

St George's, University of London

Scheme of Assessment

MBBS 5-year stream Year 1 (2019-20)

Overview

1. The assessment of the first and second year of the 5-year programme is known as the Clinical Science Examination.
2. This Scheme of Assessment specifically relates to the first year of the 5-year programme.
3. In accordance with the GMC assessment guidelines (2009), assessment in the MBBS programme will be across three domains, namely:
 - Doctor as a Scholar and a Scientist
 - Doctor as a Practitioner
 - Doctor as a Professional
4. A student may only have **ONE** discretionary 3rd attempt during the MBBS Programme. Under the *procedure for consideration for a final discretionary attempt at an assessment*, Boards of Examiners will have the authority to approve a discretionary third attempt if a candidate meets programme-specific fast-track criteria. For candidates who do not satisfy the programme-specific fast-track criteria, a Discretionary Panel of Senate will consider the student's application for a discretionary third attempt. Detailed information about the fast-track criteria, procedure and timescales is published on the Student Affairs section of the Portal.
5. In Years 1 and 2, the curriculum will be considered as forming **four curriculum themes**:
 - Basic and Clinical Sciences (BCS)
 - Community and Population Health (CPH)
 - Patient and Doctor (PD)
 - Personal and Professional Development (PPD)
6. In Years 1 and 2 of the 5-year programme, the Doctor as a Scholar and a Scientist domain will cover the BCS, CPH and PPD curriculum themes and will be subdivided in to two elements that must be passed independently. The two elements are: BCS and CPH/PPD (to ensure reliability of judgement marks for CPH and PPD, these will be combined for assessment purposes only).
7. The Doctor as a Scholar and a Scientist domain is tested using written examinations and objective structured practical examinations (OSPE) and will assess knowledge and application of knowledge.

The Doctor as a Practitioner domain is tested using an objective structured clinical examination (OSCE) and will assess clinical communication and clinical skills.

The Doctor as a Professional domain will assess whether students are developing the ability to apply knowledge in the clinical workplace as well as the behaviours and skills required by medical professionals. Feedback will be provided across four

main elements: attendance, other professional behaviour, the clinical workplace portfolio and student selected component (SSC)/projects.

8. Assessment in Year 1 will normally comprise of the following:
 - For the Doctor as a Scholar and a Scientist domain, there will be written examinations and an anatomy examination (which may comprise an OSPE and /or written paper) at the end of each semester.
 - For the Doctor as a Practitioner domain, there will be a formative Objective Structured Clinical Examination (OSCE) that will normally be held during Year 1 or at the start of Year 2.
 - For the Doctor as a Professional domain, assessments will be completed throughout the year across four main elements: attendance, other professional behaviours, clinical workplace portfolio and SSC/projects.
9. The written examinations and OSPEs will comprise questions that test the work of that semester and synoptic questions that integrate the material covered in all semesters attended to that time. Items will be distributed so as to ensure that teaching from all semesters is appropriately represented in the final mark scheme.
10. The length of the written examinations and the number of OSCE and OSPE stations will be announced in advance of the assessment by the Chief/Responsible Examiner. In addition, students will be provided with information in terms of synoptic versus semester components, and of computer-marked versus free-text question styles.
11. The content of the assessments in the Doctor as a Professional domain will be announced in advance of the assessment by the Chief/Responsible Examiner and/or Domain Lead.
12. There will be no compensation between the three assessment domains. There will also be no compensation between the two elements of the doctor as a scholar and scientist domain (BCS and CPH/PPD).

Mark Distribution

13. Marks from the two elements of the Doctor as a Scholar and a Scientist domain (BCS and CPH/PPD) will accumulate over the Semesters 2, 3 and 4 examinations to a maximum of 100 marks for each element. The Doctor as a Practitioner grade will be determined by the end of year 2 OSCE.
14. **Formative and Summative assessment – Year 1**

Formative assessment:

Formative assessments are used to allow students to practise the main assessment methods that will be used summatively in the remainder of the programme.

- For the Doctor as a Scholar and a Scientist (BCS and CPH/PPD elements) domain, there will be a formative end of semester one written examination and anatomy examination. Attendance at these examinations will be compulsory.
- For the Doctor as a Practitioner domain, there will be a formative Year 1 OSCE that will normally be held during Semester 2. Attendance at the examination will be compulsory.

- The Doctor as a Professional domain will be assessed throughout the year on a formative basis. There will be one formatively assessed SSC in this domain during Year 1 (namely Foundation SSC). The completion of the assessments in this domain will be compulsory.

Summative assessment:

- For the Doctor as a Scholar and a Scientist (BCS and CPH/PPD) domain, there will be an end of semester 2 written examination and anatomy examination.
- For the Doctor as a Professional domain, a number of portfolio items that are introduced in year 1 must be completed to an acceptable level by the end of year 2.

