



**MANUAL OF ACADEMIC REGULATIONS
AND PROCEDURES**
MEDICAL DEGREE ASSESSMENT REGULATIONS
(APPLICABLE FROM OCTOBER 2025)

Academic Quality, Standards and Conduct

Student and Education Services

MARP [Applicable From October 2025]

Planned Review Date October 2028

CONTENTS

MD 1 STRUCTURE OF THE MBChB DEGREE PROGRAMME	2
MD 2 CRITERIA FOR AWARD	3
MD 3 PENALTY FOR LATE SUBMISSION OF COURSEWORK.....	4
MD 4 PROGRESSION.....	4
MD 5 CLASSIFICATION OF AWARDS.....	6
MD 6 REASSESSMENT.....	8
MD 7 INCOMPLETE ASSESSMENT AND EXCEPTIONAL CIRCUMSTANCES	9
MD 8 CONSIDERATION AND CONFIRMATION OF RESULTS	12
MD 9 PUBLISHED INFORMATION.....	14
MD 10 EXCLUSION.....	14
APPENDIX 1: HISTORIC PROGRESSION REQUIREMENTS	15

ASSESSMENT REGULATIONS FOR THE BACHELOR OF MEDICINE, BACHELOR OF SURGERY (MBChB) UNDERGRADUATE DEGREE

The MBChB programme is under continuous review both internally and by the General Medical Council. As a result, it may sometimes be necessary to amend these regulations over the course of a student's registration to match national decisions about undergraduate medical education and to ensure continued alignment with sector standards. Changes will be made only where necessary to ensure the appropriate level of competence in graduates from the programme as they move onto their postgraduate training, and to ensure patient safety.

MD 1 STRUCTURE OF THE MBChB DEGREE PROGRAMME

- MD 1.1 The MBChB degree comprises learning across levels 4, 5, 6 and 7 over a five-year full-time programme. There is no stipulated credit length for each year of study as medical qualifications are not typically credit rated.
- MD 1.2 The Medicine with a Gateway Year degree is a six-year programme comprised of an initial year of study (Gateway Year), with progression onto the five-year MBChB degree programme where students meet the progression criteria.
- MD 1.3 Fitness to practise requirements apply to students studying on the Gateway Year as well as to those on the MBChB degree programme. Fitness to practise requirements apply to all course content, regardless of whether this provision is delivered directly by the Lancaster Medical School, or by another academic department or source.
- MD 1.4 Attendance and active engagement in all scheduled teaching sessions, clinical placements, and prescribed course activities are mandatory components of the medical programme as they all relate to GMC Outcomes for Graduates. Students are expected to demonstrate a satisfactory level of attendance and engagement throughout the academic year, as determined by the Medical School's monitoring processes.

Failure to meet these requirements, without approved mitigating or exceptional circumstances, will be considered a breach of course regulations. Students who do not achieve satisfactory attendance and engagement may be deemed ineligible for progression at Exam board.
- MD 1.5 Lancaster Medical School is committed to the principles of inclusive assessment and anticipatory reasonable adjustment. To support equity and accessibility, all timed, in-person written examinations conducted under invigilated conditions will be delivered with 25% additional time. This additional time is automatically applied and will be documented in the published duration of such assessments. It is available to all students, in recognition of both declared and undeclared needs.

For clarity, this inclusive adjustment does not apply to coursework, take-home assessments, or other forms of untimed academic work, where extended deadlines may instead be considered on an individual basis through the University's disability and inclusion services.

Similarly, the structure and timing of clinical assessments, including the Objective Structured Clinical Examination (OSCE) and Clinical and Professional Skills Assessment (CPSA), have been designed to accommodate these adjustments within the standard delivery framework. As such, separate additional time arrangements are not required for these assessments.

Students requiring adjustments beyond those already embedded in the assessment design must notify the Medical School and engage with the University's disability and inclusion services at the earliest opportunity. All requests will be considered in accordance with Lancaster University policy and relevant legislation.

