

SCHOOL OF MEDICINE ASSESSMENT POLICY FOR MEDICAL STUDENTS

MBChB Phase 1 including BSc (Hons) Medicine

INTRODUCTION

1. The School of Medicine offers both an MBChB and BSc Honours degree in Medicine. Students are registered for one or the other but follow a common programme for the first 2.5 years, ie phase 1.
2. The assessment strategies are reviewed regularly to ensure compliance with best practice in the field of medical education. Assessments are designed to test: depth, breadth, and application of knowledge; clinical and communication skills.
3. The assessment methods for the BSc programme meet the needs of both a vocational degree (to determine acceptable levels of competence expected in a medical professional), and those of an Honours BSc (to discriminate between students in their understanding and application of knowledge).
4. The course has a modular design with 2 modules in the first year (MD2001 and MD2002), and 3 modules (MD3001, MD3002, MD4001) common to all students in year 2 and 3. Students taking the BSc(medicine) programme will additionally complete MD4002 and MD4003. The results of assessment from each module are reported using the University's common 20-point grade scale. The minimum the University requires to pass any module is a grade of 7.

KEY FEATURES OF THE ASSESSMENT STRATEGY

5. Assessments closely match and test the course objectives and intended learning outcomes.
6. Whenever possible, objective assessment methodologies are used to test learning outcomes.
7. Assessments sample the breadth and depth of knowledge and are not intended to test every learning outcome of a module.
8. Summative assessments are designed to meet expected standards of validity and reliability. This ensures that the sampling of knowledge and skills in assessments is appropriate and defensible. Performance in an assessment will therefore be an accurate reflection of a student's wider knowledge and skills base.

The default position of the University is effectively no generative AI (genAI) permitted for the preparation and presentation of any assessed work unless authorized explicitly by the module coordinator/coursework setter. Unauthorised use of genAI will be considered academic misconduct. Please refer to assessment instructions on Galen for guidance on the acceptable use of genAI. For further information, refer to the University's guidance on gen AI and good academic practice <https://www.st-andrews.ac.uk/policy/academic-policies-assessment-examination-and-award-good-academic-practice/generative-ai-faqs-students-guidance.pdf>

9. Summative assessments are blueprinted to ensure that assessment content proportionately represent the curriculum content of each module. Assessments are integrated within each module to reflect the integrated, systems-based curriculum.

10. All summative assessments (with the exception of MD4002) are standard set to ensure appropriate and fair pass marks are applied.
11. Assessment of clinical and communication skills are incorporated in all years of the programme.
12. Students are informed of all assessment procedures at the beginning of each phase of the course.
13. Opportunities for formative assessment and remediation are provided in all years of the programme.

GENERAL ASSESSMENT OUTLINE

14. The following pattern of formative and summative assessments are common to the MD2001, MD2002, MD3001, MD3002, MD4001 modules:

15. **Formative Assessment.** The results of formative assessments do not count towards the module grade. Formative assessment exercises are designed to encourage students to consolidate their learning and provide practice in the assessment methods used in the summative examinations. These tasks help students to monitor their own progress and their ability to apply knowledge. Formative assessments can also provide students with an early warning of any areas of weakness.

16. **Summative Assessment.** Module grades are derived from the results of summative assessments. Summative assessments are based around learning outcomes that are associated with the timetabled elements of the module (including guided study and practical components). Summative assessments test the breadth and depth of knowledge acquired. They may also examine the application of knowledge to novel problems.

a. Summative assessment methods for semester 1 modules:

- (1) Multiple Choice Questions (MCQs)
- (2) Short Written Answer Questions (SWAs)
- (3) Anatomy Practical Exam

b. Summative assessment methods semester 2 modules:

- (1) All methods for semester 1
- (2) Objective Structured Clinical Exams (OSCEs)

c. Mid and End of Semester Assessment:

- (1) **Mid-semester assessment (MSA).** This contributes 25% to the final module mark. The MSA is composed of multiple-choice questions (MCQs). All questions are in single best answer format, and are not negatively marked. There will be 60 MCQ questions in the MSA, for an available total of 60 marks.

