



Assessment Plan 2026-2027

Bachelor's degree programme

in Medicine

Part A: Bachelor's degree programme in Medicine

**Part B: Pre-Master's degree programme in
Medicine**

University of Groningen,

University Medical Center Groningen

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Introduction

This document describes the Assessment Plan for the Bachelor's degree programme (Part A) and the Pre-Master's programme (Part B) G2020 in Medicine at the University of Groningen (UG). The Assessment Plan contains the assessment procedures for the courses of the Bachelor's degree programme and the Pre-Master's programme. In addition, this plan contains the learning outcomes for the Bachelor's degree programme in Medicine.

This Assessment Plan, which is an appendix to the Teaching and Examination Regulations (TER), is written by the degree programme within the rules set for assessment by the TER and the UG Assessment Policy. It has been drawn up in consultation with the examiners and the Board of Examiner for Dentistry and Medicine (ECTG).

The Assessment Plan was decreed by the Faculty Board of Medical Sciences on 20 May 2026, and approved by the Teaching and Research Council and the Medical Degree Programme Advisory Committee on the legally determined components.

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Please note that in case of discrepancies with the Assessment plan Bachelor's Medicine 2026-2027 written in Dutch, the document in Dutch will be leading.

Section I: Learning outcomes for the Bachelor's degree programme in Medicine

I.1 National learning outcomes and G2020

The aim of the G2020 Bachelor's and Master's degree programmes in Medicine is to train students to become healthcare professionals with qualifications as described in the 2020 Framework for Undergraduate Medical Education.¹ The learning outcomes for the healthcare professionals are formulated as competencies in different domains based on the CanMEDS framework. The Framework sets out the learning outcomes for the following seven competency domains: Medical Expertise (MED), Communication (COM), Collaboration (SAM), Scientific Thinking (WET), Leadership (LEI), Social Practice (MAH) and Professionalism (PROF). Medical expertise is the core competency: a newly qualified doctor integrates medical expertise with the competencies from the other six domains. The description of these learning outcomes is based on the 2015 CanMEDS framework.

I.2 Learning outcomes for Knowledge Development

The Bachelor's degree programme in Medicine lays the foundations for developing the competencies – or qualities – required to carry out professional activities independently. Medical expertise is central to the 'Causes of Diseases' courses, and students build a broad foundation of knowledge through the integration of basic and clinical subjects. The Framework sets out the key knowledge aspects. The other competencies are covered within the 'Competency Development' courses, with the aim of acquiring the Framework competencies at the Bachelor's level. The knowledge-related aspects and issues surrounding health and illness are integrated into competency-based education, where applicable.

The Bachelor's degree programme in Medicine culminates in a final assignment: the Bachelor's project. This final project reflects the intended learning outcomes of the programme, the competency domains and the final level, as described in the Framework.

¹ Hereinafter referred to as the 'Framework' in this document

Part A. Bachelor's degree programme in Medicine

Section 2: Structure of the G2020 Bachelor's degree programme in Medicine

2.1 Structure

The curriculum of the G2020 Bachelor's degree programme in Medicine (see Figure 1) consists of:

- Causes of Diseases courses
- Competency Development courses
- Knowledge Development courses

Figure 1: Courses and distribution of ECTS credits in Years 1, 2, and 3

Year 1	CoD 1.1 (5)	CoD 1.2 (7)	CoD 1.3 (6)		CoD 1.4 (5)	CoD 1.5 (5)	CoD 1.6 (7)	BSA 45/60
	Competency Development 1.1 (10)				Competency Development 1.2 (11)			
	Progress test (4)							
Year 2	CoD 2.1 (5)	CoD 2.2 (6)	CoD 2.3 (7)		CoD 2.4 (5)	CoD 2.5 (5)	CoD 2.6 (8)	
	Competency Development 2.1 (10)				Competency Development 2.2 (10)			
	Progress test (4)							
Year 3	CoD 3.1 (6)	CoD 3.2 (6)	CoD 3.3 (6)		CoD 3.4 (4)	CoD 3.5 (4)	Competency Development 3.2:	BSc 180
	Competency Development 3.1 (10)				Bachelor Project (20)			
	Progress test(4)							

2.2 Causes of Diseases courses

In the *Causes of diseases* courses, the student builds up knowledge of basic subjects as well as clinical subjects during a period of three years (see Table 1). Explicitly programming the knowledge in these courses makes it recognizable for students. Each week, the Causes of Diseases courses focuses on one health symptom. Symptoms are clustered into themes of several weeks in order to prevent fragmentation and to provide structure for students. Examiners and lecturers mutually agree on the design of lines in courses, thereby preventing gaps in knowledge development. The health symptoms guide the content of the curriculum and are chosen to ensure a logical connection to the teaching material of the basic subjects. Learning objectives have been formulated for each theme, derived from the Framework (see Appendices 1 and 2).

Table 1. Causes of Diseases courses

1.1	Development and metabolic diseases
1.2	Endocrine regulation, blood, and neoplasm
1.3	Infection and immune systems
1.4	Ischemia
1.5	Trauma (ABCDE)
1.6	Degeneration, vulnerability, and disease
2.1	Systemic diseases
2.2	Dyspnea and fatigue
2.3	Digestive tract and neoplasms
2.4	Endocrinology and reproduction
2.5	Women and child's health
2.6	Growth and development
3.1	Sensation and react
3.2	Brain and cognition
3.3	Psychiatric health and disease
3.4	Acute Medicine I
3.5	Acute Medicine II

2.3 Competency Development courses

In the *Competency development* courses, the student develops the competencies as formulated for the Bachelor's degree programme in Medicine. Competency development takes place within the context of a Learning Community (LC), a learning environment in which students acquire competencies together with other students.

There are four Learning Communities:

- Sustainable Care (DZ)
- Intramural Care (IZ)
- Innovative Healthcare (IG)
- Global Health (GH) (English) and *Wereldwijde Gezondheid* (Dutch)

The language for all Learning Communities is Dutch, with the exception of the LC Global Health. This LC is being phased out, however, and it will be taught in Dutch starting from the 2025–2026 academic year.

The teaching of the Competency Development courses is based on the following four learning pathways:

1. Professional Development (PO)
2. Healthy Ageing (HA)
3. Medical Consultation (MC)
4. Scientific Training (WV)

The competencies from the Framework are linked to the learning pathways (see Appendix 3). They indicate the level expected at the end of the third year of the Bachelor's degree programme in Medicine. Learning outcomes for each academic year have been derived from the training courses, assignments, and other study activities.

Course: Competency Development 3.2 – Bachelor's project (final project)

The course Competency Development 3.2 has a special status. This is the final part of the Bachelor's degree programme in Medicine, in which all the learning pathways are brought together and students put the skills they have learnt into practice through a research project.

2.4 Knowledge Development

In the *Knowledge Development* courses, knowledge development is assessed using the Interfaculty Progress Assessment. The progress assessment is intended to encourage continuous learning. The assessment can be used to determine the extent to which a student has achieved the learning outcomes for the knowledge domain of the curriculum, as well as to assess the progress made over a given period. The progress assessment provides students with insight into any gaps in their knowledge.

Section 3: Assessment

3.1 Vision

The principles of the assessment programme are based on the University of Groningen's formulated requirements for a sound assessment programme,² in combination with insights into and experience with longitudinal assessment. The assessment vision in the curriculum corresponds to the ambitions, aims, and teaching methods of the degree programme.

