

SCHOOL OF MEDICINE ASSESSMENT POLICY FOR MEDICAL STUDENTS

MBChB Phase 2 (ScotCOM) PROGRAMME

INTRODUCTION

1. The School of Medicine, University of St Andrews offers a five-year Bachelor of Medicine, Bachelor of Surgery (MBChB), Scottish Community Orientated Medicine (ScotCOM) degree. The programme is designed to provide a holistic approach to medical education, emphasizing community-based learning, clinical exposure, critical thinking and leadership skills. The assessment methods for the MBChB programme meet the needs of a vocational degree and requirements of the General Medical Council (GMC), to determine acceptable levels of competence expected in a medical professional. These being knowledge, clinical skills, together with professional values and behaviours.

The MBChB programme is comprised of two phases, with Phase 1 following a structure shared with the BSc Honours degree in Medicine for the first 2.5 years. Phase 2 begins in semester two of the third year, with more comprehensive clinical exposure to primary and secondary care.

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, application of knowledge, clinical and communication skills.

3. The course has a modular design and students need to complete nine compulsory modules across five years to graduate with an MBChB. Phase 1 consists of five modules: MD2001; MD2002; MD3001; MD3002 and MD4001. For information related to Phase 1 modules, please refer to the [MBChB Phase 1 assessment policy](#)

Phase 2 consists of four modules: MD4004 (year 3); MD4005 (year 4); MD5011 and MD5012 (year 5), all of which must be passed to be awarded a MBChB degree in Medicine. N.B. Progression to year 4 requires that both Phase 1 MD4001 and Phase 2 MD4004 modules be passed.

MD5011 includes the GMC Medical Licensing Assessment (MLA), which is required for graduates to work as doctors in the UK. The MLA consists of two components: the applied knowledge test (AKT) and performance-based assessment of clinical and professional skills (CPSA). More details about the MLA can be found via the GMC website: <https://www.gmc-uk.org/education/medical-licensing-assessment>.

KEY FEATURES OF THE ASSESSMENT STRATEGY

4. Assessments closely match and test the course objectives and intended learning outcomes.
5. Whenever possible, objective assessment methodologies are used to test learning outcomes.
6. Assessments sample the breadth and depth of knowledge, however are not intended to test every learning outcome of a module.
7. 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 gen AI. For

UG teaching_assessment_policy MBChB Phase 2

further information, refer to the [University's guidance on genAI and good academic practice](#)

8. Summative assessments are blueprinted to ensure that assessment content proportionately represents the curriculum, being mapped to the Medical Schools Council MLA content map.
9. All summative assessments are standard set to ensure appropriate and fair pass marks are applied.
10. Students are informed of all assessment procedures at the beginning of each phase of the course.
11. Opportunities for formative assessment and remediation are provided in all years of the programme.

GENERAL ASSESSMENT OUTLINE

12. **Formative Assessment.** The results of formative assessments do not count towards module progression. 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 early warning of any areas of weakness.

13. **Summative Knowledge Assessment.** Progress testing will be used as the summative knowledge assessment in years 3 and 4 of the MBChB programme. Progress testing is closely aligned to the MLA applied knowledge test (AKT), with multiple tests set throughout an academic year and blueprinted to the curriculum. In year 5, summative assessment will be the two components of the MLA: the AKT and CPSA.

Progress testing is a longitudinal assessment designed to measure developing knowledge over the course of the programme, where each test will comprise single best answer (SBA) questions which are pitched at the level of a graduating medical student. Students in earlier years are not expected to know all the material but can use the results to monitor knowledge growth across the programme. The full [Phase 2 Progress Testing Policy](#) can be found in the School Handbook.

After each progress test, students will receive their individual score as a percentage, in addition to the progress test grade, ranked as unsatisfactory (U), low pass (LP) or satisfactory (S). Detailed feedback will be provided on performance across areas of:

- Applied knowledge
- Clinical practice
- Clinical practice settings

a. Progress Test Schedule:

MD4004

Timing	Assessment
MD4001 ESA Diet	Formative Progress Test (100 SBAs)
March	Progress Test 1 (100 SBAs)
June	Progress Test 2 (100 SBAs)
Late June	Additional Progress Test (100 <u>SBAs</u>)*

MD4005

Timing	Assessment
October	Progress Test 3 (100 SBAs)
February	Progress Test 4 (100 SBAs)
May	Progress Test 5 (100 SBAs)
Late May	Additional Progress Test (100 <u>SBAs</u>)*

MD5011

Timing	Assessment
Semester 1	Formative Progress Test (100 SBAs)

*Deferral or additional test window

b. Progression Requirements. Progress testing (PT) is designed to evaluate the evolving knowledge base of medical students. Results across multiple progress tests are used to calculate a cumulative grade which will determine progression to the next academic year.

