



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Code of Practice for Assessment

Important

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

1 Introduction

The purpose of this Code of Practice is to describe and explain the processes which ensure that students on the MBChB course are assessed, and decisions about their progress made, in accordance with the 'General Regulations for the MBChB' that have been approved by the University. It describes in more detail the purpose, philosophy and format of summative assessments, how they will be set and marked, how summative decisions about student progress will be made, 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 MBChB', but for avoidance of doubt it must be understood that in all cases **the 'Regulations for the MBChB' are the definitive statement of the rules governing assessment for the MBChB course at Buckingham.** These regulations are presented as ANNEX 1 to this Code of Practice.

1.1 The purpose and philosophy of summative assessment

The primary purpose of **summative assessment** at the University of Buckingham Medical School is to assure the Medical School, the individual student, future employers, the General Medical Council and the public that each student has achieved all of the 'outcomes for graduates' defined in 'Tomorrow's Doctors' (2009) and the associated 'Outcomes for Graduates' (2015) by the end of the course and that students earlier in the course are making satisfactory progress towards those outcomes.

As most students will reach the outcomes through consistently satisfactory performance in assessments, however, the other main purpose of the assessment system is to **drive the learning** of all students, and the medical school has therefore chosen to place a high weight on **educational impact** in the design of the assessment system. The aim is to assess students in ways that will drive deep, contextual & constructive learning that will last into life-long practice, not just to identify those few students who are not reaching the outcomes.

1.1.1 Systematic testing of outcomes

A single **whole course blueprint** determines the outcomes to be tested in every assessment for a given cohort of students. This is constructed for each cohort before the beginning of their course. This blueprint has two dimensions. First, the 16 outcomes defined by the General Medical Council in 'Tomorrow's Doctors' (2009). Second, a list of the contexts, in the form of clinical presentations or conditions across which those outcomes will be tested repeatedly as the assessment scheme progresses.

Over the whole course each 'Tomorrow's Doctors' outcome will be tested repeatedly, but 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 'Tomorrow's Doctors' outcomes as required. The full list of contexts, is presented as ANNEX 3 to this document.

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

1.1.2 Matching assessment type to outcome

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

- Outcomes in the group 'Doctor as a Scientist and Scholar' will be assessed using written examinations

- Outcomes in the group ‘Doctor as a Practitioner’ will be assessed using clinical examinations and work-place based assessments
- Outcomes in the group ‘Doctor as a professional’ will be assessed by periodic examination of a portfolio of evidence collated by the student.

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

1.1.3 Driving contextual, constructive deep learning

Students must be clear that their learning will always be assessed by application to practice, as every component of every assessment is directed towards one of the presentations or conditions in the list of contexts referred to above. In addition all summative assessments are **fully integrated and synoptic up to the time of the assessment**. There is no separate summative testing of the content of individual components of the course, (with the exception of the practical procedures defined in Appendix 1 of ‘Tomorrow’s Doctors’). Each of the integrated assessments in the course therefore tests all course content up to that point in the course, with the contexts being chosen to reflect an appropriate challenge for the student at that stage. There is also no selective resit of failed components (other than practical procedures), so that if a student fails any part of a diet of assessments (that is a group of assessments taken within a defined part of the course – see ‘The Assessment Scheme in section 3 below’) they have to re-sit all parts of that diet. This is to achieve the educational impact of discouraging strongly any selective, short-term learning.

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

1.1.4 Ensuring good assessment practice

The Medical School will work to 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**. Each of these features normally has to be traded off against the others in order to produce a system which has optimum **utility**. The medical school will work to optimise the utility of the assessment systems and keep those systems under constant review.

Validity

Validity is assured by testing appropriate content through the whole course blue-printing, and by using assessment instruments appropriate to the outcomes as described above.

Reliability

Reliability is 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 assessments will be measured using

psychometric techniques, and each of these processes kept under constant review to ensure that reliability remains consistent with current best practice in medical schools.

Feasibility

The Medical School will 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.

Educational impact

The Medical School will 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.

Standard setting

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

1. Management and Governance of Assessments

The Assessment Lead is responsible to the Director of Medical Education for the management of all assessments for the MBChB. The assessment lead is supported in this role by the Assessment Group, who deal with all operational aspects of assessments. Assessments are governed by the Board of Examiners, who make recommendations to the University Senate concerning student progression.

2.1 The Assessment Lead

The **Assessment Lead** is responsible to the Director of Medical Education for leading a team of component Assessment Leads to ensure that:

- **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 will 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.
- Students receive timely and accurate guidance about assessments, including assessment format, length and range of content, marking schedule, and contribution to overall outcome.
- Appropriate systems are in place to set standards for assessment to decide whether students have achieved the curriculum outcomes.
- Working with the Equality Lead, ensure that assessment criteria are consistent with the requirements for competence standards set out in disability discrimination legislation.

This will involve working with a wide range of colleagues to manage assessment processes effectively to:

- Ensure that that all graduates demonstrate achievement of all of the outcomes set out in 'Tomorrow's Doctors' (2009).

Ensure the effective operation of mechanisms to ensure comparability of standards with other institutions providing medical degrees in the UK, including effective use of external examiners and appropriate collaboration with other medical schools through the Medical Schools Council Assessment Alliance.

2.2 *The Assessment Groups*

The Assessment Lead leads the assessment groups, which are collectively responsible for:

- Implementing the blueprint for each assessment across the curriculum
- Constructing appropriate assessments for each part of the curriculum according to the overarching blueprint and Code of Practice for Assessment
- Ensuring effective delivery of the assessment to students
- Managing the marking of assessments and the entry and processing of those marks
- Coordinating standard setting processes according to the Code of Practice
- Presentation of recommendations concerning assessment outcomes to the Board of Examiners
- Quality control of assessment processes, including preparation of assessment reports for each assessment incorporating defined psychometric analyses

The assessment group has two sub groups, one responsible for assessments in each phase of the curriculum. Phase 1 assessments are coordinated through the Phase 1 Assessment group.

2.2.1 *The Phase 1 Assessment Group*

The group, chaired by the Assessment Lead, is responsible for the oversight of all aspects of assessment in Phase 1, and the management of assessment of the core curriculum.

Membership

The Assessment Lead

Chair

Deputy Assessment Lead

One Unit Lead from each of terms 1 to 3.

One Unit Lead from each of terms 4 to 6.

At least one medically qualified member of staff.

The group is responsible for:

- Coordination of all core assessments in Phase 1.
- Contribution to the curriculum question banks for written core assessments.
- Construction of appropriate Phase 1 assessments and Qualifying Examinations, including:
 - Blue printing to curriculum outcomes.
 - Appropriate balance of unit specific and integrated questions.
 - Appropriate balance of question difficulty and diversity.
- Oversight of administration of all core assessments in Phase 1 including:
 - Liaison with administrative staff to ensure appropriate room bookings.
 - Identification of need for invigilators.
 - Preparation of scripts for marking.
- Administration of marking of Phase 1 assessments and qualifying examinations including:
 - Identification of staff requirements for marking teams.
 - Oversight of data entry and processing, and production of spreadsheets for standard setting.
- Conduct of appropriate standard setting procedures for end of term assessments (ETAs) and Qualifying Examinations to make recommendations to the Phase 1 Board of Examiners.
- Oversight of clinical assessments including OSCE's.
- Oversight of the assessment of Student Selected Components in Phase 1 to ensure that:
 - The model(s) of assessment chosen for each is appropriate to the unit aims and learning outcomes
 - The demands made upon students are comparable across student selected components

Term Assessment Groups

The end of term assessments (see below) will each be coordinated by Term Assessment Groups, which

are sub-groups of the Phase 1 Assessment Group.

The membership of each Term Assessment Group shall comprise:

- All Unit Leads of units in that term
- One other member of the Assessment Group, preferably a unit Lead from an earlier term
- In the case of term 3, the individual responsible for the Objective Structured Clinical Examination

The Term Assessment Group will be responsible for:

- The preparation of appropriate written end of term assessments, ensuring
 - Appropriate proportions of questions are drawn from units in that term, crossing units in that term and covering material from previous terms – following guidelines determined by the Phase 1 Assessment Group.
 - Appropriate blueprinting of the assessment to detailed curriculum outcomes across the whole course to date.
 - Submission of the papers for approval by the Phase 1 Assessment Group and External Examiners.
- Working with the Phase 1 Assessment Group to maintain and develop the bank of question to be used across all assessments.
- Quality control and monitoring of assessments in the relevant term.
- All Term Assessment Group members will contribute to the term 6 end of terms assessment and qualifying examinations.

The Phase 2 Assessment Group

The group, chaired by the Assessment Lead is responsible for the coordination of all aspects of assessment in Phase 2, and the management of assessment of the core curriculum.

Membership

The Assessment Lead

Chair

Deputy Assessment Lead

The Director of Medical Education

One representative from each core clinical block in Phase 2

Two representatives of longitudinal themes

The Phase 1 Assessment Lead

The group is responsible for:

- Coordination of all core assessments in Phase 2.
- Oversight of formative assessments within clinical blocks, including
- Approval of the pattern of assessments within each block to ensure
 - Assessment methods are appropriate for the outcomes to be tested.
 - The assessment load is comparable across blocks.
- Written assessments at the Intermediate and Final Professional Examinations, including
 - Maintenance of question banks
 - Construction of appropriate papers including:
 - Blue printing to curriculum outcomes.
 - Appropriate balance of question difficulty and diversity.
 - Oversight of administration of the assessments including:
 - Liaison with administrative staff to ensure appropriate room bookings.
 - Identification of need for invigilators.
 - Preparation of scripts for marking.
 - Administration of marking including:

- Identification of staff requirements for marking teams and recruitment of suitable staff from the Medical School and the NHS
- Oversight of data entry and processing, and production of spreadsheets for standard setting
 - Conduct of appropriate standard setting procedures
- Clinical assessments at the Intermediate and Final Professional Examinations, including ensuring that:
 - Appropriate facilities are available for clinical examinations.
 - Sufficient, appropriately trained examiners are available for each clinical examination.
 - Examiners are briefed in a consistent way for each examination session at every site.
 - An appropriate mix of patients, including where appropriate simulated patients are available for all examinations.
 - Examinations are conducted in accordance with the Code of Practice for Assessment in phase 2.
- Collation and analysis of marks.
- Standard setting by appropriate methods
- Quality control of clinical assessments, including
 - Ongoing monitoring of the conduct of assessments, and identification of strategies to improve assessment practice.
 - Monitoring of appropriate psychometric analyses of assessment outcome.
- Presentation of mark sheets and recommendations to the Phase 2 Board of Examiners.
- Oversight of the assessment of Student Selected Components in Phase 2, including the elective period to ensure that:
 - The model(s) of assessment chosen for each is appropriate to the aims and learning outcomes
 - The demands made upon students are comparable across student selected components

The Assessment Manager

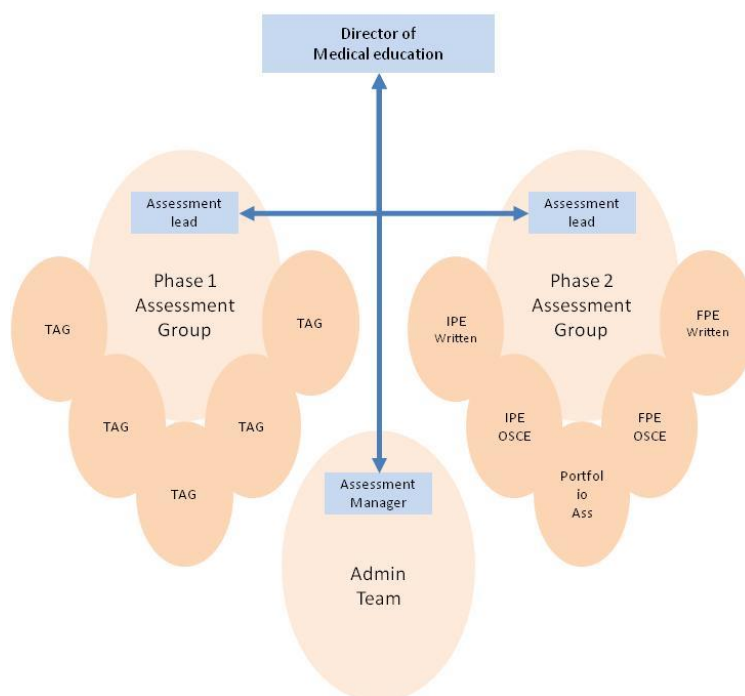
The Assessment Manager leads a team of administrative staff to support the Assessment Lead in the effective delivery of assessments across the curriculum.