- MD 1.6 The arrangements for the programme of study shall be published in the Courses Handbook, [available online](#) for staff and current students.

MD 2 CRITERIA FOR AWARD

- MD 2.1 In order to qualify for the MBChB degree, students must have attained a pass in all components of each of the five years. No condonation of failed components is permitted. The standard setting procedure described below is a requirement of the General Medical Council, as included in their assessment advice in the publication *Promoting Excellence: standards for medical education and training* (July 2015).
- MD 2.2 The pass mark for each summative component of the assessment of each year of the MBChB degree will be arrived at as follows.
- (a) Written examinations in years 1-4: each examination paper will usually be standard set by a panel of content experts using an agreed standard setting approach. This will usually be a modified Angoff technique. The initial pass mark will be determined by the panel without prior knowledge of the students' performance. The pass mark will then be adapted in the light of additional information such as the analysis of the performance of test items and feedback from the students, again using the modified Angoff method.
 - (b) Practical examinations (the Objective Structured Clinical Examinations, (OSCEs) in years 2-4): each OSCE will usually be standard set using a borderline regression approach. The overall cut score is the sum of the pass marks for each station in that examination. A minimum number of stations to pass is normally 71% of stations (representing 10 out of 14 stations).
 - (c) Coursework, including Special Study Module (SSM) coursework, will usually be marked to a standardised rubric. Moderation is undertaken in line with [Lancaster University's General Regulations for Assessment and Award](#).
 - (d) The component clinical placement rotations of year 5 are assessed through the student's portfolio, on a pass/fail basis; each rotation must be passed. The clinical supervisor for the rotation assesses the student using the PETA process (Professional Education and Training Appraisal); signing the final PETA form as a pass indicates that the student has attended and has acquired the appropriate skills, knowledge, and professional attitudes to proceed into their Foundation Doctor years.

- (e) The ‘Preparing for Practice’ programme in year 5 must also be passed. It is made up of three elements:
- The 2 week ‘Preparing for Practice’ component at the start of the year is assessed through completion of a logbook of clinical skills and medicines management and must be passed.

MD 3 PENALTY FOR LATE SUBMISSION OF COURSEWORK

- MD 3.1 Work submitted up to three days late without an agreed extension will receive a deduction of 1 ranking point.
- MD 3.2 For work submitted up to three days late, where the application of the penalty would take the mark below the grade of ‘pass’, the penalised mark will be recorded as ‘pass’, and a score of 0 ranking points, with no requirement to resubmit. Work received after three days will receive a mark of zero (non-submission). Saturdays and Sundays are included as days in this regulation; however, where the third day falls on a Saturday or Sunday, students will have until 10.00 a.m. on Monday to hand in without receiving further penalty.
- MD 3.3 Work submitted more than three days late without an agreed extension will not be marked and the student will receive a classification of ‘fail’ and a score of 0 and be awarded 0 ranking points.

MD 4 PROGRESSION

- MD 4.1 Progression from the initial (Gateway) year of the Medicine with a Gateway Year degree is dependent on attainment of the following:
- (a) an aggregation score of at least 15.0 in all three units;
 - (b) an aggregation score of at least 12.0 in ten out of fifteen end-of-year examinations; and
 - (c) an aggregation score of at least 10.3 in the coursework/test element in all three units.

Examination Boards will determine whether a student has successfully met the progression requirements to move to the Year 1 MBChB, giving full countenance to exceptional circumstances as reported from the Exceptional Circumstances Committee and reassessment opportunities as detailed below.

Where these progression criteria are not met, students may be eligible for transfer into the second year of specified Biomedical and Life Sciences degree programmes, provided they meet the progression criteria set out for these programmes.

