

# Code of Practice for Assessment

## MB ChB programme

Undergraduate Medical School

2024

## Context

The aim of the assessment processes is to employ fair and transparent procedures to assess students' knowledge and clinical and professional skills. The assessment processes should provide assurance that a student is able to demonstrate that they meet the General Medical Council (GMC) outcomes for graduates and that anyone who obtains a UK medical degree has shown that they can meet a threshold for safe practice before they are licensed to work in the UK.

## Policy Statement

The University of Buckingham Medical School is committed to providing a robust, valid and reliable assessment process that ensures fairness, transparency, and equal opportunities within the Equality Act 2010.

## Definitions

AKT – Applied Knowledge Test  
GMC – General Medical Council  
MLA – Medical Licensing Assessment  
MCQ - Multiple Choice Question  
MEQ – Modified Essay Question  
OSCE – Observed Structured Clinical Examination  
SBA – Single Best Answer

Components of assessment will typically be the individual assessments. However, they may also be assessments which include a number of different events, e.g. portfolio or the assessment during the period of preparedness for professional practice.

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## Purpose

The purpose of this Code of Practice is to describe and explain the standards and processes which ensure that students on the MB ChB course are assessed, and decisions about their progress made, in accordance with General Medical Council (GMC) standards expressed in 'Promoting Excellence: Standards for medical education and training' (2015), embodied in the 'General Regulations for the MB ChB' that have been approved by the University.

The Code is intended to inform both staff and students as well as individuals from outside the University, such as external examiners and external reviewers.

Every effort has been made to ensure consistency between the additional detail presented here and the 'General Regulations for the MB ChB', but for avoidance of doubt it must be understood that in all cases the 'General Regulations for the MB ChB' are the definitive statement of the rules governing assessment for the MB ChB course at Buckingham.

## Scope

This version of the Code of Practice will apply to students entering the course in 2024 from the beginning of their course (subject to any changes made subsequently), and to students who entered the course in 2023, from the beginning of their Phase 2 in February 2025. It will also apply to students who entered the course in 2022, starting from the beginning of their Phase 2 in February 2024, and will apply to students who entered the course in 2021, from April 2024.

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 MB ChB, and any requirements 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.

## Policy Details

### 1. Introduction

Assessment forms an essential element of the learning process. Students learn both from assessment activities and from their interaction with staff about their performance in those activities. There are many different forms of assessment, serving a variety of purposes. These include:

- promoting student learning by providing the student with feedback, normally to help improve their performance.
- evaluating student knowledge, understanding, abilities or skills.
- providing a mark or grade that enables a student's performance to be established. The mark or grade may also be used to make progress decisions.
- enabling the public, and regulatory bodies, to know that an individual has attained an appropriate level of achievement that reflects the academic standards set by the awarding institution and agreed UK norms, including the frameworks for higher education qualifications. This may include demonstrating fitness to practise or meeting other professional requirements.

Students are expected to engage in assessments and examinations and are expected to familiarise themselves with this policy and associated procedures related to their assessment.

Students are expected to take responsibility for checking the Examination Timetable to know:

- when and where examinations take place and what is expected from them, and University staff involved in overseeing them.

- submission deadlines for assessments and ensure that they are submitted on time.
- the computer and software requirements, if necessary.

## 2. The Assessment Scheme - Summary

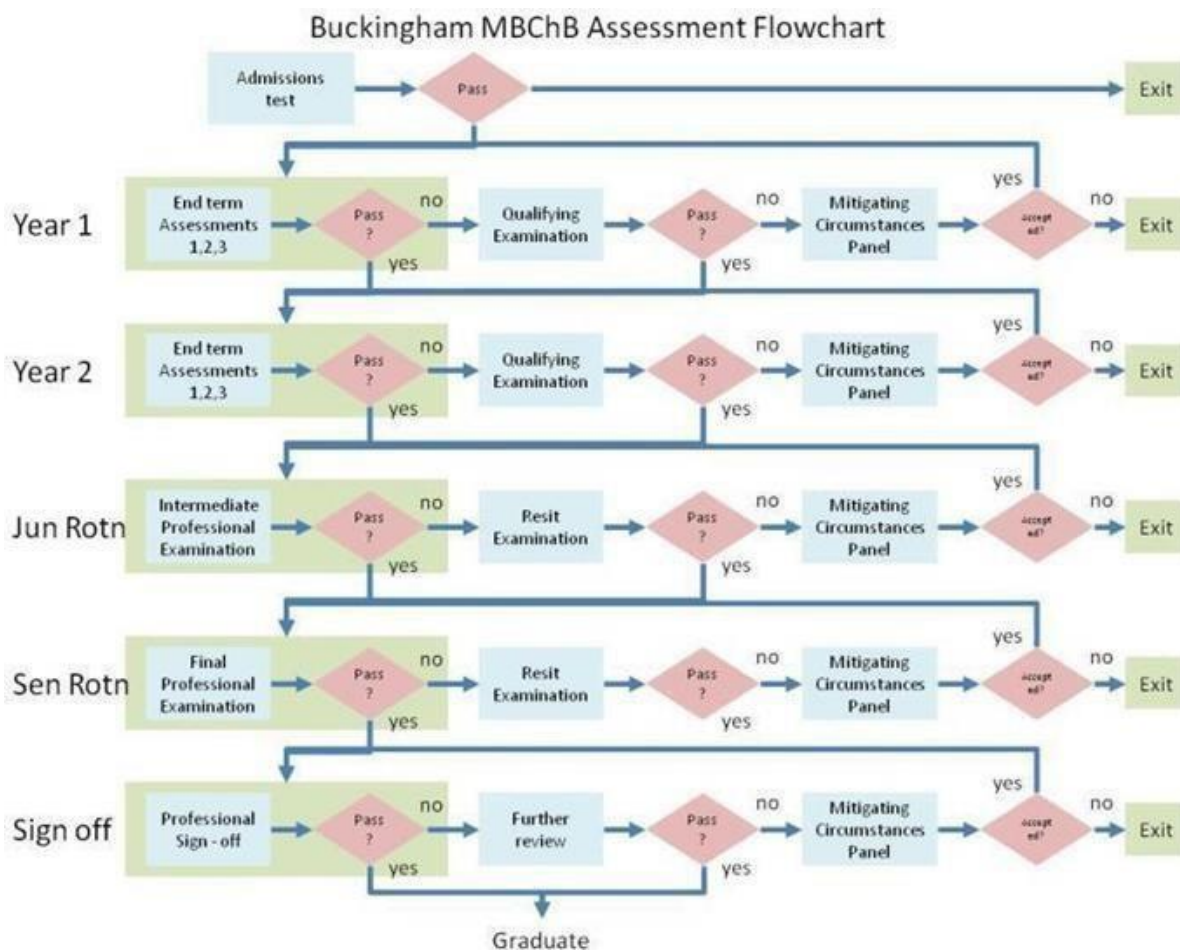
The UBMS definition and concept of competence is based around the skills, knowledge and attributes of an individual that enable them to be fit for practice with a Foundation programme upon graduation. Assessment of student performance that certifies competence should therefore authentically reflect the expected behaviours as published by the General Medical Council 'Outcome for Graduates, 2020'.

