

The Hull York Medical School

**Code of Practice on Assessment and
Examination for MB BS in Phases II & III**

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Responsibility to Update: Director of the Medical Education Unit, with the Progression and Assessment Officer

1. Introduction

This code of practice describes the conduct of formative and summative assessment in Phases II & III of the MB BS curriculum at Hull York Medical School. Details of the responsibilities of various boards and committees which relate to this Code of Practice can be found at <http://www.hyms.ac.uk/about/codesofpractice.asp>

2. Student Assessment

2.1 Management responsibility

Co-ordination of assessments in Phase II & III is the responsibility of the Examinations Working Party serviced by the Medical Education Unit.

2.2 Formative Assessment

2.2.1 Both formative and summative assessment will be conducted throughout the MB BS programme. These terms are explained in the Student Handbook. Notwithstanding any formative intent, assessments that highlight serious issues of attendance, illness, inappropriate behaviour or neglect of academic obligations may be brought to the attention of the Academic Progress Committee or the Fitness to Practise Committee.

2.2.2 Educational supervisors will provide report forms on all students who are attached to them at the end of each Block. Some aspects of these forms are summative in nature - see 2.3.4 to 2.3.8. The report will be structured in terms of developing competencies congruent with the Aims of the course. The contents will be discussed by the educational supervisor with the student and both will sign the form. Students will be responsible for returning these to the School office.

2.2.3 At the end of each Block clinical placement tutors will arrange for a formative clinical assessment of one patient in a defined framework which mirrors the regulations of the Intermediate Clinical Practice Examination (Year 4 students) or the Final Clinical Practice Examination (Year 5 students). The problems illustrated by the patients chosen will be related to the Block outcomes. These results will be incorporated into the report form.

2.2.4 There will be formative written questions at the end of each block in the same format as the Integrated Theory of Practice papers at the end of Phase II.

2.3 Summative Assessment – Core Curriculum-General

2.3.1 Summative assessment of students in all System and Theme elements of the core curriculum will be by a series of integrated assessments using methods which represent current accepted good practice in respect of validity, equity and reliability.

2.3.2 Summative assessments in Phases II & III will normally take place

- In July/August of Year 4
- In March of Year 5
- In May of Year 5

2.3.3 There will be no summative assessment of the core in Year 3.

2.3.4 Attendance at, and performance in, clinical placements will be subject to continuous assessment, conducted by clinical placement tutors. Satisfactory performance will be required to allow a student to proceed from Year 3 to Year 4 and from Year 4 to Year 5 and to the assessment at the end of each Phase. The instrument of continuous assessment will be the Record of Achievement (RoA) section of the Portfolio (see Appendix 6). At the end of each block students will submit to the School a form signed by the educational supervisor indicating whether satisfactory progression within the course and whether key elements of the RoA have been achieved.

2.3.5 The RoA consists *inter alia* of tutor reports on attendance, clinical competency (including certain procedural skills) and professional behaviour, a record of consultations undertaken, grades for the Critical Appraisal Topic (Year 3), and the Quality Improvement Project (Year 4) and a clinical examination (OSLER) at the end of the medicine, surgery and general practice blocks, and the completion of the required number of reflective essays.

2.3.6 Attendance as certified by the educational supervisors will form an integral part of the assessment process. Clinical placements are regarded as full time. Normally attendance of 80% in timetabled clinical placement sessions will be required for progression.

2.3.7 Reports giving rise to concern on academic issues will be forwarded to the Academic Progress Committee. On receipt of any unsatisfactory report, the Academic Progress Committee may

- make recommendations for remedial work;
or
- make recommendation to the Phase II & III Board of Examiners, where appropriate, that a student who has failed to meet the requirements of the programme, including satisfactory attendance, professional behaviour, and diligence in academic performance (including the Critical Appraisal Topic, the Quality Improvement Project and certain procedural skills), be not allowed to progress within the course or to enter the end of year summative assessment
or
- in the case of serious concern about the health or conduct of a student which it is thought might pose potential risk to patients, make a disclosure to the Fitness to Practise Committee (*See HYMS Code of Practice for Fitness to Practise Medicine*).

2.3.8 As part of the reporting process in 2.2.2, 2.3.4 and 2.3.5 above, educational supervisors will submit, normally at the end of each placement, reports on all students in terms of their professional behaviour towards patients, colleagues or staff. Students for whom satisfactory reports are received will be deemed to have progressed satisfactorily in these domains during the attachment. Unsatisfactory reports will be drawn to the attention of the Fitness to Practise Committee who may recommend actions which have a summative effect. (*See HYMS Code of Practice for Fitness to Practise Medicine*). Staff may also submit reports to the Fitness to Practise Committee at other times if concerns arise about the behaviour of students which may give rise to issues of fitness to practice.

2.3.9 Students who are absent from formative assessments for good reason such as illness will take an equivalent assessment at a later date whenever practicable. Absence from a summative assessment must be supported by a Medical Certificate or other supporting documentation. See section 2.6.1. . Summative assessments will need to be retaken at a later date.

2.3.10 It is the responsibility of students to inform the School Office when they are ill. Details of procedures to be followed for illness and other reasons for absence are in the HYMS Code of Practice on Student Absence.