- MD 4.2 The progression requirements of the MBChB degree have been detailed and approved through the programmes approval process and are as follows:

Progression	Required to pass with the pass marks as detailed above
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Year 1 to 2	Paper 1; Paper 2; Paper 3; Study Skills Module (satisfactory attendance and completion of formative tasks); Community (Primary Care) course (satisfactory attendance).
Year 2 to 3	Paper 1; Paper 2; Paper 3; SSM2; OSCE; hospital placements and Community (Primary Care) course (satisfactory attendance and completion of the E-Portfolio).
Year 3 to 4	Paper 1; Paper 2; Health, Culture and Society coursework; Professional Practice, Values and Ethics coursework; OSCE; hospital and GP placements (satisfactory attendance and completion of the E-Portfolio);
Year 4 to 5	Medical Licensing Assessment Applied Knowledge Test (MLA-AKT); Medical Licensing Assessment Clinical and Professional Skills Assessment (OSCE); hospital and GP placements (satisfactory attendance and completion of the E-Portfolio); Elective supervisor form completed.
Graduation	Pass in all components of the 'Preparing for Practice' programme. Pass in the PETA assessment of the five placement blocks (Ward Care; Acute Care-Emergency Medicine; Selectives in Advanced Medical Practice 1 and 2; Community-Orientated Medical Practice). Elective supervisor form completed

Examination Boards will determine whether a student has successfully met the progression requirements to move to the next year of the programme and to graduation, giving full countenance to exceptional circumstances as reported from the Exceptional Circumstances Committee and reassessment opportunities as detailed below.

- MD 4.3 Students are required to pass each element of the course independently, to progress (i.e. compensation between elements is not allowed). Opportunities to resit a written paper, re-take a clinical exam, resit a Special Study Module or any other piece of coursework, or retake a clinical placement block in year 5 are offered where appropriate, and are signposted for students.
- MD 4.4 Students have a chronological seven-year period following registration, within which they must complete their studies. This period includes time that may be taken out to repeat a year of study, complete an intercalated degree between years 4 and 5, or suspend studies for personal reasons. If exceptional circumstances mean that a student will exceed this period, their case will be considered by the Head of the Medical School.
- MD 4.5 Any student repeating a year must pass the resit year to progress. Students will not be permitted to repeat more than one year of study; if a student has previously resat a year, a repeat of a subsequent year is not permitted. In exceptional circumstances, the student's case will be considered by the Head of the Medical School.
- MD 4.6 All students who graduate from academic year 2024-25 onwards must have passed the General Medical Council's Medical Licensing Assessment to be eligible to graduate with a Primary Medical Qualification.

- MD 4.7 Exceptionally, under the transitional arrangements agreed by the General Medical Council (GMC), any student who has successfully passed all written and clinical finals assessments in their penultimate year of study and is out of programme in the academic year 2023-24 will not need to take an Applied Knowledge Test (AKT) or Clinical and Professional Skills Assessment (CPSA) that the GMC has confirmed meets the requirements of the Medical Licensing Assessment Framework¹ on return to programme if they meet the following criteria set by the GMC:
- a. The student is out of programme in the academic year 2023-24 with the medical school's approval and
 - i. In their penultimate year of study in 2022-23 has taken and passed the written and clinical exams as part of a degree programme currently recognised by the GMC.
 - ii. Has met all the other academic requirements of the university for progression to the final year of study and
 - iii. Must have graduated in or before the end of the academic year 2025-26
 - b. If any of the above criteria are not met, the student must pass an AKT and a CPSA that the GMC has determined meets the requirements of the MLA Framework prior to graduation.

- MD 4.8 The Medical Licensing Assessment (MLA) is normally valid for 2 years. Thus, a student who would graduate more than 2 years after passing the MLA components (AKT and CPSA), would be required to sit and pass both these assessments again prior to graduation to graduate with a Primary Medical Qualification.

