

Guidance in standards for candidate feedback: Summative postgraduate medical examinations in the United Kingdom

November 2015

01 Background

The majority of the UK Medical Royal Colleges and Faculties provide summative, high stakes examinations for doctors training in their specialties. These examinations form an important part of the overall assessment system for UK trainees, leading to entry to the Specialist or GP Register, and as such must meet a number of standards set by the General Medical Council (GMC).

In many cases, these examinations are also open to candidates who are not training in the UK, either by being offered in international locations or by candidates travelling to the UK to sit them. In addition, they may also be taken by candidates in the UK who are intending to enter training in the relevant specialty, who have left training for a temporary or more prolonged period or who are employed in a service post in that specialty.

There is a widely held opinion amongst both candidates and examination providers that it is important to provide feedback to candidates on examination performance, beyond simple pass/fail classification.

In 2014 the Academy Assessment Committee (AAC) carried out a scoping survey to establish the consistency of delivery and perceived value of feedback provided following high stakes summative examinations. The results of this survey are summarised in Chapter 3. A highly variable standard of practice was observed and the AAC subsequently agreed that it was necessary to develop generic principles and standards to govern practice in this area in collaboration with the GMC.

A working-group (Appendix B) was set up to develop these standards which have been approved by the Academy, and have been reviewed by the GMC, which has been closely involved in the process throughout.

The standards detailed in this guidance represent the minimum expected practice regarding the provision of feedback that all Colleges and Faculties should adopt. It is anticipated that each College and Faculty will use these as a foundation to build more specific and detailed standards upon. It is also hoped that other organisations which currently provide examinations used in UK postgraduate medical training will adopt the standards.

The working group appreciate that the current variation in feedback practice relates in part to variation in the format of assessments. For example, examinations that use domain-based scoring allow for the provision of domain-based feedback. Similarly, the depth of feedback that can be provided is in part influenced by the question coding software that a College or Faculty can invest in. It should be recognised that these factors and other considerations relating to the reliability of domain-based scores in specific examinations may result in some Colleges or Faculties choosing to limit feedback in certain areas.

Based on their own experiences, the working group members considered that candidates want to receive feedback, and in fact often ask for more detailed feedback than is typically provided. However, the group were not aware of any evidence of the value of feedback in high stakes summative postgraduate examinations and therefore undertook a literature review (Chapter 4). Feedback practices in overseas postgraduate medical examinations and in other professions in the UK were also reviewed and are summarised in Chapter 3.

The information that can be provided to candidates or other parties following a summative examination is influenced by consideration of the legal right to request personal data and by issues of consent. The legal position in relation to the Data Protection Act is therefore summarised in Chapter 5.

Adoption of these standards will require some Colleges and Faculties to change their current practice. Any specific change in practice should be accompanied by an equality impact assessment. In developing these standards the working group considered issues relating to equality and diversity and did not identify any detrimental effects of any of the recommended standards to protected characteristics.

02 Definitions and Scope

What is feedback?

The following definition of feedback is used in this report:¹

‘Specific information about the comparison between a trainee’s observed performance and a standard, given with the intention to improve the trainee’s performance.’

Within this definition, *performance* should ideally include performance in the examination but also any further attempts at the examination in question, as well as in other examinations and in real-life clinical practice.

Feedback should help a candidate to understand and interpret an overall examination pass/fail result. For example, it should indicate specific areas of content or skill, weakness or strength, but need not attempt to *justify* the overall result or the award of specific marks for specific content or skill domains.

A distinction between feedback and counselling should, at this point, also be made. Feedback is the **provision** of information relating to performance. Whereas counselling is an **action** relating to that information, for example, an ongoing process of engagement and discussion between a trainer and a trainee.

Although materials such as mock or previous examination questions are often provided with the intention of improving candidate preparation and performance, these are typically not individualised and are also provided to candidates who may never have sat the examination. Therefore the production or dissemination of such materials is not included within these standards. In general the Academy regards their provision as good practice.

