3. Procedures relating to the nomination, approval and appointment of external examiners**

#### **3.1 Nomination and Approval of External Examiners**

External examiners must be nominated by the Director of Medical Education. The nomination must be approved by the MB ChB Board and the approved nomination along with the candidate's CV forwarded to the Quality Assurance (QA) Office, which administers the approval and appointment process. The nomination must be approved, firstly, by the Chairman of the Academic Advisory Council (AAC) acting under delegated authority of the committee. Following approval by AAC, the Pro Vice-Chancellor (acting under delegated authority from the Vice-Chancellor on behalf of Senate) must approve the appointment. Following approval by AAC and Senate, the appointment may be confirmed. The QA Office will prepare a report on all external examiner appointments for the next meeting of Senate and the annual meeting of the AAC.

#### **3.2 Appointment of External Examiners**

The QA Office will confirm the appointment in writing to the external examiner and to the relevant School of Study. On appointment, all External Examiners are sent the following information with a formal contract of appointment:

External Examiners' Handbook (which includes this Code of Practice, the External Examiners Report Template, General Regulations for First Degrees, Exam Conventions for First Degrees, General Regulations for Higher Degrees, Academic Misconduct Policy).

Contractual Arrangements

The Framework for Higher Education Qualifications (FHEQ) Dates of External Examiners Meetings

Fees Information

Other relevant procedural documentation

The External Examiner must confirm acceptance of the position by returning a signed copy of the contract of appointment to the University. 4. Procedures relating to the induction of external examiners

#### **4.1 Induction and Preparation of External Examiners**

External Examiners are invited to attend a central induction at the University prior to taking up the position. Central induction is undertaken by a member of the QA Office. Any external examiner who is unable to attend central induction will be sent the information contained in the central induction pack by the QA Office. External examiners must also attend a Medical School induction prior to the examination process in order to participate in briefings about the programme(s), assessment methods, regulations and Board of Examiners' Conventions.

Where possible, it is recommended that newly-appointed External Examiners attend the Board of Examiners meeting prior to their appointment in order to overlap with the outgoing external examiner and to provide continuity.

#### **4.2 Information for External Examiners**

External Examiners are required to attend External Board of Examiners meetings unless exceptional circumstances prevent them from doing so. Therefore, Schools of Study will, at the earliest possible opportunity – at least 6 months in advance - inform all External Examiners of the confirmed dates of the Examiners Meetings. An Examinations Schedule containing the information below should also be sent to them by Schools of Study at the appropriate time:



- a) Date that draft examination questions will be sent for their approval;
- b) Deadline for comments on and/or approval of examination questions;
- c) Date scripts will be available for inspection at the Medical School;
- d) Deadline for receipt of Examiners reports;
- e) Examination Conventions;
- f) External Examiners Report Form;
- g) Fees and Expenses Form;
- h) Programme and Course Documentation;
- i) Annual Programme Review;
- j) Statistical Data relating to the examinations being moderated.

## **5. External examiners' participation in assessment procedures**

### 5.1 Inspection of examination scripts and assessed work

All examination scripts and other assessed work affecting student progression must be made available to the External Examiner for inspection. The arrangements for this should be agreed between the Medical School and the External Examiner. At a minimum, the External Examiner should be supplied with a sample of scripts and other work consisting of all first-class scripts (or the best work where no first class marks have been awarded), all failing scripts, and all work where the aggregate mark falls at a grade boundary. The External Examiner is entitled to see any scripts or other work, even if it has not been included in the agreed sample. Where the final grade is made up from several components (eg examination and coursework), the External Examiner should be provided with the marks for each component and with the aggregate mark prior to inspection.

### 5.2 Marking schemes

Where marking is based on the application of a marking scheme or model answers, a copy must be sent to the External Examiner.

### 5.3 Alteration of Marks

The external examiner comments on marking, and may request that the marks and or standard setting for the whole cohort be reviewed, but is not able to change the marks awarded to individual students. The Board of Examiners may not depart from the grading criteria specified in the Code of Practice for Assessment without the approval of the External Examiner.

### 5.4 Grade sheets

External Examiners are required to sign all examination grade sheets considered at an Board of Examiners where they are present (which will be all where progression or award is being determined) as confirmation that they are an accurate record of agreed grades.

### 5.5 Confirmation of Awards

The signature of all those External Examiners attending a Board of Examiners must appear on or be appended to the final agreed spreadsheet of awards. The signed spreadsheets must show all marks that have been amended during the meeting and the agreed final awards.