To graduate with the degrees of MB ChB a student must successfully pass a sequential series of progression points. Progression at each point will be determined by performance in a set of component assessments defined for that progression point, each of which represent current best practice in respect of equity, validity, and reliability.

There will be five progression points:

- Progression from year one to year two
- Progression from year two to the Junior Rotation of full -time clinical study.
- Progression from the Junior Rotation of full-time clinical study to the Senior Rotation of full- time clinical study.
- Progression from the Senior Rotation of full-time clinical study to the period of Preparation for Professional Practice.
- Progression from the period of Preparation for Professional Practice to graduation.

At each progression point there is a diet of summative assessments. A student must meet the requirements of the diet of summative assessments.



Rules for progression shall be conjunctive, based on grades and there must be no or minimal compensation between assessment components.

In the case of the core assessments, to progress automatically a student is required to meet at least a threshold standard in the core assessment components at each progression point.

A student who fails to meet threshold standards in any of the core components shall be permitted one further opportunity to attempt each of the failed components of the assessment and reach a threshold standard in the qualifying examination to progress. This opportunity will be afforded within the same academic session as the first attempt of the component.

Irrespective of performance in the core course, students are required to meet the threshold standard in (i) Narrative Medicine to proceed to Phase 2 and (ii) the summative assessment of the portfolio. A student who fails to reach a threshold standard in these components will be re-assessed and achieve a threshold standard in the resubmission.

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

To be awarded a primary medical qualification students are required to achieve at least a satisfactory grade in the final professional sign off at the end of the period of preparation for professional practice and be in good standing with the UBMS Fitness to Practise Committee.

## 2.1 Grades and awards

To progress within the MB ChB Programme, a student must satisfy the requirements of the MB ChB Board of Examiners.

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

The criteria for definition of threshold standards in each type of assessment are defined further in the relevant section below.

For written and clinical examination diets of the course, each component assessment will be graded for the purpose of determining progression as one of:

- Satisfactory – the student has met the threshold standard set
- Unsatisfactory – the student has fallen short of the threshold standard set.

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

The Board of Examiners should consider any mitigating circumstances declared by students when considering progression. Mitigating circumstances, however strong, must never change the outcome of any assessment, but may change the consequences of that outcome for termination of studies.

### 3. Assessment components at progression points

The whole course blueprint should define which outcomes are to be assessed in which parts of which assessments for every assessment, except the Final Professional Examination Advanced Knowledge Test and Qualifying Examination, for a given cohort of students. The AKT component of the Final Professional Examination will be constructed at a national level in accordance with the MLA Content Map.

The whole course blueprint will be constructed for each cohort by the Assessment Lead. It will not be released to the students.

#### 3.1 Assessment components in the first year

In the first year, for the assessment of the core course there will normally be:

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

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

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

If a student does not meet the condition for automatic progression, then all parts of the assessment that have been failed must be redeemed through the student resitting the relevant examination.

All resits should be taken at the next opportunity, this will usually be the qualifying examination, otherwise the next attempt will normally take place in the following academic session.

In order to progress students are required to obtain a satisfactory grade in each of the components they are undertaking in the Qualifying Examination.

There must be no compensation between, or condonement of, assessment components.

If a student does not meet the criterion for progression, it will be recommended to the Board of Examiners that their studies on the programme are terminated, with a right to appeal, unless mitigating circumstances have been accepted.

#### 3.2 Assessment components in the second year

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

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

The results of the papers taken after terms four and five will be combined to a single grade for purposes of progression. In order to progress automatically to the Junior Rotation of full -time clinical study a student is



required to obtain at least a satisfactory grade in each of:

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

Irrespective of performance in the core course, a student is also required to obtain a satisfactory grade in the assessment of the 'Narrative Medicine' course, either at the first sit or re-sit.

Exceptionally, if mitigation is accepted, the Board of Examiners may permit a third resit of Narrative Medicine.

If a student does not meet the condition for automatic progression, then all parts of the assessment that have been failed must be redeemed through the student resitting the relevant assessment.

All resits should be taken at the next opportunity, this will usually be the qualifying examination, otherwise the next attempt will normally take place in the following academic session.

In order to progress students are required to obtain a satisfactory grade in each of components they are required to resit or resubmit.

There must be no compensation between, or condonement of, assessment components.

If a student does not meet the criterion for progression, it will be recommended to the Board of Examiners that their studies on the programmes are terminated, with a right to appeal, unless mitigating circumstances have been accepted.

### **3.3 Assessment components in the Junior Rotation**

Summative assessments of the core course will be held at the end of the Junior Rotation, together known as the 'Intermediate Professional Examination' (IPE).

The summative assessments in the Intermediate Professional Examination will be:

- An Applied Knowledge Test (AKT), a written examination normally consisting of three papers, one paper comprised of Question Sets and two of individual item selected response questions.
- A clinical and professional skills assessment (CPSA)
- An assessment of the student portfolio of evidence of professional development.

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

If a student does not meet the condition for automatic progression, then all parts of the assessment that have been failed must be redeemed through the student resitting the relevant assessment or through remediation of the portfolio.

All resits should be taken at the next opportunity, this will usually be the qualifying examination, otherwise the next attempt will normally take place in the following academic session.

If a student achieves a grade of unsatisfactory in the assessment of their portfolio, they will be required to remediate their performance and resubmit their portfolio for reassessment.

Students may proceed conditionally into the Senior Rotation, but should they fail to satisfy the examiners at the qualifying examination, or to demonstrate a satisfactory portfolio upon resubmission they will be recommended for course termination, with a right to appeal.

In order to progress students will be required to obtain a satisfactory grade in each of components they are undertaking in the Qualifying Examination.

There must be no compensation between, or condonement of, assessment components

If a student does not meet the criterion for progression, it will be recommended to the Board of Examiners that their studies on the programmes are terminated, with a right to appeal, unless mitigating circumstances have been accepted.

Each block of clinical education should also be assessed formatively, and students whose progress is giving cause for concern will be referred to the “Academic Support Lead” for ongoing monitoring.

Regulations permit the Board of Examiners to require a student whose progress is giving serious cause for concern to leave the course temporarily or permanently.

### **3.4 Assessment Components in the Senior Rotation**

Summative assessments of the core course will be held at the end of the Senior Rotation, and together known as the ‘Final Professional Examination’ (FPE). The General Medical Council are currently introducing a Medical Licensing Assessment, which will have an impact on the Final Professional Examination in the future; however, these changes will be reflected in revisions of this Code of Practice. However, it is anticipated that the Medical Licensing Assessment will be incorporated into the MB ChB Final Professional Examination.

The summative assessments for FPE are:

AKT consisting of two papers Independent Item selected response papers

A clinical and professional skills assessment (CPSA).

An assessment of the student portfolio of evidence of professional development.