- (2) **End-of-semester assessment (ESA).** This contributes 75% to the final module mark. The ESA is composed of two separate papers: The first paper contains short written answer (SWAs) questions totalling 120 marks (one question may be a separate anatomy practical exam – see below). The second paper, totalling 60 marks, is composed of MCQs. Anatomy knowledge may be assessed using cadaveric material, models or images in a standalone practical examination during the ESA examination diet. Marks derived from this assessment will be included as part of the total from the SWA paper. The final module mark will therefore be determined from a total of 240 marks. This is split 50:50 between MCQs (60 marks from the MSA, 60 marks from the ESA) and SWAs (120 from the ESA).

17. **Skills Assessment.** Clinical and communication skills are tested at the end of each academic year during the examination diet for MD2002, MD3002 and MD4003 modules. Clinical and communication skills are assessed by Objective Structured Clinical Examinations (OSCEs).

- a. **MD2001.** A formative, OSCE is held in December during the semester 1 exam diet. Attendance at this formative assessment is compulsory and any absence must be self-certified. Appropriate evidence will be required to verify the reason for any absence.
- b. **MD2002.** The OSCE consists of a single event in which students will be tested in a number of separate stations (normally 7), each of 5 minutes duration.
- c. **MD3002.** The OSCE consists of two events on separate days: The first comprises a number of stations (normally 4) each of 10 minutes duration, the second comprises a number of stations (normally 7) each of 5 minutes duration.
- d. **MD4003.** The OSCE consists of three events on separate days: The first comprises a number of stations (normally 5) each of 10 minutes duration, the second comprises of a number of stations (normally 7) each of 5 minutes duration, and the third comprises a number of short written answer questions (normally 6) assessing data interpretation/ clinical reasoning.

18. **MD4002: Dissertation module.** Assessment of this module comprises of a written dissertation (95%) and an oral presentation (5%). Students will additionally submit a formative reflective portfolio entry.

PREPARING THE ASSESSMENTS

19. **Blueprinting.** Assessment questions are selected to proportionately reflect the curriculum content of each module.
20. **Approval of the assessments.** Relevant teaching staff and external examiners review the questions to ensure appropriate balance within the paper.

STANDARD SETTING AND PASS MARKS

21. **Knowledge based modules.** Different assessments may have a different level of difficulty, so the traditional approach of applying an arbitrary pass-mark for each assessment (e.g. 50%) is neither fair, nor appropriate, for this programme. In order to determine the pass-

fail boundary, a standard setting procedure is applied to each individual component of every assessment (with the exception of MD4002) so the appropriate cut-point or pass mark can be calculated. This process ensures the consistency of results between different modules and across forms of assessment, as well as ensuring year-on-year equivalence. The standard setting procedure for each module is explained in detail to students to ensure transparency, fairness and accountability. Standard setting focuses attention on the concept of a borderline student. The borderline student is one who shows the minimum acceptable level of competency to pass the relevant assessment.

22. **Written examinations.** All the questions used in summative assessments (i.e. MCQs, SWAs and OSCEs) are stored in the School Exam Question Banks. These banks are extensive and consist of peer-reviewed and approved assessment items. Statistical data on past performance of these exam bank items provides data to aid the standard setting process.

23. **Standard setting.** When standard setting, the programme uses absolute (criterion-referenced) standards to set the minimal level of attainment required to pass an assessment. The module board sets the level of performance required of students prior to written exams being taken. It is important to note that we do not use a formula (norm-referencing) to determine if a fixed number of students should pass or fail, therefore all students can pass if they achieve the pre-determined standard.

24. **Angoff method.** When standard setting questions which have not been used before, the Angoff method is then applied. The Angoff method is an absolute method based on judgments about test question difficulty. It is based on expert judgments on how well a borderline student would perform in each new question and is carried out prior to the exam being sat. Standard setting is performed by a representative cohort of staff who teach across the topics being assessed, and those who have an overall view of the module content. These judges consider each new question in every paper and decide a minimum acceptable score for each question. Judges predict what percentage of borderline students are likely to answer a MCQ question correctly, or what mark a borderline student would obtain in a SWA question.