The provision of information regarding the performance of cohorts of candidates, either to candidates via examination websites or to trainers or organisations responsible for training (including the GMC) may indirectly help candidates to recognise potential areas of strength and weakness during examination preparation. In general the provision of such information is good practice.

Some Colleges and Faculties have traditionally placed examination results in the public domain in the form of *pass lists* or similar, detailing the performance of individual candidates. This practice does not meet the definition of feedback that is used here. Examining boards should therefore carefully consider and justify its purpose and ensure that all data protection requirements are met if they consider that it should continue.

Who should receive feedback?

The capacity for feedback to improve a candidate's performance may depend on the sharing of feedback with individuals other than the candidate and subsequent counselling, mentorship and remediation that might occur. For this reason recommendations regarding the provision of feedback to trainers and organisations responsible for training are within these standards.

Although candidates who fail summative examinations make the majority of requests for feedback and have been traditionally regarded as gaining the most from feedback, candidates who pass can also benefit.

Summative examinations should be regarded as a part of continuing professional development and as such any specific areas of weakness in an overall passing performance should be highlighted. For example, a candidate who passes a clinical skills examination overall but who performs poorly in one content or skill domain may usefully benefit from this knowledge.

Although there are differing views on providing feedback to those who obtain an overall pass, for example, it may be considered inappropriate if test scores were used for ranking purposes by recruitment panels, these standards do make recommendations for candidates who pass.

Expectations regarding the application of these standards

These standards relate to summative, high stakes examinations which form part of UK approved curricula and assessment systems for postgraduate specialty training.

As already noted, candidates from a wide variety of training and employment backgrounds in the UK and overseas sit such examinations.

The Academy recommends that these standards be applied consistently for all candidates who are in an **approved UK specialty, including general practice or foundation training programme, including those who are temporarily 'out of programme' at the time that they apply** to sit a summative high stakes examination provided by a UK Royal College or Faculty.

The Academy expects that where feasible the standards will also be applied to all other candidates sitting such examinations irrespective of their training or employment status or whether they are based in the UK or overseas.

However, differences in the provision of educational supervision for some candidates, particularly those who are not part of a recognised training programme in any country, may make it impossible to adhere to all the recommendations.

A wide range of assessment methodology is currently used in UK postgraduate examinations. These standards are intended to be generic in nature and the specific type of feedback will inevitably be linked to the type of assessment.

These standards specifically **do not** apply to:

- Workplace-based assessments or supervised learning events
- Tests used as part of selection or recruitment into training programmes.

03

The standards for feedback

The standards that follow should be regarded as the **minimum standard to be achieved**. All Colleges and Faculties are strongly encouraged to extend their practice beyond these standards whenever possible.

The primary purpose of summative examinations is to make a decision regarding the competence of a candidate. The assessment methodology chosen should focus on ensuring that this decision is as robust as possible. The provision of feedback is an important but secondary consideration and assessment methodology in summative examinations should not be compromised by the desire to enhance feedback.

Feedback should be provided in written form. This may be on paper or electronically but in either case care should be taken to ensure confidentiality and that the feedback is only disseminated to the candidate and those they have consented to share feedback with.

Colleges and Faculties should consider the potential advantages of providing all feedback for appropriate candidates in UK training through an e-portfolio system.

General Principles

Examining boards must have a published feedback policy. Such policies should:

- Adhere to the recommendations set out in this document or indicate why it is not possible to adhere to any specific recommendation
- Indicate the criteria for determining whether a candidate's request for further information regarding their performance following an examination is governed by an appeals and complaints policy rather than a feedback policy.

Examining Boards should consider the principles of data protection and ensure that all relevant legislation and requirements are adhered to in any feedback process.

Mark sheets may form part of feedback but need not be routinely provided. Information recorded on mark sheets is accessible to candidates via a subject access request.

Question papers need not be provided as part of routine feedback.

Correct answers to questions, or the diagnosis or physical findings of patients in clinical skills examinations or video recordings of these examinations need not be provided as part of feedback.