The assessment programme:

1. ensures the acquisition of knowledge, insight, and skills, as well as the development of competencies;
2. encourages students to be actively and continuously engaged with the study and the subject matter (*increase participation*);
3. invites students to want to grow and to demonstrate this growth (*increase motivation and promote an academic attitude*);
4. provides students with regular feedback from the lecturer and peers on their competency development (*motivation and academic attitude*).

The assessment programme systematically collects information about the student's functioning and performance. Based on this information, the student can be guided so that a summative decision can ultimately be made about study progress. By scheduling assessments frequently and using a variety of assessment formats, students are encouraged to develop competencies effectively and to start and continue working with the material.

The degree programme has various assessment formats that are appropriate to the nature of the learning goals of all courses and that meet the qualitative requirements of validity, reliability, transparency, and feasibility (efficiency).² Completing the requirements for each assessment format ensures the quality of the assessment and the different phases of the assessment cycle³:

- 1) Composition & construction
- 2) Administration
- 3) Analysis
- 4) Determination and feedback
- 5) Evaluation and inspection
- 6) Resits
- 7) Archiving
- 8) Evaluation and action plan

² UG Assessment Policy 2021-2026: <https://www.rug.nl/about-ug/organization/quality-assurance/education/toetsbeleid-rug-2021-def-eng.pdf>

³ The order or phase may be adjusted to the specific characteristics of a course.

3.2 G2020 assessment formats and characteristics

The assessment formats for the courses in general are presented in Table 2.

Table 2: Overview of assessment formats and features

Course	Assessment format	Characteristics
Causes of Diseases (CoD)	Written exam	1.1 to 3.5 Each Causes of Diseases course has one written exam. The written exam is administered digitally. The exam questions consist of multiple-choice questions, both closed-book and open-book questions.
	Attendance requirement	Attendance at group sessions (including tutor-group teaching) and practicals (after registration) ⁴
Competency Development 1.1 – 3.1	Portfolio assessment	The student works on the competencies in the four learning communities. There is a mix of assessment formats that generate partial marks for the seven competency domains. Mix of assessment formats: - Assignments - Practical (including profile projects and statistics) - Assessment of functioning during group sessions (including coaching groups) - Progress and final interview based on reflection report - Internship reports - Written examinations for Statistics 1.1 and 2.2, consisting of multiple-choice items and exclusively closed-book questions - Preparation for the Bachelor's Project (proposal) - For Years 1 and 2, written feedback provided by the tutor can be used for the final assessment, but this is not necessary. For Year 3, assessment during the clinical reasoning working group (written feedback and mark) counts towards completion of the Competence Development 3.1 portfolio.
	Obligations	Attendance at group sessions (including coaching groups) and practicals ⁵ Meeting portfolio obligations
Competency Development 3.2	Bachelor's project (final project)	For the Scientific Training curriculum, students work in a team on a Bachelor's project. Students must have obtained a pass for the proposal in Semester 3.1 before being allowed to start the implementation of the Bachelor's project. A combination of assessment formats contribute to the final mark: - Thesis (team and individual) - Final presentation (team) & Pitch (team) - Study-process reflection (individual)
	Portfolio	For the Professional Development learning pathway, the student compiles a portfolio. There is a mix of assessment formats: - Elaboration of various assignments - Final interview based on SWOT analysis
	Obligations	Attendance at practicals and small-scale teaching ⁶ (including coaching groups) Meeting portfolio obligations
Knowledge Development (final project)	Written exam	Interfaculty Progress Test; digital multiple-choice test according to the computerized adaptive testing (CAT) method. - Taken four times a year
	Obligations	Participation in at least three tests per course

⁴ For each Causes of Diseases course, Brightspace specifies which practical sessions are mandatory.

⁵ For each Competency Development course, Brightspace indicates which practical exercises are mandatory.

⁶ Small-scale (group) teaching: MC training sessions, coaching-group meetings, working groups, Professional Development practicals

Assessment schedule

All assessments are included in the assessment schedule (Tables 3a – 3c). As a general rule, the regular assessment is administered in the semester in which the course is offered. For each course, the assessment method and corresponding marking criteria are specified, along with the date on which the assessment is to be taken or the assignment or report is to be submitted. The assessment information and learning objectives are set out in more detail in various sites, including the relevant courses on Brightspace. The assessment dates are set out in more detail in the timetable.

Table 3a. Assessment schedule for the Bachelor's degree programme in Medicine, Year 1

This is a model schedule. Changes may therefore be made after the Assessment Schedule has been finalised.

The week numbers correspond to the study weeks (1 – 50).

Course	Assessment format	EC	Assessment scale	Semester 1 (week)	Semester 2 (week)	Resit (week)
CoD 1.1 Development and metabolic diseases	Exam (knowledge assessment)	5	mark	6		17
CoD 1.2 Endocrine regulation, blood, and neoplasm	Exam (knowledge assessment)	7	mark	13		21
CoD 1.3 Infection and immune systems	Exam (knowledge assessment)	6	mark	19		25
CoD 1.4 Ischemia	Exam (knowledge assessment)	5	mark		24	34
CoD 1.5 Trauma (ABCDE)	Exam (knowledge assessment)	5	mark		28	42
CoD 1.6 Degeneration, vulnerability, and disease	Exam (knowledge assessment)	7	mark		40	43
Knowledge Development B1	Exam (knowledge assessment)	4	F/A/G	4/14	23/37	
Competency Development 1.1	Portfolio	10	mark			
CO 1.1 - PD - Good Doctor	Assignment	-	mark	10		
CO 1.1 - PD - Reflection and final interview	Assignment	-	mark	17/18		
CO 1.1 - ST - Evidence Based Medicine	Assignment	-	mark	10		
CO 1.1 - ST - Statistics 1.1	Exam (knowledge assessment)	-	mark	9		22
CO 1.1 - HA - 2 The role of the doctor	Assignment	-	mark	19		
CO 1.1 - MC	Exam (skill assessment)	-	mark	6/11/15/19		
Competency Development 1.2	Portfolio	11	mark			
CO 1.2 - PD - Care clerkship	Active participation (clerkship)	-	mark		39/40	
CO 1.2 - PD - Reflection and final interview	Assignment	-	mark		24/25	
CO 1.2 - ST - Research placement	Report	-	mark		30/32	
CO 1.2 - HA - 3 Resilience and Vulnerability	Assignment	-	mark		28	
CO 1.2 - HA - 4 Pain	Assignment	-	mark		40	
CO 1.2 - MC	Exam (skill assessment)	-	mark		25/28/37/41	

Table 3b. Assessment schedule for the Bachelor's degree programme in Medicine, Year 2
*This is a model schedule. Changes may therefore be made after the Assessment Schedule has been finalised.
The week numbers correspond to the study weeks (1 – 50).*

^A In Year 2, the LC assessments are divided into four periods of two consecutive weeks; for the sake of clarity, only the first week of each period is mentioned.