The Assessment Manager is responsible to the Assessment Lead and the Director of Medical Education for:

Putting in place and managing systems for the effective delivery of assessments across the curriculum, including:

- Maintenance of appropriate question banks for summative and formative assessment.
- Coordination of the production of assessment materials for both written and clinical assessments.
- Practical arrangements for all examinations, including appropriate space booking, invigilation, and administrative support.
- Preparation of scripts for marking, and processing of marked scripts and mark sheets to properly constructive data bases.
- Data analysis to prepare for standard setting and incorporation of the results of standard setting into structured reports for the relevant Board of Examiners.
- Supported by the Assessment Lead with psychometric advice, preparation of quality reports for assessments including relevant psychometric analyses.

Design & Delivery of Assessment



2.3 Governance of Assessments

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

The membership and remit of the Board of Studies for the MB ChB are defined in the Code of Practice for the Management of the Curriculum.

2.4.1 The Board of Examiners

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

Membership of the Board

- The Chief Operating Officer Chair ex officio
- The External Examiners
- The Director of Medical Education ex officio
- The Phase 1 Lead ex officio
- The Phase 2 Lead ex officio
- The Assessment Lead ex-officio
- The Equality Lead ex-officio
- The Quality Lead ex officio
- Unit Leads in Phase 1
- Block leads in Phase 2
- Two clinical staff from partner organisations who are not block leads

- A representative of postgraduate medical education
- Two lay representatives

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

To be quorate:

- The Board must be chaired by the Chief Operating Officer or Director of Medical Education

- At least two of the 'domain leads' must be present (see Code of Practice for Management of the Curriculum)
- For consideration of assessments in phase 1 of the curriculum at least three Phase 1 unit leads must be present
- For consideration of assessments in Phase 2 of the course at least three Phase 2 Block leads 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.

2.4.1.1 Conduct of the Board of Examiners

Meetings of the Board of Examiners shall be held according to a schedule published at the beginning of each year. The Board will meet whenever any group of students is facing a progression point (see Section 3 – The Assessment Scheme below) in order to make recommendations to Senate about the progression of those students. The timing of Board meetings may be altered only under exceptional circumstances.

Meetings of the Board will follow a standard agenda:

- Apologies for absence
- Declaration of Interests – any member of the Board must declare if they have a personal interest in any student
- Consideration of the Minutes of the Last Meeting of the Board
- For each diet of assessments considered at the meeting:
 - A report from the Assessment Group 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.
 - Consideration of any adjustments necessary in the light of issues with the assessment(s)
 - 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.
 - Confirmation of individual student grades
 - 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.
- Verbal report from External Examiners if present.
- Report from the Quality Lead
- Any other business

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

The Chair of the Board of Examiners or a representative will present the progression decisions either to the Senate, or to a meeting of the University Executive acting for the Senate, for final approval.

The outcome of Meeting of the Board will be published to students after the meeting of the University Senate or a delegated body of it which will take place as soon as possible after the Board of Examiners. Each student will be informed electronically of decisions affecting them. Students will not be informed officially about the performance of other students.

2.4.2 The Mitigating Circumstances Group

The Mitigating Circumstances Group advises the Board of Examiners when students claim mitigating circumstances for performance in assessments. It considers confidential information provided by students and decides 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

2.4.2.1 *Conduct of the Group*

The Mitigating Circumstances Group meets before each meeting of the Board of Examiners. Students are required to 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 published time of the Mitigating Circumstances Group. The Mitigating Circumstances Group may meet by teleconference or virtually by email if appropriate.

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

Each case will 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 has the option to 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 can **never change the grade obtained by a student** which must stand, all it can change is the consequences of obtaining that grade.
- The most favourable option open to the Board of Examiners in the case if mitigation being accepted is 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 will only grant another repeat period in the most exceptional circumstances.

2.5 *Appeal against course termination*

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

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

2.5.2 *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

2.5.3 *Outcome of appeal*

The appeal panel may

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

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

2.5.4 *Conduct of the appeal process*

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

The Medical School will prepare a report in a standard form for any student who appeals. This will 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 will meet and consider each case in turn. The student will not normally be present.

The following procedure will be followed:

- The chair will confirm with the panel that they are familiar with the evidence provided by the student and the Medical School.
- 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 will be asked to comment on any special features of the case, but not to make a recommendation to the panel
- The whole panel will then decide the outcome of the case
- A summary of the panel deliberations will be recorded
- The decision will 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 are not allowed to be present under any circumstances.

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

- The chair will confirm with the panel that they are familiar with the evidence provided by the student and the Medical School.
- The student and companion(s) will be invited into the room.
- The chair of the panel will 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.
- Members of the panel will then ask questions of the student to clarify the case.
- The accompanying persons will be invited to make short (no longer than 2 minute) submissions of support.
- The student will be asked to make a final short statement and then withdraw
- The panel will consider the case and come to a decision
- A summary of the panel deliberations will be recorded

- The decision will be communicated to the student in writing within two working days together with a statement of the grounds for the decision.

No further appeal is allowed. Students may complain to the Office of the Independent Adjudicator if they feel that they have sufficient grounds.

2. *The Assessment Scheme*

For the purposes of summative assessment the MB ChB is divided into two separate components, each of which must be passed separately:

- The core course
- Student Selected Components

In each case there are a series of **progression points** during the course where conditions must be met in order to move on to the next stage. Failure to meet those conditions will lead to a recommendation for course termination, but a student may, under some circumstances, appeal against such a recommendation, and if the appeal is successful take the preceding stage of the course again. Normally, a student will 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 will follow automatically.

3.1 *Progression points*

There are five progression points:

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

Between progression points there is a diet of summative assessments. At each progression point a student must both meet the requirements of the diet of summative assessments for the core course and pass the student selected components to progress. If a student fails to meet the requirements of the core course at first attempt, then they must take a *qualifying examination* that covers all parts of the core course, and pass that to progress. If a student fails to meet the requirements of a student selected component then they may resit that assessment on one occasion only, and must pass the resit to progress.

3.2 *Grading of Assessment outcomes*

For written and clinical examination diets each component will be graded as one of:

Excellent – the student has achieved a high proportion of the outcomes tested very well

Satisfactory – the student has achieved a good majority of the outcomes well

Borderline – the student has achieved a bare majority of outcomes barely adequately

Unsatisfactory – the student has not demonstrated achievement of an adequate proportion of the outcomes tested.

The mechanisms of grading for each type of assessment are detailed in the sections below. At any given diet of assessments in the core course a student who is graded satisfactory in all components will progress automatically. Any unsatisfactory grade, or more than one borderline grade, will lead to a requirement to take a qualifying examination.

The outcome of qualifying examinations is graded as **pass** or **fail**.

For summative assessment of portfolios, each student will be graded as:

Excellent – a comprehensive portfolio demonstrating substantial insight and power of reflection and a trajectory towards comprehensive completion by the end of the course.

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

Needing work – a limited portfolio lacking insight and reflection with a trajectory that will not result in a satisfactory completion by the end of the course without a major increase in effort

Needing major work – a very limited portfolio that will need substantial and sustained effort to reach a satisfactory standard by the end of the course and is at significant risk of not doing so.

If a portfolio is graded as needing work or needing major work, then a student will be re-assessed against an action plan for improvement. If that action plan is not achieved by the end of the course a student may not graduate.

3.3 Assessment of the Core Course

The core course is assessed by a fully integrated assessment scheme:

- Written assessments, mostly testing outcomes in the ‘Tomorrow’s Doctors’ group ‘Doctor as a scholar and scientist’
- Objective Structured Clinical Examinations (OSCEs), mostly testing outcomes in the ‘Tomorrow’s Doctors’ group ‘Doctor as a Practitioner’
- Assessment of a portfolio of evidence collated by the student, mostly testing outcomes in the ‘Tomorrow’s Doctors’ group ‘Doctor as a Professional’, but also including individual assessment and sign off of each of the thirty-two prescribed ‘Practical Skills for Graduates’

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

3.3.1 Assessments in the first year

In the first year there will be:

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

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

- The combined ETA1 and ETA 2 scores
- 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.

The portfolio of evidence is not assessed summatively after the first year, but is tested formatively. Students whose progress in accumulating a satisfactory portfolio is giving cause for concern will be referred to the 'concerns process' for ongoing monitoring, but their progression will not be blocked for this reason alone.

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

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

The results of these two components are combined, and the student must obtain at least a pass grade to progress. If they do not, then they are recommended for course termination. They may appeal – see section 2.5 above.

3.2.2 Assessments in the second year

In the second year there will be:

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

These assessments are known collectively as the 'Primary Professional Examination'. The results of the papers taken after terms four and five are 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:

- The combined ETA4 and ETA 5 scores
- 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.

The portfolio of evidence is not assessed summatively after the second year, but is tested formatively. Students whose progress in accumulating a satisfactory portfolio is giving cause for concern will be referred to the 'concerns process' for ongoing monitoring, but their progression will not be blocked for this reason alone.

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

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

The results of these two components are combined, and the student must obtain at least a satisfactory grade to progress. If they do not, then they are recommended for course termination.

Irrespective of performance in the core course, a student must **also** obtain at least a satisfactory grade in the assessments of each of two **Student Selected Components**, and in the Dissertation submitted for 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.

A student may appeal against course termination – see section 2.5 above.

3.3.3 Assessments in the Junior Rotation

Summative assessments are held at the end of the junior rotation, and together known as the 'Intermediate Professional Examination' (IPE). Each block of clinical education is also assessed formatively, and students whose progress is giving cause for concern will be referred to the 'Concerns Group' for ongoing monitoring.