2.4 Summative Assessment-Core Curriculum- Phase II

2.4.1 Candidates are permitted to enter the examination only if they have fulfilled all other requirements of the programme, including satisfactory attendance, professional behaviour, and diligence in academic performance as evidenced in the RoA (see 2.3.4 to 2.3.8), to the satisfaction of the HYMS Board of Examiners.

2.4.2 Phase II assessments will consist of:

- Integrated Theory of Practice papers
- The Intermediate Clinical Practice Examination

2.4.3 For the purposes of the examination system, the seven Themes will be concatenated into three cognate Theme Clusters as follows:

Theme Cluster A Themes 1& 2 Life sciences clinical sciences

Theme Cluster B Themes 3 & 5 Clinical techniques and skills; person centred care

Theme Cluster C Themes 4, 6 & 7 Evidence based decision making; population health and medicine; managing resources for quality and efficiency.

Separate papers will address Theme Clusters A and C. Theme Cluster B will be addressed in the Intermediate Clinical Practice Examination. A blue-printing exercise will be carried out to ensure that the examination as a whole maps adequately to the course content.

2.4.4 Assessment Grades

Each student will be awarded a grade in each Theme Cluster separately. These grades will be:

Excellent:	The student has demonstrated attainment at a very high standard in the learning outcomes assessed
Satisfactory:	The student has demonstrated attainment above the required standard in learning outcomes assessed
Borderline:	The student has performed at a level where doubt exists as to whether or not they have achieved the required standard
Unsatisfactory:	The student has not demonstrated attainment to the required standard in the learning outcomes assessed

2.4.5 Students will be expected to achieve Satisfactory grades in each of the three Theme Clusters independently to satisfy the examiners and progress within the course

2.4.6 The Integrated Theory of Practice papers for Theme Cluster A & C will comprise single best answer multiple choice question, extended matching question, and modified essay question formats. Any individual paper may contain more than one format.

Material from Phase 1 will be included. The Examinations Working Party will set these questions. The examination will monitor progress towards all 12 curricular aims but will particularly monitor aims; 5, 7, 8, 9,10, 11, *viz.* health promotion & disease prevention, appropriate information handling skills, understanding of social, basic and clinical sciences & underlying principles, ethical understanding & legal responsibilities, appropriate decision making skills, clinical reasoning and judgement, role of the doctor within the health service

Further details are provided in Appendix 2 and Appendix 3

2.4.7 Assessment in the Intermediate Clinical Practice Examination is by structured observation of clinical practice. The examination will monitor progress towards all 12 curriculum aims but will particularly monitor aims 1, 3, 6, 9, *viz.* clinical skills; patient investigation; communication and appropriate attitudes, ethical understanding & legal responsibilities.

It is a two part examination. All students will sit the first part. Students also sit the second part if any of the following conditions are not met:

- Completion of 64 consultation records (eight/block)
- Achievement of a grade of at least Borderline on 32 marked consultation records
- Award of a satisfactory grade (A, B, C+, or C-) in at least 29 of the 32 categories of competence over all eight patient assessments in the Objective Structured Long Examination Record (OSLER) assessments at the end of each block.
- There is confidence about the level of the student's clinical competence after the first stage examination;
- The Phase II & III Board of Examiners has no other concerns about the student's level of competence

These criteria may be altered with the express agreement of the external examiners.

The extended examination is not a re-sit.

Further details are provided in Appendix 1

2.4.8 Re-assessment examination - 4th year

Students who fail to satisfy the Phase II & III Board of Examiners in any one or more of the three Theme Clusters as in 2.4.5 above will normally be allowed a single resit examination in that Cluster(s) not less than six weeks after the first examination. This examination will normally be in the period otherwise designated as the elective period.

This examination will normally be in the same format as the main examination. The Intermediate Clinical Practice Examination will consist of five patients in total.

Failure in the resit examination will normally lead to course termination.

2.4.9 Failure to complete the programme within the academic year

Any student who fails to satisfy the Board of Examiners within a single academic year but has submitted a plea in mitigation which is accepted by the Board of Studies shall be offered the opportunity to register and repeat all or part of that year of the programme in the following academic year. No previous results may be carried forward. The student will be required to sit all summative assessments and attain the standards set out in section 2.4.5. Re-assessment will be as described in section 2.4.8.

2.5 Summative assessment - Core Curriculum- Phase III

2.5.1 Candidates are permitted to enter the examination only if they have fulfilled all other requirements of the programme, including satisfactory attendance, professional behaviour, and diligence in academic performance as evidenced in the RoA (see 2.3.4 to 2.3.8), to the satisfaction of the HYMS Board of Examiners.

2.5.2 Phase III assessments will examine all HYMS Theme Clusters in an integrated fashion and will consist of

- The provision of a satisfactory report on the elective attachment
- A written paper on common management problems
- Practical assessments
 - The Final Clinical Practice Examination
 - Proficiency in a range of practical procedures relevant to the new medical graduate.