25. **Pass marks.** Since every exam is unique the percentage required to pass that exam is also unique and must be calculated each time. The pass mark is the minimum level of performance required to obtain the University credits for each module.

26. **MD4002.** There are two assessment components to this module. The dissertation and an oral presentation. Written descriptors are used to aid staff marking both aspects. You must pass both the dissertation and presentation components to pass the module. For assessment of the presentations two staff members use a set of descriptors to determine a grade. The average of their grades determines whether a student has passed the presentation. If a marker gives a fail grade then the opinion of the third marker is sought using the recording made of the presentation and the 3 marks averaged to give the student's final grade. The student's dissertation supervisor and one other member of staff independently mark the dissertation using descriptors. Where the marks are 2 grade points or less apart, the marks are averaged. When examiners provide marks for a student that are more than 2 grade points apart, a moderation process occurs where the two markers are given access to each other's marking justification text and can at this point reassess their own marking and may, if they choose, adjust any of the descriptors and add a justification of the change in light of the other marker's comments. If after moderation, the marks remain more than 2 grade points apart, the thesis is blind marked by a third examiner and the 3 marks (moderated marks + 3rd marking) are averaged to give the student's final grade. If any marker gives a fail grade following the moderation process, then a third examiner is sought and again the marks are averaged.

27. **Module results.** The module results are mapped onto the University 20 point scale (see below) by examining the performance of the cohort as a whole compared to the pass mark. A unique look up table is created for every exam to relate % score to a grade. Grade 7 is the minimum pass grade, and Grade 6 and below indicate a fail. Obtaining a fail grade requires a student to re-sit that module. All modules will be reported to a full round number on the University 20 point scale.

CLINICAL EXAMINATIONS (OSCE)

28. **The Borderline Regression Method.** An OSCE examiner will score each student using a checklist as they observe the performance during a clinical/ communications skills station. After the student has finished, the examiner also assigns a global rating using the terms excellent, clear pass, borderline pass, borderline fail and clear fail. Scores from the checklist are statistically analysed against the global rating by the borderline regression method for each station in order to determine the station cut-point.

29. **Pass/fail boundaries for OSCE.** Pass fail boundaries at OSCE stations are determined by a borderline regression method (see above) and written stations by the same standard setting procedure used for written examinations. A pass mark is then determined for the entire exam by averaging the cut-points for each station. Students must pass at least 60% of stations AND achieve the overall pass mark in order to pass the assessment.

30. **MD2002, MD3002 OSCEs.** These exams are simply pass or fail, and no grade is attributed to student performance in either the MD2002 or MD3002 OSCEs. Failure of the OSCE in either of these modules will necessitate a resit OSCE be performed. Passing the OSCE is a requirement for completion of the module.

31. **MD4003.** In this exam the cut-point for passing is also mapped to a grade point 7. A unique grade point lookup scale is created for every OSCE to permit the mapping of scores to grade. Where a student achieves the minimal passing score but fails because they have not passed the requisite number of stations grade 6 will be awarded if they are one station below the required level, grade 5 two stations below and so on.

REPORTING

32. **Module Exam Board Meeting.** Before the results are reported to the University, a cohort of external examiners reviews the exam data and the cut-points suggested by the standard setting and post-test moderation process. The final module grades reported are agreed by the External Examiners, Module Controllers, Assessment Officers, Director of Teaching and programme Course Director.