Examining boards should publish the following information in an easily accessible and understandable form, available for all candidates before an examination is taken:

- The content and format of the feedback that they will routinely receive
- The period or periods of time after the examination within which they will receive the pass/fail outcome (test result) and the feedback
- The methodology used to set the pass standard or standards, including:
 - Whether the examination is compensatory or non-compensatory
 - The cohort of candidates whose performance the pass standard or standards will be based
 - In some examinations the standard or standards will not change from sitting to sitting. In others they may be informed by the performance of the cohort sitting and thus susceptible to change and candidates should be informed accordingly
 - Numerical standards should be expressed as an absolute value in relationship to the maximum achievable test score (e.g. 180/250) *and/or* a percentage value (e.g. 72%) *and/or* a scaled mark relative to the passing standard
 - Descriptions of categorical standards, for example, 'it is necessary to pass six out of seven stations to pass the examination overall'
- The pass standard or standards most recently applied, including, in a non-compensatory examination, the specific passing requirements in each content domain or skill domain or station
- The pass rates amongst specific relevant candidate groups in the past five years, including protected characteristics such as gender and ethnicity, if the numbers of candidates in such groups are sufficient for valid analysis and if historical data is available for that period
- Which other individuals or bodies their results will be shared with. How consent from the candidate to share this information will be obtained and whether and how a candidate may decline consent to share this information
- In situations in which a College or Faculty retains some additional information relevant to performance that is not a part of the information routinely returned to candidates (for example written comments made by examiners on marksheets), clear guidance on how all candidates (or others with candidate consent) may access such information and whether they will be required to pay to access such information.

Examining boards should, when considering the time between an examination and the delivery of feedback to candidates, take into account the frequency of availability of the examination to candidates and the application periods for the examination.

Core and routine feedback, particularly the pass/fail outcome, should be provided as soon as is practicable and normally at least six weeks before the date of the next sitting of the examination in which the candidate is eligible to appear.

If additional information relevant to performance is to be available, it should be clear to the candidate whether or not this information will be available to inform their application for the next sitting of the examination in which they are eligible to appear.

Feedback to candidates who fail

The primary purpose of feedback to candidates who fail is to provide clear and understandable information that they and their trainer can use to increase their chance of passing at a subsequent sitting of the same examination.

Such formative feedback should normally contain an *explanatory breakdown* of the marks that led to an overall fail decision but need not provide a *justification* for the award of the specific marks that led to the overall decision.

The Academy recommends that feedback to candidates who fail should indicate:

- Whether this is the first or a subsequent attempt or an exceptional attempt at this examination
- The number of maximum permissible attempts at this examination
- The pass standard or pass standards for the examination at the relevant sitting expressed as described above
- The candidate's performance in this examination, expressed as described above. For example 120/250 (48%) or Pass in five of seven stations (fail in Stations X and Y).

In examinations with more than one pass standard this information should be provided for each domain, competence or skill for which an individual pass standard is set.

In examinations in which performance is categorised into different content, competence or skills domains, but it is not necessary to pass all of these domains to pass the examination overall (a compensatory examination), information regarding the candidate's performance in each domain should be provided.

Some examining boards may additionally categorise a candidate's performance, by, for example, using terms such as *bare fail* or *outright fail*, either in relation to an absolute standard or relative to the candidate cohort sitting the examination at the same time or some other specified historical cohort.

Such gradations of fail performance *should only be provided* if the examining board believes that the provision of the information will be more helpful to the candidate than provision of the absolute mark alone or if their regulations dictate that performance categorised in this way could result in some sanction such as a deferred subsequent attempt, or the need for the demonstration of improvement before resitting.

If provided, information relating to relative performance should preferably be expressed by classifying the candidate's absolute mark within subsets such as a decile or quartile.

Where verbal descriptors of absolute or relative overall performance such as *bare fail* or *bad fail* are used, these should ideally be accompanied by a numerical definition of the descriptor. For example, a bad fail might be defined by a total test score that is more than two standard deviations below the mean score or pass standard, or a fail in six out of seven stations or content or skill domains.