2.5.3 Assessment Grades

Each student will be awarded a grade in each of the written paper, the Final Clinical Practice Examination and the OSCE. These grades will be:

Excellent:	The student has demonstrated attainment at a very high standard in the learning outcomes assessed
Satisfactory:	The student has demonstrated attainment above the required standard in learning outcomes assessed
Borderline:	The student has performed at a level where doubt exists as to whether or not they have achieved the required standard
Unsatisfactory:	The student has not demonstrated attainment to the required standard in the learning outcomes assessed

2.5.4 Students will be expected to achieve a minimum of Satisfactory in the Final Clinical Practice Examination and the OSCE considered together and in the written paper considered separately to satisfy the examiners and progress within the course.

2.5.5 The written paper on common management problems consists of a number of Modified Essay Questions and Extended Matching and/or Multiple Choice, Best of 5 Questions each structured around the management of a common condition of relevance to the practice of the new medical graduates.

2.5.6 The Final Clinical Practice Examination consists of observation of clinical practice. It consists of both an OSCE (Objective Structured Clinical Examination) and an OSLER (Objective Long Case Examination Record). Results from both are considered together.

It is a two part examination. All students will sit the first part. Students also sit the second part if:

- their performance in formative assessments in any of the attachments in Year 5 has been unsatisfactory; or

- they have failed to achieve a satisfactory grade (A, B, C+) in at least 13 of the 15 categories of competence over all 3 patient assessments in the Objective Long Case Examination Record III(OSLER III) assessment at the end of the Medicine, Surgery and General Practice blocks or
- there is uncertainty about the level of the student's competence after the first stage examination; or
- the Phase II and III Board of Examiners has recommended that the student should sit the extended examination because of other concerns about the student's level of competence.

The extended examination is not a re-sit.

Further details will be found in Appendix 4

2.5.7 **Objective Structured Clinical Examination (OSCE)**

This assessment shall consist of 12 stations.

Further details will be found in Appendix 5

2.5.8 **Reassessment (re-sit) examination – 5th year**

Students recognised as having inadequate knowledge in the written paper in March may be permitted by the Board of Examiners to sit a further assessment within the period before the clinical examination..

Students who fail to satisfy the Board of Examiners in either the Final Clinical Practice Examination in 2.5.6.; or in the written paper in 2.5.5, or in both, will normally be permitted to repeat the final year of the course and enter the examinations at the end of that year. On this occasion all parts of the examination will need to be taken and passed together.

Failure in this reassessment examination will normally lead to course termination.

2.6 **Mitigating Circumstances**

2.6.1 A student who feels that her/ his performance in an examination or assessment was affected by illness or other extenuating circumstance should register a claim in mitigation with the invigilator, or with the HYMS office, normally by the end of the day of the examination. He/she should then submit a written statement, accompanied by a medical certificate or information from a responsible source other than her/himself to confirm the circumstances claimed, within 7 days of the examination, or assessment deadline.

2.6.2 The responsibility for making a decision on acceptance or otherwise of a submission in mitigation rests with the HYMS Board of Studies, on the recommendation of the Academic Progress Committee and Board of Examiners.

2.7 **Summative Assessment-Student Selected Components (SSCs)**

2.7.1 To support the core curriculum, SSCs must encourage students to:

- Learn about and begin to develop and use research skills

- Have greater control over their own learning and develop their self-directed learning skills
- Study in depth topics which interest them outside the core curriculum
- Develop greater confidence in their own study skills and abilities
- Present the results of their work verbally, visually or in writing
- Consider potential career paths

2.7.2 Each SSC will be assessed by one of the following:

- Essay/ written dissertation/case report/case series;
- Presentation to peers and tutor(s);
- Presentation of a learning resource produced by the student e.g. web-based tutorial, poster, model, etc;

2.7.3 Students will be awarded one of four grades, **Unsatisfactory, Borderline, Satisfactory or Excellent**, on the basis of:

- Process e.g. effort and organisation in the course of the work and/or final presentation, appropriate use of resources; and
- Outcome e.g. evidence of learning through demonstration of new skills, production of the final report, critical review.

Assessment of SSCs shall be the responsibility of the person(s) offering the SSC module concerned, reporting to the Clinical SSC committee and thence to the Phase II and III Board of Examiners. Grades other than Satisfactory will be reviewed by a second examiner.

2.7.4 Disagreement between the examiners will be referred to the Chair of the Phase II & III Board of Examiners acting as arbitrator.

2.7.5 If an SSC is judged by two examiners to be Borderline, further work will be undertaken by the student, followed by a second assessment carried out by two examiners. Following reassessment a grade of Unsatisfactory or Satisfactory may be awarded (no grade of Borderline may be awarded at this stage).

2.7.6 Following a Borderline assessment the examiners will

2.7.6.1 Arrange and document a meeting with the student to provide guidance and agree remedial action.

2.7.6.2 Provide a written copy of this guidance and remedy to the student and the relevant SSC Co-coordinator or deputy Co-coordinator.

2.7.6.3 Provide any necessary extension to allow the student to remedy the performance to date. This extension is limited to a maximum of three weeks without medical certification and subject to the normal rules governing late submission

2.7.7 A grade of Unsatisfactory in one SSC agreed by two examiners will lead to the student being required to undertake further prescribed work to a satisfactory standard within the relevant academic year. An award of an Excellent grade is not permissible at this stage

2.7.8 The award of a grade of Unsatisfactory in two or more SSCs in either Year 3 or year 4 or failure to undertake prescribed work as in 2.7.7 to a satisfactory standard will normally lead to course termination subject to any appeal.