33. **Key reporting codes.** Following completion of a module, a mapping scale is used to convert the module mark to the University-approved grade point reporting scale. The University uses a non-linear 20 point grade scale to report the results of all modules. These grades appear on the official academic transcript. This ensures uniformity of practice across the University. The key reporting codes are:

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7.0 to 20.0	Pass
0 to 6.9	Fail with opportunity for reassessment
0D	Deferred Assessment
0X	Denotes a failure to complete module requirements: This grade should be applied where a student has failed to complete the work of a module without good reason, and should be applied where a student does not register for, or does not attend, any examination without good reason. The student is not entitled to a re-assessment opportunity for this module.
0Z	Incomplete module (usually indicates that the student has passed the written papers and failed the OSCE)

34. Descriptors and standards for grades awarded in year 1. Module grades for MD2001 and MD2002 provide an indication of performance based on expected standards. A basic pass, for instance, is recorded as a Grade 7; an outstanding performance would receive a Grade 17 or above. The table below indicates the standards achieved:

Grades	Result	It is the view of the examiners that:
0 1 2 3 4 5 6	Fail	The performance is unsatisfactory and there are deficiencies in the knowledge and understanding of the core curriculum. The student would not be able to cope with further study of this and related modules due to these deficiencies.
7 8 9 10	Pass	The performance is satisfactory and demonstrates an adequate knowledge and understanding of the curriculum content.
11 12 13 14 15 16	Pass	The performance is of a good standard and shows merit. There is evidence of a much broader knowledge and understanding of the core curriculum. The student would be well prepared for further study of this and related modules.
17 18 19 20	Pass	There is evidence of a comprehensive knowledge and understanding of the core curriculum and of integration of a complex range of relevant material. The student would be very well prepared for further study of this and related modules.

35. **Descriptors and standards for grades awarded in year 2 and year 3.** Note that this table provides descriptors of grades given for individual modules only.

Grades	Result	It is the view of the examiners that:
0 1 2 3 4 5 6	Fail	Grades at this level reflect performance at a standard that is considered to be unsatisfactory. On assessment the student displays a rudimentary understanding of only a few aspects of the core curriculum and may have significant areas of misconception or ignorance.
7 8 9 10	Pass at 3rd class level	Performance is satisfactory and demonstrates an adequate knowledge and understanding of the core curriculum.
11 12 13	Pass at lower 2nd class level	Performance is of a good standard. There is evidence of a sound knowledge and understanding of the core curriculum.
14 15 16	Pass at upper 2nd class level	Performance is of a very good standard. There is evidence not only of a broad and sound understanding of the core material but also an ability to integrate this with other material.
17 18 19 20	Pass at 1st class level	The performance is of an exceptional standard. There is evidence of a comprehensive knowledge and understanding of the core curriculum and the ability to analyse and integrate complex information.

36. **BSc (hons) medicine degree classification.** Only module grades from year 2 and 3 are used to calculate the final degree classification. The Honours degree classification is awarded using the University's Honours degree regulations and algorithm (<https://www.st-andrews.ac.uk/policy/academic-policies- assessment-examination-and-award-classification/classification-policy.pdf>).

BSc Honours Medicine students have 5 module degree grades weighted appropriately on the basis of their credit ratings. Students complete modules totalling 240 credits by the end of the degree programme (60 credits each for MD3001, MD3002, MD4001, 40 credits for MD4002 and 20 credits for MD4003).

REASSESSMENT AND SPECIAL CIRCUMSTANCES

37. **Special exam arrangements.** All students requiring special exam arrangements because of a disability or long term medical condition must register with Student Services. For arrangements to be in place for the MSA students must register with Student Services by the

start of week 2, or by week 7 for these to be put in place for the ESA.

38. **Fit to Sit.** This school operates a 'fit to sit' policy. By taking any assessment the student is declaring themselves fit to complete the assessment. If students do not consider themselves fit to take an assessment on the day they should request a deferred assessment.

39. **Deferred assessments.** In the event that students are absent from any summative assessment, a deferred sitting may be arranged. Students must apply to the School for a deferred assessment. https://medhandbook.st-andrews.ac.uk/wp-content/uploads/sites/27/2024/08/UG-teaching_assessment_missed-and-deferred-exams-policy.pdf The request will be considered, anonymously by the School Progress committee. If the committee approves the request then an exam will be held in accordance with University regulations for deferred assessments.

40. **Failure to attend.** Students who are expected to take an assessment (or reassessment) but who do not attend the exam must self-certify and inform the School Assessment Team (medass@st-andrews.ac.uk). Failure to do so, or failure to request a deferred assessment, will result in the student receiving 0 for that assessment.