15. **Progression:** Students at first attempt will normally progress automatically from Year 1 to Year 2, since the two years are part of a single integrated course. (see paragraph 31, 32, 33, 34)

Marking arrangements and Standard Setting

Doctor as a Scholar and a Scientist (BCS and CPH/PPD elements)

16. The pass standard for the written examinations and anatomy examination shall be determined using standard setting (using recognised methods). The pass standard will normally (see paragraph 17) be determined by the Cohen method.
17. In regard to the standard setting methods referred to in the above paragraph, it may not be statistically reliable to choose the method listed, given the variables (e.g. cohort size) of the particular assessment in question. In these cases an alternative, recognised, method would be selected to suit the variables of the assessment.
18. For each semester examination, candidates' unrounded marks for all components (e.g anatomy examination, written paper) of each element of the domain (BCS and CPH/PPD) will be summed separately to calculate an element mark and an element percentage mark. The element mark for each summative examination will be used for the accumulation of marks at the end of Year 2 (see paragraph 13).
19. In order to determine the semester grades (see paragraph 21), candidates' percentage mark for each element of the domain (BCS and CPH/PPD) will be rounded to the nearest whole number (e.g. 56.49 rounded down to 56, 56.50 rounded up to 57) for comparison with the element pass standard.
20. The element (BCS and CPH/PPD) pass marks will be calculated from the percentage pass standard and the marks available for the individual examinations. The element pass mark for each summative examination will be used for the accumulation of marks at the end of Year 2
21. Candidates ***at the end of the semester examinations*** will be graded as one of the following categories for each element (BCS and CPH/PPD):
- **A (Acceptable):** competent – the numerical pass mark or above
 - **C (Cause for Concern):** not yet competent – up to and including 2 Standard Errors of Measurement below the numerical pass mark

- **U (Unacceptable):** poor – more than 2 Standard Errors of Measurement below the numerical pass mark

Doctor as a Practitioner (formative OSCE)

22. The pass standard for the OSCE shall be determined using standard setting (using recognised methods). The pass standard will normally (see paragraph 23) be determined by the borderline regression method.
23. In regard to the standard setting methods referred to in the above paragraph, it may not be statistically reliable to choose the method listed, given the variables (e.g. cohort size) of the particular assessment in question. In these cases an alternative, recognised, method would be selected to suit the variables of the assessment.
24. The resulting pass mark for each station will be set to the nearest whole number (e.g. 15.49 will be rounded down to 15, 15.5 will be rounded up to 16). The individual station passmarks will be adjusted to a mark out of 10 for each station. These marks will be added together and converted to a percentage to give the overall numerical pass mark for the OSCE, which is then rounded to the nearest whole number (e.g. 56.49 will be rounded down to 56 and 56.50 will be rounded up to 57).
25. Candidates will be given an adjusted mark out of 10 for each station. In order to determine the formative grade, candidates' station marks will be added together and converted to a percentage to give the overall numerical mark for the OSCE. This mark is then rounded to the nearest whole number (e.g. 56.49 will be rounded down to 56 and 56.50 will be rounded up to 57).
26. In order to attain the pass standard, candidates are required to achieve the numerical passmark for the examination **and** pass 65% of stations (rounded to the nearest whole number). For example, for a 10 station OSCE, students must pass at least 7 (rounded from 6.5) stations.
27. Candidates **at the end of the formative OSCE** will be graded as one of the following categories:
 - **A (Acceptable):** competent – the numerical passmark or above **and** pass at least 65% of stations
 - **C (Cause for Concern):** not yet competent – up to and including 2 Standard Errors of Measurement below the numerical passmark **or** fail between 35% and 50% of stations
 - **U (Unacceptable):** poor – more than 2 Standard Errors of Measurement below the numerical passmark **and/or** fail more than 50% of stations

The Doctor as a Professional domain

28. This domain will be assessed on a formative basis in Year 1. Candidates will be considered across four main elements: attendance, other professional behaviours, clinical workplace portfolio and SSC/projects.
29. Feedback on the assessments that comprise this domain will be distributed to candidates.
30. The Doctor as Professional leads will consider, and meet where necessary, students displaying poor professional behaviour (including attendance) or poor performance in relation to other aspects of the domain such as completion of workplace

assessments. The Doctor as Professional Grading Committee will report to the Board of Examiners any unsatisfactory performance within the domain via the allocation of a grade for all students, but this is not summative in Years 1 and 2. The Doctor as Professional Progress Meetings and Grading Committees in all future years, may consider any evidence assimilated from the point of entry to the MBBS programme, including years 1 and 2 where assessment is formative.