The summative assessments are:

- A written examination consisting of three two-hour papers held in February of year four
- An Objective Structured Clinical Examination (OSCE) made up of a minimum of twenty stations combined as 'sub-stations' into long integrated stations.
- An assessment of the student portfolio of evidence of professional development, including a record of satisfactory attendance at and engagement with the clinical blocks in the Junior Rotation.

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

If a student does not meet the condition for automatic progression then they must take a 'Qualifying Examination' held at the end of the first block of the Senior Rotation. The Qualifying examination will include:

- A written examination consisting of three two-hour papers held in February of year four
- An Objective Structured Clinical Examination (OSCE) made up of a minimum of twenty stations combined as 'sub-stations' into long integrated stations.
- A re-assessment of the student portfolio of evidence of professional development, including a record of satisfactory attendance at and engagement with the clinical blocks in the Junior Rotation

To pass the qualifying examination a student must pass each of these three components. Students may proceed conditionally to the first block of the Senior Rotation, but should they fail to satisfy the examiners at the qualifying examination they will be recommended for course termination. They may appeal – see section 2.5 above.

Irrespective of performance in the core course, a student must **also** obtain at least a satisfactory grade in the assessments of the **Student Selected Component in the Junior Rotation**, 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.

3.3.4 Assessments in the Senior Rotation

Summative assessments are held at the end of the Senior Rotation, and together known as the 'Final Professional Examination' (FPE). Each block of clinical education is also assessed formatively, and students whose progress is giving cause for concern will be referred to the 'Concerns Group' for ongoing monitoring.

The summative assessments are:

- A written examination consisting of three two-hour papers held in March of year five
- An Objective Structured Clinical Examination (OSCE) made up of a minimum of twenty-eight stations combined as 'sub-stations' into long integrated stations.
- An assessment of the student portfolio of evidence of professional development, including a record of satisfactory attendance at and engagement with the clinical blocks in the Senior Rotation.

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 does not meet the condition for automatic progression then they must take a 'Qualifying Examination' held in May of the fifth year. The Qualifying examination will include:

- A written examination consisting of three two-hour papers
- An Objective Structured Clinical Examination (OSCE) made up of a minimum of twenty-eight stations combined as 'sub-stations' into long integrated stations.
- A re-assessment of the student portfolio of evidence of professional development, including a record of satisfactory attendance at and engagement with the clinical blocks in the Senior Rotation

To pass the qualifying examination a student must pass **each of** these three components. Students may proceed conditionally to Preparation for Professional Practice, but should they fail to satisfy the examiners at the qualifying examination they will be recommended for course termination.

Irrespective of performance in the core course, a student must **also** obtain at least a satisfactory grade in the assessments of each of two **Student Selected Components in the Senior Rotation**, 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.

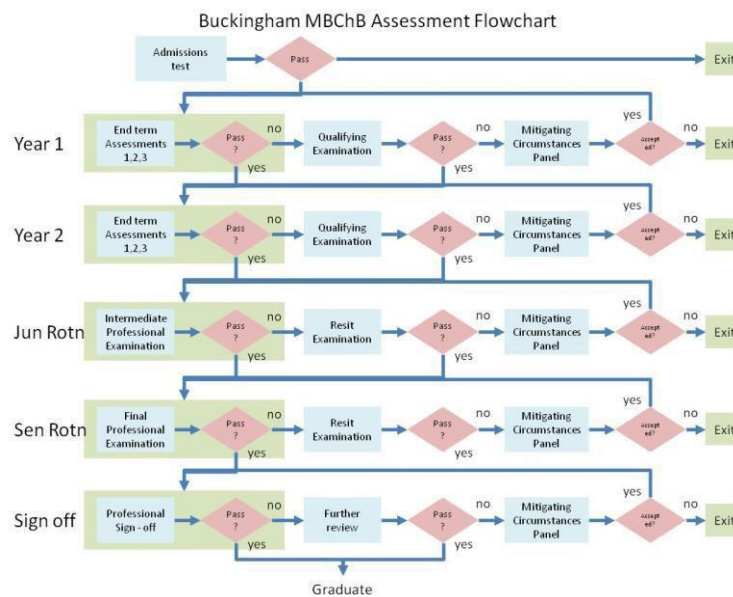
3.3.5 Assessments in the period of Preparation for Professional Practice

The period of Preparation for Professional Practice is assessed by:

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

In order to progress to graduation, a student must achieve at least a satisfactory grade in each of these components. A student will be permitted one further attempt at each assessment if it is graded less than satisfactory. Should they still fail to meet the condition for progression after this second attempt, then their course will be terminated. They may appeal (section 2.5)

3.3.6 Progression algorithm



4 Organisation and Conduct of Components of Assessment

There are three types of assessment that contribute to progression:

- *Written assessments*, testing mainly but not exclusively outcomes in the GMC category 'Doctor as a Scholar and Scientist'
- *Clinical Assessments*, testing mainly, but not exclusively outcomes in the GMC category 'Doctor as a Practitioner'
- Assessment of a *Portfolio of Evidence* testing mainly, but not exclusively outcomes in the category 'Doctor as a Professional'.

A whole course blueprint defines 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 is constructed for each cohort by the Assessment Lead, and approved by the Board of Studies for the MB ChB. It will normally be kept confidential.

4.1 Written Assessments

All summative written assessments have the same basic form. They 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 defines the key presentation for every question set in every written assessment for a given cohort. The sub-questions in the question set are chosen to test a selection of the outcomes defined in 'Tomorrow's doctors' (2009) using material which has been learned by the students up to that point. All students must answer all questions in every paper. Each key presentation is 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.

4.1.1 Constructing written assessments

The assessment scheme determines how many papers there are in each diet of written assessments, and how many question sets in each paper. The whole course blueprint determines which key presentations are to be used for each question set in each paper. The sub questions are banked by key presentation they relate to.

The assessment group, or an appropriate sub group of it, is responsible for assembling individual assessment papers, according to the following process:

- The whole course blueprint defines the key presentations for each question set in each paper for that diet of written assessments
- The blueprint defines which 'Tomorrow's Doctors' outcomes need to be addressed in each question set
- For each question set a suitable case vignette is selected.
- Each question set is then populated from the question bank, or by new questions written by the assessment sub-group, testing course content that both reflects the outcomes to be tested and the material covered in the whole course to date.
- Each question set contains questions with maximum available marks adding up to 10.
- Sub questions may be constructed response (short answer questions), or selected response (single best answer or extended matching type)
- Selected and constructed response types may be mixed within question sets.
- Each question set should be designed to be completed by a student in ten minutes.
- Where constructed response type are used the sub-questions are normally worth a maximum of 1, 2, 3, or 4 marks, though occasionally longer more complex answers may attract up to a maximum of six marks.
- Constructed response questions are written so that there is a clear relationship between components of the expected answer and the maximum number of marks for the sub-question. Where possible the number of components required in the answer should be specified in the question, and relate to the maximum marks available.
- A model answer with mark breakdown is written with the question and used in marking (see below)
- Selected response questions may attract one or two marks depending on their difficulty, within the general guidance that those requiring problem solving may attract two marks.
- The amount of text to be read by students should be kept to a minimum, and layout should be accessible,
- San-serif fonts should be used throughout.
- A minimum font size of 12pt should be used.
- Space should be provided to write constructed response answers, with the amount of space related to the expected size of response.
- Papers should be constructed so that it is clear when the question sets end, and when the paper is at an end to reduce the risk of students missing parts. Each page should be numbered and also indicate the total number of pages in the paper.
- Once a paper is constructed it must be considered by the assessment group, who will ask a member not involved in the construction to review it. The assessment group may require adjustments.
- If the paper is for a qualifying examination in Phase 1 or any part of the Intermediate or Final Professional Examinations or resit papers in Phase 2, then it must also be reviewed by an external examiner. The assessment may make changes in response to the external comment, but is not required to do so as long as the reasons are explained to the external examiner.
- Throughout the construction process the paper is to be held in a secure data system administered by the Assessment Manager and Assessment Unit.

Once a paper has been set and approved, the Assessment unit is responsible for printing papers. Each student will have a paper identified by their unique examination number on every page. All written assessments will be marked anonymously, using only these examination numbers.

Assessments will take place under examination conditions, conducted and invigilated according to standard University practice. Each student will have an identified place with their unique paper and will be required to sign to indicate that they completed it. Their identity will be checked in the examination room through photographic ID.

All papers will be collected after the examination and returned to the assessment unit. No paper shall leave the control of the assessment unit. All marking will be conducted on University premises by groups of markers under the direct supervision of the Assessment Unit at all times.

Marking of constructed response papers will be by the following protocol:

- Papers will be separated by the Assessment unit into question sets.
- All the scripts for each question set will be marked by the same team of two or three markers working at the same table at all times.
- Teams will be chosen to have the expertise to mark all the sub-questions.
- The group will mark according to the model answers written at the time the questions are constructed.
- The team will first mark 10% of the scripts to review the relationship between the model answers and typical student responses, then review the model answers in the light of student responses. Any changes made to the model answers will be followed for all the scripts including the first 10%, which will be remarked if necessary.
- The team marks the whole set. Any member of the team who is uncertain about a mark must refer to other members of the team.
- In the case of qualifying examinations and the Intermediate and final professional examinations each question set is marked by two teams, each recording their marks in different coloured ink.
- In the case of end of term examinations in Phase 1 a proportion (typically 20%) of the scripts is checked by another team
- If a mixture of selected and constructed response sub-questions are used the selected response questions will be marked manually.
- In papers where all sub-questions are selected response the scripts may be machine marked.
- Papers will be reassembled by student after marking and marks entered to a data base system for analysis

4.1.2 Determining the outcome of written assessments

A pass mark shall be set for each question set by a modified Angoff process. The assessment group or a suitable sub-group of it will review each question before the paper is sat and define the mark that a minimally competent student should achieve for each question. The markers of the question will also define a minimum acceptable mark independently, and the assessment group will determine the final pass mark.

The outcome of the assessment for each student is then the number of question sets in which they achieved at least the pass mark.

Normally, students who achieve at least the pass mark in 90% (rounded to the nearest integer) of the questions shall be deemed to have obtained an excellent grade. Students who achieve the pass mark in 75-90% of the questions will be awarded a satisfactory grade. Students who achieve at least the

pass mark in 65-75% of the questions will be awarded a grade of borderline. Students who achieve the pass mark in less than 65% of the questions will be deemed unsatisfactory.

For a typical written assessment of two twelve-question papers, this sets the threshold for excellent at 22 questions passed, the threshold for satisfactory at 18 questions passed, and that for borderline at 16 questions passed.

4.1.3 Determining the outcome of qualifying examinations in Phase 1.

The qualifying examinations in phase 1 are made up of two written papers each with 12 question sets, and a 12 station OSCE. Each station in the OSCE is passed or failed independently, so the whole examination consists of 36 questions/stations. The passing threshold is 75% of the total number of questions/stations - that is 27. No borderline or excellent grades are awarded in qualifying examinations.