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

If a student does not meet the condition for automatic progression, then all parts of the assessment that have been failed must be redeemed through the student resitting the examination.

All resits should be taken at the next opportunity, this will be the qualifying examination, and otherwise the next attempt will normally take place in the following academic session.

Students may proceed conditionally into the period of Preparation for Professional Practice, but should they fail to satisfy the examiners at the Qualifying Examination, or to demonstrate a satisfactory portfolio they will be recommended for course termination, with a right to appeal.

In order to progress students are required to obtain a satisfactory grade in each of components they are undertaking in the Qualifying Examination.

If a student achieves a grade of unsatisfactory in the assessment of their portfolio, they are required to have remediated the deficiencies by the time of assessment of the components in the period of Preparation for Professional Practice.

There must be no compensation between, or condonement of, assessment components.

If a student does not meet the criterion for progression, it will be recommended to the Board of Examiners that their studies on the programmes are terminated, with a right to appeal, unless mitigating circumstances have been accepted.

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

### 3.5 Assessment Components in the period of Preparation for Professional Practice

The period of Preparation for Professional Practice will be assessed by final assessment of the portfolio of evidence, to include

- An action plan for further development in the first year of practice after graduation
- A reflective report on the work undertaken in the student's elective block, including supervisor's sign off
- Work-based assessments during the period of Assistantship
- Evidence of their competencies in relation to the safe and effective use of medicines by achieving a pass in the Prescribing Safety Assessment (PSA).

In order to progress to graduation, a student is required to achieve at least a satisfactory grade in these components, in addition to completion of all components of the year 4 student portfolio of evidence of professional development. A student will be permitted one further attempt to remediate their performance if it is graded less than satisfactory. Should they still fail to meet the condition defined by the Board of Examiner for progression after this second attempt, then their course will be terminated, with a right to appeal.

## 4. Form, Composition and Conduct of Assessment Components

There are three types of assessment of the core course that contribute to progression, written assessments, Objective Structured Clinical Examination (OSCE) and assessment of the portfolio.

### 4.1 Written Assessments

Written papers are comprised of selected response and short answer questions. Any individual paper may contain more than one format. All students should answer all questions in every paper.

- **Question Sets**

Question Sets are organised around a brief case vignette linked to one of the key presentations in the whole course blueprint. That blueprint will define the key presentation for every question set in every written assessment for a given cohort.

The sub-questions in the question set will be chosen to test a selection of the 'Outcomes for Graduates' based upon material that has been learned by the students up to that point. All students should answer all questions in every paper. Each key presentation should be used several times in different assessments as the course progresses, with different sub-question sets reflecting the progression of student learning. There is no bar to using the same case vignette or a closely related vignette in several assessments.

- **Independent Items**

Independent items are defined questions that have been independently assorted, they are not linked or organised around a vignette. Independent items will largely but not exclusively be chosen in the context of a blue printed presentation to that paper. Each item will be chosen to test one or more 'Outcomes for Graduates' based upon material that has been learnt by the students up to that point. Independent items will normally be in the format of a selected response single best answer question style.

The papers in Phase 1 and Phase 2 will be constructed following recognised guidelines or drawn from the Medical Schools' Council Assessment Alliance (MSCAA) question bank and will be subject to scrutiny by a suitably staffed Validation Group.

The assessment unit will send the final draft of the assessment paper(s) to a suitable external examiner for comment. The role of the external examiner is discussed in more detail in the appendix below. The School should make changes in response to the external's comments but is not required to do so as long as the reasons are explained to the external examiner.

#### 4.1.1 Composition of Phase 1 written Assessments

In Phase 1, the diet of written assessments will be a series of papers. Each paper will contain a pre-published minimum number of marks from each of the term's units to discourage selective learning. Indicative proportions of question set and independent items at each assessment point are given in Table 1, but are subject to meeting the assessment blueprint.

Grades will be awarded based on the students' performance across two papers.

- ETA 1 & ETA 2 will consist of three papers totaling 200 marks overall, 60 in ETA 1 paper and 140 in the ETA 2 papers.
- ETA 3 will consist of two papers totaling 200 marks.
- ETA 4 and 5 will consist of two papers totaling 200 marks overall, 100 in ETA 4 and 100 in ETA 6.
- ETA6 will consist of two papers totaling 200 marks each of 100 marks.

Paper	Marks	Content	Assessment point
ETA1	60	6 x 10 mark question sets	160 SAQ/FITB/HS/MCQ 40 SBA
ETA2 A	70	5 x 10 mark question sets + 20 SBA	
ETA2 B	70	5 x 10 mark question sets + 20 SBA	
ETA3 A	100	10 x 10 mark question sets	100 SAQ/FITB/HS/MCQ
ETA3 B	100	100 SBA questions	100 SBA
ETA4	100	7 x 10 mark question sets + 30 SBA	140 SAQ/FITB/HS/MCQ
ETA5	100	7 x 10 mark question sets + 30 SBA	60 SBA
ETA6 A	100	10 x 10 mark question sets	100 SAQ/FITB/HS/MCQ
ETA6 B	100	100 SBA questions	100 SBA

Table 1: Integration of both question sets and SBA components into ETAs.

#### 4.1.2 Composition of Phase 2 Written Assessments

In Phase 2 summative written assessments will be an Applied Knowledge Test and will include Independent Item Papers.

The Applied Knowledge Test in the Intermediate Professional Examination will be:

- A Question Set based written examination, composed of one paper of items arranged in Question Sets. Normally there will be 10 Question Sets with each question set worth 10 marks.
- An Independent Item written examination, composed of two paper of Independent Item selected response papers. Normally there will be 100 one mark questions in each Independent Item paper.
- The student's score will be summed across the three papers.

The Applied Knowledge Test in the Final Professional Examination will be:

- An Independent Item written examination, composed of two papers of Independent Item selected response papers. Normally there will be 100 one-mark questions in each Independent Item paper.

The student's score will be summed across the two papers.

#### *4.1.3 Delivery of the written assessments*

The Assessment unit will take responsibility for the delivery of each written assessment, and all staff in the Medical School, and named staff within Local Education Providers, will make themselves available to take part as appropriate in the creation of assessment items, the construction, delivery and marking of all written assessments.

#### *4.1.4 Marking of written assessments*

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

In the case of qualifying examinations each question set will be double marked. Where there is a difference between the markers, the mark will be moderated by a third individual who was not previously involved in the allocation of marks.

In the case of first sit examinations, a moderation process defined by the Medical School will check a suitable proportion, normally 20%, of the scripts up to a total of 25.

#### *4.1.5 Standard Setting of Written Assessments*

A cut score will be set for each paper using transparent, robust and systematic standard setting methods in line with GMC guidance and sector-wide practice.

The cut mark will be set rounded to 1 decimal place.

There will not be any norm-referenced standard setting.

Standard setting methods are reviewed on a regular basis.

#### *4.1.6 Determining Grades in Written Assessments*

In Phase 1, where all grades are awarded based on papers, with a total of 200 marks, a satisfactory student is required to meet or exceed the cut score allocated for the whole paper through the standard setting process.