MD 5 CLASSIFICATION OF AWARDS

- MD 5.1 The final award criteria for the MBChB degree have been detailed and approved through the programme's approval process. The year 5 Examination Board will determine whether a student has successfully met the final award criteria giving full countenance to exceptional circumstances as reported from the Exceptional Circumstances Committee, and reassessment opportunities as detailed below.
- MD 5.2 In order to qualify for the overall award, students must have attained in full the minimum credit requirement for the programme by passing all the components of all years.
- MD 5.3 There will be three classes of MBChB degree awarded, calculated based on the student's overall ranking in the cohort. Rankings are derived at the start of year 5 following the calculation of a weighted mean score (range 0 to 6.75) according to the formula shown below. Year 4 assessments receive more weight than those in years 1 to 3, as they are the final written and practical assessments.

¹. Assuring readiness for practice: a framework for the MLA. [mla-framework-plus-annexes-pdf-85707459_pdf-88217761.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/-/media/assets/gmc-site/standards-and-frameworks/frameworks/assuring-readiness-for-practice-a-framework-for-the-mla.ashx)

MD 5.4 Formula for calculating an individual student's overall performance across the course:

$$score = \frac{6 \left(\frac{\sum y_1 + y_2 + \dots + y_n}{n} \right) + 3(x_4)}{4}$$

Where y_n denotes individual pieces of assessment in years 1-3 (these are all added together and then divided by the number of completed assessments) and x_4 denotes the mean score for year 4 (i.e. total points score over all assessments for year 4 ÷ number of assessments).

MD 5.5 The score for an individual assessment is calculated as follows.

- (a) The standard-set pass mark for an individual written exam is adjusted to a 60% pass mark by arithmetic scaling. The new mark is then banded according to the following ranges:

80-100%	85% Band
70-79%	75% Band
60-69%	65% Band
50-59%	55% Band
Less than 50%	45% Band

- (b) The percentage mark which the student has obtained in the OSCE is banded according to the following ranges:

> cut score + 2 standard deviations	85% Band
between >cut score + 1 s/d and cut score + 2 s/d	75% Band
between cut score and cut score + 1 s/d	65% Band
Failed (below cut score and/or failed on no. of stations)	55% Band

- (c) Points are then assigned to the banded marks according to the following table:

Year of study	Written examinations, OSCEs	Coursework
1-4	Band 85 = 3 points Band 75 = 2 points Band 65 = 1 point Fail (first attempt) (bands 55 and 45) = 0 points	Excellent = 3 points Good = 2 points Pass = 1 point Fail (first attempt) = 0 points

MD 5.6 At the final Examination Board, the rankings (which are divided into deciles) are used to classify the awards as follows.

- (a) Students in the 1st decile are awarded the degree of MBChB with Honours.
- (b) Students in the 2nd decile are awarded the degree of MBChB with Commendation.
- (c) All other students are awarded the degree of MBChB.

MD 6 REASSESSMENT

- MD 6.1 A student who fails any component of the assessment in a given year (including SSM & coursework) will be required to undertake a reassessment for that component and must pass it before they can progress to the next year or graduate. All other coursework must be passed to graduate (see clauses MD 6.4-6.6 for further details of reassessment).
- MD 6.2 Students completing the Gateway Year who have not met the progression criteria outlined in MD.4.1 will be permitted to undertake reassessments to meet these criteria, as a second and final attempt.
- MD 6.3 Students in the Gateway year and years 1-4 will be given the opportunity to undertake reassessment within the same academic year in which they made their first attempt. If a student fails one of the rotations of year 5, they will not be able to undertake reassessment within the same academic year but will be required to repeat some or all the final year in the following academic year, subject to discussion of the case at the year 5 Examination Board.
- MD 6.4 A student undertaking reassessment of a failed piece of coursework, including Special Study Modules (SSM), will be required to resubmit the coursework during the same academic year. The maximum mark permissible for the resubmitted coursework is “pass” (0 ranking points).
- MD 6.6 When all the results of reassessment are available the overall profile will then be considered following procedures detailed in **Consideration and confirmation of results**.
- MD 6.7 The following exit awards will be available for students who leave the MBChB programme before the final year, as follows:
- (a) BSc (Hons) Medical Sciences will be awarded to a student who has passed all the components of years 1-3 of the programme but will not progress into year 4, or does not successfully complete year 4, for the following reasons:
 - poor academic performance
 - not wishing to continue with a career in medicine
 - being found not fit to practise medicine
 - (b) The students' marks for the assessments are converted to a score using the formula where x_1 , x_2 and x_3 are calculated as described under MD 5.4 – MD 5.6. The scores of all students in the cohort are ranked and then divided into deciles. The BSc (Hons) degree will be classified according to the decile as:

