



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

2020 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 2020 from the beginning of their course (subject to any changes made subsequently). It will also apply to students who entered the course in 2019, starting from the beginning of their Phase 2 in February 2021, and will also apply to students who entered the course in 2017 and 2018, from January 2021.

Main changes from previous codes

Minimal changes have been made to this Code of Practice. However, a number of specific changes in the scheme of assessment have been made, including:

- Board of Examiners membership has been reviewed
- Some refinement to wording has been made in light of new Outcomes for Graduates and digitalisation of the exams
- The exact number of stations for the OSCE has been removed.

The changes that apply to students who started the course in 2016, 2017 and 2018 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. 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 2018'* 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 run by The University of Buckingham Medical School for a given cohort of students. This **must** be constructed for each cohort before the beginning of their course but could be changed if deemed necessary due to external regulation.

The blueprint **should** have two dimensions. First, the high-level *'Outcomes for Graduates'* defined by the General Medical Council. Second, a list of the clinical presentations across which those outcomes will be tested repeatedly as the assessment scheme progresses.

Over the whole course each of the *'Outcomes for Graduates'* **should** 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 presentations, is available to staff and students.

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. Different Outcomes require different types of assessment, and the medical school **should** always use an appropriate assessment type for each Outcome to be tested. It is expected that all 3 of the highest level Outcomes for Graduates (Professional Knowledge, Professional skills and Professional Values and Behaviours) will be tested in all summative examinations.

1.3 Encouraging contextual, constructive deep learning

The students' learning will always be assessed by application to practice, and every component of every written and clinical assessment in the **core** curriculum **should** be directed towards one of the presentations or conditions. 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 units or blocks of the **core** course, (with the exception of the practical procedures defined in the '*Outcomes for Graduates*', Student Selected Components, Narrative Medicine or the Portfolio). Each of the integrated assessments in the core course therefore **should** test all course content up to that point in the course, with an appropriate challenge for the student at their stage of learning. There **must not** be any selective re-assessment of failed components of the **core** assessments (other than Practical Procedures, Student Selected Components, Narrative Medicine 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 to enable progression in the course— see '*The Assessment Scheme*' below) they **must** re-sit all parts of that diet in order to progress. 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) **should** be chosen as far as possible to drive deep learning. The medical school **should** therefore strive to avoid testing fragmented learning of facts by grouping assessment components around clinical problems.

1.4 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 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.

1.4.1 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 presentations

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.

1.4.2 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.

1.4.3 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.

1.4.4 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.

1.5 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.

2 The Assessment Scheme - Summary

To 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.

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 **core** 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. Students 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 **addition**, students in the second year of the course **must** meet the threshold standard in Narrative Medicine and the student selected components in order to proceed to Phase 2.

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 addition students in Phase 2 of the course must reach a threshold standard in the summative assessment of the portfolio in order 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 Component and Narrative Medicine**, a student who fails to reach a threshold standard in any individual component of those assessments 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 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.
3. Progression from the Junior Rotation of full-time clinical study to the Senior Rotation of full-time clinical study.
4. Progression from the Senior Rotation of full-time clinical study to the period of Preparation for Professional Practice.
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. 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**.

2.2.1 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.

2.2.2 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.

2.2.3 *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.

2.2.4 *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.

2.2.5 *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.

2.3 *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 2.2 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

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) 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'

In order to progress students must obtain a 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) 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'.

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**.
- 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 into 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.

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 General Medical Council are currently introducing a Medical Licensing Assessment which **will** have an impact on the Final Professional Examination in the future which will be reflected in revisions of this Code of Practice.

The summative assessments for FPE are:

- A **written examination**
- 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 FPE written examination or FPE OSCE, then they **must** take a 'FPE 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.