A Satisfactory grade will be awarded to students who meet or exceed the cut score.

Any student who fails to meet or exceed the cut score should be awarded the grade of Unsatisfactory.

In Phase 2, where all grades are awarded based on the Applied Knowledge Test papers, with a total of 300 marks in the Intermediate Professional Examination and 200 marks in the Final Professional Examination, a satisfactory student is required to meet or exceed the cut score allocated for the whole paper through the standard setting process.

A Satisfactory grade will be awarded to students who meet or exceed the cut score.

Any student who fails to meet or exceed the cut score should be awarded the grade of Unsatisfactory.

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

All students who have achieved an unsatisfactory grade or are in the lowest two deciles of the students

achieving a satisfactory grade will be referred for academic support.

## 4.2 Objective Structured Clinical Examination (OSCE)

All OSCE stations, except those for the Qualifying OSCE, will be blueprinted to the course outcomes and key presentations, according to the whole course blueprint. OSCE stations shall increase in complexity and integration as the course progresses and isolated testing of component skills and competencies should be avoided.

The stations will be constructed following recognised guidelines and will be subject to scrutiny by a suitably staffed Validation Group. The assessment unit will send the final draft of the OSCE diet to a suitable external examiner for comment. The School should make changes in response to the external's comments, but is not required to do so as long as the reasons are explained to the external examiner. All examiners who take part in OSCEs will receive appropriate training, either through face-to-face training sessions or on-line training sessions.

### 4.2.1 Delivery of the OSCE

The Assessment unit will take responsibility for the delivery of each OSCE, and all staff in the Medical School will make themselves available to take part as appropriate in OSCEs. Staff at Local Education Providers will be made available according to the contracts with those providers.

### 4.2.2 OSCEs in Phase 1

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

Every OSCE in Phase 1 will be made up of stations each presenting a good range of tasks.

### 4.2.3 CPSAs in Phase 2

The CPSAs in the Intermediate and Final Professional Examinations will test more complex and integrated clinical tasks than in Phase 1 and will include some stations involving real, or simulated, patients.

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

#### Circuit 1

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

Tasks will be chosen to reflect those undertaken frequently by Foundation Doctors in a variety of speciality contexts, and will sample across the blocks in the junior rotation for the Intermediate Professional CPSA and for all blocks in Phase 2 for the Final Professional CPSA.

#### Circuit 2

Circuit two should be made up of longer stations testing consultation skills with real or simulated patients, or more complex clinical scenarios. Stations should be 20 minutes long.

The stations must follow a standard protocol, and the consultations will be fully observed and graded according to standard descriptors used across all assessments of consultation competence.

In circuit 2 the stations should be divided into two parts. Each part should last 10 minutes and each part will be scored separately. The first part of the station will establish the patient's condition. In the second part

the student will perform a task pertinent to the patient's condition.

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

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

#### *4.2.4 Scoring of OSCE stations*

All examiners will be trained in the scoring of stations.

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

- Communication skills
- Practical skills
- Knowledge and Problem Solving skills
- Professionalism

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

Examiners will also provide a 'global rating'. This must not be the score for the station (or half station in circuit 2 in Phase 2 OSCEs), but a global impression on the competence of the candidate. This will be used for standard setting via a borderline method.

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

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

#### *4.2.5 Standard setting of OSCEs*

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

#### *4.2.6 Determining Grades in OSCEs*

In Phase 1 a student should be graded as satisfactory in an OSCE if they meet or exceed the cut score in 1 less than 75% of the stations.

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

Each OSCE in Phase 2 is made up of two circuits. The grade will be awarded on the basis of all the stations from both circuits.

For the Intermediate Professional OSCE a student should be graded as satisfactory if they meet or exceed the cut score in at least 75% of the stations.

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

For the Final Professional OSCE a student should be graded as satisfactory if they meet or exceed the cut score in at least 75% stations.

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

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

### 4.3 Assessment of the Portfolio

All students are required to maintain a portfolio of evidence as the course progresses, using the e-portfolio platform provided through the National Medical Schools Council. The categories of evidence required are defined in guidance provided with the portfolio, but as a minimum they must include:

- Evidence of progress towards attainment of each of the 'Outcomes for Graduates' 2020 in the group 'Professional Values and Behaviours'
- Verified evidence of competence at each of the practical procedures defined in the 'Outcomes for Graduates' 2020
- Evidence of satisfactory performance in Student Selected Components

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

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

#### 4.3.1 Grading of the portfolio

A grade will be awarded that accounts for each of:

##### 4.3.1.1 Completeness of the portfolio

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

##### 4.3.1.2 Evidence of meeting 'Professional values and behaviours' outcomes

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

##### 4.3.1.3 Evidence of competence in practical skills

- A satisfactory portfolio will show evidence of competence in all of the procedural skills defined in the 'Outcomes for Graduates' verified by sign-off in the simulated environment to the



- appropriate ultimate level of competence as required by the GMC.
- A portfolio which is graded unsatisfactory and needing minor work will show evidence of competence in most of the practical skills defined in the 'Outcomes for Graduates' verified by sign-off in the simulated environment and supported by limited evidence of developing those skills in real clinical environments
- A portfolio which is graded unsatisfactory and needing major work will show incomplete evidence of the required appropriate level of competence for each procedure or skill, as set out by the GMC.

#### 4.3.1.4 Evidence of satisfactory performance in 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.

- A student will be graded as satisfactory in the SSC if they demonstrates competence in 75% of the outcomes tested in that assessment part.
- A student will be graded as unsatisfactory if less than 75% of the outcome-tests are graded as satisfactory in that assessment part.

#### 4.3.2 Overall summative grade of the portfolio

To be judged satisfactory overall, a portfolio will be judged satisfactory in each component. In the case of procedural skills, students should demonstrate progression in a substantial portion of the GMC mandated procedures and skills by the end of Junior year, and all procedures and skills by FPSO. If any component is judged as 'unsatisfactory and needing more work' or 'unsatisfactory and needing major work' then the student should present an effective action plan to reach at least a satisfactory standard. This action plan must be presented within a defined deadline after the initial summative assessment, and a student will 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 is required to demonstrate achievement of all the outcomes by the end of the course in order to graduate.

#### 4.4 Assessment of the 'Narrative Medicine' course

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

- A case-based discussion in term 3, and
- A structured reflective conversation in term 5.

Timings of these assessments and marking are similar to OSCE processes, the normal duration of the term 3 case-based discussion being 10 minutes and the term 5 reflective conversation normally being 20 minutes.

The two assessment components combined will test whether a student demonstrates the Outcomes for Graduates assigned to Narrative Medicine. Each of the outcomes assigned to Narrative Medicine will be tested. The assigned outcomes will be grouped together according to a series of skills domains. Each skill domain will be mapped to a minimum of one and a maximum of three of the Outcomes for Graduates assigned to Narrative Medicine. These domains will each be graded in the Narrative Medicine assessment rubric. No more than 25% of the skills domains will be assessed in the term 3 case-based discussion component of the assessment. The relevant skills domains and grouped Outcomes for Graduates outcomes are defined in the Narrative Medicine workbook for each year group.