Course	Assessment format	EC	Assessment scale	Semester 1 (week)	Semester 2 (week)	Resit (week)
CoD 2.1 Systemic diseases	Exam (knowledge assessment)	5	mark	6		17
CoD 2.2 Dyspnea and fatigue	Exam (knowledge assessment)	6	mark	13		22
CoD 2.3 Digestive tract and neoplasms	Exam (knowledge assessment)	7	mark	20		28
CoD 2.4 Endocrinology and reproduction	Exam (knowledge assessment)	5	mark		26	34
CoD 2.5 Women and child's health	Exam (knowledge assessment)	5	mark		32	43
CoD 2.6 Growth and development	Exam (knowledge assessment)	8	mark		42	46
Knowledge Development B2	Exam (knowledge assessment)	4	F/A/G	4/14	23/37	
Competency Development 2.1	Portfolio	10	mark			
CO 2.1 - PD - Reflection and final interview	Assignment	-	mark	17/18		
CO 2.1 - HA - 5 Age and Health	Assignment	-	mark	9		
CO 2.1 - HA - 6 Last phase of life	Assignment	-	mark	18		
CO 2.1 - MC ^A	Exam (skill assessment)	-	mark	4/8/12/17		
Competency Development 2.2	Portfolio	10	mark			
CO 2.2 - PD - Reflection and final interview	Assignment	-	mark		39/40	
CO 2.2 - ST - Statistics 2.2	Exam (knowledge assessment)		mark		35	39
CO 2.2 - HA - 7 Reproductive Health	Assignment	-	mark		31	
CO 2.2 - HA - 8 First 1000 days	Assignment	-	mark		40	
CO 2.2 - MC ^A	Exam (skill assessment)	-	mark		24/28/34/40	

Table 3c. Assessment schedule for the Bachelor's degree programme in Medicine, Year 3
 This is a model schedule. Changes may therefore be made after the Assessment Schedule has been finalised.
 The week numbers correspond to the study weeks (1 – 50).

^A In Year 3, the LC assessments are divided into four periods of two consecutive weeks; for the sake of clarity, only the first week of each period is mentioned.

^B The selected deadline is the submission date; assessment will follow afterwards.

Course	Assessment format	EC	Assessment scale	Semester 1 (week)	Semester 2 (week)	Resit (week)
CoD 3.1 Sensation and react	Exam (knowledge assessment)	6	mark	6		16
CoD 3.2 Brain and cognition	Exam (knowledge assessment)	6	mark	13		21
CoD 3.3 Psychiatric health and disease	Exam (knowledge assessment)	6	mark	20		26
CoD 3.4 Acute Medicine I	Exam (knowledge assessment)	4	mark		24	42
CoD 3.5 Acute Medicine II	Exam (knowledge assessment)	4	mark		29	44
Knowledge Development B3	Exam (knowledge assessment)	4	F/A/G	4/14	23/37	
Competency Development 3.1	Portfolio	10	mark			
CO 3.1 - PD - Workshop and final interview	Compulsory attendance	-	-			
CO 3.1 - HA - 9 Planetary Health	Assignment	-	mark	10		
CO 3.1 - HA - 10 Mental Health	Assignment	-	mark	19		
CO 3.1 - ST - Bachelor's project proposal	Report	-	Completed	14		
CO 3.1 - MC ^A	Exam (skill assessment)	-	mark	4/9/14/18		
CO 3.1 Working group on clinical reasoning	Practical requirements	-	-			
Competency Development 3.2	Portfolio	20	mark			
CO 3.2 - ST - Bachelor's project ^B	Thesis	-	mark		38	
CO 3.2 - PD - SWOT analysis and interview with leader	Portfolio	-	Completed		37-40	

Section 4: Protocols and rules for the implementation of assessment

4.1 Assessment process for Causes of Diseases courses

Composition and construction

Each course consists of:

1. one written exam;
2. attendance requirement (compulsory teaching in the form of small-group classes, including seminars, tutor groups, and registered courses).

When developing the curriculum, the learning goals were formulated for each theme, the teaching material was determined (derived from the Framework), and the cut-off method was established. The question format of all assessments is 100% multiple-choice and consists of closed-book and open-book questions. An assessment matrix has been drawn up for each assessment based on the learning material and the learning objectives. Based on this assessment matrix, the assessment questions are constructed by the examiner and reviewed by the test-assessment panel (TBP). The course material, learning goals, and the number of questions on an assessment, as well as the calculation of the cut-off method and weighting are made available to students prior to the start of the course. It will be indicated in advance whether questions will be asked about material covered in previous themes and assumed to be known.

Administration

The assessments will be taken at the designated location. The assessment time is included in the faculty's annual planning and the student timetable. The UG protocol is followed during the assessment. Any irregularities will be reported to the designated persons or authorities. The examiner is present during the assessment. The examiner may be represented by a substitute appointed by the examiner.

Analysis

The examiner is responsible for the analysis and is supported by the Assessment Office (Toetsbureau).

Grading – pass mark (cesuur)

The Cohen-Schotanus method⁷ is used to set the cut-off point for the grade to pass the assessment. This method combines an absolute and a relative grading cut-off point. The absolute cut-off point is determined before the examination is administered. The Bachelor's degree programme in Medicine applies a knowledge percentage of 60. After the examination, the scores of the students scoring in the 99th percentile of all students participating in the assessment will be used as the highest attainable score. This is used as a reference point for setting the grading curve and the final cut-off point (pass mark).

Evaluation and inspection

After the assessment, students are given the opportunity to review the assessment and to provide feedback on it (see Appendix 6). Subsequently, the Year Representative (YR) can submit a *timely* request to the producer for the organization of an additional review session, in order to provide a controlled, protected setting to assess the value of the student feedback provided. Following the review and analysis, the examiner discusses the assessment results with the YR, possibly in the presence of a producer (note-taker). The results and any decisions made by the examiner will be discussed in this session. The examiner will submit any content-related ambiguities to a subject-matter expert lecturer. The decisions derived from these meetings are made public by the examiner, accompanied by substantive reasoning.

Determination and feedback

The examiner determines the final mark. The final mark can be determined only if the student has fulfilled all obligations. Failure to attend the tutor meetings and the compulsory practicals (without prior cancellation with a valid reason) will result in a failing mark for the course. The assessment results are communicated to the student. The examiner is responsible for ensuring that this is done in an orderly manner.

⁷ Cohen-Schotanus, J. & Van der Vleuten, C.P.M. (2010). A standard setting method with the best performing students as point of reference: Practical and affordable. *Medical Teacher*, 32:2, 154-160.

Resits

Resits for each assessment take place once a year at a set time. If the practical requirements have not been met (but the summative assessment has been passed), the student will receive a failing mark for the course, and a resit will follow in the form of a remedial assignment. However, if the number of absences for practicals is so high that this cannot be repaired, the course – including the practical obligations – must be taken again in the following academic year. Students who still have a failing mark for the course after the resit of the assessment, they will be required to retake the assessment for the relevant course. If the mandatory practicals have already been completed, student can follow them again at their own request (not mandatory).

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods for assessments at the designated location.

Evaluation and action plan

The examiner writes an assessment report and sends it to the ECTG. Based on the assessment report and teaching evaluations, the examiner writes an action plan, which the Degree Programme Directorate approves after discussing it. If necessary, the examiner will discuss the assessment report with the Board of Examiners.

Grading and ECTS credits

Students not meeting Requirements 1 and/or 2 below will fail the examination, and no ECTS credits will be awarded. Students meeting all of the following requirements will pass the examination and be awarded the associated ECTS credits:

1. The final mark on the written examination is equivalent to 5.50 or higher;
2. All attendance requirements governing the course have been met;
3. The mark for the course will be given once all the above-mentioned requirements (both 1 and 2) have been met. The mark will be based on the result on the written examination, rounded in accordance with the provisions of the Guidelines and Instructions of the Board of Examiners for 2026-2027.