3.5 Assessments in the period of Preparation for Professional Practice

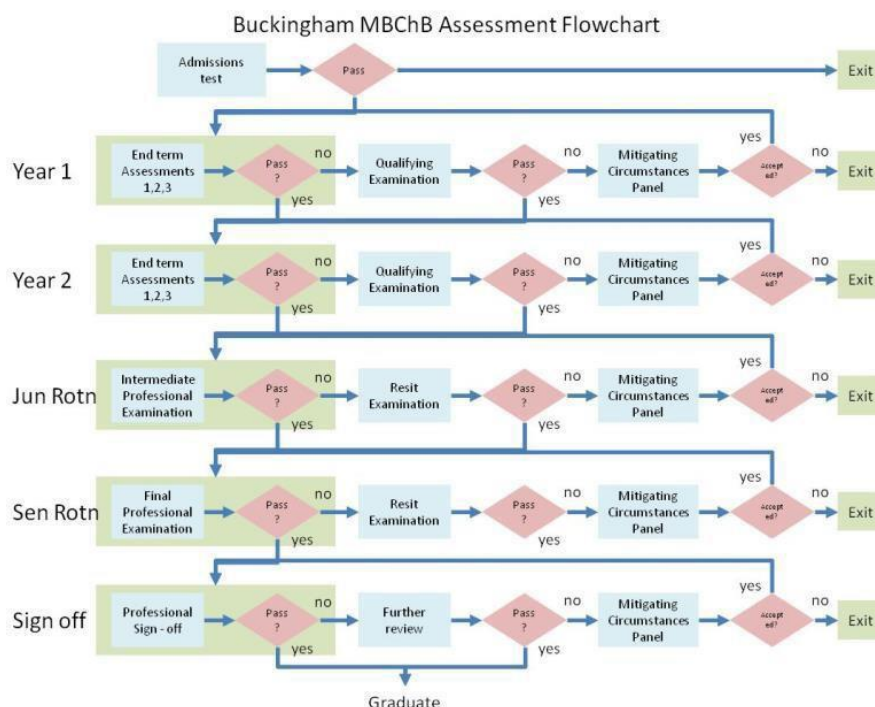
The period of Preparation for Professional Practice **must** be assessed by:

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

In order to progress to graduation, a student **must** achieve at least a satisfactory grade in 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 **should** 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 Lead. It **must** not be released to the students.

4.1 Written Assessments

All summative written assessments of the **core** course **must** have the same basic form which will be published to the students at induction to the course. 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.

The papers must be constructed following recognised guidelines and **must** be subject to scrutiny by a suitably staffed **Validation Group**. The assessment unit **must** send the final draft of the assessment paper(s) to a suitable external examiner for comment. 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.

4.1.1 *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. 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.
2. Teams **must** be chosen to have the expertise to mark all the sub-questions, if necessary, including reference to other experts in the room.
3. 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.
4. 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.
5. In the case of qualifying examinations each question set **must** be marked by two teams, each recording their marks in different coloured ink.
6. In the case of end of term examinations in Phase 1 a suitable proportion of the scripts **must** be checked by another team

4.1.2 *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.

4.1.3 *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.

4.1.4 *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. The Board of Examiners may change this at their discretion. 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.

4.2 Objective Structured Clinical Examinations

All OSCE stations **must** be blueprinted to the course outcomes and key presentations, 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.

The stations must be constructed following recognised guidelines and **must** be subject to scrutiny by a suitably staffed **Validation Group**. The assessment unit **must** send the final draft of the OSCE diet to a suitable external examiner for comment. 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. All examiners who take part in OSCEs **must** receive appropriate training, either through training sessions or on-line training sessions.

4.2.1 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 **must** 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 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.

4.2.2 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, an 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 stations each of which **should** be eight minutes long. Each OSCE **must** include a good range of tasks.

4.2.3 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 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.

Circuit 2

Circuit two **should** be made up of longer 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 2 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 the patient. In the second part the student **must** perform a task pertinent to the patient's condition.

The **Intermediate Professional Examination** OSCE **should** have a number of stations in circuit 2, including consultations with real or simulated patients drawn from the junior rotation blocks:

The **Final Professional Examination** OSCE **should** have a number of stations in circuit 2, including interactions with real or simulated patients selected drawn from the junior and senior rotation blocks:

4.2.4 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. There will also be extended guidance for the assessors on the correct protocol for the procedure being assessed.

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
- Knowledge and Problem Solving skills
- Professionalism

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

Examiner feedback in addition to the domain scoring **should** be completed by examiners for all students.

4.2.5 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 the Borderline regression method. This will yield a **cut score** for each station.

4.2.6 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 **75% of the** stations.

For **Phase 1** a student **should** be graded as **borderline** in an OSCE if they meet or exceed the cut score in **1 less than 75% of the** 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 pairs of stations from circuit 2 and individual stations from circuit 1. 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 75%** 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 75%** 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.

4.2.7 *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 a threshold set agreed by the Board of Examiners.

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 a threshold set agreed by the Board of Examiners.

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 a threshold set agreed by the Board of Examiners.