#### *4.4.1 Marking and moderation of marking of Narrative Medicine discussions*

Each assessment component will be marked according to the portion of the grading rubric defined for that component. This will determine a score for achievement in each of the skills domains and its associated outcomes. The student will be scored as unsatisfactory, satisfactory or excellent in each skill domain. These scores will be used to determine the overall grade of satisfactory or unsatisfactory and awards of Merit and Distinction.

Two assessors will be present; one in the interviewing role, the other as a moderator. **The assessors** will be GP tutors from the narrative medicine course or other appropriate GPs or members of faculty. The student's own GP tutor should not perform the interviewing role on a panel.

The interviewing GP will be the assessor, and the moderator will act to confirm the scoring and discuss any differences of opinion which will be documented.

#### *4.4.2 Determining the grade*

The results of the two assessment components are combined to make one assessment point.

A student will receive a satisfactory grade in Narrative Medicine if they demonstrates competence, at the level of satisfactory or excellent, in 75% of the skill domains tested in the assessment.

A student will be graded as unsatisfactory if less than 75% of the skills domains are graded as satisfactory or excellent in the assessment.

Criteria for awards of excellence in Narrative Medicine are given in Section 7.4. The Board of Examiners may vary these criteria at its discretion.

Feedback on performance for each element of the rubric will also be provided to the students from the assessor via the assessment team.

#### *4.4.3 Reassessment of Narrative Medicine*

Students who are awarded an unsatisfactory grade are require to be re-assessed in those skill domains in which they were scored unsatisfactory.

To be satisfactory after reassessment the student must demonstrate competence at the level of satisfactory or excellent in 75% of the skill domains from the first sit combined with the reassessment attempt.

A student who does not obtain a satisfactory grade in re-assessment will be recommended for termination of their course. They may appeal against course termination.

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

#### *4.5.1 Summary*

The period of Preparation for Professional Practice will be assessed by a final assessment of the portfolio of evidence, to include:

- An action plan for further development in the first year of practice after graduation
- A reflective report on the work undertaken in the student's elective block
- Work-based assessments during the period of Assistantship
- Evidence of their competencies in relation to the safe and effective use of medicines by achieving a pass in the Prescribing Safety Assessment (PSA).

To progress to graduation, a student is required to achieve at least a satisfactory standard in all elements of the assessment of the Preparation for Practice, in addition to completion of all components of the year 4 student portfolio of evidence of professional development.

A student will be permitted one further attempt at each assessment if it is graded less than satisfactory. However, resubmission marks are capped at a Satisfactory Grade.

Should a student still fail to meet the condition for progression after this second attempt, then their course will be terminated, with a right to appeal.

#### *4.5.2 Elective*

Students are required to complete a reflective report on their Elective experience which will include an attached supervisor's report indicating satisfactory completion of the Elective

If the submitted work does not achieve a grade of at least Satisfactory grade, additional time is given to the student to remediate and re-submit their original submission as a second attempt, within the timescale specified by the school.

If the resubmitted work does not achieve a grade of Satisfactory the student will normally have their studies terminated, subject to the usual routes of appeal.

A student repeating the Senior Rotation and the period of preparation for practice will not be required to complete another Elective in their repeat year if they have already completed an elective in the previous academic year.

#### *4.5.3 Assistantship*

Completion of the Student Assistantship is a requirement of the General Medical Council (Outcomes for graduates 2018; Guidance on undergraduate clinical placements 2022, Promoting Excellence: Standards for medical education and training 2016). To graduate, students must fully engage with and participate in the Assistantship, and complete all requirements of the Portfolio of Assessment, which will be summatively assessed.

## 5. Opportunities for reassessment

A student who has failed to attain the required threshold grade shall be permitted one further opportunity to attempt the component of the assessment they did not pass. This opportunity will be afforded within the same academic year as the first attempt at the component.

In respect of each component, the assessment offered at this opportunity will be in essentially the same form as the assessment attempted by the student at their first attempt.

A second further opportunity to attempt the component of assessment shall not be available as a matter of right but may be permitted at the discretion of the Board of Examiners.

Exceptionally, where a second or permitted subsequent attempt at an assessment is not available to the student until a subsequent academic session, the candidate shall not be entitled to assume that the content of the course will be unchanged, and will be required to resit the academic year with attendance, to make appropriate preparation for that assessment. Students will be liable for any cost and associated fees should they be required to resit the academic year with attendance.

A student who has been required to undertake reassessment of any component of Assessment, either by

resit of core element in a Qualifying Examination or resubmission, will not be eligible to obtain an award of excellence in that academic year and will not be awarded any subsequent award of merit/distinction for that academic period.

Re-assessment opportunities should always be provided where it is practical to do so. However, for some assessments the opportunity to re-sit may not be offered. In such circumstances, the Board of Examiners will receive a report from the Assessment Lead as to why it would not be practical or appropriate to offer a re-sit opportunity.

## 6. Confidentiality of Examination Materials

Candidates must treat the Examination Materials as strictly confidential. They are not allowed to take any part of the Examination Materials, or to copy, photograph or in any way reproduce these, inform third parties of the contents of Examination Materials, or provide these to third parties in any way.

All rights, including the copy rights and other intellectual property rights that can be exercised with regard to the Examination materials, excluding AKT and PSA material which the Medical School has no IP rights, rest and remain to rest exclusively with University. The Candidate may only use the Examination Materials in so far as this is necessary for taking the Examination

## 7. Recognition of High Achievement

### 7.1 Recognition of Excellence

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

The following awards should be made to appropriate students:

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

Awards of Distinction or Merit will contribute points to a score that may lead to the award of the MB ChB with honours (Section 7.6).

### 7.2 Awards for excellence in written examinations

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

Excellence will not be recognised separately for individual written assessments in Phase 1. At the end of each year of Phase 1, a student should be awarded overall excellence in written assessments if the difference between the average cut score and their average score over papers in the ETAs for that year, exceeds the threshold of the average cut score +25%. The Board of Examiners may change this at their discretion.

Any student who has been required to resit any assessment component, written or OSCE, in a qualifying examination in Phase I, unless as a 'first sit', will not be awarded the overall grade of excellent.

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

## Phase 2

In each set of Phase 2 written examinations a student should be awarded a Distinction if the difference between the average cut score and their average score over papers in the AKT for that year, exceeds the threshold of the average cut score +25%.

In each set of Phase 2 written examinations a student should be awarded a Merit if the difference between the average cut score and their average score over papers in the AKT for that year, exceeds the threshold of the average cut score +20%.

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

Any student who has been required to resit any assessment component, written or OSCE, in a qualifying examination in Phase I, unless as a 'first sit', will not be awarded an award of Distinction or Merit.