Some examining boards may choose to provide information in addition to numerical scores or verbal descriptors of grades to failing candidates. For example, individual formative comments written by examiners such as '*Failed to elicit an accurate history from this patient. Needs to be more systematic.*' Although there is no requirement to provide such information routinely, it is good practice to do so.

Feedback to candidates who pass

The feedback provided to candidates who pass an examination should be similar to that provided to those who fail.

This is because a description of the level of performance, beyond a basic *pass* grading, expressed in numerical form as an absolute (e.g. 200/300) or relative value or as a verbal descriptor (e.g. bare pass) may provide important formative information on which to base further continuing professional development.

This may particularly be the case in examinations in which performance is assessed in a number of domains, skills, competencies or content areas. A candidate who passes the examination overall may have variable performance across the domains assessed and feedback may highlight both strengths and weaknesses.

The Academy recommends that:

- Colleges and Faculties should aim to provide the same amount and type of information to passing candidates as to failing candidates
- However, in considering the provision of any information to passing candidates other than their pass status, examining boards should take into account:
 - The reliability of the examination across the entire range of examination performance and specifically whether passing test scores can reliably be used for the purposes of ranking. This consideration is particularly important when considering sub-scores in specific domains of performance
 - Whether the examination is test equated. That is, whether a given level of performance in one sitting of an examination, for example, a mark of 200/250, can be legitimately compared to a mark obtained from another sitting of the same examination.

These considerations are important as it is highly undesirable for a successful candidate to subsequently record or report information regarding their performance that could be used by others to inappropriately rank or rate the candidate in, for example, recruitment processes. For this reason, examining boards that choose to provide such information to passing candidates should provide a clear statement regarding appropriate uses of this information in their regulations and on their websites.

Who, other than the candidate, should feedback be provided to?

The capacity for feedback to improve a candidate's performance may depend on the sharing of feedback with individuals other than the candidate and subsequent counselling, mentorship and remediation that might occur.

The Academy recommends the following:

Candidates in UK training

Candidates who are in UK training at the time that they apply to sit a summative examination provided by a UK College or Faculty should routinely be asked to provide consent to share their examination results with a trainer and/or an organisation responsible for their training.

Examinations which require a sponsor or sponsors, who are not the current educational supervisor, should be included.

The precise means by which consent is obtained may vary from specialty to specialty but would ideally be contained within an educational contract included as part of an e-portfolio or similar document completed at the beginning of a period of training.

Candidates should have the right to refuse the sharing of their examination results with other parties, but clear reasons should be documented for this choice.

The *trainer* will typically be a named educational supervisor and part of the organisation responsible for training e.g. a deanery or LETB.

The feedback provided to trainers and organisations responsible for training should be identical to that provided to the candidate as specified above.

For sponsors who are not the nominated *trainer*, it is reasonable to provide only a pass/fail outcome.

Systems and structures should be put in place to enable examining boards to implement this, ideally through e-portfolio systems.

Candidates not in UK training

Colleges and Faculties whose examinations are taken by candidates who are not in UK training, as defined above, should ask candidates to provide the name of an individual or organisation with whom their feedback can be shared.

Candidates should consent to this process and to the precise level of information that is to be provided to any third party. Currently, it will often be difficult to achieve this through an e-portfolio system and any practicable alternative method of confidential communication should be used.

Feedback in extraordinary circumstances

Examining boards should consider the need to provide more detailed or extended feedback to specific candidates, for example:

- Those whose performance is regarded as very poor either in comparison to their peer group or against some absolute standard
- Those who fail an examination or component of an examination on more than one occasion
- Those who demonstrate attitudes or behaviours or actions during an examination that do not constitute misconduct under the relevant examination regulations but are felt to require specific comment or action.

If any of these circumstances apply, examining boards should consider whether any additional action is required, particularly if attitudes, knowledge or behaviours in an examination setting might have implications for patient safety. These actions could include additional communication with trainers, organisations responsible for training, Responsible Officer and the GMC.

Acting upon feedback

Feedback is more likely to have value if the candidate is able to act upon it. The Academy recommends the following:

Candidates

The primary responsibility for acting upon feedback from an examination lies with the candidate.