Deciles 1 and 2 – first class
Deciles 3, 4, 5, 6 and 7 – upper second class
Deciles 8 and 9 – lower second class
Decile 10 – third class

- (c) BSc (Hons) Advanced Medical Sciences will be awarded to a student who has passed all of the components of years 1-4 of the programme but will not progress into year 5, or does not successfully complete year 5, for the following reasons:
- poor academic performance;
 - not wishing to continue with a career in medicine;
 - being found not fit to practise medicine.

The students' marks for the assessments are converted to a score using the formula shown in clause MD 5.4. The scores of all students in the cohort are ranked and then divided into deciles. The BSc (Hons) degree will be classified according to the decile as:

Deciles 1 and 2 – first class
Deciles 3, 4, 5, 6 and 7 – upper second class
Deciles 8 and 9 – lower second class
Decile 10 – third class

MD 7 INCOMPLETE ASSESSMENT AND EXCEPTIONAL CIRCUMSTANCES

- MD 7.1 For the purposes of these regulations 'exceptional circumstances' will mean properly evidenced and approved claims from students that demonstrate good cause as to why their performance and achievements have been adversely affected by means which have not been fully addressed through extension and other available assessment procedures.
- MD 7.2 For the purposes of these regulations 'good cause' will mean illness or other relevant personal circumstances affecting a student and resulting in either the student's failure to attend an examination, or submit coursework at or by the due time, or otherwise satisfy the requirements of the scheme of assessment of the MBChB programme; or, the student's performance in examination or other instrument of assessment being manifestly prejudiced.
- MD 7.3 A chronic medical condition, for which due allowance has already been made, will not itself be considered a good cause although a short-term exacerbation of such a condition might be so judged.
- MD 7.4 'Evidence' will mean a report descriptive of the medical condition or other adverse personal circumstances which are advanced by the student for consideration as amounting to good cause. Such a report should include a supporting statement from an appropriate person. Where the report refers to a medical condition of more than five days' duration the report must be completed by an appropriate medical practitioner who would be requested to comment on how the medical condition

concerned would be likely (if this were the case) to have affected the student's ability to prepare for or carry out the assessment(s) in question.

- MD 7.5 Where an incomplete assessment may be the result of good cause, it will be the responsibility of the student concerned to make the circumstances known to Lancaster Medical School and to provide appropriate evidence. Notification later than forty-eight hours after the examination, or after the date at which submission of the work for assessment was due, will not normally be considered unless acceptable circumstances have prevented the student from notifying the Medical School within this time.
- MD 7.6 Lancaster Medical School will have an Exceptional Circumstances Committee whose primary responsibility it is to consider claims of good cause for the MBChB programme. Any such claims would be subject to confirmation by the Examination Boards later. The Exceptional Circumstances Committee would be required to meet at least once per annum prior to the final Examination Boards but might usefully meet to consider claims of good cause on a more frequent basis. The Exceptional Circumstances Committee will produce minutes of its meetings to be submitted to the appropriate Examination Board. Guidance on the management and operation of Exceptional Circumstances Committees can be found in [General Regulations for Assessment and Award.](#)
- MD 7.7 In considering claims of good cause:
- (a) the evidence provided by the student claiming good cause, and any relevant and available material submitted by them for assessment will be scrutinised.
 - (b) fairness to the individual student claiming good cause must be balanced with fairness to other students and the integrity of the assessment as a whole.
 - (c) in the event of the student having failed to attend an examination or examinations or having failed to submit course material or other work for assessment at or by the due time, it will be determined whether the failure to attend or submit has been justified by good cause.
 - (d) in the event of the student having submitted work for assessment by examination or otherwise, it will be determined whether such work has been manifestly prejudiced by good cause. If such prejudice is established the work affected will normally be deemed not to have been submitted.
- MD 7.8 For MBChB students, where it is determined that the evidence presented supports their claim that their academic performance was affected by good cause during the academic year, or by circumstances which occurred during the summative examination period, the student will be automatically granted the right to take the resit examinations in August as if they were the first attempt, should they fail one or more components of the summative examinations. Should the student then fail the reassessment, they will be permitted to repeat the whole year of study. In this repeat year, they will all assessment components for that academic year in the summative exam period as if they were the second attempt.