2.8 Recognition of high achievement

2.8.1 High achievement is recognised by the award of grades of “merit” or “distinction” in Phase II & Phase III of the programme. Seven activities are assessed for these awards, which are made on the basis of the number of individual ‘excellent’ grades achieved.

Students may be graded ‘Excellent’ in:

- each of the three Theme Clusters in the Phase II examinations;
- the written examination in Phase III examinations;
- the Final Clinical Practice Examination in the Phase III examinations (OSLER and OSCE considered together);
- the phase II SSCs;
- the Phase III elective

The weighting of grades of Excellent in respect of individual SSCs, and of the elective in respect of the award of “merit” or “distinction” takes place in phase III, and is described in 2.8.2 below.

2.8.2 For the purpose of consideration of awards of “merit” or “distinction”, the elective will be combined with the 6 (7 in the 2009 examination) Phase II SSC components to give 7 (8) categories. Students graded ‘Excellent’ in two or more of these 7(8) categories and with no unsatisfactory grades in the others, may be awarded a single grade of ‘Excellent’. Students graded ‘Excellent’ in 5 or more of these 7 (8) categories and with no unsatisfactory grades in the others, may be awarded two grades of ‘Excellent.’

2.8.3 The Phase II & III Board of Examiners, advised by the Examinations Working Party will set thresholds as in 2.8.4 relating to the accumulation of ‘Excellent’ grades so as to be able to award an overall grade of ‘merit’ or ‘distinction’ in either Phase II or III of the course. Such grades may ultimately contribute to the award of the MB BS degree with Honours

2.8.4 The award of ‘merit’ in Phase II of the course will normally be considered for those students achieving two ‘excellent’ grades in the three Theme Cluster assessments, with no grade of ‘unsatisfactory’. The award of ‘merit’ in Phase III of the course will normally be considered for those students achieving ‘Excellent’ grades in two of the four Phase III categories above (Final Clinical Practice Examination, the written examination and two SSC/elective grades as in 2.8.2) with no grades of ‘unsatisfactory’. The award of ‘distinction’ in either Phase will be reserved for achievement of grades of ‘excellent’ in three relevant categories. The requirements for designations of high achievement are summarised in appendix 8.

3. Award of the degree with Honours

The Phase II & III Examination Board may recommend to the Board of Studies candidates for the award of MB BS with Honours. Students will normally be considered for the award of the degree with Honours if they have achieved a total of at least 8 Excellent grades throughout the course, 4 of which must have been in Phases II and III and with no grades of Unsatisfactory.

4. Progression within the MB BS Programme

4.1 To progress from Phase II to Phase III of the MB BS programme, a student must have satisfied the requirements for Phase II of the Phase II & III Board of Examiners and those of the HYMS Fitness to Practice Committee, both of which will make recommendations to the HYMS Board of Studies. The requirements are:

- A satisfactory level of attendance and performance within the course (see sections 2.3.4 to 2.3.10).

- Achievement of a satisfactory outcome in each of the assessments of the core curriculum including the satisfactory completion of a portfolio/workbook (see sections 2.4.1 to 2.4.8 and appendices).
- Achievement of at least a grade of Satisfactory in the assessments in each Student Selected Component (see section 2.7)
- Be in good standing with the Fitness to Practice Committee (see section 1. & 2.3.8)

4.2 To complete Phase III and proceed to the award of the Degree a student must have satisfied the requirements of the Phase II & III Board of Examiners and those of the HYMS Fitness to Practice Committee, both of which will make recommendations to the HYMS Board of Studies. The requirements are:

- A satisfactory level of attendance and performance within the course (see sections 2.3.4 to 2.3.10).
- Achievement of a satisfactory outcome in each of the assessments of the core curriculum including satisfactory completion of a portfolio/workbook (see section 2.5.1 to 2.5.8).

The provision of a satisfactory report of the elective attachment . In the case where a 'directed elective' is required because of unsatisfactory performance in core material., this requirement will be met by a satisfactory RoA which includes satisfactory attendance and performance criteria and a short essay/report.

- Passing assessments in a range of practical procedures.
- Completing satisfactorily the 'shadow house officer' period
- Be in good standing with the Fitness to Practise Committee (see section 1 & 2.3.8)

4.3 Students who do not progress from Phase II to Phase III or who are unsuccessful in Phase III may be eligible for the award of Bachelor of Medical Science (Ordinary). In order to qualify, a student must have satisfied the requirements of the Phase II & III Board of Examiners and those of the HYMS Fitness to Practise Committee, both of which will make recommendations to the HYMS Board of Studies. The requirements are:

- A satisfactory level of attendance and performance within the course (see sections 2.3.4 to 2.3.10).
- Achievement of at least a Borderline grade in each of the three Theme Cluster assessments of the core curriculum for Phase II including the satisfactory completion of a portfolio/workbook (see sections 2.4.1 to 2.4.8 and appendices).
- Achievement of at least a grade of Satisfactory in the assessments in no fewer than five Student Selected Component (see section 2.7)

4.4 Students who do not meet the requirements for the award of Bachelor of Medical Science (Ordinary) or for progression from Phase II to Phase III of the MB BS programme will normally also have their course terminated subject to any appeal.