4.2 Assessment process for Competency Development 1.1 to 3.1 courses

Composition & construction

When constructing the curriculum, the competency domains and competencies from the Framework have been linked to the learning pathways (see Appendix 3). Based on this, the learning goals were derived. The assessment format is determined in advance for each learning pathway, for each assignment, for each semester. The assessment indicators are derived from the learning goals and included in the assessment form. There is a rubric for determining marks. The assessment indicators, cut-off point requirements (statistics: Cohen; for other units, see B1–B3), and obligations are determined in advance and are made clear to the student at the start of the course.

Given that, in substantive terms, the same requirements apply to teaching and assessing within the Learning Communities, the relevant course is described only once for Competency Development.

A. Content of the Competency Development course

The course consists of:

1. Formative feedback on products, presentations and professional behaviour; the timing of formative feedback is communicated to the students before the start of the semester;
2. Summative assessments for each competence domain, resulting in an average summative assessment for that domain.
3. The average final mark for the competences, based on the average of the summative assessments across the seven competency domains;
4. The coach and scientific supervisor can advise the examiner to discuss a student's performance in the Review Committee meeting.
5. Attendance requirements and practical Profile Projects for Year 2 (the latter applies only to Competency Development 2.1 and 2.2).

B. Grading and ECTS credits

The rounding of average marks is conducted in accordance with the Guidelines and Instructions of the Board of Examiners for 2026-2027. The final mark for Competency Development is calculated based on the average mark per domain; these are calculated based on the summative assessments per domain.

The results of the courses Competency Development B1.1 to B3.1 are determined by the examiner based on the calculated final mark for Competency Development and the coach's recommendation. The examiner will discuss the performance of students who do not meet the cut-off point requirements in the Review Committee meeting. The Review Committee consists of: the four competency development examiners (Years 1 – 3) of the Bachelor of Medicine degree programme, the deputy programme director, and an external member.

To arrive at the final mark for Competency Development (C):

- The mean mark for a competency domain is calculated by dividing the sum of the marks (a) for that domain by the number of measurements. For example, MED (A1 + 2 + A3) : 3 = **Bx**.
- The sum of the mean marks for the competency domains is subsequently divided by the number of competency domains (B1 + B2 + B3 + B4 + B5 + B6 + B7):7 = **C**

The associated ECTS credits will be awarded if the student meets the following requirements:

1. a score of 5.50 or higher for all competence domains;
2. a score of 5.0 or lower on no more than two summative assessments, with no more than one score of 5.0 or lower within a single competence domain. The minimum mark is 5.0;
3. completion of the predetermined portfolio and practical requirements.

C. Resits

At the end of a semester, the examiner will chair the Review Committee meeting. A student's performance will be discussed in the review meeting if:

- the student does not meet the requirements set under B1 to B3;
- the coach has indicated that the student's performance should be reviewed;
- other notable anomalies in the student's academic progression.

The type of resit to be offered to a student will be discussed in the review meeting and approved by the examiner. There are two types of resits:

1. Short resit: one or more components must be resat, for which a resit moment is planned;
2. Long resit: this concerns a broader picture of inadequate performance. The resit takes place in the following semester: the student will be given specific learning outcomes and assignments to be completed in the next semester (in addition to all learning objectives and assignments that belong to that semester). The examiner will determine the period within which the requirements must be met.

In the event of a resit as described in C1 and C2, the maximum final mark that can be achieved for the course is a 6.

- Students who have not completed their portfolios on time and/or who failed to make timely contact about any outstanding components will receive a failing mark for the course. Subsequently closing the portfolio at a later date counts as a resit, with a maximum final mark of 6.
- If the number of absences and failing marks is so high that it is impossible to take the resit in the following semester, the student will receive a failing mark and will have to resit the entire course by taking the corresponding course in the following academic year. In that scenario, the mark will not be capped at 6.

D. After taking the resit

If, after the resit, a student has still not received a passing mark for the course, again a Fail (O) will be entered into their academic progression record. In that case, the student's only option for a resit is to retake the entire course again (with the exception of Statistics).

Administration

The timing of assessment administration or the submission of assessments (Medical Consultation [MC] pathway) and the submission of assessment products is indicated on Brightspace. Written reports submitted will be screened for plagiarism. Attendance is compulsory for: working-group meetings, coaching-group sessions, MC training sessions, Personal Development practicals, statistics practicals and work placements (care clerkship and introduction to scientific research), and the Profile Projects for Year 2. The products are collected in a digital portfolio.

Analysis

Lecturers who have supervised the student (in principle) for a semester provide feedback and marks on the pre-determined competency domains. Students receive formative feedback on their performance in the tutor-group meetings, which are part of the Causes of Diseases course. The examiner can use this feedback on an indicative basis when determining the final mark for the Competency Development course.

One exception to this is the Clinical Reasoning working group within Competency Development Programme 3.1; in this case, the mark awarded by this working group is included in the final assessment by the examiner of the Competence Development course.

Evaluation and inspection

The student can request a meeting with the examiner about the final assessment upon request.

Determination and feedback

At the end of the semester, the examiner determines the final mark based on the student's dashboard. The examiner determines whether the student meets the cut-off requirements.

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location.

4.2.1 Statistics

Composition and construction

Statistics is part of Competence Development 1.1 and Competency Development 2.2, within the Scientific Training learning pathway. Statistics is assessed in summative manner based a written assessment. The mark is part of the calculations to arrive at a final mark for the relevant domain and Competency Development.

The learning goals are based on the Framework. The question format of all assessments is 100% multiple-choice and consists of closed book assessment questions. An assessment matrix has been drawn up for each assessment based on the learning material and the learning objectives. Based on this assessment matrix, the assessment questions are constructed by the examiner and reviewed by the test assessment panel (TBP). The course material, learning goals and the number of questions on an assessment, as well as the grading cut-off method and weighting are made available to students in advance of the start of the course.

During Statistics 1.1 and 2.2 teaching activities, students can earn bonus points by participating in practice tests. These tests yield a maximum of 0.6 bonus points, which are added to the final mark of the regular assessment, up to a maximum final mark of 10. The bonus points do not apply to the resit.

Administration

As described in Section 4.1: Assessment administration for the Causes of Diseases courses.

Analysis

As described in Section 4.1: Assessment administration for the Causes of Diseases courses.

Evaluation and inspection

After the assessment, students are given the opportunity to review the assessment. The examiner will submit any content-related ambiguities to a subject-matter expert lecturer.

Determination and feedback

The examiner determines the mark. The final mark can be determined only if the student has fulfilled all obligations. Failure to attend the scheduled compulsory practicals (without prior cancellation for a valid reason) will result in a failing mark for the course. The results of the assessments are communicated to the student. The examiner is responsible for ensuring that this is done in an orderly manner.

Students in the cohorts of 2020-2021 and 2021-2022 are required to pass the statistics assessments before they can embark on the Bachelor's Project of the Competence Development 3.2 course:

- Students in the cohort 2020-2021 are required to achieve a score of 5.5 or higher on the original examination (B1.1).
- For the 2021-2022 academic year, this means an average final mark of 5.5 or higher, based on the two statistics exams: B1.1 and B1.2.

Additional information is included in the regulations set out in Article 9.3 of the Teaching and Examination Regulations for the Bachelor of Medicine programme.

Resits

The resit for the statistics exam will take place at a set time. If a fail mark is still achieved following a resit, the mark 'Fail' (F) will again be recorded in the student's academic progression record. The student then can then retake the statistics exam only by sitting it again the following year.

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location.