Year 3 (MD4004):

To progress to Year 4 (MD4005), students must meet the following criteria:

1. Pass at least one of the two summative progress tests (PT1 or PT2)
2. At the end of MD4004, students must achieve a cumulative grade of a low pass (LP) or satisfactory (S)

If the cumulative grade is unsatisfactory (U), a further progress test must be sat to determine progression.

- Pass the test: Progress to MD4005
- Fail the test: Repeat MD4004 in full

MD4004 Outcomes

PT1	PT2	Cumulative Grade	Outcome
U	U	U	Additional Test*
U	LP	LP	Pass
U	S	LP	Pass
LP	U	U	Additional Test*
LP	LP	LP	Pass
LP	S	S	Pass
S	U	LP	Pass
S	LP	LP	Pass
S	S	S	Pass

*Pass - Progress to MD4005. Fail - Repeat MD4004

Year 4 (MD4005): To progress to year 5 (MD5011), students must:

1. Pass two of the three tests in MD4005 (PT3 - PT5)
2. Pass PT5 (final test)

If PT5 is unsatisfactory, but PT3 and PT4 are passed, a further progress test is required to determine progression.

- Pass: Progress to MD5011
- Fail: Repeat MD5011 in full

MD4005 Outcomes

PT3	PT4	PT5	OUTCOME
U	U	n/a	Repeat*
U	LP	U	Repeat *
U	LP	LP	Pass
U	LP	S	Pass
U	S	U	Repeat *
U	S	LP	Pass
U	S	S	Pass
LP	U	U	Repeat *
LP	U	LP	Pass
LP	U	S	Pass
LP	LP	U	Additional Test**
LP	LP	LP	Pass
LP	LP	S	Pass
LP	S	U	Additional Test**
LP	S	LP	Pass
LP	S	S	Pass
S	U	U	Repeat *
S	U	LP	Pass
S	U	S	Pass
S	LP	U	Additional Test**
S	LP	LP	Pass
S	LP	S	Pass
S	S	U	Additional Test**
S	S	LP	Pass
S	S	S	Pass

*Repeat MD4005 in full

** Pass - Progress to MD5011. Fail - Repeat MD4005 in full

Module Progression. Students who fail the additional test attempt may be eligible to repeat the module if they have not previously repeated any modules. If they have repeated a module at any point during the programme (including Phase 1), they will not be able to progress on the programme. In year 4, students with two consecutive 'unsatisfactory' ratings will be asked to either repeat the year where they have not previously re-sat any modules or will exit the programme.

Year 5 (MD5011 and MD5012):

The summative component of knowledge assessment in year 5 will consist of the MLA AKT as the final knowledge-based test. There will be a formative progress test and a 'mock' formative in preparation for the AKT.

Stage of Programme	Assessment
Year 5 – Semester 1	Formative PT (100 SBAs)
Year 5 – Semester 2	MOCK AKT (200 SBAs)
Year 5 – April & May	AKT attempts (200 SBAs each), students must only pass one.

If a student is unsuccessful at passing the AKT at first attempt, they can re-sit it at the next scheduled date. Students who fail the second attempt will be able to retake year 5 in full (including foundation preparation module MD5011). They will be allowed a first attempt and a re-sit in the retaken modules. i.e. 4 attempts at the AKT in total. Students who have previously retaken a module in either Phase 1 or Phase 2, will be permitted to retake the foundation preparation year.

c. Prescribing Safety Assessment (PSA). A national PSA tests students' skills, judgement and supporting knowledge related to prescribing medicines in the NHS. A mock PSA will be scheduled in year 4 and a formal closed book, invigilated exam will take place in year 5. This will be a formative assessment and not a barrier to graduation. However, a 'pass' would be valid for 2 years and stand as an exit requirement of FY1. There will be opportunity for a re-sit of the PSA during year 5.