With the exception of sign-off of procedural skills for the portfolio, and workplace based assessment in the period of preparing for professional practice, all clinical assessments are by Objective Structured Clinical Examinations (OSCE). OSCEs in Phase 1 are conventional 'short station' OSCEs made up of twelve, ten-minute stations testing components of clinical competence. In Phase 2 OSCEs are made up of longer stations with related sub-stations testing competence in an integrated context.

4.2 Objective Structured Clinical Examinations

Outcomes mostly under the category 'Doctor as a Practitioner' are tested by Objective Structured Clinical Examinations (OSCE) at various times during the course. All OSCE stations are blueprinted to the course outcomes and key presentations/conditions. Early in the course the OSCE is made up of separate relatively short stations. Later in the course, stations are combined into longer sets to test integration of component skills.

The Assessment group or a sub-group of it is responsible for preparing the stations for each OSCE, drawing from a bank of stations supplemented by new stations constructed each year. Proposed stations are reviewed by a different group, revised if necessary before first use, and then revised again before banking in the light of actual performance in the assessment.

4.2.1 OSCEs in Phase 1

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

Each station in every OSCE is blueprinted to one of the Key Presentations in the whole course blueprint, testing a sub-set of outcomes defined in 'Tomorrow's Doctors' with material that the students have covered up to that point in the course. OSCE stations in Phase 1 will normally be eight minutes long, but may be combined into double stations if appropriate. Where stations are combined they will be treated as two stations with two separate marks covering different aspects of the skills tested at the station.

The precise nature of stations will vary from OSCE to OSCE, but in general terms:

4.2.1.1 The First Year OSCEs

The First Year OSCE (and Qualifying Examination OSCE) will include:

- Two stations testing communication skills.

- Two stations testing aspects related to physical examination
- Two stations testing the interpretation of the results of investigations.
- At least three stations testing biomedical understanding in the context of application to clinical practice.
- Two stations testing one or more of the procedural skills defined in 'Tomorrow's Doctors'
- One station testing information skills

4.2.1.2 *The Second Year OSCEs*

The Second Year OSCE (and Qualifying Examination OSCE) will include

- Two stations testing history taking from simulated patients
- One station testing identification of strengths & weaknesses in a recorded consultation
- Two stations testing aspects of physical examination
- One stations testing recording of history from a recorded consultation
- Two stations testing interpretation of investigations
- Two stations testing explanation to a simulated patient
- Two stations testing one or more of the procedural skills defined in 'Tomorrow's Doctors'

4.2.2 *OSCEs in Phase 2*

There is one OSCE examination as a part of the Intermediate Professional Examination, and One OSCE as a part of the Final Professional Examination. In each case a proportion of students will also take a qualifying OSCE as a part of a resit examination. The qualifying OSCE is identical to the main OSCE in each diet of examinations. OSCEs in Phase 2 are made up of combined stations testing related skills in the context of an integrated task. Normally each combined station tests up to four different component skills, and will yield up to four marks - one for each component.

4.2.2.1 *The Intermediate Professional Examination*

Each student will be examined at a series of six stations each comprising two, three or four components selected from the sections below to yield a total of twenty-four component stations.

4.2.2.1.1 *Observed history taking and examination - three 24 minute stations*

At each station the student will be observed by an examiner taking a history from and examining a real or simulated patient. Patients will be drawn from the following four categories for each day that the assessment runs. The selection may vary from day to day. Any given student will not be tested with more than one patient in any category.

- A patient with a Cardio-respiratory problem
- A patient with a Musculo-skeletal problem
- A patient with a Gastro-intestinal problem
- A patient with a Psychological problem

For each circuit there will be parallel versions of each station. The patients in each version will be drawn from the same category, and, although comparable, will not be identical. For each patient selected a written brief will be constructed including:

- a suitable script to introduce the patient to the examinee at the outset of the examination.
- a written version of the salient points of the patient's history.
- an agreed view of the most appropriate physical examination and a list of the abnormal signs which examinees are expected to detect.

- an agreed view on the likely underlying mechanisms for the patient's problems.

The stations will follow a standard protocol

1. on arrival at the consulting room the examiner will give the student the brief, standard introduction to the patient
2. the examiner will then observe the student taking a focused history.
3. the examiner will ask the student to identify the most important possible causes of the patient's presenting complaint.
4. the examiner then asks what is the most appropriate examination to perform and why. If the student replies correctly they will be invited to perform that examination. If the reply is incorrect it will be noted and the student will be directed to the most appropriate examination. .
5. the examiner will then ask the student to describe their findings and how they help in the elucidation of the problem presented by the patient.

These integrated consultation stations will each yield four marks, with separate marks awarded for each of:

- History Taking
- Examination of the Patient
- Clinical Problem Solving
- Relationship with the Patient

Marks will be awarded on the basis of a check-list of component competencies that will be the same for all observed consultations, and derived from the competencies described in section 4.2.3.1 below.

4.2.2.1.2 Interpretations of Investigations - four six-minute stations

At each of these stations students will be presented with the results of investigations, including, but not limited to, plain X-ray, contrast X-ray, cross-sectional imaging, ECGs, lung function tests, blood gasses, blood electrolytes, blood glucose and lipids, urinalysis and hormone investigations. They will be asked to identify abnormalities and suggest possible reasons. In some cases a summary of the patient history will be provided, and the student asked to relate the abnormalities on investigation to the history and potential underlying pathology.

4.2.2.1.3 Preparation, appropriate documentation and explanation of a management plan - two eighteen-minute stations

Students will be provided with a summarised history, examination and investigations, and required to prepare a written outline of a management plan, and complete some or all of the appropriate documentation for its implementation. Marks will be awarded separately for the identification of appropriate management plan and the accurate completion of appropriate documentation in the format used by the NHS locally, including, as appropriate prescriptions, requests for further investigations, or referral or discharge letters. Students will then be required to explain the proposed management plan to a simulated patient, who will mark the effectiveness of their communication and explanation skills. Each component will be marked separately according to a check list.

4.2.2.1.4 *Procedural skills – two six-minute stations*

In each station students will be tested on a skill selected from those linked to blocks in the junior rotation using medium fidelity simulation involving a simulator. There will be a check list for each skill, derived from the general competencies listed in section 4.2.3.2 below:

4.2.2.2 *The Resit Intermediate examination*

Students who are deemed unsatisfactory in either the written examination or the clinical examination (or both) will be required to take both parts again, and if deemed unsatisfactory in either or both parts at resit their course will be recommended for termination. The format of the resit examination will be the same as the first sit examination.

4.2.2.3 *The Final Professional Examination*

Each student will be examined at a series of six stations each comprising two, three or four components selected from the sections below to yield a total of twenty-four component stations.

4.2.2.3.1 *Observed history taking and examination - four 24-minute stations*

At each station the student will be observed by an examiner taking a history from and examining a real or simulated patient. Patients will be drawn from the following four categories for each day that the assessment runs. The selection may vary from day to day. Any given student will not be tested with more than one patient in any category.

- A patient with a Chronic illness
- An obstetric patient or a child
- A patient with a condition affecting Special Senses
- A patient with Cancer or Cancer-related condition

For each circuit there will be parallel versions of each station. The patients in each version will be drawn from the same category, and, although comparable, will not be identical. For each patient selected a written brief will be constructed including:

- a suitable script to introduce the patient to the examinee at the outset of the examination.
- a written version of the salient points of the patient's history.
- an agreed view of the most appropriate physical examination and a list of the abnormal signs which examinees are expected to detect.
- an agreed view on the likely underlying mechanisms for the patient's problems.

The stations will follow a standard protocol

1. on arrival at the consulting room the examiner will give the student the brief, standard introduction to the patient
2. the examiner will then observe the student taking a focused history.
3. the examiner will ask the student to identify the most important possible causes of the patient's presenting complaint.
4. the examiner then asks what is the most appropriate examination to perform and why. If the student replies correctly they will be invited to perform that examination. If the reply is incorrect it will be noted and the student will be directed to the most appropriate examination. .

5. the examiner will then ask the student to describe their findings and how they help in the elucidation of the problem presented by the patient.

These integrated consultation stations will each yield four marks, with separate marks awarded for each of:

- History Taking
- Examination of the Patient
- Clinical Problem Solving
- Relationship with the Patient

Marks will be awarded on the basis of a check-list of component competencies that will be the same for all observed consultations, and derived from the competencies described in section 4.2.3.1 below.

4.2.2.3.2 Interpretations of Investigations - three six-minute stations

At each of these stations students will be presented with the results of investigations, including, but not limited to, plain X-ray, contrast X-ray, cross-sectional imaging, ECGs, lung function tests, blood gasses, blood electrolytes, blood glucose and lipids, urinalysis and hormone investigations. They will be asked to identify abnormalities and suggest possible reasons. In some cases a summary of the patient history will be provided, and the student asked to relate the abnormalities on investigation to the history and potential underlying pathology.

4.2.2.3.3 Preparation, appropriate documentation and explanation of a management plan - two eighteen-minute stations

Students will be provided with a summarised history, examination and investigations, and required to prepare a written outline of a management plan, and complete some or all of the appropriate documentation for its implementation. Marks will be awarded separately for the identification of appropriate management plan and the accurate completion of appropriate documentation in the format used by the NHS locally, including, as appropriate, prescriptions, requests for further investigations, or referral or discharge letters. Students will then be required to explain the proposed management plan to a simulated patient, who will mark the effectiveness of their communication and explanation skills. Each component will be marked separately according to a check list.

4.2.2.3.4 Management of a simulated acute scenario - one eighteen-minute station

Students will be expected to assess and manage a simulated acute clinical situation in a multi-professional environment. They will be assessed on each of, their initial assessment of the situation, their initial management plan and its explanation to the team, and the performance of a simulated procedural skill related to that management plan. In each case there will be a check list, which will include assessment of interactions with other members of the healthcare team.

4.2.2.4 Generic competencies

All stations involving observation of practice whether in a consultation or whilst undertaking procedural skills will be tested according to the same generic competencies described below. For other types of station specific competencies will be defined by the assessment group.

4.2.2.4.1 *Component Competencies for observed consultations*

History taking

Introduces self to the patient. Puts the patient at ease. Enables the patient to elaborate presenting problem fully, Listens attentively. Phrases questions simply and clearly. Seeks clarification of words used by the patient as appropriate. Uses silence appropriately. Recognises the patient's verbal and non-verbal cues. Identifies key features of the presenting complaint, the history of the presenting complaint, relevant past medical history, drug history and relevant social history. Identifies the patient's ideas, concerns and expectations.

Examination

Washes hands competently and at an appropriate moment. Performs appropriate examination and elicits signs correctly. Uses diagnostic instruments competently. Displays sensitivity to patient's needs during examination.