Where a candidate has failed an examination they should discuss their feedback with their trainer and before making a further attempt at the examination, undertake any specific examination preparatory activities and/or participate in any necessary remedial training suggested in such a discussion or in any specific recommendations made by an examining board.

Where a candidate has passed an examination they should still review any feedback with their trainer in order to try and identify any weaker areas in clinical knowledge or performance which might benefit from further training and/or study as part of their ongoing professional development.

Trainers

Trainers should respond to requests from candidates to discuss their feedback. Trainers should, when necessary, develop a supportive remedial training plan with candidates who have failed an examination and support trainees in preparation for examinations, including providing advice regarding the timing of their next attempt.ⁱ

Organisations responsible for training

Organisations responsible for training should:

- Routinely review the performance of their trainees in UK postgraduate examinations, individually and as cohorts, as part of their quality management processes
- Consider whether any additional training or support or intervention might support a trainee's further attempts at an examination and evaluate these wherever possible
- Consider whether the performance of a candidate in an examination or series of examinations justifies the involvement of doctors in difficulty services.

Examining Boards

Examining Boards should provide feedback that meets these standards to individual candidates, trainers and organisations responsible for training. They may also support individual candidates who fail by providing trainers or organisations responsible for training with additional information on performance that they hold. However, they **do not** have a responsibility to provide any remedial support, examination preparation materials or additional or targeted training to **individual** candidates.

Examining Boards should provide information on examinations to current and prospective candidates in their examinations. This information may take the form of:

- Blueprints or breakdowns of topics covered in an examination
- Representative test items or scenarios
- Analyses of the performance of cohorts of candidates according to different content or skill domains
- Overall pass rates for different cohorts of candidates. For example, those who sit early in their training in comparison to later in training.

ⁱ The Academy recommends the principles outlined in the Academy of Medical Educators A Framework for the Professional Development of Postgraduate Medical Supervisors. <http://www.medicaleducators.org/index.cfm/linkservid/C575BBE4-F39B-4267-31A42C8B64F0D3DE/showMeta/0/>

Quality, audit and research

Examining Boards should have systems in place to monitor their own performance in respect of any quantifiable parameters in these standards, for example, the mean time to provide feedback to candidates could be measured.

Examining Boards should provide guidance for examiners on the purpose, content and format of feedback provided in the examination in which they participate.

The value of feedback in summative postgraduate examinations in the UK is uncertain. Audit and research should be undertaken to attempt to establish whether:

- Feedback has any demonstrable effect on subsequent performance, and if so whether feedback is particularly beneficial to certain groups or types of candidates including protected characteristics
- Candidates perceive feedback to be valuable, and if so which forms of feedback are perceived to be most helpful.

Efforts should be made to define levels of performance in examinations where continuing poor outcomes in subsequent attempts are highly predictable. This may facilitate focussed or targeted support for specific groups of candidates.

Financial considerations

When considering charging for feedback, the following should be taken into account:

- Examination fees should include any charge for the provision of routine feedback to all candidates
- If additional feedback information (such as mark sheets) is not routinely provided as part of a feedback process an additional charge may be levied to cover this cost. However, it should be noted that the Data Protection Act imposes a limit on maximum charges for subject access requests
- Examining Boards should clearly indicate their charging policy for feedback on their websites, application forms or regulations.

04

Existing guidance and current practice in feedback

Guidance

The existing standards for giving feedback to candidates can be found in Standard 11 of the GMC *Standards for Curricula and Assessment Systems*.ⁱⁱ

'GMC Standard 11 Assessments must provide relevant feedback to the trainees.

Mandatory requirements

- 11.1 *The policy and process for providing feedback to trainees following assessments must be documented and in the public domain.*
- 11.2 *The form of feedback to the trainees must match the purpose of the assessment.*
- 11.3 *Outcomes from assessments must be used to provide feedback to the trainees on the effectiveness of the education and training where consent from all interested parties has been given.*
- 11.4 *The measurement of trainee performance and progression must be an integral part of the wider process of monitoring and evaluation, and must use objective criteria.*

Point to note

Sometimes it may be appropriate to provide no feedback other than the test result. If this is a policy decision then reasons should be stated.'