14. Clinical Skills Assessment. Clinical competence and communication skills are assessed by Objective Structured Clinical Examinations (OSCEs). In MD4004, the OSCE will consist of a number of separate stations (normally 12), each of 7 minutes duration. There will be 1 minute reading time for every OSCE station in all assessments. In MD4005, the OSCE will be composed of a combination of 7 and 10 minute stations. In MD5011, the summative clinical assessment will form the MLA Clinical and Professional Skills Assessment (CPSA) and be composed of 14 x 10 minutes stations. A formative 'mock' CPSA will be provided in semester two of year 5. More information can be found in the OSCE [skills assessment policy](#).

Module Progression. Students will have to achieve the minimal passing standard (cut point derived by borderline regression – details in 'Clinical Examinations' section below), in addition to passing >50% of stations (e.g. 7 of 12 stations in years 3 and 4. For the MLA CPSA in year 5, the number of stations to pass is likely to be set around 60% and will be in line with other medical schools and GMC guidelines at that time). One re-sit attempt will be permitted and students will have to pass the re-sit OSCE to pass the module. If students are unsuccessful at reassessment, they will retake the module (if there have been no previous modules retaken). In year 3 and 4, students who repeat a module will need to pass the OSCE at the first attempt. In a retake of MD5011, students would be allowed a first attempt and a re-sit in the retaken year.

15. Professionalism Assessment. Summative assessment of professionalism via the portfolio will be based on a series of marked coursework items, core evidence and a skills passport. Example portfolio tasks include: quality improvement project, reflective pieces of work, examples of clinical and procedural skills, and professional attributes form. There will be deadlines throughout the year to complete core tasks and a formal portfolio review will be triggered for unsatisfactory written submissions or late submission of more than two portfolio items. In the event of a formal portfolio review, students will need to complete a remedial reflective task satisfactorily to progress to the next year of study. If students are unsuccessful at reassessment, they will retake the module (if there have been no previous modules retaken).

PREPARING THE ASSESSMENTS

16. **Blueprinting.** Progress test questions will be blueprinted according to the MLA content map, selecting across areas of 'clinical practice', 'applied knowledge' and 'clinical practice settings'. Each progress test will include 100 assessment items. The minimum number of items for 'areas of clinical practice' are provided below, with the weightings for 'areas of applied knowledge' and 'clinical practice settings':

Area of Clinical Practice	≥ No. of Qs	Areas of Applied Knowledge	% of Qs
Breast	≥1	Diagnosis	40
Cancer	≥ 4	Management	50
Cardiovascular	≥ 5	Medical/ Lab Science	10
Child health	≥ 6		
Dermatology	≥ 2	Clinical Practice Settings	% of Qs
Ear, nose & throat	≥ 2	Acute Medicine	25
Emergency medicine & intensive care	≥ 4	Clinical Imaging	15
Endocrine & metabolic	≥ 4	Primary Care	30
Gastrointestinal	≥ 5	Surgery	25
Haematology	≥ 2		
Infection	≥ 4		
Medical ethics & law	≥ 1		
Medicine of older adult	≥ 5		
Mental health	≥ 6		
Musculoskeletal	≥ 5		
Neurosciences	≥ 4		
Obstetrics & gynaecology	≥ 5		
Ophthalmology	≥ 1		
Palliative & end of life care	≥ 1		
Peri-operative medicine & anaesthesia	≥ 1		
Renal & urology	≥ 5		
Respiratory	≥ 5		
Sexual health	≥ 1		
Social/population health & research methods	≥ 1		

17. **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

18. 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, to calculate an appropriate cut point or pass mark. 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.

19. All the questions used in summative assessments (i.e. OSCEs and progress tests) are stored in the School's exam question bank, or the Medical Schools Council Assessment Alliance's (MSCAA) question bank. These banks are extensive and consist of peer-reviewed and approved assessment items.

20. **Standard Setting.** 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.

21. **Cohen Method.** The Cohen method for standard setting calculates a cut point for passing the exam based on data generated by the best-performing students sitting the test. The cut point (pass mark) will be set at 60% of the score achieved by the student at the 90th percentile (the top 10%). On any occasion where there is a reduced cohort sitting a test, appropriate historic data may be used to calculate the cut point.