### 7.3 Awards for excellence in OSCEs.

At the end of the first year of Phase 1 a student should be awarded an overall grade of excellence in the OSCE if the average difference, over all stations between their score and the cut score exceeds a threshold set agreed by the Board of Examiners.

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

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

In the Intermediate Professional OSCE a student should be awarded:

- overall grade of Distinction if the average difference, over all stations between their score and the cut score exceeds a threshold set agreed by the Board of Examiners.
- an overall grade of Merit if the average difference, over all stations, between their score and the cut score exceeds a threshold set agreed by the Board of Examiners.

In the Final Professional OSCE a student should be awarded:

- an overall grade of Distinction if the average difference, over all stations, between their score and the cut score exceeds a threshold set agreed by the Board of Examiners.
- an overall grade of Merit if the average difference, over all stations, between their score and the cut score exceeds a threshold set agreed by the Board of Examiners.

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

Any student who has been required to resit any assessment component, written or OSCE, in a qualifying examination, unless as a 'first sit', will not be awarded an award of Distinction or Merit in IPE.

#### **7.4 Awards for excellence in the Narrative Medicine Assessment**

A Distinction will be awarded to students who demonstrate 75% of skills domains tested at the level of exceeding expectations with no domain marked as unsatisfactory.

A Merit will be awarded to students who demonstrate 50% of skills domains tested at the level of exceeding expectations with no domain marked as unsatisfactory.

An award of excellence will not be made based on a re-assessment unless it is deemed a 'first sit' for reasons of accepted mitigation.

Any student who has been required to resit any assessment component, written or OSCE, in a qualifying examination, unless as a 'first sit', must not be awarded an award of Distinction or Merit.

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

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

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

- Has substantial evidence in each category that is well organised and well-presented and clearly collected over a long period of time.
- shows development of quality reflective practice
- Demonstrates substantial evidence that, if the student is at the end of the course, they have achieved all the outcomes under 'Professional Values and Behaviours' defined in the 'Outcomes for Graduates', or if they are earlier in the course they are making very good progress towards achieving those outcomes, and the student will have no record of unprofessional behaviour during the course
- Shows evidence of competence in all the procedural skills defined in the 'Outcomes for Graduates' verified by sign-off in the simulated environment at an appropriate level of fidelity and supported by extensive evidence of developing those skills in real clinical situations as far as possible.
- goes above and beyond the stipulated minimum requirements, through evidence of additional achievements, research, extracurricular activities and other non-mandated items

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

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

An award of excellence will not be made based on a re-assessment unless it is deemed a 'first sit' for reasons of accepted mitigation.

Any student who has been required to resit any assessment component, written or OSCE, in a qualifying examination, unless as a 'first sit', must not be awarded an award of Distinction or Merit.

## 7.6 Award of Honours

The degrees of MB ChB may be awarded with honours at the discretion of the Board of Examiners. Honours will be awarded based on accumulated Merits and Distinctions across the whole medical course. A point score should be calculated based on:

Eight points awarded for each of

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

Four points are awarded for each of:

- Merit in the Final Professional Examination OSCE
- Merit in the written part of the Final Professional Examination
- Distinction in the written component of the Intermediate Professional Examination
- Distinction in the Intermediate Professional Examination OSCE
- Distinction in the phase 1 'Narrative Medicine' course
- Distinction in the Phase 1 core modules
- Distinction in the portfolio assessment

Two points are awarded for each of

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

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

## 8. Exit Awards and Intended Lower Awards

Students not satisfying the criteria for progression will normally have their MB ChB Programme terminated.

Students not satisfying the criteria for progression or who are leaving the programme early for other reasons may be eligible for one of the following exit awards. Students will be awarded the highest exit award for which the criteria have been achieved.

### 8.1 Certificate of Higher Education

Students who have successfully completed Year 1 of their programme but do not successfully complete any more of the programme will be eligible for a Certificate of Higher Education (Medical Science) (CertHE Med Sci).

### 8.2 Diploma of Higher Education (Medical Science)

Students who have successfully completed the core components of Phase I of their programme but do not successfully pass the Narrative Medicine component will be eligible for a Diploma of Higher Education (Medical Science).

### 8.3 Bachelor of Medical Science (Ordinary)

Students who have successfully completed Phase I of their programme but do not successfully complete the

programme will be eligible for a Bachelor of Medical Science (Ordinary)

## 9. Feedback to Students after Summative assessments

Formative assessment provides material for feedback to students and teachers, while summative assessment should result in evidence of achievement and will be used to make decisions about progress or qualification.

Consideration should be given by the Assessment Learning and Teaching Committee and assessors to the most appropriate means of giving feedback, whether written or oral, to students so as to ensure that they gain the maximum benefit from it. Such feedback should be timely, informative and helpful and should be clearly related to the assessment criteria; written feedback should be clearly legible.

Timescales for the return of work/feedback should be established and made known to students.

Work should normally be returned within the stated timescale and if, unavoidably, there is to be a delay in the return of work this should be made known to the students concerned.

Students will receive feedback on their performance in summative assessments, but this is not the primary purpose of summative assessment.

Students will not be permitted to see their marked scripts, or OSCE sheets, but student support staff may review those scripts to give additional feedback to students who have performed poorly.

The School does not return examination scripts to students. However, if written comments have been made on the student's examination script, the student concerned may apply through the normal Data Protection procedures to receive a copy of those comments. Examiners should bear this in mind if they write comments on examination material.

## 10. Academic Misconduct

All assessments are subject to the 'Academic Misconduct Policy'. Students must not, in relation to assessed work at any stage of their programme, cheat, collude, fabricate, personate or plagiarise. Use of artificial intelligence software in the preparation of final assessment submissions is not permitted unless specifically authorised in writing by the lead assessor.

In accordance with the 'Academic Misconduct Policy', the Board of Examiners will take account of any breach of the requirements in determining eligibility for progression. Any submitted written work will be subject to analysis for plagiarism using a suitable package such as 'Turnitin'. Where academic misconduct is suspected the separate 'Academic Misconduct Policy' will be followed and a report submitted to the Board of Examiners

In accordance with the Code of Practice on Academic Integrity and Conduct, the Board of Examiners will take account of any breach of the requirements in determining eligibility for progression.

## 11. Exceptional Circumstances and Reasonable Adjustments

### 11.1 Mitigating circumstances

The Faculty considers mitigating circumstances to be recognisably disruptive or unexpected events beyond the student's control that might have a significant and adverse impact on their academic performance.

The Faculty's Policy on is set out in the [Mitigating Circumstances Policy](#)

The Mitigating Circumstances Group will meet before each meeting of the Board of Examiners that makes decisions about student progression and may meet before other meetings of the Board, though in those



cases a formal report will not be made to the Board.

It shall be the responsibility of the student to make relevant mitigating circumstances known to the School by submitting a mitigating circumstance form, which will be supported by appropriate evidence, in line with the published procedure and deadline.

Mitigating circumstances processes are normally designed to deal with acute, but shorter-term circumstances that impact on a student's performance or ability to study. If a student's circumstances have had, or are likely to have, a longer-term impact, then the mitigating circumstances process may not be appropriate. It may be necessary to consider additional actions to support their learning.