5. Academic Misconduct

Students must not, in relation to assessed work at any stage of their programme, cheat, collude, fabricate, personate, or plagiarise. All assessments will be subject to the *HYMS Code of Practice on*

Academic Misconduct, where further details are available.

The Phase II & III Board of Examiners will take account of any breach of the requirements in determining a mark for the work affected. This may result in a mark of zero in the assessment component involved, and/or an Unsatisfactory grading of the assessment as a whole. If the examiners believe that the case is of particular gravity, they may also recommend that further disciplinary penalties, such as suspension, termination of registration in the MB BS programme, or suspension or exclusion from the University.

6. Processing of Assessment Results

6.1 Documentation of Marks and Grades

6.1.1 It is the responsibility of the MB BS Examinations Working Party to oversee the preparation of assessment materials in line with policies, the operation of the assessment systems, the provision of timely information to external examiners, and the presentation of assessment results to the Boards of Examiners.

6.1.2 The Head of Assessment will be responsible for arranging the security of scripts, the timely marking of papers, the collation of marks and grades using double entry when appropriate, and the presentation of the aggregated materials to the MB BS Examinations Working Party.

6.2 Aggregation of Information for Board of Examiners

The MB BS Examinations Working Party will receive the results of the summative assessments, collate these with any application from individual students in plea of mitigation for sickness or personal circumstances, confirmation of satisfactory attendance, and any other relevant information, and provide the material with recommendations to the Phase II & III Board of Examiners.

6.3 Board of Examiners Meetings and Publication of Results

A meeting of the Board of Examiners will be held as soon as practicable after the last component of each diet of summative assessment. This will be according to a pre-determined schedule and in sufficient time to allow dissemination of the results, subject to ratification by the HYMS Board of Studies. The date and time of the publication of the results will have been made known to the candidates in advance. Results are also subject to the approval of the Joint Senate Committee

7. Role of External Examiners

The role of external examiners will be:

7.1 To comment and give advice on programme content, balance and structure

7.2 To report on good practice they have identified

7.3 To report on the standards of student performance in those programmes or parts of programmes which they have been appointed to examine, and on the comparability of the standards with those of similar programmes or parts of programmes in other UK higher education institutions;

7.4 To report on the extent to which the processes for assessment, examination, and the determination of awards are sound and have been fairly conducted, with reference to HYMS procedures and Codes of Practice. One of the external examiners (designated Chief External Examiner) will have particular expertise in the processes of setting of valid and reliable examinations in the medical field. His/her term of office will normally be of such a duration as

to afford oversight of the whole undergraduate programme. This examiner will also be responsible for the summaries required for TQI.

- 7.5 To act as moderators of the conduct of and decisions based on the results of summative assessments, including on-going assessment of attendance and performance.
- 7.6 To participate as full members of the Phase II & III Board of Examiners in the setting of appropriate thresholds of achievement
- 7.7 To participate in decisions by the HYMS Board of Studies and other committees where appropriate on suspected or proven cases of academic misconduct (cheating/assessment offences by students). Normally the Chief External Examiner will fulfil this role.
- 7.8 To submit a written report on an annual basis to the Vice-Chancellors including commentary and judgements on the validity, reliability and integrity of the assessment process and the standards of student attainment.

8. Appeals about Assessment

- 8.1 Academic judgement
 - 8.1.1 Please see section 4 of HYMS Code of Practice on Academic and Fitness to Practice Appeals
- 8.2 Grounds for appeal
 - 8.2.1 Please see section 13 of HYMS Code of Practice on Academic and Fitness to Practice Appeals
- 8.3 Allowable appeals
 - 8.3.1 Please see section 12 of HYMS Code of Practice on Academic and Fitness to Practice Appeals

Appendix 1

The Intermediate Clinical Practice Examination

Structure of the Examination

The Intermediate Clinical Practice Examination is a two-part examination. All students undertake the first part. Students then take the extended part if any of the conditions in 2.4.7. are met

The extended examination is not a re-sit.

Conduct of the Examination - Stage 1

1. Each student will be examined for 50 minutes on two patients by *two pairs* of examiners.
2. On meeting the patient the examiner will give the student a brief introduction to the patient which will focus the discussion. This introduction will be supplied in advance and given in the same way to all examinees.
3. The examiners will then observe the student taking a focused history.
4. The examiners will ask the student to identify the most important possible causes of the patient's presenting problem.
5. The examiners then ask 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. The correct response for each patient will be agreed by all examiners in advance.
6. The examiners will then ask the student to describe their findings and how they help in the elucidation of the problem presented by the patient and the reasoning and evidence base for their reply.
7. The examiners will then ask the student to provide an explanation of the problem to the patient.
8. The whole process will be repeated with the second patient.