Problem solving

Identifies relevant and specific information from the patient to help distinguish between working diagnoses. Generates appropriate working diagnoses or identifies the problem depending on circumstances. Identifies relevant and discriminating signs to help confirm or refute working diagnoses. Correctly interprets and applies information obtained from the patient's record, history, examination and investigation. Applies knowledge of the basic, behavioural and clinical sciences to the identification of the patient's problem. Is capable of recognising limits of personal competence and acting accordingly. Exhibits a well-organised approach to gathering and giving of information

Patient management

Constructs an appropriate management plan. Reaches a shared understanding with the patient. Collaborates with the patient in negotiating a mutually acceptable plan. Provides appropriate advice on self care. Utilises drug therapy safely and rationally with regard to sound pharmacological principles. Orders appropriate investigations and interprets results correctly. Makes discriminating use of referral. Is able to act on appropriate opportunities for health promotion. Arranges appropriate follow-up. Checks the patient's level of understanding

Relationship with patients

Maintains friendly but professional relationship with the patient with due regard to the ethics of medical practice. Uses empathy to encourage the patient to express feelings and thoughts. Supports the patient in coping with the situation. Demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects achievement of co-operation

4.2.2.4.2 *Component competencies for procedural skills*

Communication and working with the patient or their representative;

Introduces self to patient and/or their representative: Shares information about the procedure appropriately: Listens attentively: Answers questions honestly: Checks patient's understanding: Obtains valid and continuing consent: Works with the patient to maintain cooperation: Use of communication skills: Performs procedure in a compassionate and patient-centred manner.

Safety

Checks patient's identity correctly: Checks and/or completes request documentation correctly: Labels samples and/or printouts correctly: Applies procedure-specific safety measures correctly: Aware of

the limitations of personal competence and acts appropriately: Maximises own and others' safety: Offers appropriate post-procedure care to the patient.

Infection prevention

Washes and/or decontaminates hands: Prepares patient's skin appropriately: Uses anti-infection barriers as required: Displays appropriate practice of aseptic technique: Optimises infection prevention within environmental limitation.

Procedural competence

Assesses the patient appropriately: Appropriately assesses the indications for and contra-indications to the procedure: Plans procedure with respect to patient factors: Prepares patient appropriately: Selects and checks equipment, disposables, and consumables: Fluent performance of procedure: Displays familiarity with equipment: Displays knowledge of the procedure: Uses assistance appropriately: Handles samples/ensures quality control of outputs correctly: Demonstrates respect for tissue.

Team-working

Displays understanding of and respect for the roles of team members: Communicates effectively with the team: Leaves clinical area clean and tidy: Documents procedure correctly

4.2.3 Marking of OSCE stations

The marking of performance in OSCE stations is by a standard mechanism across the course. For each station, whether standing alone, or as a component of a longer integrated sequence there will be a list of component competencies which will be presented to the examiner (s). This will incorporate a check-list for recording performance during the station. Each component competency is marked on a rating scale reflecting 'Poor' to 'Excellent' behaviors. Total marks for that station or component station are used to determine the outcome.

4.2.4 Standard setting of OSCE stations

OSCE stations will be standard set by a Borderline method of standard setting, either using Borderline Groups or Borderline Regression as appropriate. Where the assessment unit is unable to apply a borderline regression standard, such as with small or resit cohorts, the assessment group will collectively determine the standards for each station, subject to the approval of the External Examiner.

In addition to completing the check list, examiners will provide a global judgement of the performance of each student in each station (or component station in the case of compound integrated stations). Global judgements will be derived from rating scales reflecting unsatisfactory, borderline, satisfactory and excellent performances. The mean mark achieved by students whose achieve a global rating of borderline will be used to set a cut score for passing the station or component station. On the basis of that score:

- Students who obtain equal to or exceeding the cut score plus 50% of the cut score (or full marks if that is less) will be graded as 'very good pass' in that station.
- Students who achieve a score equal to or exceeding the cut-score but less than the cut score plus 50% will be graded as 'satisfactory' for that station.
- Students who obtain a score equal to or more than half of the cut score but less than the cut-score will be graded as 'fail'
- Students who achieve less than half of the cut-score will be graded as a 'poor fail'.

4.2.5 Criteria to pass an OSCE

Students pass or fail any OSCE on the basis of the number of stations where they are graded fail or poor fail. A station graded as 'fail' counts as one, whereas a station graded as 'poor fail' counts as two.

In practice:

- For twelve station OSCEs in Phase 1, a student will fail if three or more stations are graded as 'fail', or one or more stations are graded as a 'poor fail'.
- For the intermediate Professional OSCE, a student will fail if four or more component stations are graded as 'fail', or if any combination of fails counting as one and poor fails counting as two add up to four or more.
- For the Final Professional OSCE, a student will fail if four or more component stations are graded as 'fail', or if any combination of fails counting as one and poor fails counting as two add up to four or more.

4.2.6 Award of grades of excellent, merit and distinction in OSCEs.

Grades of excellent (in Phase 1) and merit or distinction (in phase 2) are awarded on the basis of the number of stations graded as a 'very good pass'.

- A student in Phase 1 will be awarded an excellent grade in an OSCE if eight or more stations are graded as 'very good pass'.
- A student taking the Intermediate Professional OSCE will be awarded a grade of Merit if they obtain a 'very good pass' in thirteen or more stations, and Distinction if they obtain a 'very good pass' in 18 or more stations.
- A student taking the Final Professional Examination will be awarded the grade of Merit if they obtain a 'very good pass' in 15 or more stations, and Distinction if they obtain a 'very good pass' in 22 or more stations.

4.3 Assessment of the Portfolio

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

4.3.1 Structure of the Portfolio

The portfolio structure will be a two dimensional matrix with the Categories of Evidence on one axis, and the Domains of Good Medical Practice on the other. In constructing the portfolio students will use a modified version of the guidance provided by the GMC for revalidation portfolios. The primary axis will be the Categories of Evidence, with reference in each category to the relevance of evidence to each of the domains of 'Good Medical Practice'. Students will therefore be required, for each piece of evidence included, to reflect upon which domains of Good Medical Practice it may relate to, and what further evidence may be necessary to assemble a complete portfolio. The student will also update continually a 'dashboard' indicating their estimate of the extent to which they are currently meeting the outcomes defined by the GMC in 'Tomorrow's Doctors', especially those in the category 'Doctor as a Professional'.

Categories of Evidence

4.3.1.1 General information

This section will include:

- The student's personal details.
- A record of their application to the medical school, and evidence of prior qualifications.
- A signed copy of the pre-course agreement, which relates to expected standards of

behaviour during the course.

- A copy of the Health Questionnaire completed on admission, and any medical certificates/occupational health reports/immunisation certificates issued during the course, which will not be visible to assessors of the portfolio.
- A declaration prior to each assessment of the portfolio that there are no health issues that might pose a risk to patients.

Unlike, the revalidation portfolio, records of previous appraisals and personal development plans will be held in a separate section of the student portfolio.

4.3.1.1 Developing skills and knowledge

This is the category of evidence that is equivalent to the 'Continuing Professional Development' section of the re-validation portfolio, and relates principally, but not exclusively to the 'Knowledge Skills & Performance' domain of Good Medical Practice. In the case of students, who are completing a structured course, this section enables the incorporation into the portfolio evidence of progression towards the outcomes for graduates defined in 'Tomorrow's Doctors' (2009) that are mostly assessed through written and clinical assessments, and provides an opportunity for students to reflect on their progress across the whole course and to demonstrate their development as a learner. This part of the portfolio will have a number of sections:

Performance in Summative Assessments

The results of the summative assessments in the course, and the feedback from them will be incorporated into the portfolio. Students are required to reflect after each assessment on:

- The lessons learned from that assessment
- Their progress towards achieving the overall course outcomes

They should record a development plan as to how deficiencies revealed by the assessment may be addressed. They should also enter the results of any formative assessments, and to reflect upon the lessons learned from them.

Personal judgements of progress towards course outcomes

This section is linked to the transcripts, and includes a list of all of the 'outcomes for graduates'. Students must make a regular personal judgement of their progress towards achieving each outcome and record it on a 'Dashboard'. The purpose of this section is to focus the mind of the student onto the course outcomes and to enable them to demonstrate the skill of translating formal indicators of progress into a genuine understanding of their individual knowledge, skills and performance and so to manage the risks of not achieving the outcomes by the end of the course.

Evidence of development as a learner in a range of contexts

Students must reflect upon their development as a learner, and provide evidence of the capacity to identify their own learning needs, and to learn in a contextual, constructive, and collaborative way. This will be achieved through a set of case studies related to the key presentations that form one axis of the Whole Course Blueprint for assessment. Early in the course, students will use the paper based scenarios from Phase 1 units to create 'mind-maps' (or some similar format) to show that they are able to link material from across the course to particular clinical problems. As the course progresses, and there is the opportunity to meet more real patients anonymised individual patient stories will be used for the same purpose, moving progressively towards the 'Case Based Discussions' that are a common feature of postgraduate medical education. In each case the student will record key features of the case, and then identify what they already knew which helped them to understand it, and what additional learning needs they identified to be able better to deal with similar cases in the

future. These case studies also provide the vehicle for reflection on the other domains of 'Good Medical Practice', including patient safety & quality, communication & teamwork, and maintaining Trust. The School is aware of the risks of reducing the course to an exercise in record keeping, and will define the number of such case studies required carefully.

Development of practical skills

This will include the evidence of sign-off of each of the 'Practical Procedures for Graduates' defined in 'Tomorrow's Doctors'

Reflections on team working

Students must collect and reflect upon evidence of their capacity to work in teams. This may be from activities that take place as a part of their course, or from their wider life. There should be several examples, and each should contain reflections upon the individual's strengths and weaknesses when working in teams.

Working with other professionals.

There will be defined events during the course where students learn about the roles of and work with other healthcare professionals, either students or qualified practitioners. Most of these events will take place in the clinical skills environment. The portfolio must include reflective analyses of learning from these events. In the course of clinical studies students will also work with a wide range of other health professionals, and will be required to incorporate reflections on their strengths and weaknesses in this regard as part of the portfolio.

Educational activity

All students are expected to engage in some sort of peer-teaching activity either in the main course or as part of an SSC. The portfolio must contain evidence that such activity occurred, evaluation of it by the learners involved and reflection by the student concerned.

4.3.1.2 *Evaluating quality of professional work*

This evidence category relates to a student's developing capacity to evaluate both the standard of their own work using whatever evidence is appropriate, and the overall quality of clinical activities in which they may have been involved, and to begin to make suggestions as to how quality may be improved.

Evaluating the standard of the student's own work

As students will not have direct responsibility for clinical outcomes, the evidence in this section relates to their developing clinical expertise. This may be evidenced by case studies where students have worked with individual patients, and discussed the case with a clinical teacher, by evidence of developing practical skills from work in the clinical skills unit, or other evidence of their capacity to work effectively with patients. This relates back to the results of formal assessments as indicated above and may be cross referenced in the portfolio.

Capacity to evaluate services in which students have been involved

All students will have the opportunity to undertake a clinical audit as part of an SSC in Phase 2. The outcome of this audit and the student's reflection on it must be part of their portfolio. Students will also have the opportunity to reflect upon the quality of clinical services which they have observed when on placement, and must incorporate a number (at least two) of reflective analyses of situations in which patients have either been well cared for and why that is, or where patients have been less well cared for and why that is.