The Mitigating Circumstances Group will advise the Board of Examiners when students claim mitigating circumstances for performance in assessments.

Under no circumstances will mitigation be grounds for adjusting marks awarded.

In the case of the core examinations the most favourable option open to the Board of Examiners in the case of mitigation being accepted will be to offer a repeat period of study to a student whose course would otherwise be recommended for termination.

If a student has already repeated any part of the course, the mitigating circumstances Committee will only recommend that the Board of Examiners should grant another repeat period in the most exceptional circumstances.

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

### **11.2 Reasonable Adjustments**

The Faculty's Policy on Adjustments to Examination and Assessment Arrangements for Students, including students experiencing specific learning difficulties is set out in the [Reasonable Adjustments Policy](#). This policy aims to ensure that all students have equal opportunity to demonstrate the achievement of learning outcomes in assessments and allows reasonable adjustments to assessment arrangements to be made for individual students.

Reasonable adjustments, for example a variation in examination conditions, are considered on an individual basis as part of the overall process to put in place support students.

All recommendations or requests for adjustments to assessment arrangements must be supported by appropriate documentary evidence of a disability, medical condition, or specific learning difficulty in order for any adjustments to be considered and implemented.

## **12. Release of results**

The FMHS Quality Team, as secretary to the Board of Examiners, shall determine and administer, subject to the approval of Faculty Executive, appropriate procedures for processing the overall assessment results after they are approved to enable:

- a) the publication of results via any internet-enabled computer either on or off-campus;
- b) the recording of results on the candidates' central records maintained by the Registry.

Candidates, nonetheless, are responsible for informing themselves of the results.

Students' results should be made available on the University's student records system as promptly as possible, consistent with rigour of assessment and accuracy. This should normally be within four working days of the UBMS Exam Board or Exam Senate approval if required.

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

Responsibility for releasing the final award on behalf of Senate shall rest solely with the Head of the Registry who shall determine and administer, subject to the approval of Senate, appropriate procedures for processing the overall assessment results provided by the Faculty for a course.

Examination results will not be published for any student who has a tuition fee outstanding. The Faculty Registrar can be contacted for further guidance on this.

### **12.1 Errors**

All released results are subject to correction in the event of detection of an error.

If an error is detected in the return made to the Student Data Officer, Registry or in the published result, and the Exam Board confirms the error, then:

- a) where the erroneous result is less advantageous than the result to which the candidate is entitled, the Dean of FMHS shall be informed and shall ask Senate to authorise the correction of ratified result;
- b) where the erroneous result is more advantageous than the result to which the candidate is entitled, the School will inform the candidate of the error and also the Dean of FMHS. The Dean shall initiate a reconsideration of the result in conjunction with the Chair of Board of Examiners and Faculty Assessment Lead; they may decide to sustain or correct the result in the light of all the factors known to them and shall communicate their decision forthwith to the Student Data Officer.

In either case the Student Data Officer shall communicate the outcome to the candidate in writing and shall correct, if necessary, the candidate's record. Any decisions regarding further progression or award dependent on the incorrect result shall be null and void, and the candidate reconsidered based on the correct result.

## **13. Student Transcripts**

The Registry shall produce and make available a transcript of the results obtained by each candidate which shall conform in scope and layout to principles agreed by Senate.

All graduating students receive a copy of their transcript of results along with their degree parchment. Further copies are available from the Registry on request and payment of a fee.

Current students may request an interim statement of results at any time, from the FMHS Quality team.

The Medical school cannot provide a record of attainment in terms of the European Credit Transfer System.

Graduates may request additional information from the FMHS Quality Team through the ECFMG Medical School Web Portal.

## **14. Appeal against course termination**

The Dean of the Faculty shall ensure that appeals against the outcomes of assessment are considered in accordance with the relevant provisions of the FMHS Appeals Policy.

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

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

Students may expect appeals to be dealt with confidentially and that their privacy will be respected. However, it may be necessary to disclose information to others in the University (e.g. regarding extenuating circumstances) in order to deal with the appeal.

#### **14.1 Outcome of appeal**

The appeal panel will choose between two options when making their decision. No other options are available to the panel. These options are:-

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

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

Where an appeal is upheld, students may expect the Faculty to take action and ensure that they are supported to integrate into a repeat year with an appropriate learning agreement.

Where an appeal is not upheld, students may expect to be informed in writing of the reasons for that decision and to be informed of any further rights to request a review of the decision.

## **15. Governance of Assessments**

The Senate of the University of Buckingham is responsible for academic matters. The Board of Examiners for the MB ChB makes recommendations to the Exam Senate concerning Academic Standards and the progression of individual students.

The function of Boards of Examiners is to be responsible to the Senate for the assessment of candidates and the determination of results of examinations. In so doing, they are empowered to take into account extenuating circumstances which may have affected a candidate's performance and they will have procedures in place for the consideration of such cases.

Boards of Examiners are appointed from among the members of the teaching staff of the MB ChB programme.

### **15.1 The Board of Examiners**

#### *15.1.1 Membership of the Board*

The Deputy Director of Medical Education - Chair	ex officio
The External Examiners	
The appropriate Phase for the examination	ex officio
The Assessment Lead	ex officio
The Quality Lead	ex officio

Unit Leads in Phase 1 /Block Lead or Theme Leads in Phase 2  
Assessment manager Non-voting  
One lay representative Observer

The Phase 1 or Phase 2 lead may chair the Board in the absence of the Deputy Director of Medical Education.

#### *15.1.2 Rules of quoracy:*

- The Board will be chaired by the Deputy Director of Medical Education or either of the Phase Leads.
- At least two of the 'domain leads' should be present
- For consideration of assessments in Phase 1 of the curriculum at least two Phase 1 unit leads must be present
- For consideration of assessments in Phase 2 of the course at least two Phase 2 Block leads or their deputies or a Theme Lead must be present
- If decisions to terminate the course of any students are to be taken, at least one external examiner must be present either in person or by teleconference
- A lay representative may also be present.

#### *15.1.3 Conduct of the Board of Examiners*

The board meets at each progression point.

All assessment decisions must be recorded and documented accurately and systematically.

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

Meetings of the Board will follow a standard agenda:

1. Apologies for absence
2. Declaration of Interests – any member of the Board must declare if they have a personal interest in any student
3. Consideration of the Minutes of the Last Meeting of the Board relevant to that cohort
4. For each diet of assessments considered at the meeting:
  - A report on the conduct of the assessments, including any circumstances which may have affected the performance of students, an appropriate psychometric analysis of the assessment, and the recommendations of the standard setting processes.
  - Consideration of any adjustments necessary in the light of issues with the assessment(s)
  - Consideration of any academic misconduct reports
  - 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.