Grading of student performance

Each student will be graded for each consultation by each examiner independently on each of the categories of competency described below, using the standard grade descriptors provided. These grades must be recorded on the standard report sheet provided. A score will be cumulated across both patients, all categories of competence and all examiners in which each grade D awarded scores 2 and each grade E scores 3. Students with a score of 5 or more will normally be required to take the extended examination. This criterion may be varied with the express approval of the external examiners. Remaining students will be classed as at least Satisfactory in the Intermediate Clinical Practice Examination.

Categories of Competence

Gathering information

Clinical examination

Problem solving

Relationships with patients

The component competencies within each of these Categories will be consistent with those of the Calgary Cambridge consultation guidance and will be commensurate with the experience to be expected of students at this stage

Conduct of the Examination - The Extended Examination

This will occur within one week of the first stage examination and be in the same basic format. The duration of the examination will be determined by the Board of Examiners and published in advance,, with students examined with three patients. Examiners will be different to those who examine the student in the first stage and will be blind to the marks awarded in the first stage

Grade Descriptors

- A Capable in all components to a high standard
- B Capable in all components to a satisfactory standard and a good standard in many
- C+ Capable in all components to a satisfactory standard
- C- Capable in a majority of components to a satisfactory standard, inadequacies in some components
- D Capable in a minority of components. No serious defects
- E Capable in a minority of components. One or more serious defects

Selection of Patients

Patients will be chosen from those presenting common clinical problems which reflect the main body systems and will include patients with psychological problems. Problems selected will be explicitly related to the course objectives.

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 and the reasons for these.

Selection of examiners

Internal examiners will be chosen from a wide range of clinical staff, including all specialties. All examiners will attend a training session prior to the first appearance as examiners. Inexperienced examiners will be paired with those more experienced.

Appendix 2

Integrated Theory of Practice Papers Phase II

Written paper on Common Management Problems Phase III

The written paper management sub-group is responsible to the Examinations Working Party for the preparation of written papers.

Guidelines for setting of Theory of Practice papers:

- There will be two papers, each paper will normally address either Theme Cluster A or C. Extended Matching, Single Best Answer and/or Modified Essay Question format may all be used.
- The papers may be divided into two parts.
- The duration of each part will be determined by the Board of Examiners and published in advance.
- Each question should concentrate on an important concept or concepts and will be based around a clinical or other 'vignette' so as to support the learning process.
- Each question will as far as possible assess application of knowledge.
- Questions must test a broad range of curriculum objectives; a blueprinting exercise will be carried out to ensure that the examination as a whole maps adequately to each Theme in approximate proportion to its course content. It will be clear to students which parts assess which Theme Clusters.
- Material considered in Phase I of the course will be included in the Integrated Theory of Practice papers.
- All questions will have pre-determined marking schemes.
- It is the responsibility of the Examinations Working Party advised by the external examiners, to ensure appropriate spread of subject content across the papers to sample the curriculum objectives as effectively as possible.

Guidelines for setting of the paper on Common Management Problems

- As above

Single Best Answer and Extended Matching Questions

The guidelines '*Constructing Written Test Questions for the Basic and Clinical Sciences*' 3rd Ed. Case and Swanson. NBME, will be used in the construction of these questions.

Modified Essay Question format

- Each case study question will be in a standard format consisting of the case study scenario, known as the 'stem' of the question, followed by a number of sub-questions integrated around this case study.
- The majority of the questions will require brief answers to the sub-questions. For these questions the number of components required for the student to be awarded full marks will be clearly indicated. Only the first answers given up to the number required will be marked. It must be clear from the paper rubric that where candidates write more than the specified number of answers to a sub question the excess replies will be ignored, even if they are correct and the preceding answers incorrect or irrelevant.
- A minority of questions may require discursive answers written in a prose style. Where such answers are required this will be clearly indicated to candidates and the approximate length of answer required will be indicated. Answers to these questions will be marked against specified marking criteria.

Appendix 3

Scoring of Modified Essay Questions

- For those parts of the examination which cannot be marked in simpler ways, the Examinations Working Party will appoint a 'Scoring Group' to mark the questions.
- The Scoring Group will normally consist of a number of teams each of two or three staff. The membership of the group and of the teams will be chosen to reflect a wide range of disciplines and specialties. The teams will have a majority of persons who are medically qualified.
- All marking will be undertaken with all members of the scoring group together.
- Scripts will be divided into individual questions for scoring.
- Scoring procedure within teams will be as follows:
- Each team appoints a team leader, who will first review the question and the model answers with the team and suggest acceptable answers. This will be done *a priori*.
- Each member of the team marks 10 scripts according to the specified marking criteria.
- Student answers in this sample are then reviewed to produce an agreed marking schedule.
- The schedule is then applied rigidly to all scripts, including the initial 10.
- Data from all scoring teams will be entered to a central database.

The scripts of students graded as Borderline or Unsatisfactory will be reviewed by external examiners.