Evaluation and action plan

See the section on Competency Development 1.1 to 3.1.

4.3 Assessment process for Competency Development 3.2 course

A. Content of the course

The course B3.2 Competency Development consists of a Bachelor's portfolio comprising the following elements:

1. Proposal (part of course CO 3.1)
2. Thesis (individual and team contributions)
3. Pitch (team)
4. Final presentation (team)
5. Study-process reflection (individual)
6. Final interview based on a SWOT analysis (individual)
7. Collaboration Assignment (team)
8. Interview with a leader (team)

B. Grading and ECTS credits

Of the seven units of the Bachelor's portfolio (with the exception of the proposal), four (A1–A4) are assigned a summative mark. The other three units (A5–A7) are assessed with a mark of Pass or Fail (P/F).

Elements subject to summative grading and weighting

Weighting	Standardization	Assessor	Team/individual
4x	Thesis mark: discussion and summary	Supervisor/Reviewer*)	Individual assessment
3x	Thesis mark: introduction, methods, and results	Supervisor/Reviewer*)	Team assessment
1x	Final presentation score	Supervisor	Team assessment
1x	Pitch score	Coach	Team assessment
1x	Score on functioning in the Bachelor's project team	Supervisor	Individual assessment

*) If the marks for the thesis (individual and/or team) assigned by the supervisor and reviewer differ by more than 1.5 point, the supervisor and reviewer will be asked to adjust their assessments. If the marks still differ by more than 1.5 points, the thesis will be reassessed by the examiner. This final assessment replaces both the supervisor's and the reviewer's marks, but the mark can never be lower than the original marks.

Passed and/or completed elements

Weighting	Element	Assessor	Team/individual
P/F	Final interview based on SWOT analysis	Coach	Individual assessment
P/F	Interview with leader	Coach	Team assessment

Students meeting all of the following requirements will pass the examination and be awarded the associated ECTS credits:

1. The mark on both the individual part and the team part of the thesis is 5.50 or higher (joint assessment by the supervisor and reviewer).
2. The student has not received more than one score of 5.0 or a failing mark on the other elements.

The mark for the course will be assigned if the student has met the above-mentioned requirements (B1 and B2). The mark will be rounded in accordance with the provisions of the Guidelines and Instructions of the Board of Examiners for 2025-2026. The examiner will discuss the performance of students in the Review Committee meeting if they do not meet the cut-off point requirements. The assessment committee consists of: the four competency development examiners (Years 1 – 3) for the Bachelor of Medicine degree programme, the deputy programme director, and an external member. The Review Committee will decide whether a student qualifies for a resit.

C. Resits

Within Competence Development 3.2, a distinction is made between a unit-specific (short) resit and a full-course resit (following a review meeting, outside the current course).

Depending on which element a student has failed, the following applies to course-specific resits:

1. The score for the individual contribution to the thesis is lower than 5.5. Individual students will have one opportunity to rewrite their individual contribution to the thesis within ten working days of the release of their initial thesis score. The reassessment score should be a Pass (5.5 or higher). The reassessment score for the individual contribution to the thesis will be capped at 6.0.

2. The team part of the thesis is <5.5: students as a group will be granted one opportunity to rewrite their thesis within ten working days of the announcement of the mark for the first version of their thesis. The reassessment score should be a Pass (5.5 or higher). The reassessment score for the individual contribution to the thesis will be capped at 6.0.
3. If the score on the final presentation and/or pitch is lower than 5.0, students and their teams will have one opportunity to adjust their presentation and/or pitch and present for a second time. The reassessment score for the final presentation and/or pitch will be capped at 6.0 for the team.
4. If the scores on the other units are lower than 5.0, students will have one opportunity to adjust them and/or carry them out for a second time. Following reassessment, the marks for the remaining units can be awarded a joint mark no higher than 6.0.

If, after the resit period, the student still has a failing mark for the Competency Development 3.2 course, the score of Fail (F) will again be entered into the student's study progress. The student will then have to repeat the course when it is offered again. The examiner will determine the period within which the requirements must be met. If the Review Committee decides that a student will not be permitted to redo the Bachelor's Project within the current course, the student will have to undertake a full-course resit. This concerns a broader overview of inadequate performance. The resit will take place in the following academic year. The examiner will determine the period within which the requirements must be met.

Composition & construction

Preparation for Competency Development 3.2 takes place in Competency Development 3.1, of which the main outcome is a proposal for the Bachelor's project. A pass mark for this proposal is a prerequisite for participation in Competency Development 3.2. The learning objectives of Competency Development 3.2 are based on the Framework and were established during the development of the curriculum, as were the assessment format, cut-off point, and weighting. The assessment criteria, weighting, cut-off points, and obligations are clear to the student at the start of the course. Competency Development 3.2 is concluded with the Academic Theatre (AT). During the AT, the teams of the ten best pitches are selected, and a winner is announced. The three best theses will also be announced and a winner will be chosen from these three. These prizes do not affect the calculation of the final grade.

Administration

The time of assessment or submission is indicated in the assessment schedule. Reports submitted will be screened for plagiarism.

Analysis

Competent lecturers (supervisors, assessors and coaches) who have guided the student (in principle) during the course provide feedback, grades and assessments. These marks are included in the final grade for the Competency Development 3.2 course.

Determination and feedback

The examiner determines the final grade for the course, using the established weighting. At the end of a semester, the examiner will chair the Review Committee meeting. Students who do not meet the grading cut-off requirements are discussed in this Review Committee meeting. The examiner communicates the results of the assessments within the course to the student.

Evaluation and inspection

The student has the right to inspect the individual part of the assessed work, provided that the applicable rules are met. The group section can be viewed by the group as a whole, provided that the applicable rules are met.

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location.

Evaluation and action plan

The examiner writes an assessment report and sends it to ECTG. Based on the assessment report and teaching evaluations, the examiner writes an action plan and discusses this with the Degree Programme Directorate. If necessary, the examiner will discuss the assessment report with the Board of Examiners.

4.4 Assessment process for Knowledge Development courses

Composition and construction

Composition, content, quality and standardization take place under the auspices of the national Interuniversity Progress Test Working Group (WIV) in collaboration with the progress test assessment committees (VBCs) of the participating faculties. The Faculty's own progress test assessment committee (VBC), consisting of a chair and members from the basic and clinical disciplines, assesses the Faculty's own test questions. The questions are checked for factual correctness and unambiguous formulation. Relevance for a healthcare professional is also taken into account. The test is offered according to a blueprint that guarantees the distribution of test questions within different categories and disciplines.

A. Application of the Knowledge Progression protocol for the Bachelor's degree programme in Medicine

1. This protocol and its provisions exclusively apply to the progress tests and the scores obtained in them by students who are registered in the Bachelor degree programme in Medicine.
2. This protocol also applies to the Pre-Master's programme in Medicine (PMG3 course).

B. Grading and ECTS credits

1. Each Knowledge Progression course consists of at least three progress tests, with four assessment sessions offered in each academic year.
2. For each tests, an absolute cut-off score for the 'Fail/Pass' threshold and for the 'Pass/Good' threshold is set at the national level. A student's knowledge level is assessed according to these cut-off points.
3. The result for a course (Knowledge Progression B1 – B3) is calculated following a series of four progress tests associated with that course. The result is based on the combination of the scores from at least three progress tests and is expressed as a verbal assessment: Good (G), Pass (V) or Fail (O).
4. The combination tables KPB1, KPB2, and KPB3 form the benchmark for calculating the results for the courses Knowledge Development B1, Knowledge Development B2, and Knowledge Development B3, respectively.
5. A score of Pass or Good in a Knowledge Development course will be registered only after the student in question has fulfilled the attendance requirement for the relevant Knowledge Development course.
6. Scores earned by students during the Bachelor's degree programme in Medicine will not count towards Knowledge Development courses in the Master's degree programme.