5. Verbal report from External Examiners if present, or written if not present. The verbal report will comment on whether:
  - The University's academic standards and student performance is comparable to that of students of the same level within the same or cognate disciplines nationally;
  - The University's assessment process adequately measures student achievement against the intended learning outcomes for the programme and/or module examined; and
  - The University in ensuring the assessment and classification processes are reliable, fair and transparent.
  - In the event an external examiner is unable to attend, the external examiner is expected to provide a written report to be presented during the Board of Examiners.
6. Comments from the lay representative, if present
7. Confirmation of the release of results and support mechanisms in place.
8. Any other business

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

The outcome of Meetings of the Board will be published to students as soon as possible after the Board of Examiners, and this should normally be within four working days of the UBMS Exam Board or Exam Senate approval if required. Each student will be informed individually of decisions affecting them. Students must not be informed officially about the individual performance of other students, but may receive feedback about the overall performance of their student cohort.

The Quality Team will act as Secretary to the Board and who will be responsible for producing an accurate formal record of the proceedings and decisions of the Board. Copies of the formal record of the proceedings and decisions of the Board should be forwarded to the external examiners(s) and submitted to the Board at its next meeting.

## 16. Role of External Examiners

The role of external examiners will be to:

- Attend Board of Examiners meetings and review a sample of summative assessments.
- Comment and give advice on Programme content, balance and structure as reflected in the assessments.
- Report on good practice they have identified.
- Report on the standards of student performance in those Programmes.
- Report on the extent to which processes for assessment, examination, and the determination of awards are sound and have been fairly conducted.
- Advise the Board of Examiners on decision-making based on summative assessments including actions regarding suspected or proven cases of academic misconduct, as required.
- electronically sign the final agreed Examination Grids of awards, as confirmation that they are an accurate record of agreed awards. The signed spreadsheet will show all marks that have been amended during the programme assessment board and the agreed final awards. Once an

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

- Submit a written report on an annual basis to the University of Buckingham including commentary and judgements on the validity, reliability and integrity of the assessment process and the standards of student attainment.
- If an external examiner considers it to be appropriate, they may send a separate confidential report to the Vice-Chancellor. If an external examiner has exhausted all applicable internal procedures in raising concerns and remains dissatisfied, they can exercise their right to write to the 'Office for Students'.

## 17. Quality Control of Assessment

The Assessment lead and Assessment Unit will work together with the quality team to ensure the quality control of assessments.

Following each examination there is a post assessment quality review, which undertakes to:

- Scrutinise the performance of each assessment item both to identify problem items that may need to be removed before decisions are made and to collect data to inform the future adaptation and use of that item
- Students will be given the opportunity to comment on assessments, and those comments will be reviewed by the Assessment Unit and appropriate action taken.

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

The Assessment unit 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
- An updated annual 'risk register' for assessment processes and action plans to address risks

## 18. Information for and Training of Assessors/Examiners

Assessors/examiners should be completely conversant with all the appropriate assessment information for the assessment component.. Particular attention should be given to ensuring that placement and practice assessors have the information and support necessary to conduct assessments in line with requirements.

The Assessment Lead should ensure that all staff responsible for carrying out assessment are fully aware of the Faculty's policies, rules and procedures relating to assessment, as summarised in this Code of Practice.

The Assessment Lead will satisfy themselves that all individual, particularly newly appointed, staff involved in the assessment of students are competent to undertake this role and that any training needs in this respect are identified and met. They should also encourage reflection on assessment issues and the sharing

of best practice by staff.

The Faculty will provide staff development sessions aimed at promoting understanding of the theory and practice of assessment and its implementation within the School.

The Assessment Lead and manager will be the main point of contact with stakeholders on all matters relating to assessment, be a source of advice to staff and students on assessment issues.

## 19. Retention of Examination Scripts and Other Assessed Work

Boards of Examiners have a duty to retain all work either undertaken under examination conditions or which contributes to a final award, for a period of five years from the date on which the award was determined by the Board.

For internal and external review purposes, a sample of any work contributing to an award should be retained. The work retained should be a representative sample, from all ability ranges.

## Data

Information (including personal and biometric) collected and held by ExamSoft or (GMC system) will be used for the provision of the online exam service, and invigilation where required of an assessment.

Personal Information collected and held by Examsoft to supply online exam services to UBMS is regulated by the Contract between UBMS and ExamSoft, US State and Federal law and by the End User Licence Agreement (and Notice of Collection of Biometric Data and Consent).

ExamSoft's Privacy Policy can be found at [examsoft.com/privacy-policy](https://examsoft.com/privacy-policy), and you may preview ExamSoft's End User Licence Agreement and Notice of Collection of Biometric Data and Consent on the online exam support website.

## Responsibilities

The Committee for Assessment, learning and Teaching will monitor and review the policy annually, before approval by the Programme Executive.

### Assessment Lead

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

The Assessment Lead is responsible for ensuring that all University of Buckingham students are treated fairly and consistently.

### Assessment Manager

The Assessment Manager is responsible to the Assessment Lead and the Faculty Registrar for the efficient administration of assessment.

### Assessment Team

The assessment team ensure the smooth operation of the assessment scheme in line with this policy.

### Students

All students should familiarise themselves with the regulations defined in this Code of Practice and how this may impact them and their progression through the course.

Students must behaviour appropriately during assessment periods and in dealing with staff and peers. The University does not tolerate hostile, aggressive or otherwise inappropriate behaviour by applicants, or their representatives, to University staff, other applicants or students. Such behaviour will be viewed seriously and may result in the termination of a student's studies.

## Equality and Diversity

The University of Buckingham is committed to promoting equality and diversity and adheres to the Equality Act 2010.

UBMS is committed to the promotion of equality and will not unlawfully discriminate against a student on the basis of disability, gender identity, ethnicity (including race, colour, caste and nationality), sexual orientation, age, religion or belief, family circumstances, political beliefs or socio-economic status, affiliations, marital status, pregnancy or maternity; or other unreasonable grounds.

The Faculty aim to ensure that no student is disadvantaged by conditions or requirements which cannot be shown to be justifiable. This policy will operate in furtherance of this.

## Related Policies

- 1 FMHS Mitigating Circumstances Policy
- 2 FMHS Appeals Policy
- 3 FMHS Reasonable Adjustments Policy
- 4 UoB Academic Integrity Policy
- 5 UoB Examination rules for candidates

## Document Control

Date policy approved: October 2016

Date of policy review approval: April 2020, May 2023, revised December 2023

Date of next policy review: Academic year 2024



## Appendix - Approval and Verification of Assessed Work

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

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

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

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

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

### 1. Annual Monitoring

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

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

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

When an external examiner is requested to complete a review, the external examiner is required to complete the external review form. This form is available on the University website under section 4 of the quality handbook, please use the following link:

<https://www.buckingham.ac.uk/about/handbooks/quality-handbook/>

The Head of School (or their nominee) must give full consideration to comments and recommendations contained in the external review report and provide a response to the external examiner before seeking University approval. The annual monitoring process map is available on the University website under

section 4 of the quality handbook, please use the following link for more information:

<https://www.buckingham.ac.uk/about/handbooks/quality-handbook/>