MBChB Phase 2 (ScotCOM) Skills Assessment Policy

Introduction

Clinical competence and communication skills are assessed by Objective Structured Clinical Skills (OSCEs). In MBChB Phase 1, OSCEs are assessed using a 'checklist' marking system, which measures technical and procedural skills reliably during early years medical education. While a valid method of evaluation, checklist marking can miss nuances in patient interactions and promote formulaic 'tick box' performance, focussing on what needs doing rather than on how well it is done.

As students move into their clinical years, a 'domain-based' system is considered more appropriate in assessing overall competence, including skills such as empathy, professionalism and clinical reasoning. Domain-based marking more closely aligns with real life clinical encounters, allowing a more holistic and integrated assessment of clinical skills.

Moving to domain-based marking will help students prepare for the performance-based clinical and professional skills assessment (CPSA) in year 5 of the programme, as part of completing the Medical Licensing Assessment (MLA) required for graduates to work as doctors in the UK.

Assessment Method

In MBChB Phase 2, the domain based ASSESS[1] marking scheme will be adopted for all OSCE assessment across years 3.5 – 5 (appendix A). The format of the OSCE remains very similar to that of Phase 1, however the marking criteria will change to incorporate broader scope of clinical interactions, as outlined below.

Each OSCE station will be scored across five domains:

- **Accuracy** – does the student do the right thing?
- **Skilfulness** – does the student perform the tasks in a skilful manner?
- **Supportiveness** – is the student appropriately supportive of the patient, relative or colleague?
- **Efficiency and structure** – does the student display an appropriate level of control and is the encounter timely and well organised?
- **Safety** – does the student display appropriate levels of both patient safety and professional safety for this context?

In phase 2, OSCEs will increase in length and complexity with each year, as students' progress towards their final clinical exams. 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 CPSA component of the MLA and be composed of 14 x 10-minute stations. A formative 'mock' CPSA will be provided in semester two of year 5.

Marking and Standard Setting

An OSCE examiner will score each student using a domain-based marking grid 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 marking grid will be statistically analysed against the global rating by the borderline regression method for each station, in order to determine individual station cut points.

Pass/Fail Boundaries for OSCEs

Once the pass/fail boundary for each OSCE station has been determined, the pass mark is calculated for the entire exam by averaging the cut points for each station. Students must pass a minimum number of stations (>50% e.g. 7 of 12 stations) AND achieve the overall pass mark, to pass the assessment. In the CPSA the minimum 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.

Comprehensive post-test analysis of OSCE data is reviewed by a cohort of internal and external examiners, as part of the University's quality assurance processes. The final outcomes are agreed by the external examiners, module controllers, assessment officers, director of teaching and programme course director.

Feedback

Following each OSCE assessment, students will receive feedback on their performance, which includes:

- A full breakdown of performance by station, including scores and examiner comments
- Consolidated cohort-level feedback summarising areas of strength and improvement, based on examiner observations and standard performance trends

Appendix A: ASSESS Marking Scheme

Score	1	2	3	4	5
Accuracy Reasonable core tasks are selected and performed?	**Many omissions** including major elements	**Several omissions,** mostly minor elements	**Mostly appropriate** and reasonable coverage of tasks, one or two minor elements omitted	**Good selection and coverage of tasks** displayed with occasional minor areas for improvement	**Selection and coverage of tasks is without fault,** or effectively so
Skilfulness Performs the essential tasks in a skilful manner?	**Heavy handed /inept** Performed like somebody unfamiliar with the process, significant lack of ability	**Stilted** Hesitant performance, evidence of limited practice or ability	**Adequate** Reasonable performance - obvious that some practice has occurred	**Slick** A good performance – significant practice behind this	**Fluent** Performance equivalent to an expert at this stage of training
Supportiveness Appropriately supportive of the patient, relative or colleague?	**Rude** or dismissive Does not listen Would advise friends to avoid this student/doctor due to their manner	**Inoffensive** Listens but without reacting Ambivalent when recommending this student/doctor	**Pleasant enough** Listens Would advise friends that this student/doctor is fine if asked	**Courteous** and polite Listens with interest Would advise friends this is a lovely student/doctor if asked	**Highly empathic** Reacts and responds to patient Would actively recommend this students/doctor for their manner
Efficiency & structure Appropriate level of control? Is the encounter timely and structured?	**All over the place** Disorganised, Inappropriate allocation of effort towards certain elements	**Unstructured** Severe bias towards one element at cost of others, runs short of time	**Reasonable structure** Balance of activities inefficient, but most completed	**Clearly organised** Keeps most activities to time with good balance	**Expertly organised** Timely with every element, each with appropriate attention
Safety Appropriate levels of both patient and professional safety for this context?	**Practice unsafe** or Patient harm likely or significant issue with professional conduct	**Poor outcome possible** Aspects of safe practice not ideal or mild/moderate issue with professional conduct	**No concerns** over safety but few overt attempts to ensure safety, No problem with professional conduct	**Active attempts** to ensure no patient safety issues Good professional conduct	**Ensures no patient or professional safety issues** Overt demonstration of both patient safety and professional conduct

1. Jarvis RI and Harrison NM. Dundee ASSESS: tips on using domain-based grading to enhance the validity, student feedback and educational impact of the OSCE [version 1; peer review: 1 approved]. MedEdPublish 2025, **15**:43 (https://doi.org/10.12688/mep.20794.1)