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 a threshold set agreed by the Board of Examiners.

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 a threshold set agreed by the Board of Examiners.

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 a threshold set agreed by the Board of Examiners.

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

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 Schools Council. The categories of evidence required are defined in guidance provided with the portfolio, but as a minimum they **must** include evidence of:

- Evidence of progress towards attainment of each of the '*Outcomes for Graduates*' in the group '*Professional Values and Behaviours*'

- Verified evidence of competence at each of the 23 practical procedures defined in the *'Outcomes for Graduates'*

The developing portfolio **should** 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 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 by the e-portfolio team.
- Evidence linked by the student that they wish to be considered to demonstrate achievement of each of the *'Outcomes for Graduates'* in the group *'Professional Values and Behaviours'*
- A summary of the state of sign-off of each of the 23 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 'Professional values and behaviours' 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 *'Professional Values and Behaviours'* 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 *'Professional Values and Behaviours'*

Behaviours 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 *'Professional Values and Behaviours'* 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 *'Professional Values and Behaviours'* 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. The relevant Outcomes for Graduates will be set out in the Student Selected Component workbook.

4.4.1 *SSC Assessment Methods*

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

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

The three assessments parts combined **must** test each of the Outcomes for Graduates 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 in the workbook. 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

4.4.2 *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 assessment lead **must** have final discretion in the event of disagreements between the first marker and moderator.

4.4.3 *Determining the Grades of SSCs*

Each of the three assessment parts **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 pass each of the 3 assessment parts. Each assessment part is deemed satisfactory if the student demonstrates competence in 75% of the outcomes tested in that assessment part.

A student will be graded as **unsatisfactory** if less than 75% of the outcome-tests are graded as satisfactory in that assessment part. 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 those part(s) of the assessment where they did not reach the threshold of 75% outcomes achieved. 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.

4.4.4 *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 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,
- A case analysis,
- A reflective statement.

The three assessments combined **must** test each of the outcomes assigned to Narrative Medicine at least once. Each of the 3 assessments **must** test a minimum 25% of the total number of outcomes

being tested. The relevant Outcomes for Graduates outcomes are defined in the Narrative Medicine workbook.

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.

4.5.1 *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 assessment lead **must** have final discretion in the event of disagreements between the first marker and moderator.

4.5.2 *Determining the grade*

A student will be graded as **satisfactory** in Narrative Medicine if they pass each of the 3 assessment parts. Each assessment part is deemed satisfactory if the student demonstrates competence in 75% of the outcomes tested in that assessment part.

A student will be graded as **unsatisfactory** if less than 75% of the outcome-tests are graded as satisfactory in that assessment part. 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 those part(s) of the assessment where they did not reach the threshold of 75% outcomes achieved. 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.

4.5.3 *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.
- In the case of the core examinations 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.

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

Students **must not** be permitted to see their marked scripts, but student support staff **may** review 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** review 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 **should** make recommendations to the Senate, through the University Learning and Teaching Committee, 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 Exam 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 Exam 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, Diversity & Opportunity Lead		ex officio
The Quality Lead		ex officio
Unit Leads in Phase 1 /Block Lead or Theme Leads in Phase 2		

One lay representatives

Assessment manager

Non-voting

The Phase 1 or Phase 2 lead **may** chair the Board in the absence of the Director of Medical Education. The board meets at each progression point.

9.1.2 Rules of quoracy:

- The Board **must** be chaired by the Head of School/ Deputy 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 MB ChB Programme*')
- For consideration of assessments in Phase 1 of the curriculum at least one Phase 1 unit leads **must** be present
- For consideration of assessments in Phase 2 of the course at least one Phase 2 Block leads or their deputies or a Theme Lead **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 relevant to that cohort
4. For each diet of assessments considered at the meeting:
 - a. A report 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.
 - b. Consideration of any adjustments necessary in the light of issues with the assessment(s)
 - c. 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.
 - d. Confirmation of individual student grades
 - e. 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.
5. Verbal report from External Examiners if present, or written if not present. The verbal report must comment on whether:

- The University's academic standards and student performance is comparable to that of students of the same level within the same or cognate disciplines nationally;
 - The University's assessment process adequately measures student achievement against the intended learning outcomes for the programme and/or module examined; and
 - The University in ensuring the assessment and classification processes are reliable, fair and transparent.
 - In the event an external examiner is unable to attend, the external examiner is expected to provide a written report to be presented during the Board of Examiners.
6. Comments from the lay representative, if present
 7. Any other business

External examiners are required to electronically sign the final agreed Examination Grids of awards, as confirmation that they are an accurate record of agreed awards. The signed spreadsheet must show all marks that have been amended during the programme assessment board and the agreed final awards.