22. **Pass Marks.** Since every exam is unique, the percentage required to pass the assessment 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 and will vary depending on year of study and the number/type of assessment e.g. progress testing or MLA AKT (see section 14: Summative Knowledge Assessment). The AKT is a national exam set by the Medical Schools Council and the pass mark for this assessment is determined by them.

23. **Module Results.** The module results will be determined by combining performance across knowledge, skills and professionalism domains. All components will need to be passed in order to pass the module. A failed component will require passing at re-sit to progress. If students are unsuccessful at reassessment, they will need to retake the whole module (if there have been no previous modules retaken).

CLINICAL EXAMINATIONS (OSCE)

24. **The Borderline Regression Method.** An OSCE examiner will score each student using a domain-based checklist as they observe performance during each 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.

25. **Pass/fail Boundaries for OSCE.** Pass fail boundaries at OSCE stations are determined by a borderline regression method (see above). A pass mark is then determined for the entire exam by averaging the cut points for each station. Students must pass >50% of stations (e.g. 7 of 12 for years 3 and 4 and likely ~60% for the CPSA in year 5) AND achieve the overall pass mark in order to pass the assessment.

REPORTING

26. Module Exam Board Meeting. Before the results are reported to the University, a cohort of internal and external examiners review 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.

27. Key Reporting Codes. Unique to Phase 2 MBChB, reporting of module progression is based on pass/fail status. The key reporting codes are:

P	Pass
F	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.

28. Degree Classification. The MBChB degree classification will be awarded on completion of 700 credits from the approved programme over five years of study. The MBChB can be awarded with the following classifications: 'pass', 'merit' or with 'distinction' and will be decided on basis of performance in the MD5011 'Preparation for Practice' module. A single overall % score will be derived from the % score in the individual components according to the weighting of: 45% knowledge (AKT), 45% skills (CPSA) and 10% portfolio. The top 10% of students will obtain a distinction, with the next 10% to obtain a merit, on the basis of the overall score for the module.

REASSESSMENT AND SPECIAL CIRCUMSTANCES

29. 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 first assessment students must register with Student Services by week 7.

30. 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.

31. Deferred Assessments. In the event that students are absent from any summative assessment, a deferred sitting may be requested. Students must apply to the School for a deferred assessment this can be done by emailing Medical Director of Teaching medicaldot@st-andrews.ac.uk, explaining the circumstances and including relevant evidence. 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. Please refer to information on [absence from exams/deferred exams](#).

32. Failure to Attend. Students who are expected to take an assessment (or reassessment) but who do not attend the exam must inform the School of Medicine, Support Team (medsupport@st-andrews.ac.uk) and the School Assessment Team (medass@st-andrews.ac.uk). Failure to do so, or failure to request a deferred assessment, may result in the module being awarded a 0X reporting code.

33. Failing Exams and Re-sits. Students who fail a domain (e.g. knowledge, skills or professionalism) will have to re-sit the assessment(s) of that domain (e.g. progress test, OSCE or portfolio) at the next opportunity. Re-sits take place in May or June (dependent on year of study) and also represent the only deferral opportunity for progressing to the next year of study without interruption of studies. For students

sitting a first attempt in the May or June reassessment period (e.g. due to a deferral), any re-sit opportunity would be at the end of the next academic year. Students must pass all domains in one academic year in order to progress on to the next (unless a first attempt was in the re-sit diet (for years 3 or 4), in which case the re-sit component will take place at the next main exam opportunity).

34. Special Circumstances. A module grade may be reported with special consideration where most or the whole of the student's work for the module has been affected by personal 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. For more information on special circumstances please refer to the [Academic Adjustments Policy](#).

FEEDBACK POST-SUMMATIVE ASSESSMENTS

35. Class Performance. The class will receive feedback on the exam performance as a whole.

36. Individual Performance. A breakdown of results with supporting performance feedback will be available on the student record section of Galen.

37. Personal Tutor. Students will have the opportunity of meeting with their personal tutor following progress test 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 if indicated.

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Consultees:			
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Version Control Record *(expand table as required)*

Date	Revision Description	Major Changes
07/01/2026	Phase 2 assessment policy	New document