Reflection on significant events

Students will inevitably witness or be involved in events where patient care is actually or potentially compromised to some degree. They must reflect upon every such event and the circumstances that led to it and incorporate such reflections in their portfolio. This will allow reflection across all domains of 'Good Medical Practice', especially Safety & Quality, communication, partnership & team-working and Maintaining Trust.

4.3.1.3 Feedback on Practice

This section of the portfolio will include feedback collected by the student from clinical teachers, colleagues, and patients, and reflections on the lessons learned from that feedback.

Feedback from teachers

Formal feedback after assessments will be provided, and entered into the portfolio under section 2 above. Students must also collect further feedback from a range of senior and junior clinical teachers and incorporate that, with reflections upon it, into their portfolio.

Feedback from Colleagues

Students must collect feedback from colleagues on their team-working skills, and professionalism using a standard form provided by the Medical School. This feedback will be required at least three times during the course, and reflections on strengths and weaknesses revealed under the various domains of 'Good Medical Practice' will be a required part of the portfolio.

Feedback from patients

The medical school will provide a standard short form for patient feedback to students, who must collect feedback from a number of patients over the course. There may also be feedback collected from simulated or real patients during assessments, which will be entered into the portfolio in section 2. Strengths and weaknesses revealed by this feedback under the various domains of 'Good Medical Practice' will be a required part of the portfolio.

Concerns & commendations

The Medical School operates a 'concerns process' to identify and manage students whose academic progress, health, conduct or attitudes are causing concern. Any student who is being managed by that process must incorporate into their portfolio their reflections upon the circumstances which led to the concerns, the way in which they reacted to the concerns process, and the way in which concerns were mitigated. This may include reflective written pieces on professional issues where these have been required as a part of the management of professional concerns.

Students should also incorporate into their portfolio any commendations from staff, fellow students, or patients, and any other evidence of exceptional achievement in any aspect of their life.

Wider contributions

Students may choose to provide evidence of wider activities, such as charity work, or exceptional contribution to the life of the Medical School and University, including acting as a course representative and similar roles.

4.3.2 Summative assessment of the portfolio in Phase 2

Each student's portfolio will be assessed around the time of the Intermediate Professional Examination by two assessors who are not the personal tutor or anyone who has been involved with the direct support of that particular student. These assessors will most likely be medical staff from partner organisations.

Each assessment will include a face to face interview with the student and lasting a maximum of 30 minutes.

The outcome of the assessment will be recorded on a standard proforma, and a grade will be awarded for each of:

4.3.2.1 Completeness of the portfolio

- An excellent portfolio will have substantial evidence in each category clearly collected over a long period of time, well organised and well presented.
- 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 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 needing major work will have little or no evidence in some categories, with evidence of hasty recent assembly and poor presentation.

4.3.2.2 Evidence of competence in practical skills

- An excellent portfolio will show evidence of competence in all the procedural skills defined in 'Tomorrow's Doctors' 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 satisfactory portfolio will show evidence of competence in all of the procedural skills defined in 'Tomorrow's Doctors' 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 needing more work will show evidence of competence in some of the practical skills defined in 'Tomorrow's Doctors' verified by sign-off in the simulated environment and supported by limited evidence of developing those skills in real clinical environments
- A portfolio needing major work will show evidence of competence in few of the practical skills defined in 'Tomorrow's Doctors', verified by sign-off in the simulated environment and poorly supported by evidence of developing those skills in real clinical environments

4.3.2.3 Evidence of reflection

- An excellent portfolio will show extensive evidence of reflection with strong insight into their strengths and weaknesses and firm links to structured action planning for future development.
- A satisfactory portfolio will show moderate evidence of reflection with reasonable insight into strengths and weaknesses with developing links to structured action planning for future development
- A portfolio needing more work will show limited evidence of reflection with weak insight into strengths and weaknesses and rudimentary links to structured action planning for future development.
- A portfolio needing major work will show little or no evidence of reflection, with poor or absent insight into strengths and weaknesses and little or no effort towards structured action planning for future development.

4.3.2.3 *Evidence of developing professionalism*

- An excellent portfolio will demonstrate substantial evidence that, if the student is at the end of the course they have achieved all of the outcomes under 'Doctor as a Professional' defined in 'Tomorrows Doctors', 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
- A satisfactory portfolio will demonstrate adequate evidence that, if the student is at the end of the course they have achieved all of the outcomes under 'Doctor as a Professional' defined in 'Tomorrows Doctors', 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
- An portfolio needing more work will demonstrate limited evidence that the student is progressing towards achieving the outcomes under 'Doctor as a Professional' defined in 'Tomorrows Doctors', and the student may have a record of unprofessional behaviour during the course with inadequate reflection on that behaviour
- An portfolio needing major work will demonstrate very limited evidence that the student is progressing towards achieving the outcomes under 'Doctor as a Professional' defined in 'Tomorrows Doctors', and the student may well have a record of unprofessional behaviour during the course with little reflection on or insight into that behaviour.

This category of assessment will be judged using a set of descriptors relating to each major outcome under the category 'Doctor as a Professional' provided as part of the 'Dashboard' that the student will update as the course progresses.

4.3.2.5 *Overall summative judgement of the portfolio*

To be judged satisfactory overall a portfolio must be judged at least 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 'needing more work' or '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 one month of the summative appraisal, and a student may 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.

4.3.2.6 *Appeal against assessor judgements*

A student may request a re-assessment by a second panel of assessors if they are not awarded an overall satisfactory grade. The outcome of this panel will replace that of the first irrespective of whether it is more or less favourable to the student.

4.4 *Assessment of Student Selected Components*

The primary purpose of assessment of Student Selected Components (SSCs) is 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 is reflected in equally diverse methods of assessment of student performance and achievement. The method of assessment is determined by the SSC convenor based on the SSC module's proposed aims, objectives and

activities. Each element is therefore assessed separately using a mix of assessment methods appropriate to its aims and outcomes.

Achieving the objectives of the SSC programme is not optional. All SSCs must be rigorously assessed to ensure students acquire outcomes outlined in Tomorrow's Doctors as well as the specific objectives defined for each SSC.

SSC Assessment Methods

Assessment methods for each SSC will be defined in the SSC handbook. Students completing each SSC will be formally assessed and graded by the organising unit lead and given an overall grade at the end of the module.

A combination of continuous (in-course) or terminal (end of course) methods of assessment may be used in any one module. Assessment formats may include but are not limited to essays, patient case reports, PowerPoint presentations, poster presentations, literature searches, critical reflections, practical projects, patient information leaflets, and exams.

Determining the Outcome of SSCs

SSCs will be awarded grades based on skills as outlined in 'Tomorrow's Doctors' (2009):

- The ability to acquire, assess, apply and integrate new knowledge
- The ability to access information sources of a variety of types
- The ability critically to appraise and evaluate evidence
- The ability to apply findings from relevant literature to the study and practice of medicine
- The ability to communicate effectively by spoken, written & electronic methods
- The ability to formulate simple relevant research questions
- The ability to use Information Technology effectively
- The ability to manage their time and prioritise tasks
- Skills that are the foundations of life-long learning
- Team working
- The ability to communicate effectively with patients and colleagues in a medical context
- The ability to use information effectively in a medical context
- The ability to reflect, learn and teach others

In all cases unit leads will be asked to comment on attendance, general conduct and professionalism. These are key attributes necessary for a successful career in medicine.

You will be graded for each SSC as one of Excellent, Satisfactory, Borderline, or Unsatisfactory. All SSCs graded as Borderline or Unsatisfactory are moderated internally by the Assessment Unit. Grades awarded are provisional until approved by the External Examiners at the Exam board. Although compensation within an individual SSC is possible, i.e. a poor performance in one component can be overcome by a satisfactory or excellent performance in another component, compensation between SSCs is not possible.

If you receive an Unsatisfactory grade on first assessment of an SSC, you will have one opportunity to re-sit. If your grade remains Unsatisfactory, your course will be terminated, irrespective of performance in the core modules. Exceptionally, if mitigation is accepted, the Board of Examiners may permit a third sit of an SSC. The maximum attainable grade following a re-sit of an SSC will be Satisfactory. Any re-sit mark will not be eligible for merits and distinctions.

5. Award of Merit and Distinction

Merit and distinction may be awarded for:

- The core course in Phase 1
- Student Selected Components in Phase 1
- The Narrative Medicine Course in Phase 1
- The Written part of the Intermediate Professional Examination
- The OSCE in the Intermediate Professional Examination
- The written part of the Final Professional Examination
- The OSCE in the Final professional Examination.

5.1 The core course in phase 1

A running total will be kept across all written and OSCE assessments of the number of stations/questions sets in which the student exceeded the threshold set for a pass. At the end of Phase 1 the Board of Examiners will determine a threshold proportion of questions passed for the award of merit and distinction. This may vary at the discretion of the Board, advised by external examiners but is likely to be around 90% for Distinction and 80% for merit

5.2 The student selected components in Phase 1

Students who gain a grade of excellent in both student selected components will be awarded distinction, those who gain excellent in one, and at least satisfactory in the other will be awarded merit.

5.3 Narrative Medicine course in Phase 1

Distinction and merit will be awarded according to the guidelines defined in the handbook for this part of the course.

5.4 Written and OSCE examinations in Phase 2

In each of the summative first sit written and OSCE examinations in Phase 2 the Board of Examiners will define thresholds of scores for the award of merit and distinction. Distinction will be awarded to those students graded as excellent and merit to the top third of students who are graded as satisfactory.

6. Award of Honours

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

Eight points awarded for each of

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

Four points are awarded for each of:

- merit in the clinical part of the Final Professional Examination

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

Two points are awarded for each of

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

The Board of Examiners will set a point threshold above which the degrees of MB ChB will be awarded with honours. This will normally be around 18 points, but may be varied at the discretion of the Board.

7. Feedback to Students after Summative assessments

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

7.1 Feedback after written assessments

Each student will receive:

A list indicating, for each question set in the paper(s):

- Whether the mark obtained was above or below the Angoff threshold for that question set.
- The Clinical presentation/condition used as the context for that question

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

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

7.2 Feedback after OSCEs

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

- A brief description of the nature of the station
- The grade awarded for the station (see above)
- Any text feedback provided for that station by the examiner. Check lists for all stations will have space for examiner feedback.

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

8. *Quality Management of Assessment*

The Assessment lead and Assessment Unit are responsible for the quality control of assessments. The quality control of item writing and item selection for individual assessments is described in section 4.1 above. Immediately after each diet of assessment and before the examination board meets the results will be examined to:

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

Comments will be sought from markers of constructed response questions and fed into future use of questions, and the review of course content design and delivery if systematic weaknesses in student understanding are revealed. Students will be given the opportunity to comment on assessments, and those comments will be reviewed by the Assessment Unit and action taken appropriately.