Current Practice in UK Postgraduate Examinations

In early 2014 the Academy undertook a scoping exercise of current feedback practice to inform these standards. Responses were received from 20 UK examination boards.

Key findings showed that:

- A wide variation in current practice exists
- More than 90% of examination boards routinely provide feedback on both written and clinical assessments although there is ambiguity in current working definitions of feedback
- The format of feedback (e.g. written vs oral, inclusion of free text and mark sheets) varies widely
- Feedback to candidates who pass is also variable and a source of contention

ii The Standards for Curricula and Assessment Systems are current at the time of publication of this document, but are being reviewed during 2015. In addition, the GMC is currently producing revised Standards for Education and Training that are expected to stress the importance of feedback in medical education and training.

- The wide variety of assessment formats used for both written and clinical assessments inevitably determined the format of possible feedback and it was felt would limit the specificity of any proposed standards.

A further scoping exercise ascertained current feedback practice with respect to undergraduate examinations in the UK, the Profession and Linguistic Assessments Board (PLAB) examination, international PG medical examinations and other professional examinations.

UK Undergraduate Examinations and the GMC PLAB examination

It was not possible to obtain any publicly available systematically analysed information relating to UK undergraduate examinations.

The PLAB website notes *'For Part 1 results, this will tell you whether you have passed or failed, your mark, the average mark achieved by all candidates at your examination and the pass mark. For Part 2 results, we will tell you if you have passed or failed. If you have failed, we will tell you whether you have passed or failed each station and the total score you achieved.'*²

International PG Medical Examinations

The key findings showed that there is:

- Widespread variation in practice, as found in the UK, although data is less complete
- A tendency for the use of ranking feedback in the USA
- Greater concentration on only providing feedback to failing candidates in countries outside the USA.

Other professions (healthcare and non-healthcare)

One legal and one accountancy examination were also looked at. These showed no identifiable consistency in feedback, but generally less feedback was given unless it was requested, or a candidate failed.

The scoping exercise showed wide variation in current practice with regard to feedback for postgraduate medical assessments both within the UK and overseas and (to a limited extent) for non-medical postgraduate qualification assessments.ⁱⁱⁱ

iii Full results of all the scoping exercises are available on request.

05 Evidence Review

As part of the Academy Assessment Committee's work to develop a minimum set of standards for examination feedback, the working group sought to identify any relevant lessons from research into the value of feedback from assessment. A systematic review of the literature was carried out and is outlined here.

The earliest records available up to June 2014, from Medline, Pubmed and CINAHL were searched using the terms "formative feedback" AND ("summative assessment" OR "exam" or "examination") AND "medical education". Additional searches for papers by or referring to John Norcini, whose work in this area is particularly notable were also carried out. These used the search terms "Norcini" AND "Feedback." After a conventional four-stage screening processes, seven papers were identified as relevant to the search.

A significant body of work supporting the value of feedback from formative assessment in medical education was found. However, the high-stakes postgraduate examinations that are the subject of this guidance are summative, not formative. Numerous expert opinions cast doubt on whether the value of feedback from summative examinations is comparable with that from formative assessments.³

Very few studies had specifically addressed the question of whether feedback on performance in summative assessments in medical education could be used formatively. Two studies^{4,5} had looked at the value of feedback from objective structured clinical examinations (OSCEs) on interpersonal skills such as communication, teamwork and leadership. Both of these studies did find that feedback from performance in OSCEs was of benefit.

In the period of consultation on these standards, a relevant study was published.⁶ Although it acknowledged the potential value of feedback in all assessment settings the study also indicated the potential limitations of feedback in summative examinations.

Some Colleges and Faculties, such as the Royal Colleges of Physicians, have surveyed candidates for their views on the value of feedback. In general candidates wish to be provided with as much feedback from their examinations as possible and often specifically seek correct or model answers in knowledge based assessments and correct diagnoses of cases included in clinical skills examinations. No College or Faculty has, as far as we are aware, demonstrated any clear association between content or intensity of feedback and improvement in subsequent performance.