- MD 7.9 For Gateway students, where it is determined that the evidence presented supports their claim that their academic performance was affected by good cause during the academic year, or by circumstances which occurred during the summative examination period, the student will be automatically granted the right to take the resit coursework or examinations as required in August as if they were the first attempt. If the student does not meet the progression requirements outlined in MD 4.1 after the reassessment period then they will be permitted to either:
- (i) resit any required assessments as an external candidate in the following academic year or
 - (ii) repeat the year of study.
- In the repeat year of study, students will be required to resit all assessments as if for the first time, with no marks from their previous year of study carried forward.
- MD 7.10 Where it is determined that the evidence presented supports the student's claim that their academic performance was affected by circumstances which occurred during the resit examination period, the student will be automatically granted the right to repeat the whole year of study. In this repeat year, they will sit all assessment components for that academic year in the summative exam period as if they were the second attempt. If students suspend studies after the summative exams (and before resits) students will need to pass all assessment components for that academic year, (this includes the OSCE examination, in appropriate years) to progress to the next academic year, to demonstrate continuity of knowledge and clinical skills.
- MD 7.11 Where it is determined that the evidence presented supports the student's claim that their academic performance was affected by good cause during a period of coursework such as a four-week Special Study Module, meaning that they were not able to complete the coursework or were awarded a fail mark, they will be permitted to take a further coursework element during the summer which will be treated as the first attempt. Should this coursework be failed, another coursework element will be sat during the summer as the second attempt if there are sufficient weeks available to do this. If there is insufficient time, the student will be automatically granted the right for a further attempt at the coursework element but will suspend studies rather than repeat the year; it is not possible for the student to progress into the next year until the coursework element has been passed. A student in this position will not be required to resit the OSCE examination.
- MD 7.12 With the exception of year 4, students who have not passed all assessments following the annual resit examination period will have their studies terminated with the right to appeal. If an appeal is successful, the only option for MBChB registered students is to repeat the whole year of study. It is not possible for any failed components to be carried into the next year of study.
- MD 7.13 Students who have not passed all year 4 assessments after the resit examination period have an automatic right to repeat the whole year of study once. In a repeat year, students sit all assessment components, the exception to this is the Applied Knowledge Test (AKT) which does not need to be retaken if passed in the previous year. In the event of failure, students are granted the opportunity for a final attempt in

the resit examination period which would be counted as a fourth attempt.² If the OSCE examination had been previously passed, students must pass this again before progressing to the next academic year, to demonstrate continuity of clinical skills. Students who have repeated the year and exhausted all resit opportunities without passing all assessments as required will have their studies terminated with the right to appeal. If an appeal is successful, then the only outcome for MBChB registered students is to repeat the whole year of study.