The Assessment unit will 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
- Analysis of the performance of student cohorts analysed as far as possible by 'Tomorrow's doctor' outcomes

General regulations for the MB ChB

ANNEX 1

1. General

- 1.1 The degrees of Bachelor of Medicine and Bachelor of Surgery (MBChB) of the University may be conferred with or without honours. Honours degrees are not classified.
- 1.2 The degrees of MBChB of the University may be conferred by the authority of the Senate upon such candidates who are reported to the Senate as having:
 - 1.2.1 Satisfied the provisions of the regulations of the University as they apply to the MBChB; and
 - 1.2.2 Completed successfully the programme of studies for the MBChB as defined in the course documentation for the degrees; and
 - 1.2.3 Satisfied the examiners in that they have attained the requisite standard in the assessments prescribed for the programme in these regulations; and
 - 1.2.4 Been deemed by appropriate processes to be fit to practise as a doctor. No candidate deemed unfit to practise may graduate, irrespective of performance in the course.
- 1.3 The course for the degree of MBChB is designed to meet the requirements of the UK General Medical Council (GMC), as stipulated in the document 'Tomorrow's Doctors' (2009), and will be modified to suit any further requirements of the GMC in the future.

2. Course Duration

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

3. Minimum requirements

- 3.1 In order to be eligible for the award of MBChB, a student must have:
 - 3.1.1 Achieved at least a satisfactory standard in the **Core programme**, according to the regulations defined below; and
 - 3.1.2 Achieved at least a satisfactory standard in each of the student selected components according to the regulations defined below.
- 3.2 No compensation is permitted between these two requirements.

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

4. Exemption/Credit transfer

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

5. Core Course Component

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

6. Student Selected Components

- 6.1 All students studying for the MBChB must also complete six **Student Selected Components** as defined in the course documentation.
- 6.2 In each Student Selected Component students may choose between a list of electives defined by the Medical School which may cover a wide range of topics.
- 6.3 In the case of Student Selected Components it is each student's responsibility to ensure that the course administrator is notified of his/her choice of component. Failure to do so may result in the student not being able to satisfy the regulations for the MBChB.
- 6.4 Each Student Selected Component must be passed separately in accordance with the regulations defined below.
- 6.5 No compensation is permitted between Student Selected Components.

7. Attendance

- 7.1 Students must attend and participate in all scheduled learning events throughout the course.
- 7.2 Attendance at all learning events will be monitored, and students whose attendance is giving cause for concern will be referred to a concerns process that will attempt to identify and remediate issues interfering with proper engagement with the course.
- 7.3 A student whose attendance continues to give cause for concern will be deemed in neglect of their academic obligations and their studies will be terminated.
- 7.4 The Medical School will publish details of arrangements for notifying absence through illness, and for dealing with requests for absence for personal reasons, which will be considered according to guidelines published in a Code of Practice.
- 7.5 The Medical School reserves the right to refuse requests for absence.
- 7.6 Students whose absences, for whatever reason, exceed limits defined within the Code of Practice will be required to withdraw temporarily from the course, to return at the beginning of the year or rotation during which they withdrew.

8. Patterns of Study

- 8.1 The course cannot be studied part time.
- 8.2 Students must complete the components of the course sequentially with no gaps in the programme of study.
- 8.3 Suspension of studies will only be permitted in the case of illness certificated by an appropriate doctor, or serious personal issues validated by appropriate written evidence submitted to the Programme Director.
- 8.4 Arrangements for maternity and paternity leave are published in a separate Code of Practice.
- 8.5 In all other cases students who suspend their studies must return at the beginning of the year or rotation in which they were studying at the point of withdrawal.
- 8.6 If the period of suspension is owing to illness a medical certificate from an appropriate doctor must be provided together with a completed Fitness to Study Form, signed by the University's Medical Officer.

9. Dissertation

- 9.1 In cases where a Student Selected Component is assessed by dissertation, the dissertation must be submitted by a deadline set by the Medical School. A candidate who fails to submit the dissertation by that deadline without good reason notified to

the Board of Examiners will be deemed to have failed that component of the course assessment at first attempt. One re-submission only will be permitted.

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

10. Course work – portfolio of professional development

- 10.1 All students must maintain an electronic portfolio of evidence of professional development as the course progresses.
- 10.2 The required components of the portfolio will be defined by the Medical School.
- 10.3 The developing portfolio will be assessed periodically in accordance with the Regulations set out below. At each assessment any deficiencies in the portfolio will be identified to the student.
- 10.4 A student must remedy all defined deficiencies in his/her portfolio in order to progress through the course, and may not graduate with a portfolio deemed to be incomplete, irrespective of performance in other assessments.

11. Academic progress

- 11.1 There are five progression points defined in the course:
- 11.1.1 Progression from year one to year two;
 - 11.1.2 Progression from year 2 to the Junior Rotation of full time clinical study. The junior rotation runs from March of year three to February of year four inclusive;
 - 11.1.3 Progression from the junior rotation of full time clinical study to the senior rotation of full time clinical study. The senior rotation runs from March of year four to March of year five inclusive; and
 - 11.1.4 Progression from the senior rotation to Preparation for Professional Practice. Preparation for Professional Practice runs from April in year five to June of year five inclusive.
- 11.2 In order to **progress from year 1 to year 2** of the course, a student must:
- 11.2.1 Achieve at least a satisfactory standard in each of two written assessments:
 - 11.2.1.1 An assessment made up of the combined results of two papers one taken after each of terms one and two; and
 - 11.2.1.2 An assessment made up of two papers taken at the end of year one.
 - 11.2.2 Achieve at least a satisfactory standard in an Objective Structured Clinical Examination held at the end of term three.
- 11.3 If either or both of these conditions are not met then the student must take and achieve at least a satisfactory standard in a **Qualifying Examination**, taken at the end of the year and made up of two written papers and an Objective Structured Clinical Examination. There will be no selective resit of failed components. Failure to achieve a satisfactory standard in any component during the year will require the entire Qualifying Examination to be taken.
- 11.4 Failure to achieve a satisfactory standard in the Qualifying Examination will normally result in the termination of a student's studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the year. Students who repeat a year must comply with exactly the same progression rules within the repeat year alone, with no allowance for performance during their first attempt at the year. Normally no student will be permitted more than one repeat year during the course.

- 11.5 In order to **progress from year two to the junior rotation of full time clinical study** a student must achieve a satisfactory standard in both the core course and each of the student selected components in year two.
- 11.6 For the Core Course a student must:
- 11.6.1 Achieve at least a satisfactory standard in each of two written assessments:
- 11.6.1.1 An assessment made up of the combined results of two papers one taken after each of terms four and five; and
- 11.6.1.2 An assessment made up of two papers taken after term six.
- 11.6.2 Achieve a satisfactory standard in an Objective Structured Clinical Examination held after term six.
- 11.7 If either or both of these conditions are not met then the student must take and achieve a satisfactory standard in a **Qualifying Examination**, taken at the end of the year and made up of two written papers and an Objective Structured Clinical Examination. No selective resit of failed components is permitted. Failure to achieve a satisfactory standard in any component of the core course during the year will require the entire Qualifying Examination to be taken.
- 11.8 Students must also achieve at least a satisfactory standard in each of the two Student Selected Components in year two and the dissertation submitted for the 'Narrative Medicine' course.
- 11.9 Students may be permitted one resit of each Student Selected Component or the Narrative Medicine Dissertation.
- 11.10 Failure to achieve at least a satisfactory standard in the Core Course (either by passing each element of assessment at the first attempt, or by passing the Qualifying Examination), or failure to achieve a satisfactory standard in each Student Selected Component at the first attempt or resit, will normally result in the termination of a student's studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the year in its entirety. Students who repeat a year must comply with exactly the same progression rules within the repeat year alone, with no allowance for performance in any element during their first attempt at the year. Normally no student is permitted more than one repeat year during the course.
- 11.11 In order to **progress from the junior rotation of full time clinical study to the senior rotation of full time clinical study**, a student must achieve at least a satisfactory standard in both the Core Course and the Student Selected Component in the junior rotation.
- 11.12 For the Core Course a student must:
- 11.12.1 Achieve at least a satisfactory standard in the written component of the **Intermediate Professional Examination**, made up of three written papers taken after the sixth block of Phase two;
- 11.12.2 Achieve at least a satisfactory standard in the Objective Structured Clinical Examination Component of the Intermediate Professional Examination taken after the sixth block of Phase two; and
- 11.12.3 Achieve at least a satisfactory standard in their accumulating portfolio of evidence of professional development, including a record of satisfactory attendance and engagement with the clinical blocks in the junior rotation.
- 11.13 If any of these conditions are not met, the student must take and achieve a satisfactory standard in a **Qualifying Examination** held after the first block of the senior rotation. No selective resit of failed components is permitted. Failure to achieve at least a satisfactory standard in any component during the rotation will

require the whole Qualifying Examination to be taken. Students may undertake the first block of the senior rotation, but will not be allowed to progress to the second block unless they achieve at least a satisfactory standard in each of:

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

Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the senior rotation. Students who repeat the senior rotation must comply with exactly the same progression rules within the repeat period alone, with no allowance for performance during their first attempt. Normally no student will be permitted more than one repeat year during the course.

- 11.23 In order to **progress from Preparation for Professional Practice to Graduation**, a student must:
- 11.23.1 Achieve at least a satisfactory standard in a report written about their elective study; and
 - 11.23.2 Achieve a satisfactory standard in a period of 'student assistantship'; and
 - 11.23.3 Achieve a satisfactory standard in a final review of their portfolio of evidence of professional development.
- 11.24 Failure to achieve at least a satisfactory standard in all three elements of the assessment of the Preparation for Practice will normally result in the termination of studies. However, the Board of Examiners may, on the recommendation of the Mitigating Circumstances Panel, permit the student to repeat the senior rotation and Preparation for Practice. Students who repeat must meet exactly the same progression rules within the repeat period alone, with no allowance for performance during their first attempt. Normally, no student is permitted more than one repeat period during the course.

12. Examinations and Assessed Work

- 12.1 Candidates are responsible for ascertaining what tests and examinations they must sit, and for presenting themselves at the time and place specified.
- 12.2 In the case of assessed work completed in the student's own time there must be disclosed full particulars of:
- 12.2.1 All sources of information consulted (which must be distinguished as primary or secondary); and
 - 12.2.2 All money paid in respect of its preparation.
- 12.3 In research for, and preparation of, assessed work a student must not receive any assistance other than in either or both of:
- 12.3.1 The typing of the student's own manuscript;
 - 12.3.2 The obtaining of access to a source of information including an opportunity to question a person orally or in writing.
- Any student in breach of this Regulation will be deemed to be guilty of unfair practice and will be subject to disciplinary proceedings under the University's Procedure for Academic Misconduct.
- 12.4 Examinations must be taken at the time specified. No candidate may defer an examination. If a candidate fails to attend any part of an examination **for any reason** then they will be deemed not to have achieved a satisfactory grade in the whole examination.
- 12.5 Examinations will be conducted according to procedures defined in the Codes of Practice for Assessment of the MBChB.
- 12.6 In the case of the Core Course a student who misses any part of the assessments for any reason must proceed to the Qualifying Examination. If the absence is deemed legitimate through certified illness or evidence of serious personal circumstances submitted in writing to the examiners, the student's record will record the fact. Otherwise the absence(s) will be recorded as a fail.