To support the development of these standards evidence was also sought from the Academy Trainee Doctors' Group. Trainees, in general, supported the idea that candidates who pass should also be provided with feedback as part of the process of attempting to make summative examinations more formative. Some expressed concern about the inappropriate use of examination performance scores in recruitment processes. There was no support for the open online publication of candidate pass lists. There was general support for results being shared with Deaneries and trainers, subject to appropriate data protection requirements, and that systems should ensure that trainees who fail on more than one occasion or fail particularly badly are identified and given appropriate support.

In summary, there is little published evidence to determine whether feedback from summative assessments is useful in driving a candidate's future learning. This may prove to be a useful area for future research. However, the anecdotal and informal evidence available from Colleges, Faculties and trainees all supported the idea that feedback from summative examinations was valuable, irrespective of the absence of clear evidence of any useful effect on subsequent learning, examination performance or performance in the workplace.

06

The UK Legal Framework

The Data Protection Act 1998 – implications for feedback

Postgraduate examination boards must comply with the requirements of the Data Protection Act 1998 (DPA), when a candidate makes a request for further information/feedback about their performance in an assessment.⁷

The DPA essentially allows a candidate to see a copy of all the information that the examination board holds on them if they make a subject access request (SAR), unless that information is covered by a specific exemption.⁸ An examination board may therefore consider that it is preferable to respond to a simple request for more feedback before it escalates to a full subject access request.

Personal information covered by the DPA usually includes computerised records and paper records that are held within an organised/structured system. In terms of requests for more feedback this could potentially include quantitative data such as a full break down of candidate marks and qualitative data such as examiner feedback/comments.

Examination questions are not personal data and do not need to be disclosed.

Although examination scripts (information recorded by candidates) are specifically exempted from subject access under of the DPA (Schedule 7, 9 (1)), examiners' comments on examination scripts are not covered by this exemption.

Subject access provides a right to see personal data, rather than a right to see copies of the documents that include that information. Although the easiest way to provide the relevant information is often to supply copies of original documents, this is not an obligation. A verbatim summary of examiner comments should therefore be an acceptable alternative to providing a copy of an examination script.

If the performance of a candidate is discussed by name or referred to by identifiers from which the candidate can be identified (such as their GMC number) at an examination board meeting or appeal, then the minutes of that meeting/appeal would need to be released in the event of a subject access request.

The time frame for responding to a subject access request is within 40 calendar days if the exam results have been announced, or if not yet announced either 40 days after the announcement of the examination results or within five months of the request. This is to prevent candidates using the DPA to get their results before they are officially announced.

Individual Colleges and Faculties should have a standard protocol/policy for responding to SARs and each exam team should take advice from their organisation's data protection officer, to ensure that any information they release is compliant with the requirements of the DPA.

Colleges and Faculties are not Public Authorities and are therefore not subject to the Freedom of Information Act.⁹ Candidates may mistakenly think it is the Freedom of Information Act that gives them the right to request their personal information, which may need to be clarified when responding to such a request.

Finally examination results are personal data and therefore should not be released on notice boards/the internet/newspapers or disclosed to third parties without explicit consent of the candidate. It is assumed that individual Colleges and Faculties will have privacy notices in place which make provision for the disclosure of results data to the GMC and the deaneries.

07 Timeframe for implementation

It is expected that these standards will be fully operational as soon as possible, initially with each College and Faculty adopting them in principle.

It is recognised that practical implementation may have implications for budgeting and that this may lead to variation in pace of implementation in different Colleges and Faculties.

These standards will be reviewed two years from the date of publication. The Academy recognises that the evidence base for feedback in summative examinations is currently limited, and that the experience of individual Colleges and Faculties in implementing these standards, and the views of candidates about their value or effects, could usefully inform future revisions of the standards.

Appendix A

Glossary of terms and definitions

Candidate

Any individual who takes UK postgraduate medical examinations, regardless of whether they are in a UK training post.