- MD 7.14 Where it is determined that the evidence presented does not support the student's claim that their academic performance was affected by good cause during the academic year, or by circumstances which occurred during the examination periods, or during a period of coursework, the student's original assessment result will stand and they will have to resit any failed assessment components as the second and final attempt for the year. With the exception of year 4 (see clause 7.12), where a student fails at the second attempt resit stage, their studies will be terminated. Students in year 4 will have their studies terminated at a failed fourth attempt resit stage.
- MD 7.15 A student who is permitted by an Academic Appeals Panel to repeat the year will have to sit all assessments but will be granted the same number of attempts as the rest of the cohort i.e. will be permitted the August resit opportunity). For the purposes of ranking, the student will receive the points relating to their first attempt:

- 0 points for the failed components
- The first attempt marks for those components which were passed.

When taking previously passed components in the repeat year, students must pass each component again to progress to the next year. However, as stated above, they will receive ranking points relating to their first attempt, hence it is not possible to gain higher points in the repeat year.

MD 8 CONSIDERATION AND CONFIRMATION OF RESULTS

- MD 8.1 Senate has ultimate authority to determine all results of assessment leading to Lancaster University credit and awards. It exercises its authority to make final decisions as to granting of all credit-bearing University awards, primarily through the Committee of Senate with non-standard cases considered and recommended by the Classification and Assessment Review Board.
- MD 8.2 The Committee of Senate provides:
- (a) formal confirmation (or not) of recommendations from Boards of Examiners for the award to individual students of the MBChB degree of a particular class;
 - (b) formal approval of recommendations from Boards of Examiners that students be awarded no degree with or without a further re-sit opportunity (i.e. Fails);

² Where a student is undertaking repeat assessment, Lancaster Medical School staff will advise on the specific assessment arrangements for individual circumstances in compliance with national policy.

- (c) formal ratification of first, second, third, fourth, and fifth year results in the MBChB degree, including the timing and nature of re-sit opportunities for failed elements.

Further procedural details are set out in the [General Regulations for Assessment and Award](#).

- MD 8.3 For each year of the MBChB programme there will be an Examination Board comprising external and internal examiners which will be responsible for the assurance of standards through the exercise of their academic (and, where relevant, clinical/practitioner-based) judgement both directly in the assessment of students' work and indirectly in the design of specific forms of assessment. Clinicians who are nominated by Lancaster Medical School because they have primary responsibility for part of the medical degree programme including assessment will be entitled to be members of examination boards and will be termed "internal examiners". The constitution and terms of reference for examination bodies within the constituent elements of the University are set out in the section on Examination Boards in the [General Regulations for Assessment and Award](#).
- MD 8.4 The Examination Boards will receive decisions from the Exceptional Circumstances Committee. Examination Boards cannot, of themselves, reconsider or change decisions of the Exceptional Circumstances Committee. Examination Boards may challenge decisions of Exceptional Circumstances Committees by referring final decisions to the Committee of Senate via the Classification and Assessment Review Board, or equivalent body.
- MD 8.5 The Examination Boards for years 1-4 will consider and confirm marks derived from all assessments taken and examined in the academic year under consideration. The year 5 Examination Board will receive the results of assessments from years 1-4 and will consider and confirm the year 5 assessments. The year 5 Examination Board will make recommendations to the Committee of Senate with non-standard cases referred for consideration and recommendation via the Classification and Assessment Review Board as to the award of the MBChB degree (and the class of degree) within the approved degree programme classification scheme. Details of the role and operation of Examination Boards can be found in the [General Regulations for Assessment & Award](#).
- MD 8.6 The business of the Examination Boards will be minuted and the minutes will include a record of the External Examiner's adjudications, comments and recommendations, as well as particular decisions made by the Board. The minutes will also record the decisions of the Exceptional Circumstances Committee for each candidate considered by that committee (although detailed discussion of circumstances should not be undertaken at the Examination Board). The minutes must include a list of attendees (together with their status as external or internal examiners or assessor). This record of the proceedings of the Board will be restricted and made available only to: the participating examiners and assessors, the Vice-Chancellor and other officers of the University as appropriate; the Committee of Senate and the Classification and Assessment Review Board; and appropriate Academic Appeal and Review Panels as defined in the chapter on [Academic Appeals](#). Where the Examination Board has exercised its discretion in a particular case, as provided by these Regulations, the Committee of Senate via the Classification and Assessment Review Board will normally

uphold its decision providing it had majority support of the external examiners present at that Examination Board.