Appendix 4

The Final Clinical Practice Examination; the OSLER

Conduct of the Examination - Stage One (four patients)

Four pairs of examiners will examine each student, each pair observing the student consulting with one patient. For each patient:

1. the examiners will give the student an introduction to the patient which will focus the discussion. This will be identical for all students seeing that patient.
2. the examiners will then observe the student taking a focused history.
3. the examiners will then ask the student to interpret the history briefly and to suggest the most appropriate examination to perform and why.
4. if the student replies correctly they will be invited to perform the examination. If the reply is incorrect, it will be noted and the student directed to the most appropriate examination. The correct response for each patient will be specified in advance.
5. the student will then be left alone without the patient for 15 minutes, to complete a *problem list* and *plan of management* for each problem. The British National Formulary will be available at this point.
6. the student will then present the problem list and management plan to the examiners. The student will be expected to justify their decision making process including the use of evidence when appropriate and to address all relevant HYMS themes. The plan may include a request for investigations and, if these are available the results will be discussed with the student.
7. the examiners will then observe the student explaining the problems and management plans to the patient.

Steps one - four and steps six - seven should each be completed in 15 minutes.

The whole process will be repeated for one more patient with another pair of examiners, and two more patients with two more pairs of examiners, normally the following day.

Grading of student performance

The examiners will grade performance according to defined descriptors consistent with the 'Calgary Cambridge' approach to consultation skills training. These descriptors will be organised into Categories of Competence as below.

A score will be cumulated across all patients, categories of competence and examiners, in which each C-grade scores 1, each D grade scores 2, and each E grade scores 3. Scores will be combined with scores derived in a similar way from the OSCE examination. These scores will be weighted in approximate proportion to the duration of each examination format and used to derive a threshold defining those students who will be required to proceed to the extended examination.

This criterion may be varied with the express approval of the external examiners.

Remaining students will be classed as at least satisfactory in the Final Clinical Practice Examination.

Categories of Competence

Gathering information

Clinical examination

Problem solving

Patient management

Relationship with patients

Grade Descriptors

- A Capable in all components to a high standard
- B Capable in all components to a satisfactory standard and a high standard in many
- C+ Capable in all components to a satisfactory standard
- C- Capable in a majority of components to a satisfactory standard, inadequacies in some components
- D Capable in a minority of components. No serious defects
- E Capable in a minority of components. One or more serious defects

Selection of patients

Patients will be chosen from those presenting common clinical problems that reflect the main body systems, and will include children, pregnant women and patients with psychological problems. Problems selected will be linked explicitly to the course objectives.

For each patient a written brief will be collated, including:

- a suitable script to introduce the patient to the examinee at the onset of 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 of the major issues (reflecting the HYMS themes) that should be explored
- an agreed management plan for the patient's problems
- selected investigations and/or a model drug regimen

All examiners must receive a copy of the brief prior to the examination. Examiners at each site will normally meet before the examination to co-ordinate their activities.

Conduct of the Examination - The Extended Examination (four patients)

The format of the extended examination will be the same as the stage one examination but with different patients, and students will normally be examined on all four patients on the same day.

Appendix 5

The Final Clinical Practice Examination; the OSCE

This assessment will consist of a 12 station Objective Structured Clinical Examination (OSCE). The examination will be the responsibility of the Clinical Examination Sub-group who may delegate it to appropriate clinical members of staff.

Like the OSLER, the OSCE will be a sequential examination with 6 stations in the first part and 6 in the second. Those students judged satisfactory on the first part will not be examined further.

In an OSCE students rotate around stations. At each they perform a task which is assessed, usually by direct observation. Stations will be chosen to reflect the range of competencies that students may be expected to demonstrate by the stage of the examination.

Additional 'rest' stations may be included. Competencies best tested in written format should be included in the Integrated Theory of Practice papers at the end of Phase II not in the OSCE. Clear marking guidelines, based on rating scales or checklists as appropriate to the material, will be produced for each station.

Stations involving observation will normally have one assessor.

To ensure reliability results will be combined with those of the OSLER Examination to create a threshold score as given above (Appendix 4).

Appendix 6

The student portfolio/workbook

The student portfolio will consist of two separate but related exercises.

The purpose of the Record of Achievement (RoA) is to gain reliable evidence for fulfilment of learning outcomes that are difficult to appraise in other ways, mostly to do with development of professional behaviour and values, but also to develop the skills of the students to assess their own strengths and weaknesses in these areas. The content of the RoA is available for inspection, such inspection forming part of summative assessment.

The purpose of the Personal Portfolio (PP), is to continue to cultivate an attitude within students of being aware of their own development, being comfortable with discussing difficult issues such as failures and fears, and gaining the skills of giving and receiving constructive criticism and using it to guide their own personal development, as they will continue to need to do when they become doctors. The PP remains personal to the student and will be seen only by the student's personal tutor or certain selected members of HYMS staff. The PP will be needed by the student to furnish evidence for the RoA.