C. Attendance requirements

1. Students must have attended at least four progress tests in each Knowledge Development course.
2. No scores will be assigned to students who do not attend a progress test or who take a progress test without being duly enrolled as a Medical student at the University of Groningen.

D. Resits

1. If a student has satisfied the attendance requirements but has received a failing score (O) for the Knowledge Development B1, B2, and/or B3 courses, the next progress test will count as a resit. In that case, the result of the resit will replace the result of the previous test. The result of the course will then be recalculated using the combination tables.

E. Legal protection for Knowledge Development

1. The Knowledge Development examiner will have the final say in how this protocol will be applied in individual cases, using the protocol as a binding guideline. The Board of Examiners has the final say in all requests for departing from the rules and standards in this protocol. The progress-assessment coordinator advises the examiner and the Board of Examiners on this matter if indicated.
2. Students have the option of lodging an administrative appeal with the Board of Appeal for Examinations (CBE) against decisions taken by the examiner or the Board of Examiners. Information about appeals and how to go about submitting an appeal is provided at <http://www.rug.nl/clrs..>

F. Applicable combination tables

1. Knowledge Development B1 (KPB1) combination table
2. Knowledge Development B2 (KPB2) combination table
3. Knowledge Development B3 (KPB3) combination table

Administration

The assessment is administered by computer. The assessment procedures are announced on the website (<https://ivtg.nl>) and on Brightspace.

Rules, determination, and communication

The examiner determines the results. The procedures for announcing the results will be announced on the website (<https://ivtg.nl>).

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location.

Evaluation and action plan

Each year, the examiner writes a test report and sends it to the ECTG. Based on the test report and teaching evaluations, the examiner writes an action plan and discusses this with the Director of Education. If necessary, the examiner will discuss the assessment report with the Board of Examiners.

Knowledge Development B1 (KPB1) combination table

Combined scores on KPB1 progress tests	Final mark
• Attended three times; • At least one score of Good at Knowledge level 4 • <i>And</i> the score on the last test in the series is at least Good at Knowledge level 2	Good (G)
• Attended three times • At least one score of Pass at Knowledge Level 4 • <i>And</i> the score on the last test in the series is at least Pass at Knowledge Level 2	Pass (P)
• All other combinations of scores	Fail (F)

Knowledge Development B2 (KPB2) combination table

Combined scores on KPB2 progress tests	Final mark
• Attended three times • At least one score of Good at Knowledge level 8 • <i>And</i> the score on the last test in the series is at least Good at Knowledge level 6	Good (G)
• Attended three times • At least one score of Pass at Knowledge level 8 • <i>And</i> the score on the last test in the series is at least Pass at knowledge level 6	Pass (P)
• All other combinations of scores	Fail (F)

Knowledge Development B3 (KPB3) combination table

Combined scores on KPB3 progress tests	Final mark
• Attended three times • At least one score of Good at Knowledge level 12 • <i>And</i> the score on the last test in the series is at least Good at Knowledge level 10	Good (G)
• Attended three times • At least one Pass at knowledge level 12 • <i>And</i> the score on the last test in the series is at least Pass at knowledge level 10	Pass (P)
• All other combinations of scores	Fail (F)

Section 5: Those responsible for the quality of the assessment

5.1 Board of Examiners

The Board of Examiners is the body responsible for determining, in an objective and expert manner, whether individual students satisfy the conditions set out in the Teaching and Examination Regulations with regard to the knowledge, understanding, and skills required to obtain a degree. The Board of Examiners is appointed by the dean. The Board of Examiners has the following tasks pursuant to Article 7.12b of the Higher Education and Research Act (WHW):

- ensuring the quality of the assessments and exams;
- establishing guidelines and instructions within the framework of the Teaching and Examination Regulations;
- granting an exemption from taking one or more examinations; and
- ensuring the quality of the organization and procedures surrounding examinations and final assessments.

The Board of Examiners evaluates the implementation of the assessment annually and selects the points of attention for the coming academic year. The Board of Examiners reports annually on its activities in an annual report to the dean.

5.2 Examiners

The Board of Examiners appoints examiners to set examinations and determine results. Examiners have the following duties:

- drawing up the learning goals;
- compiling, determining the cut-off point, administering, assessing, and analysing assessments, and determining and reporting on the results achieved;
- providing information about testing to the student;
- reporting on the assessment of the course (assessment report) to the Degree Programme Directorate and the Board of Examiners; and
- providing the requested information to the Board of Examiners.

5.3 Degree Programme Directorate

The Degree Programme Directorate is responsible for the quality of education, including testing. The Degree Programme Directorate also ensures that the examiners are able to carry out their tasks.

Part B: Pre-Master's programme in Medicine

1. Learning outcomes and purpose of the programme

The learning outcomes of the Pre-Master's degree programme in Medicine (abbreviated PMG) are based on the Framework for Undergraduate Medical Education 2020 and derived from the Bachelor's degree programme in Medicine G2020. The Pre-Master's degree in PMG aims to provide students with enough medical knowledge and professional development in one year to prepare them sufficiently for the Master's degree in medicine. If this programme is completed with sufficient results, they will receive a certificate that gives access to the Master's degree. The assessment vision (H3.1) from Part A and Appendices 3 and 5 also apply to the PMG.

2. Structure of the PMG

The programme largely follows the teaching of the Bachelor of Medicine programme (see Table 3 and 4). The learning outcomes are the same, with the Framework being leading and the assessment, learning material, and learning goals being comparable. In the PMG, the complete programme of Causes of Diseases from the Bachelor's degree programme in Medicine (academic years 1, 2, and 3) is covered in a condensed manner. The Competency Development courses from the regular Bachelor's degree programme in Medicine within the four Learning Communities are not followed, but have been replaced by a 'Professional Development' programme in which aspects of the Professional Development course from G2010 and Competency Development from G2020 are discussed.

Table 3: Courses and distribution of ECTS credits within the PMG

Semester 1	Semester 2
PMG 1 Causes of Diseases (23 ECTS credits)	PMG 2 Causes of Diseases (23 ECTS credits)
PMG 3 Knowledge Development (4 ECTS credits)	
PMG 4 Professional Development (10 ECTS credits)	

PMG 1 and PMG 2	contain parts from Causes of Diseases from the first, second, and third academic years of the Bachelor's degree programme in Medicine.
PMG 3	Interfaculty Progress Test 9 to 12. Equivalent to Year 3 of the Bachelor's degree programme in Medicine.
PMG 4	Practical requirements for Basic Life Support (BLS), Medical Consultation (MC), and the one-week care clerkship or alternative assignment. Portfolio: reflection reports, reflection assignments, and evaluation of functioning in various educational activities such as the study supervision group (SBG), BLS, MC, and the care clerkship.