MD 9 PUBLISHED INFORMATION

- MD 9.1 The determination of results and the classification of university degrees are subject always to ratification by the Committee of Senate and will be regarded as provisional until ratified.
- MD 9.2 Immediately after the meeting of the relevant Examination Board, Lancaster Medical School may notify students of their provisional degree results.
- MD 9.3 Within forty days of the ratification of degree results, students will be sent a transcript of their results together with a Higher Education Achievement Report, both of which will conform in scope and layout to principles agreed by Senate.

MD 10 EXCLUSION

- MD 10.1 Students who, after undertaking agreed reassessment opportunities, fail to meet the stipulated criteria for progression or final award will be excluded from the University. Students are entitled to appeal against exclusion under the University's [Academic Appeals](#) procedures.

APPENDIX 1: HISTORIC PROGRESSION REQUIREMENTS

2016-18 For students who entered the programme in 2016-18:

Practical examinations (the Objective Structured Clinical Examinations, (OSCEs) in years 1-4): each OSCE was standard set using a borderline regression approach. The marks of all students were used to determine the passing score for each station, and to pass overall, students were required to achieve the “cut score”, which was the sum of the pass marks for each station in that examination. Students were also required to pass a minimum of 64% of stations in the OSCEs in years 1 and 2 and 71% of stations in years 3 and 4.

2018-2019 For students who entered the programme from 2018-19:

Practical examinations (the Objective Structured Clinical Examinations, (OSCEs) in years 1-4): each OSCE was standard set using a borderline regression approach. The marks of all students were used to determine the passing score for each station, and to pass overall, students were required to achieve the “cut score”, which was the sum of the pass marks for each station in that examination. Students were also required to pass a minimum of 70% of stations (representing 7 out of 10 stations) in the OSCE in year 1 and 71% of stations in years 2, 3 and 4 (representing 10 out of 14 stations).

2019-2020 For students who entered the programme from 2019-20:

Practical examinations (the Objective Structured Clinical Examinations, (OSCEs) in years 1-4): each OSCE was standard set using a borderline regression approach. The marks of all students were used to determine the passing score for each station, and to pass overall, students were required to achieve the “cut score”, which was the sum of the pass marks for each station in that examination. Students were also required to pass a minimum of 62.5% of stations (representing 5 out of 8 stations) in the OSCE in year 1 and 71% of stations in years 2, 3 and 4 (representing 10 out of 14 stations).

2020-2021 For students who entered the programme from 2020-21 onwards:

Practical examinations (the Objective Structured Clinical Examinations, (OSCEs) in years 1-4): each OSCE was standard set using a borderline regression approach. The marks of all students were used to determine the passing score for each station, and to pass overall, students were required to achieve the “cut score”, which was the sum of the pass marks for each station in that examination. Students were also required to pass a minimum of 71% of stations in the OSCE in years 2, 3 and 4 (representing 10 out of 14 stations).

Note: During the academic year 2020-21, the number of OSCE stations was reduced for students in years 2 and 3 in mitigation of the COVID-19 pandemic.

During the academic year 2021-2022, the number of OSCE stations was reduced for students in year 2 in mitigation of the ongoing impact of the COVID-19 pandemic. During the academic year 2022-23, for the Year 4 Summative OSCE only, the number of stations was reduced to 10 stations (students had to pass 7 out of 10 stations) due to the impact of Junior Doctors' strike action on the delivery of this assessment. The Year 4 Resit OSCE remained at 14 stations.

During the academic year 2024-2025, the number of OSCE stations was reduced for students in year 2 for the Resit OSCE to 12 stations (students had to pass 8 out of 12 stations) due to the impact of Junior Doctors' strike action on the delivery of this assessment. The Year 3 and Year 4 Resit OSCE remained at 14 stations.