## **6. External Examiners' reports**

### 6.1 Submission of Reports

At the end of each academic year and following the Board of Examiners meeting, the External Examiner is required to submit a written report using the University of Buckingham External Examiner's Report template provided. Reports must be submitted electronically, to the Pro Vice-

Chancellor at external-examiners@buckingham.ac.uk within one month of the meeting of the Board of Examiners.

Payment of fees to External Examiners is conditional on the receipt of this report. In case of non-receipt by the deadline, the QA Office will contact the External Examiner to ensure that a report is submitted. If the report is not submitted following this reminder, the Pro Vice-Chancellor will contact the external examiner to ensure the report is received. The QA Office is responsible for ensuring that external examiners' reports are received by the University and for tracking progress in this regard.

#### 6.2 Use of External Examiners Reports by the University

External Examiners' Reports must be sent to the Pro Vice-Chancellor. The QA Office will acknowledge receipt of the reports and ensure that they are distributed to the relevant Schools of Study for review and action. The University's QA Office will retain a copy of all External Examiners Reports.

External Examiners' Reports will normally be available for discussion within the University as part of the quality assurance process. However, if an External Examiner exceptionally considers it to be appropriate, he/she may send a separate, confidential report to the Vice-Chancellor. The External Examiner is informed of this opportunity on appointment.

External Examiners should be aware that reports will be made available to students. In addition, reports are made available to external regulatory agencies, including the Quality Assurance Agency (QAA) as part of institutional reviews.

The Medical School is required to give full consideration to comments and recommendations contained in the External Examiners' Reports.

#### 6.3 Feedback to External Examiners

The Director of Medical education is required, within a reasonable timescale, to provide written feedback to External Examiners in respect of action taken in response to comments and recommendations made on the External Examiners Report Form.

The Director of Medical Education is required to provide the QA Office with written confirmation of action taken in respect of comments and recommendations made by External Examiners. A record of the responses is held by the QA Office.

#### 6.4 Institutional Overview

An Overview Report of External Examiners' Reports and the responses to them for home and for collaborative provision is submitted for consideration by Senate.

### 14 Annex 3 - List of contexts for blueprinting

All written and OSCE assessments in the core course must be blueprinted to the '*Outcomes for Graduates*' defined by the General Medical Council in the context of one or more of the following clinical presentations:

1. A swollen and or painful leg
2. Abdominal distension
3. Abnormal blood glucose
4. Abnormal movement
5. Abnormal palpable lymph glands
6. Abnormal weight
7. Acute abdominal pain
8. Acute cough
9. Acute joint pain and/or swelling
10. Acute or chronic blood loss from the GI tract
11. Acute or chronic chest pain
12. Acute renal failure
13. Addiction
14. Affective disorders
15. Back pain and/ or sciatica
16. Bleeding
17. Breast lump and or pain
18. Burning pain
19. Change in bowel habit
20. Change in hearing
21. Chronic abdominal pain
22. Chronic cough
23. Chronic joint pain and/or swelling
24. Chronic renal failure
25. Collapse
26. Confusion
27. Developmental delay
28. Dying
29. Dysphagia
30. Earache
31. Failure to thrive
32. Falls
33. Fever
34. Fits
35. Fractures/dislocation
36. Genetic and or congenital disorder
37. Genital discharge
38. Haematuria
39. Haemoptysis
40. Headache
41. Hoarse voice or stridor

42. Hypertension
43. In labour
44. Jaundice
45. Loss of consciousness
46. Lump and or problem in the groin/scrotum/testis/penis
47. Mouth problems
48. Multiple trauma and/or head injury
49. Nasal symptoms
50. Neck lump
51. Nipple discharge or retraction
52. No energy
53. Numbness
54. Painful and or red eye
55. Pallor
56. Palpitations
57. Pelvic pain and or mass
58. Personality disorders
59. Pre or post operative patient
60. Pregnant
61. Problem with impaired voiding or with incontinence
62. Problems relating to fertility or contraception
63. Prolapse of uterus and / or rectum
64. Psychosis
65. Shock
66. Skin rash/lesion
67. Soft tissue injury or other trauma
68. Sudden or progressive breathlessness
69. Vaginal bleeding
70. Vertigo/ dizziness
71. Visual disturbance
72. Weakness |

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