- 12.7 If the missed examination or assessment is part of the Qualifying Examination, the student may repeat the year or rotation on condition that the absence is deemed by the examiners to be legitimate. If the absence is not deemed to be legitimate, the student's studies will be terminated.
- 12.8 In the case of Student Selected Components, a student who misses any part of the assessment for any reason must proceed to the resit assessment, unless the missed examination is part of the resit examination, in which case, on condition that the absence is deemed by the examiners to be legitimate, the student may repeat the year or rotation. If the absence is not deemed to be legitimate, the student's studies will be terminated.
- 12.9 Students who are absent from examinations or assessments for medical reasons must provide medical certification to the examiners from an appropriate doctor, normally the General Practitioner with whom the student is registered, or an NHS consultant to whom they have been referred. This evidence must be submitted to the Programme Director within a period defined by the University in time for review by the relevant Examination Board.
- 12.10 Students whose examination scripts are deemed illegible will be deemed not to have achieved a satisfactory standard in the assessment concerned.
- 12.11 There is no provision for the award of Aegrotat degrees in the MBChB. All assessment requirements must be achieved to a satisfactory standard.

13. Results

- 13.1 Results of examinations and assessments will be published electronically to students either by email to their University email account or through the Medical School virtual learning environment.
- 13.2 Results of examinations and assessments will be published as soon as possible after the assessments have taken place in order that the student is given at least two week's notice if he/she is required to take a Qualifying Examination.
- 13.3 Students will receive structured feedback on assessment performance in accordance with the protocols specified in the MBChB Code of Practice for Assessment.

14. Awards and Classification

- 14.1 Students may be awarded merit or distinction in the following components of assessment:
- 14.1.1 The Core Course in Phase 1
 - 14.1.2 The written component of the Intermediate Professional Examination
 - 14.1.3 The OSCE component of the Intermediate Professional Examination
 - 14.1.4 The written component of the Final Professional Examination
 - 14.1.5 The OSCE component of the Final Professional Examination
 - 14.1.6 Each Student Selected Component in Phase 1.
- 14.2 In each case the Board of Examiners will determine thresholds of overall performance across the component for the award of marks with merit and distinction. These thresholds are not determined on the same scales as satisfactory performance, and may take into account information not used in determining pass/fail decisions. Details of how the thresholds are determined are published in the 'MBChB Code of Practice for Assessment'.
- 14.3 The achievement of Merit or Distinction grades will be recorded on the student's transcript following completion of their studies.
- 14.4 The MBChB may be awarded with honours.

- 14.5 The award of honours is determined by a process which takes into account grades achieved with merit and distinction during the entire course. An 'honours score' will be calculated according to the following rules:
- 14.5.1 Two points for each merit and four points for each distinction in:
- 14.5.1.1 The Core course in Phase 1
 - 14.5.1.2 The written component of the Intermediate Professional Examination
 - 14.5.1.3 The OSCE component of the Intermediate Professional Examination
 - 14.5.1.4 Each Student Selected Component in Phase one
- 14.5.2 Four points for each merit and eight points for each distinction in:
- 14.5.2.1 The written component of the Final Professional Examination
 - 14.5.2.2 The OSCE component of the Final Professional Examination
- 14.6 The Board of Examiners will set a threshold honours score for the award of honours.
- 14.7 In the middle of the fourth year of the course every student will be allocated a **decile score** solely for the purposes of application to Foundation Training in the UK or equivalent postgraduate training overseas. This will be calculated according to national guidelines as follows:
- 14.7.1 Firstly, for each student the following is calculated:
- 14.7.1.1 The total number of questions or stations across all first attempt assessments in Phase 1 of the curriculum where the mark obtained in that question exceeded the pass mark set by the standard setting techniques.
 - 14.7.1.2 The total mark obtained in the written component of the Intermediate Professional Examination at first attempt.
 - 14.7.1.3 The total mark obtained in the OSCE component of the Intermediate Professional Examination at first attempt.
- 14.7.2 Secondly, the mean and standard deviation of each of these scores across all students are calculated, and each student allocated a 'z-score' for each component. The z-score is a measure of the number of standard deviations by which an individual score departs from the mean and may be a positive or negative number.
- 14.7.3 Thirdly, for each student a weighted overall z-score is calculated allocating a 50% weight to the Phase 1 score and 25% weighted to each of the Intermediate Professional examination scores.
- 14.7.4 Fourthly, students are ranked by their weighted z-scores, and divided into deciles.
- 14.7.5 Each decile is allocated a score according to national rules and the outcome published to students for use in postgraduate applications.

Role of External Examiners

ANNEX 2

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

1. General principles

1.1 Purpose of External Examiners

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

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

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

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

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

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

1.2 Role of External Examiners

The primary role of External Examiners is to ensure that:

- a) the University is maintaining the threshold academic standards set for its awards in accordance with the Framework for Higher Education Qualifications (FHEQ) and the requirements of the General Medical Council;
- b) the University's assessment process measures student achievement rigorously and fairly against the intended learning outcomes of the programme(s) and is conducted in line with the University's policies and regulations; and

- c) the academic standards and achievements of students at the University are comparable with those in other UK HE institutions of which the external examiner has experience.

1.3 Responsibilities of External Examiners

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

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

2. Policies relating to the appointment of external examiners

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

2.1 Criteria for the Appointment of External Examiners

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

- a) Knowledge and understanding of UK sector agreed reference points for the maintenance of academic standards and assurance and enhancement of quality
- b) Competence and experience in the fields covered by the programme of study, or parts thereof
- c) Relevant academic and/or professional qualifications to at least the level of the qualification being externally examined, and/or extensive practitioner experience where appropriate
- d) Competence and experience relating to designing and operating a variety of assessment tasks appropriate to the subject and operating assessment procedures

- e) Sufficient standing, credibility and breadth of experience within the discipline to be able to command the respect of academic peers and, where appropriate, professional peers
- f) Familiarity with the standard to be expected of students to achieve the award that is to be assessed
- g) Fluency in English, and where programmes are delivered and assessed in languages other than English, fluency in the relevant language(s) (unless other secure arrangements are in place to ensure that external examiners are provided with the information to make their judgements)
- h) Meeting applicable criteria set by professional, statutory or regulatory bodies
- i) Awareness of current developments in the design and delivery of relevant curricula
- j) Competence and experience relating to the enhancement of the student learning experience.

2.2 *Conflicts of Interest*

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

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

2.4 *Terms of Office, Extensions and Resignation*

- a) The duration of an external examiner's appointment will normally be for four years, with an exceptional extension of one year to ensure continuity.

Any request for an extension to the term of office of an external examiner must be approved following the same procedure as for the appointment of a new external examiner. The extension must be approved by the AAC and by Senate.

- b) If an external examiner wishes to resign their position, he/she must, wherever possible, give at least 6 months notice, in writing, to the Registrar.

- c) An external examiner may be reappointed in exceptional circumstances but only after a period of five years or more has elapsed since their last appointment, and they fulfil other requirements.
- d) External examiners normally hold no more than two external examiner appointments for taught programmes/modules at any point in time.
- e) The University reserves the right to terminate the appointment of an external examiner prematurely for non-fulfilment of the responsibilities set out under 1.3 above.

2.5 Fees

Fees are paid to External Examiners by the QA Office upon receipt of the External Examiner's Report according to the schedule of fees agreed by Senate. Expenses incurred by External Examiners will be reimbursed upon receipt by the QA Office of a completed claims form. Expenses may include the cost of travel to and from the University, overnight accommodation (where required), postage and general subsistence.

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

3.1 Nomination and Approval of External Examiners

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

3.2 Appointment of External Examiners

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

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

Contractual Arrangements

The Framework for Higher Education Qualifications (FHEQ)

Dates of External Examiners Meetings

Fees Information

Other relevant procedural documentation

The External Examiner must confirm acceptance of the position by returning a signed copy of the contract of appointment to the University.

4. Procedures relating to the induction of external examiners

4.1 Induction and Preparation of External Examiners

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

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

4.2 Information for External Examiners

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

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

5. External examiners' participation in assessment procedures

5.1 Inspection of examination scripts and assessed work

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

5.2 Markingschemes

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

5.3 *Alteration of Marks*

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

5.4 *Grade sheets*

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

5.5 *Confirmation of Awards*

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

6. *External Examiners' reports*

6.1 *Submission of Reports*

At the end of each academic year and following the Board of Examiners meeting, the External Examiner is required to submit a written report using the University of Buckingham External Examiner's Report template provided. Reports must be submitted electronically, to the Pro Vice-Chancellor at external-examiners@buckingham.ac.uk within one month of the meeting of the Board of Examiners.

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

6.2 *Use of External Examiners Reports by the University*

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

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

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

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

6.3 Feedback to External Examiners

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

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

6.4 Institutional Overview

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

List of contexts for blueprinting

1. acute or chronic recurrent chest pain
2. heart failure
3. palpitations, heart murmur or ECG abnormality
4. hypertension
5. anaemia
6. a swollen painful leg
7. oedema
8. intermittent claudication
9. blood loss or shock
10. cardiopulmonary resuscitation
11. infection of ear, nose, throat or respiratory tract
12. acute productive cough
13. chronic productive cough
14. haemoptysis
15. sudden or progressive breathlessness
16. respiratory failure
17. hoarse voice
18. acid-base disturbance
19. acute joint pain and swelling
20. chronic joint pain and swelling
21. back pain and sciatica
22. central or peripheral nerve lesion
23. fractures or osteoporosis
24. multiple trauma and/or head injury
25. soft tissue injury or other trauma
26. dysphagia
27. acute abdominal pain
28. chronic abdominal pain
29. jaundice
30. change in bowel habit
31. acute or chronic blood loss from the GI tract
32. abdominal distension
33. problem with impaired voiding or with incontinence
34. haematuria or proteinuria or both
35. upper or a lower urinary tract infection
36. acute renal failure
37. chronic renal failure
38. abnormal blood glucose
39. no energy
40. fluid and/or electrolyte abnormalities
41. abnormal weight
42. skin rash/lesion
43. burns
44. abnormal palpable lymph nodes
45. inherited disorder or a family history with genetic implications
46. fever
47. problems relating to fertility or contraception
48. pregnant
49. in labour
50. abnormality of embryological development or fetal growth

51. abnormal menstruation or menopause
52. abnormal cervical smear or reproductive malignancy
53. breast lump or disseminated breast malignancy
54. STI
55. prolapse of uterus and / or rectum
56. lump in the groin or scrotum or testis
57. acute or chronic pelvic pain
58. dizziness or vertigo
59. fits
60. headache
61. loss of consciousness
62. falls
63. numbness and tingling
64. confusion or delirium
65. chronic movement disorder
66. facial pain
67. focal weakness
68. mental health problems
69. pre or post operative patient or has bleeding tendency
70. developmental delay or failure to thrive
71. a congenital problem

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