Compensatory exam

Where poor performance in one content or skill domain can be compensated for by better performance in another.

Examining Boards

An organisation responsible for the delivery and governance of examinations, this includes authorities within Colleges and Faculties.

Exceptional attempt

Any attempt beyond the normal maximum permissible number, which can occur if a candidate demonstrates subsequent evidence of alternative educational attainments. A maximum of six attempts is permitted for candidates sitting UK postgraduate summative examinations, however, this is fewer in some Colleges and Faculties.

High-stakes

A high-stakes examination is one with significant consequences for the candidate. For example, passing would result in a diploma or a licence to practise a profession, or failing would result in being unable to progress to the next stage of training.

Organisation responsible for training

Typically a Deanery or Local Education and Training Board (LETB).

Pass standard

The requirements to pass an examination.

Protected characteristics

These are the grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Trainee

Candidates for examinations who are in an approved UK specialty or foundation training programme, including those who are temporarily out of programme, at the time they apply to take a summative high stakes examination provided by a UK Royal College or Faculty.

Trainer

A named individual with responsibility for the educational supervision of a doctor in UK training (trainee), typically a clinical or educational supervisor.

A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.

Appendix B

Membership of the working group

Mr Joe Booth	Executive Director, Specialty Training, The Royal College of Radiologists
Ms Claire Coomber	Policy Manager, Academy of Medical Royal Colleges
Dr Peter Dacombe	National Medical Director's Clinical Fellow, General Medical Council
Professor Andrew Elder (Chair)	Medical Director, MRCP(UK), Federation of UK Royal Colleges of Physicians
Dr Pauline Foreman	Chief Examiner, Royal College of General Practitioners
Dr Muj Husain	Chairman, Academy Trainee Doctors' Group
Dr Toby Reynolds	National Medical Director's Clinical Fellow, General Medical Council
Mr Peter Tiffin	Vice-President and Chair of Examinations Committee, Royal College of Ophthalmologists.
Ms Louise Wheaton	Policy Officer, MRCP(UK) Federation of UK Royal Colleges of Physicians

The group would like to thank Dr Tara Willmott and Mr Richard Wakeford for helpful comments on earlier drafts.

References

- 1 Van de Ridder JM, Stokking KM, McGaghie WC, ten Cate OT. What is feedback in clinical education? *Med Educ.* 2008 Feb;42(2):189-97
- 2 General Medical Council PLAB *How do I get my results* http://www.gmc-uk.org/doctors/plab/test_results.asp [22 August 2014]
- 3 Epstein R. *N Engl J Med.* Assessment in medical education. 2007;356:387-96.
- 4 O'Sullivan P, Chao S, Russell M, Levine S, Fabiny A. Development and implementation of an objective structured clinical examination to provide formative feedback on communication and interpersonal skills in geriatric training. *J Am Geriatr Soc.* 2008;56:1730-5.
- 5 Wagner DP, Hoppe RB, Lee CP. The patient safety OSCE for PGY-1 residents: a centralized response to the challenge of culture change. *Teach Learn Med.* 2009;21:8-14.
- 6 Harrison CJ, Ko'nings KD, Schuwirth L, Wass V, van der Vleuten C. Barriers to the uptake and use of feedback in the context of summative assessment. *Adv in Health Sci Educ* (2015) 20:229–245
- 7 The National Archives. *Data Protection Act 1998* [22 August 2014]
- 8 The Information Commissioner's Office. *Guide to data protection* <https://ico.org.uk/for-organisations/guide-to-data-protection> [22 August 2014]
- 9 The National Archives. *Freedom of Information Act 2000* <http://www.legislation.gov.uk/ukpga/2000/36/contents> [22 August 2014]

Academy of Medical Royal Colleges
10 Dallington Street
London
EC1V 0DB
United Kingdom

Telephone

+44 (0)20 7490 6810

Facsimile

+44 (0)20 7470 6811

Email

academy@aomrc.org.uk

Website

www.aomrc.org.uk

Registered Charity Number

1056565

©2015