3. Assessment formats and characteristics

Table 4: Overview of courses and assessment formats

Course	Assessment format	Characteristics
PMG 1 and PMG 2	Written and/or digital assessment	Exam consisting of four partial assessments Multiple-choice assessment questions Closed-book and open-book assessment questions
PMG 3 Knowledge Development	Digital assessment	Interfaculty progress test Digital multiple-choice test according to the computerized adaptive testing (CAT) method. Taken four times a year
PMG 4 Professional Development	Portfolio	There is a mix of assessment formats: - Assessment of Professional Conduct - Reflection reports - Progress meeting and final interview
	Obligations	Practical-related obligations

Table 5. Assessment schedule PMG

*This is a model schedule. Changes may therefore be made after the Assessment Schedule has been finalised.
The week numbers correspond to the study weeks (1 – 40).*

Course	Assessment format	EC	Assessment scale	Semester 1 (week)	Semester 2 (week)	Resit (week)
PMG 1 Causes of Diseases	Exam (knowledge assessment)	23	mark			
Partial exam 1.1	Exam (knowledge assessment)	-	mark	5		
Partial exam 1.2	Exam (knowledge assessment)	-	mark	11		
Partial exam 1.3	Exam (knowledge assessment)	-	mark	16		
Partial exam 1.4	Exam (knowledge assessment)	-	mark	20		
Resit for PMG 1	Exam (knowledge assessment)	-	mark			43
PMG 2 Causes of Diseases	Exam (knowledge assessment)	23	mark			
Partial exam 2.1	Exam (knowledge assessment)	-	mark		26	
Partial exam 2.2	Exam (knowledge assessment)	-	mark		31	
Partial exam 2.3	Exam (knowledge assessment)	-	mark		36	
Partial exam 2.4	Exam (knowledge assessment)	-	mark		41	
Resit for PMG 2	Exam (knowledge assessment)	-	mark			50
PMG 3 Knowledge Development	Exam (knowledge assessment)	4	F/P/G	4/14	23/37	
PMG 4 Professional Development	Portfolio	10	mark			
PMG 4 - Practical requirements	Compulsory attendance	-	completed			
PMG 4 - MC	Examination (skill assessment)	-	completed			

4. Protocols and rules for the implementation of PMG assessment

4.1 Assessment process for courses in PMG 1 and PMG 2

Composition & construction

When developing the Pre-Master's programme, it was determined which themes and learning goals of the G2020 Bachelor's degree programme in Medicine are relevant for the Pre-Master's student. During the development of the programme, the cut-off point was established: a knowledge percentage of 60% and a Cohen cut-off with P99. The examination for the course comprises four partial exams. An exam matrix has been drawn up for each partial exam based on the material and the learning goals. This exam matrix is used to include test questions from the regular Bachelor's assessments. The question format of all partial exams is 100% multiple-choice and consists of closed-book and open-book test questions. The examiner compiles the final partial exam according to the exam-construction guidelines and uses questions that have already been reviewed by the test-review panel. The material, learning goals, weighting, and cut-off points are available to students at the start of the course.

Administration

The partial exams will be taken at the designated location. The exam time is included in the faculty's annual planning and the student timetable. Participation in all exams is mandatory. The UG protocol is followed during the exam. Any irregularities will be reported to the designated persons or authorities. The examiner is present during the exam. The examiner may be represented by a substitute appointed by the examiner.

Analysis

The examiner carries out the analysis, possibly in consultation with the lecturers involved.

Determination and feedback

At the end of the semester, the examiner determines the final mark for the course. The final mark for the course is calculated based on the marks obtained for both partial exams. All partial exams carry equal weight in determining the final mark. On average, a pass mark (≥ 5.50) must be achieved for the exams on the PMG 1 and 2 courses. The marks for the partial exams and the final mark for the courses PMG 1 and PMG 2 will be communicated to the student. The examiner is responsible for ensuring that this is done in an orderly manner.

Evaluation and inspection

The student has the right to inspect. The examiner will submit any content-related ambiguities to a subject-matter expert lecturer.

Resits

During the academic year, students may resit any partial exam for PMG 1 and PMG 2 in which they have received a fail mark and/or any single partial exam that was missed for a valid reason, in order to achieve an average pass mark (≥ 5.50) for the PMG 1 and PMG 2 courses. The resit is equivalent to one partial exam and is scheduled at the end of the semester.

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location. The ECTG approves the results, after which they are entered into Progress.

Evaluation and action plan

The examiner writes an exam report and sends it to the Director of Education and the Board of Examiners. Based on the exam report and teaching evaluations, the examiner writes an action plan and discusses this with the Director of Education. If necessary, the examiner will discuss the assessment report with the Board of Examiners.

4.2 Assessment process for Knowledge Development courses in PMG 3

See Part A, Section 4.4, with the exception of the rules below.

Determination of the final mark: A pass mark must be achieved in the written progress test, and the following applies: Provided that a pass mark has been achieved at least once at Knowledge Level 12 of the PMG 3

course, students must demonstrate that they have maintained their level by achieving a pass mark at Knowledge Level 10 or higher of the relevant Knowledge Development series in the final progress test of the series of four, unless Knowledge Level 12 was achieved in the final test of the series.

Resits: If a passing mark has not been obtained for Knowledge Development in PMG 3, the next progress test will be considered as a resit option for Knowledge Development in PMG 3.

4.3 Assessment process for Knowledge Development courses in PMG 4

Composition and construction: When constructing the PMG programme, the competencies for Professional Development in PMG 4 were established (see Table 6). These are taken from the Framework. Based on this, the learning goals were then derived. The assessment formats are determined in advance.

Table 6: Overview of components for PMG 4 assessments

Practical obligations	Sufficient attendance at practicals for Basic Life Support and Medical Consultation. Attendance requirements for the care clerkship.
Portfolio	The student must submit the portfolio on time and in full. The following components are assessed in the portfolio: - Professional conduct in practicals for Basic Life Support - Professional conduct in practicals for Medical Consultation - Professional conduct in the (optional) Care Clerkship - Professional conduct in the Study-supervision groups (SBG), Semester 1.1 - Professional conduct in the Study-supervision groups (SBG), Semester 1.2 - Reflection assignment: Code of conduct and ethics - Reflection assignment: Observational clerkship - Reflection assignment: Peer feedback - Reflection assignment: Conference report - Reflection assignment: Thinking about professional conduct - Interim reflection report
Progress meeting	- Halfway through Semester 1, the student has a progress meeting with the SBG group coach. - In preparation, the student writes a reflective report in which the student describes their development. To this end, they use the feedback obtained up to that point and the results achieved and the development made within other parts of the training. - The SBG lecturer looks at the feedback given, the results of the other courses and discusses this with the student. - If the SBG lecturer decides that the student is not doing well, they will clearly indicate this and discuss it with the student. - In that case, the SBG lecturer agrees with the student that an Action Plan must be written.
Final interview	- In preparation for the final interview, the student writes a reflective report. - In the final interview at the end of the year, the SBG lecturer discusses the development with the student. The SBG lecturer and student discuss the student's marks, feedback and reflection. - Insufficient marks are discussed further to clarify the causes and background. - If a Plan of Action was drawn up during the progress meeting, the document will be reviewed to determine whether areas of concern have improved in the meantime.

Determination and feedback

The SBG lecturer provides assessment advice to the PMG 4 examiner for all students, informed by the conversation and the content of the portfolio ('no special details' or 'please discuss in the assessment committee'). In the latter case, the SBG lecturer will provide an explanation to the examiners. In addition to the examiners, the Reviewing Committee also includes the PMG producer, the SBG lecturers, and the Degree Programme Directorate. Professional Development is completed with a Pass/Fail mark. The examiner will communicate the final result back to the student.