41. **Failing exams and resits.** Students who fail a module after completing all the required assessments may be entitled to take resit assessments for that module. These resit assessments will be timetabled prior to the commencement of the next academic year. Students must pass all modules in one academic year in order to progress on to the next. All resit module pass grades are capped at 7 irrespective of performance in the reassessment. A resit module mark for MD2001, MD2002, MD3001, MD3002 and MD4001 is calculated from a total of 180 marks split 50:50 between SWAs & MCQs. It is composed of two separate papers, which all resit students for a module must sit: Paper 1 (SWAs totaling 90 marks), Paper 2 (90 MCQs). Marks obtained from the MSA do not contribute to the calculated resit module grade. If a student has passed the MD2002 or MD3002 OSCE but is required to resit the written papers, then there is no requirement to resit the OSCE. Similarly, if a student fails the MD2002 or MD3002 OSCE but obtains a pass for the written papers then only a resit OSCE is required. The resit assessment for MD4003 follows the same format as the MD4003 initial examinations. Failure of any component of MD4002 will require a resit of that component. A re-assessment for the dissertation component of MD4002 would require that the student completes a new, shorter, dissertation under the supervision of the same or different supervisor. If the student failed the original presentation then they will be required to re-present their work to be marked by two staff members using descriptors to determine a grade. The mark for any resit components (presentation or dissertation) of MD4002 will be capped at 7.

42. **Re-taking a module.** Students who fail a module at first attempt, and at a subsequent resit, may re-take that module if they have not previously repeated a module ie complete all the teaching and assessment again. No resit is available of a re-taken module. Students must pass the re-taken module at the first set of assessments. Students may only re-take one module within their programme.

43. **S-coding.** A module grade may be reported with an S-code where most or the whole of the student's work for the module has been affected by special circumstances; where there is clear written evidence of these; and where it has not been possible to compensate by means of deferred and/or alternative assessment. Only modules in year 2 and 3 of phase 1 are eligible for S-coding (to a maximum of 60 credits). The University S Code policy: <https://www.st-andrews.ac.uk/policy/academic-policies-student-progression-s-coding/s-coding.pdf>

FEEDBACK POST-SUMMATIVE ASSESSMENTS

44. **Class Performance.** The class will receive feedback on the exam performance as a whole.
45. **Individual performance.** A full breakdown of results with supporting performance feedback will be available on the student record section of Galen.
46. **Personal Tutor.** Students will have the opportunity of meeting with their personal tutor following MSA and ESA exam diets to discuss their examination performance. Tutors will have access to generic class feedback and individual student records on Galen and be able to assist the student in conducting a self-appraisal of their performance. The tutor will ensure you understand the assessment system, review your study technique and may direct you to seek further support.
47. **Decile Rank.** Your decile relates to your general ranking within the class and is similar to how you will be ranked for foundation jobs in the future. Decile 1 is the top 10 percent of the class, decile 2 the next ten percent below that and so on to decile 10. Information on decile rank is not routinely calculated or held for individual students, a module decile rank can however be requested via a Galen signup sheet on completion of the module assessments.
48. **Entry to year 2.** Students who fail MD2001 or MD2002 at the first attempt will be invited by the progress committee to reflect on their experience and consider how they are equipped for their future studies. Completing this task is a professional expectation.

Author:	Executive Administrator (DCM)	Approval Committee:	
Consultees:			
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Version Control Record (expand table as required)

Date	Revision Description	Major Changes
29/06/2017	Published version	
29/01/2018	Clinical Examinations update	
10/08/2018	Update to BSc only focus	
10/09/2021	Update to refer to changes to Assessment for BSc Medicine Modules of Academic Year 2021-22	
06/09/2022	Update to Assessment for BSc Medicine Modules of Academic Year 2022 onwards. Reverting to pre-pandemic assessment structure.	
08/09/2023	Reviewed and updated with minor edits.	
15/9/2025		Change of phraseology to Phase 1. Change of number of assessment items. End of honours entry.