Once an external examiner has agreed to the final awards, no change in the awards may be made without the approval of the external examiner. Where the Chair of the Board of Examiners and external examiner are in dispute, the decision of the Chair of the Board of Examiners shall be final. If the external examiner remains dissatisfied they can exercise their right to write to the Vice-Chancellor.

The Chair of the Board of Examiners or a representative **must** present the progression decisions either to the Exam Senate, or an appropriate body acting for the Exam 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, and this **should** normally be within two working days of the UBMS Exam Board or Exam Senate approval if required. 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.

Within two weeks of the final Board of Examiners for that cycle, external examiners should expect to receive a copy of the minutes and an action plan, if appropriate. Once received, the external examiner is required to submit their annual report within a further two weeks.

External examiners are required to use the University external examiner report template and submit electronically to Academic Services by the deadline set in the external examiner's schedule.

If an external examiner considers it to be appropriate, they may send a separate confidential report to the Vice-Chancellor. If an external examiner has exhausted all applicable internal procedures in raising concerns and remains dissatisfied they can exercise their right to write to the 'Office for Students'.

Further information regarding the roles and responsibilities of external examiners can be found in the External Examiner Code of Practice.

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 in Promoting Excellence (2016) 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 Programme 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*' (2018) 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.
- 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.
- Ensuring 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 Examinations 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 Programme Executive
 - The Board of Examiners
 - The Board of Studies for the MB ChB
- As a member of the Programme 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 and contribution to annual reports as required by the GMC.
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

- Represent the medical school within national bodies e.g. Medical School Councils Assessment Alliance.

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 assessments 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.
- 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 bi-annually and report to the Programme 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 an adequate number of 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 Examinations

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** work together with the quality team to ensure the quality control of assessments. The quality control of item writing and item selection for individual assessments is described above. Following each examination board there is a post assessment quality review which undertakes to:

- 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
- 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 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 annual 'risk register' for assessment processes and action plans to address risks

12 Annex 1 – Approval and Verification of Assessed Work

The external examiner must approve examination questions, components and assessed work with a value of 30% or more of the programme.

The external examiner must verify that marking and moderation have been reliable, fair and transparent. All assessed work will be made available for the external examiner to select from for verification. The external examiner is expected to verify 10% or 12 students assessed work across the full range of marks as set in the applicable external examiner's schedule.

In addition to the verification process, specific programmes require external examiner's to complete visits. If an external examiner is required to complete a visit this will be highlighted within their external examiner schedule. During a visit, the external examiner must verify the assessed work is reliable, fair and transparent for students.

Once verification has taken place, the external examiner can recommend to the Chair of the Board of Examiners to moderate a full cohort up or down; but may not do so for individual students or groups of students less than a full cohort. External examiners should not generally be used to resolve disputes between 1st and 2nd markers.

Once an external examiner has agreed on the marks after verification, no change in the marks may be made without the approval of the external examiner.

1. Annual Monitoring

Academic Services review and retain the external examiners' reports and distribute the reports to relevant schools of study for review and action, with issues of note escalated to the Pro Vice-Chancellor. External Examiner reports are summarised into an overview report by Academic Services; which is submitted annually to the Exam Senate for consideration.

The Medical School is required to give full consideration to comments and recommendations contained in the external examiner's report. The Head of School (or their nominee) must within a month, provide the external examiner with written feedback and planned actions in response to comments and recommendations made on the external examiner's report.

Actions in response to comments and recommendations made by the external examiners will be incorporated into the Medical Schools Quality Management processes and will support the request for annual programme review and change. External examiners may be requested to review the changes proposed in line with their recommendations, before seeking University approval.

When an external examiner is requested to complete a review, the external examiner is required to complete the external review form. This form is available on the University website under section 4 of the quality handbook, please use the following link:
<https://www.buckingham.ac.uk/about/handbooks/quality-handbook/>

The Head of School (or their nominee) must give full consideration to comments and recommendations contained in the external review report and provide a response to the external examiner before seeking University approval.

The annual monitoring process map is available on the University website under section 4 of the quality handbook, please use the following link for more information:
<https://www.buckingham.ac.uk/about/handbooks/quality-handbook/>

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