The ROA consists of the following:

- A report by the educational supervisor at the end of each block on attendance, developing clinical competencies and professional behaviour.
- Confirmation by the educational supervisor that the requisite eight consultation records for each block have been completed and four have been assessed to at least a Borderline standard (Phase II)
- Confirmation that the requisite Critical Appraisal Topic and the Quality improvement Project has been performed to at least a Borderline standard (Phase II)
- Confirmation that two case-based discussions per block have taken place. (Phase III)
- Any psychomotor skills relevant to the block have been signed off as achieved.
- The grades achieved on the Objective Structured Long Examination Record at the end of each block
- An agreed 'educational prescription' for each block developed as a result of a 1:1 discussion between the student and the educational supervisor towards the end of the block, such discussion to be informed by the student's performance in the formative written examination and, in two blocks of each year, by the writing of a 'critical incident' report and reflection on it by the student
- Reports from SSC supervisors on professional behaviours

The PP consists of the following:

- Completed consultations records of the 64 core presentations (Phase II)
- Reflective weekly notes on sheets within the Study Guide (Phase II)
- Results of formative examinations within the blocks both written and clinical
- A reflective exercise in each block analysing a critical incident in preparation for meetings with the educational supervisor
- Consultation videos/DVDs with patients

Everything that is also in the ROA

Photocopying or other inclusion of named patient data in a portfolio is a breach of professional confidentiality and of the Data Protection Act. (See Section 10.2 of the HYMS MB BS Student Handbook) and *HYMS Code of Practice on Acceptable Use of Information Technology*)

Appendix 7

Threshold for Satisfactory performance Phase II

The Examination Working Party will recommend to the Phase II & III Board of Examiners thresholds using internationally recognised methods or modifications thereof for

- a) the marks that must be obtained in each Theme Cluster for the candidate to be regarded as at least Borderline in that Cluster.
- b) the marks that must be obtained in each Theme Cluster for the candidate to be regarded as at least Satisfactory in that Cluster.

The methods used are systematic ways of gathering value judgements from a variety of sources, reaching consensus and expressing that consensus as a score.

Outcome of Phase II

Students will normally be regarded as having satisfied the requirements of the Phase II and III Board of Examiners in respect of the written and practical examinations if they have achieved a grade of 'Satisfactory' in all of the three Theme Clusters.

Students whose results are insufficient to satisfy the examiners in the above terms will normally be allowed to resit that Theme Cluster(s) in which they were Borderline or Unsatisfactory

Students who, after resits, still fail to achieve a grade of satisfactory in all 3 theme clusters but no unsatisfactory grades may be awarded the degree of Bachelor of Medical Science

Threshold for Excellent performance-Phase II

The Examinations Working Party will recommend to the Phase II & III Board of Examiners thresholds for the award of the grade of Excellent in the Integrated Theory of Practice papers and in the Intermediate Clinical Practice Examination

- In terms of the marks obtained in each of the Theme Clusters A & C in the Integrated Theory of Practice papers
- In terms of the number of A and B grades obtained in the Intermediate Clinical Practice Examination (Theme Cluster B).

Excellent grades will not be available for resit candidates

Threshold for Satisfactory performance-Phase III

Final Clinical Practice Examination (OSLER and OSCE)

The Examinations Working Party will recommend to the Phase II & III Examination Board, thresholds for the grades of Borderline and Satisfactory for the examination.

The written paper

The Examinations Working Party will recommend to the Phase II & III Examination Board, thresholds for the grade of Borderline and Satisfactory.

Outcome in Phase III

Students will normally be regarded as having satisfied the requirements of the Phase II & III Board of Examiners in respect of the Final Clinical Practice Examination and written paper if they have achieved:

A grade of Satisfactory or above in the Final Clinical Practice Examination (OSLER and OSCE) combined.

A grade of Satisfactory or above in the written paper.

Students will normally be regarded as having failed to satisfy the requirements of the Phase II & III Board of Examiners if they have achieved a grade of Borderline or Unsatisfactory in either the Final Clinical Practice Examination (OSLER and OSCE) combined or in the written paper.

Threshold for Excellent performance-Phase III

The Examinations Working Party will recommend to the Phase II & III Board of Examiners thresholds for the award of the grade of Excellent in either the written paper, or the Final Clinical Practice Examination.

Excellent grades will not be available for resit candidates

Appendix 8

Summary of requirements for Merit, Distinction and Honours in the MB BS programme

'Merit' and 'Distinction' are conceived to be rewards for high achievement in distinct parts of the course. The award of the degree with Honours is acknowledgement of high sustained level of achievement throughout the course

Phase	Element	'Excellent' grades available	'Excellent' grades contributing to Merit/Distinction/Honours	'Excellent' grades required for 'Merit'	'Excellent' grades required for 'Distinction'
Phase 1	Year 1 Theme cluster A, B & C	3	3	4 (out of 12)	8 (out of 12)
	Year 1 SSCs	3	3		
	Year 2 Theme cluster A, B & C	3	3		
	Year 2 SSCs	3	3		
Phase 2	Year 4 Theme Clusters A, B & C	3	3	2 (out of 3)	3 (out of 3)
Phase 3	6 SSCs from Phase 2 + 1 elective	7	2*	2 (out of 4)	3 (out of 4)
	Final Clinical Practice examination and OSCE	1	1		
	Written examination	1	1		

*At least 2 'Excellent' grades out of 7 will contribute 1 consolidated 'Excellent' and at least 5 will contribute 2 consolidated 'Excellent' grades. Students will normally be considered for the award of the degree with Honours if they have achieved a total of at least 8 Excellent grades throughout the course, 4 of which must have been in Phases II and III and with no grades of Unsatisfactory