

BMA statement of expectations: Assessments, teaching and attainment of medical students during COVID-19



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We recognise that teaching and assessment in medical schools will be affected by the current COVID-19 pandemic. The following positions have been developed by the BMA Medical Students Committee with input from members across the devolved nations and from members of the BMA's Medical Academic Staff Committee. The document outlines a set of principles for stakeholders to help them ensure that reasonable efforts are being made to enable medical students to complete their studies where appropriate and allow for their achievements to be reliably and reasonably assessed.

We recognise the huge efforts made by medical schools and their staff to respond to these unprecedented circumstances. We hope that these principles can aid in measuring and assessing what has already been done and help to indicate what more might need to be done to assist medical students at this time.

Broad principles

- We support the delay of all non-essential exams, including clinical examinations, in order to avoid risk to students and teaching staff, as well as to avoid diverting essential NHS resources at this time of crisis.
- That any new procedures used to determine which student will graduate early, and whatever modified examinations are used to decide those who graduate in July, must reflect the same range and attainment of attributes that students would have been expected to demonstrate through the 'usual' assessments.
- That, where possible, the curriculum will now be delivered remotely making best use of online platforms. These methods can be used to deliver lectures, presentations and group work as required by a medical school's curriculum.
- That any alternative arrangements to both teaching and assessment take into consideration how these will affect students that have contracted coronavirus or those who might need to self-isolate.
- We recognise the importance of ensuring that any of the changes made do not differentially affect any group of students, in particular those who are not able or might have difficulties in accessing remote learning, students with caring responsibilities, students with disabilities. Students must also have alternative arrangements made for their respective scenarios.
- While teaching, assessment and progression of medical students will be determined locally, we propose that each medical school adheres to the principle that no student should be disproportionately or negatively impacted by the new arrangements and take into consideration any reasonable adjustments, mitigating circumstances and issues of fairness and equality. The set of expectations throughout this document would allow for robust reassurance that processes will remain fair for all medical students across all years.

Examinations and clinical placements

- No student should be made to attend placements if they are feeling unsafe and are being exposed to unnecessary risks and every student should be informed about how to make their concerns known.
- It is important that any policy or arrangements for re-scheduling assessments and teaching are transparent, flexible, and take into consideration any reasonable adjustments or mitigating circumstances.
- We also expect that medical schools are committed to the same high equality and diversity standards when continuing these arrangements during this crisis.
- Students should be informed in a timely manner of any changes that will have an impact on their teaching and/or examination and the progression of the course. This should include information

related to how and when their assessment will take place. We recommend that notice of 4 weeks or longer should be provided to students in order to allow for any travel, reasonable time to undertake preparations, or if support leads to delays in students getting their adjustments granted and processed for an exam in a new format, structure, or setting. Time for travel would particularly affect international students.

- We have concerns about how possible alternative arrangements (particularly the re-scheduling of exams in the summer time) might affect the wellbeing of students, particularly those experiencing financial hardship that will be required to work or students experiencing burn-out and affected by the emotional burden due to time spent volunteering in the NHS to assist in the efforts to tackle COVID-19. While we recognise the need to schedule resit examination during vacations to enable those failing the first sitting to progress with their year, rescheduled first sittings of summative examinations should take place during normal periods of study and allow for appropriate periods of vacation.
- Motivation amongst students may also be disrupted by the cancellation and re-scheduling of exams and, where possible, we suggest that the medical schools devise a diverse range of resources to provide variety to the teaching taking place and engage learners.

Progression

- Clear guidance should be provided to students on how medical schools will deliver missed learning opportunities and how progression through, and the completion of the course will be achieved. Medical schools should continue to deliver the teaching required to make sure that students have the skills required for the sign-off for their respective year.
- It is important that those students that may be required to provide additional evidence of competence are informed of the process and the requirements in a timely manner to ensure that they are able to meet the GMC *Outcomes for Graduates* and complete their final examinations.
- Schools should provide a 'checklist' for students detailing the essential aspects of the course that will affect progression. The checklist should make clear where or if self-certifying is acceptable and what alternative evidence may be considered in case of missing requirements.
- Schools must also consider if assessments for years other than finalists should be modified to take into account the time and experiences that medical students may have missed from their usual clinical placements. Schools must also collectively discuss with their regulator whether elements of the Outcomes for Graduates can be appropriately deferred to Foundation Year 1 in these exceptional circumstances to allow appropriate assessment for finalists who have lost critical time on placement.
- We recommend that the time allowed to provide teaching on or achieve a competency in a certain competency should not be simply moved en-masse to a single intensive block but should be spread out and integrated into the wider curriculum as much as possible. Medical schools should consider this on a case-by-case basis.
- We ask that any examinations used to calculate the Educational Performance measure (EPM) have been sat by the entire student cohort. We believe this is essential.
- We hope that every effort will be taken to enable students undertaking intercalated degrees in 2020/21 to do so without disruption including ensuring that induction to their course is not be delayed and that travel back to their base medical school during their intercalation year for rescheduled assessments is kept to an absolute minimum or, ideally, not required at all.

Online learning

- Where online learning and assessment is delivered, we expect that disability inclusion and reasonable adjustments are considered at the early stages of project planning. This includes project planning for the learning and ensuring any software has adjustments built in.
- Furthermore, it is important that where online learning and teaching are delivered, schools must take into consideration inclusion issues such as but not limited to subtitling, sign language interpretation, provision of accompanying materials in accessible formats, compatibility with assistive technology and so on.

- Where examinations are switched to online or computer-based delivery, we recommend that:
 - Facilities and computers are provided for students that require them.
 - Schools have a clear policy on appeals for instances in which a student is unable to sit the assessment or that the assessment terminates due to a technical failure, or other reasons to be determined.
 - School must clearly demonstrate how a student's reasonable adjustments will be applied to the new system.

Reasonable adjustments and mitigating circumstances

- We ask that medical schools ensure that the needs of people with physical and mental health disability, and hidden disabilities are considered proactively in the development of all policies. This should include considering the potential for differential impacts that may arise from the changes to the way exams and assessments are conducted, including via online delivery.
- We further ask that schools maintain a commitment to the consideration of individual specific needs and as far as possible maintain existing adjustments, whilst recognising that individual circumstances may have changed.
- There is clear recognition that it is permissible (in fact encouraged) under the [Equality Act 2010](#) to treat disabled people more favourably in order to remove disadvantages they may experience compared to non-disabled people. This is in recognition of the fact that often to put disabled people on an equal footing, they have to be treated differently not the same.

Differential attainment

We are aware that all stakeholders, including medical schools, are committed to understanding and tackling differential attainment during this period and more long-term. To assist this work during this period we propose that:

- Medical schools monitor differential attainment during the COVID-19 period and compare it against any previous data to identify any trends. We believe that collection of data is important to ensure awareness of the scale of the problem and of the long-term effects amongst the student cohort.
- Additional study support should be made available for those students that might require it. This could include targeted intervention that would allow schools to identify students with a history of previous poor attainment and offer additional study support, such as tutoring and mentoring. We recognise that this would need to be done in a sensitive way.
- Medical schools monitor and record students' experience of racial or other forms of harassment whilst volunteering for the NHS during the COVID-19 period and the impact this could have on future attainment. Schools must continue their commitment to preventing and addressing racial harassment, as outlined in the [BMA's racial harassment charter](#).

Inclusivity

- We would encourage medical schools to involve and engage with Black, Asian and Minority Ethnic student voices, disabled students, LGBTQ+ and other relevant groups that would be most impacted in the development and review of any new policy and processes. This could be achieved via engagement with BAME student groups or similar.

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