Progression from Year 1 to Year 2

31. Students will normally progress automatically from Year 1 to Year 2, since the two years are part of a single integrated course.
32. A candidate, whose grade in **either or both** elements (BCS or CPH/PPD) at the first attempt at the first year is **Cause for Concern or Unacceptable** shall normally proceed to Year 2. Alternatively, candidates have the right to repeat the year's study on one occasion only. Candidates repeating the year will be required to sit all domains of assessment, regardless of whether they have passed the domain (or element of) in a previous academic year.
33. A candidate, whose grade in **either or both** element(s) (BCS **and/or** CPH/PPD), at the second attempt at the first year, is **Cause for Concern or Unacceptable** shall be deemed to have failed the programme and their registration will be terminated. Such students may be eligible for a 3rd discretionary attempt, in accordance with the *procedure for consideration for a final discretionary attempt at an assessment*. (see paragraph 4). All grades may be made available to the discretionary panel, including formative grades the Semester 1 examinations and from the Doctor as a Professional domain. Candidates offered a final, 3rd attempt will be required to repeat the year and sit all domains of assessment, regardless of whether they have passed the domain (or element of) in a previous academic year.
34. A candidate, whose grade in **either or both** element(s) (BCS **and/or** CPH/PPD), at the third attempt at the first year, is **Cause for Concern or Unacceptable** shall be deemed to have failed the programme and their registration will be terminated.

Merits and Distinctions

35. Candidates who *pass* the Final Year and are awarded the MBBS degree will be eligible to be considered for the award of a St George's Mark of Merit or a University Distinction, in the following four disciplines:
 - Medical Sciences (on the basis of performance in the Clinical Science years), Clinical Sciences (on the basis of performance in Transition year)
 - Clinical Specialties (on the basis of performance in Penultimate year)
 - Clinical Practice (on the basis of performance in Final Year).
36. A candidate awarded a Distinction in a discipline cannot also be awarded a Merit in that discipline. Merits and Distinctions are only awarded to those completing the degree.
37. For the sole purpose of calculating Merits and Distinctions, a final mark for the Clinical Science Examination shall be determined, using the weightings specified in the table below:

Accumulated mark (semester 2, 3 and 4)	MBBS5 Year 1 and 2 (Medical Sciences)
Doctor as a Scholar and a Scientist (BCS)	70

Doctor as a Scholar and a Scientist (CPH/PPD)	20
Doctor as a Practitioner (end of Year 2 OSCE)	10
TOTAL	100

38. A Distinction in Medical Sciences will be awarded to candidates in the top 10%, ie. the 1st decile, of the cohort in the Clinical Sciences Years. This will be based on the final weighted percentage mark, rounded to one decimal place (see paragraph 36.). Candidates must pass at 1st attempt in order to be eligible for a distinction. Candidates must also achieve a grade of Acceptable in the Doctor as a Professional domain at first attempt.
39. A Merit in Medical Sciences will be awarded to candidates in the 2nd decile of the cohort in the Clinical Sciences Years. This will be based on the final weighted percentage mark rounded to one decimal place (see paragraph 36.). Candidates must pass at 1st attempt in order to be eligible for a merit. Candidates must also achieve a grade of Acceptable in the Doctor as a Professional domain at first attempt.
40. Candidates who defer entry to an examination and sit their first attempt with the re-sit cohort will be ranked alongside first attempt candidates from the main cohort and then awarded a Merit or Distinction according to where they rank with the main cohort (ie. 1st or 2nd decile). A candidate who defers entry to an examination more than once, will be ranked alongside the most recent main cohort.

Students re-enrolling/re-joining a year of a programme following an approved period of absence OR students who are required/have elected to repeat a year

41. Any candidate re-enrolling/re-joining a year of a programme following an approved absence (e.g. interruption of studies), will be examined in accordance with the scheme of assessment in place in the academic year in which the re-enrolment/re-joining takes place.
42. Any candidate required to repeat a year or any candidate who elected to repeat a year, will be examined in accordance with the scheme of assessment in place in the academic year in which the repeat year takes place.
43. Any candidate returning from an approved absence (e.g. interruption of studies) part way through an academic year will have their assessment requirements (i.e. the assessments in which they will be formatively and summatively examined) determined on a case-by-case basis.

Board of Examiners and Management Arrangements

Board of Examiners

44. There shall be an MBBS Board of Examiners constituted in accordance with the General Regulations for Students and Programmes of Study.
45. The Board of Examiners has ultimate responsibility for the standard of the examinations and their fair and proper conduct.
46. The Board of Examiners will determine progression from Year 1 to Year 2.

External Examiners

47. There is a detailed job description for External Examiners, available separately.
48. External Examiners will be invited to attend the meeting of the Board of Examiners and OSCEs.

Chief Examiners

49. There will be a Chief Examiner for each of Years 1 and 2. It shall be the shared responsibility of the Chief Examiners to produce and maintain a master blueprint for the examinations across Year 1 and 2.
50. The Chief Examiners shall oversee the activities of the Semester and Theme Responsible Examiners; shall arrange standard-setting and quality assurance meetings; and shall co-ordinate the synoptic element of the examination.
51. Annual Report: The Chief Examiners shall co-ordinate production of an annual report on the conduct and standard of the examinations to the Chair of the Board of Examiners and the Course Committees.