Resits

If a failing mark has been achieved for Professional Development, the examiner will determine a resit assignment in consultation with the Reviewing Committee. The content of this assignment depends on the nature of the gap. The examiner will set a clear deadline for the student to complete this assignment.

Archiving

Archiving takes place in accordance with the legal frameworks concerning the retention periods of assessments at the designated location.

Evaluation and action plan

The examiner writes an assessment report and sends it to the Degree Programme Directorate and the ECTG. Based on the assessment report and teaching evaluations, the examiner writes an action plan and discusses this with the Director of Education. If necessary, the examiner will discuss the assessment report with the Board of Examiners.

4.4 Final assessment for the Pre-Master's exam

Pre-Master's students have passed the Pre-Master's degree programme if they:

- have achieved a satisfactory final mark for the courses PMG 1 and PMG 2;
- meet the requirements of PMG 3 Knowledge Development from the Bachelor of Medicine programme, as described above;
- have passed the course PMG 4;
- met all attendance requirements.

4.5 Completion of the programme and eligibility for the Master's degree programme

The Pre-Master's degree programme can only be completed with a pass if all courses have been completed with a pass grade within two years after the start of the PMG programme. The degree programme issues a certificate confirming that the programme has been successfully completed and that the student is admissible to the Master's degree programme in Medicine at the University of Groningen.

(NOTE: Students must take into account that, according to the Teaching and Examination Regulations for the University of Groningen Master's degree programme in Medicine, the Master's degree programme must be started within 18 months after completing the PMG. The Admissions Committee for Medicine is responsible for admissions to the Master's degree programme.)

Appendices

Appendix I: Matrix Framework Plan for Knowledge Domains and the G2020 Bachelor's Degree Programme in Medicine

	FRAMEWORK Section 4 Knowledge domain, 4.2 knowledge aspects	CoD 1.1, 1.2, 1.3	CoD 1.4, 1.5, 1.6	CoD 2.1, 2.2, 2.3	CoD 2.4, 2.5, 2.6	CoD 3.1, 3.2, 3.3	CoD 3.4, 3.5	CO
	A newly graduated doctor has an understanding of							
1	the philosophical, ethical, and historical foundations of medical practice.	x	x		x			x
2	the structural and physiological properties, and the interrelationships between them, of the major biomolecules and molecular systems in the cells, tissues, organs, and organ systems of the human body.	x	x	x	x	x	x	
3	the human organism's striving for homeostasis at every level, adapting to circumstances, and communicating with the environment.	x	x	x	x	x	x	
4	the response to damage or threat to structural or functional integrity, at the molecular, cellular, tissue, organ, and organismal level.	x	x	x	x	x	x	
5	the origin, development, growth, sexual maturation, ageing, and death of an organism	x	x	x	x	x	x	
6	relationships between genetic information and the associated phenotype. The doctor knows and understands the influence of non-genetic factors on this phenotype.	x	x	x	x	x		
7	the physiological and pathological relationships between host and microorganisms.	x		x	x			
8	the influence of external factors on maintaining or promoting health and their role in the development of diseases.	x		x	x	x		x
9	mechanisms to influence behaviour to promote health.	x	x		x	x		x
10	the main aspects of aetiology, pathogenesis, and pathophysiology of neoplasia at a cellular, tissue, organ, and patient level, as well as of their systemic effects.	x		x				
11	commonly used research methods and measurement methods relating to the structure and function of molecules, cells, tissues, organs, and organisms.	x		x			x	x

12	scientific basis of therapeutic action.	x	x	x	x	x	x	
13	psychological and socio-economic factors that influence normal human development.		x		x	x		x
14	psychological and sociological mechanisms in relation to illness and health and quality of life		x			x		x
15	mechanisms underlying the development and maintenance of psychological complaints (and insufficiently explained physical complaints) and disorders, in conjunction with the socio-societal context of the individual.					x		
16	the construction of society in a globalizing world.	x			x	x		x
17	the organization, quality, legal regulations, and financing of healthcare in the Netherlands.	x	x	x	x	x	x	x
18	the practice of scientific research.						x	x
19	the main research designs and statistical methods for and measures of health and disease							x
20	the most important aspects of quality of care and the different perspectives from which these can be approached (patient, physician, insurer, government, etc.)			x				
21	the necessity of and opportunities for innovation in healthcare.						x	x
22	Theoretical backgrounds of the doctor-patient relationship, health literacy, and communication.							x
23	different dimensions that make up the concept of professional conduct.	x	x	x	x	x	x	x
24	the core of medical professional conduct as expressed in the Dutch medical oath and in the rules of professional secrecy							x

Appendix 2: Matrix of Framework Issues and the G2020 Bachelor's degree programme in Medicine

FRAMEWORK Section 5			
<i>I. Issues related to disorders of functions and/or anatomical properties of the human body</i>			
		G2020 Bachelor's degree programme	
A	Disorders of functions of the human body		
	mental functions	X	
	sensory functions	X	
	voice and speech	X	
	cardiovascular system	X	
	haematological system	X	
	immune system	X	
	respiratory system	X	
	digestive system	X	
	metabolic system	X	
	hormonal system	X	
	urogenital system	X	
	reproductive functions	X	
	movement system	X	
	skin and appendages	X	
B	Disorders of anatomical properties of the human body		
	nervous system	X	
	eye and ear	X	
	nose, mouth, and throat	X	
	airways	X	
	heart and blood vessels	X	
	lymphatic system, spleen, and bone marrow	X	
	salivary glands, oesophagus, stomach, in assessment of liver, gallbladder, and pancreas	X	
	endocrine glands	X	

	urogenital system	X	
	musculoskeletal system	X	
	skin and appendages	X	
C	Common, frequently occurring symptoms such as fatigue, weight loss, weight gain, fever, pain, swelling, insomnia	X	
E	Issues in certain phases of life, such as growth and development disorders; contraception; disorders in reproductive functions; pregnancy (including unwanted pregnancy); menopause and menopausal symptoms; ageing and ageing-related diseases; dying	X	
<i>II. Issues related to activity restrictions and problems with participation</i>			
A	General and health literacy		
	Learning and applying knowledge	X	
	General duties and requirements	X	
	Communication	X	
B.	Activities of daily living		
	Mobility	X	
	Personal care	X	
	Housekeeping	X	
C.	Social environment and context		
	Interpersonal interactions and relationships	x	
	Important areas of life	x	
	Social, civic, and community life	x	
<i>III. Issues related to personal and external factors</i>			
A.	Prevention		
	Universal prevention, individual and collective	X	
	Selective prevention, individual and collective	X	
	Indicated prevention	X	
	Healthcare-related prevention	X	

B.	Violence/abuse in relationships between people, including		
	Domestic violence		
	Child abuse	X	
	Elder abuse		
C.	Deviant healthcare consumption		
	Overconsumption	X	
	Underconsumption	X	
D.	Diversity	X	
<i>IV. Issues related to specific perspectives and contexts</i>			
A.	Emergency triage	X	
B.	Basic care for trauma patients	X	
C.	Sports injuries	X	
D.	Abnormal findings in people without symptoms		
E.	Multimorbidity	X	
F.	Frailty	X	
G.	Polypharmacy	X	
H.	Addiction	X	
I.	Chronic care, Rehabilitation care, Nursing home /institutional care	X	
J.	Appropriate care: Advance care planning Cost awareness Identifying under-treatment and over-treatment	X	
K.	Palliative care	X	
L.	Supporting end-of-life	X	
M.	Moral and ethical questions	X	

Appendix 3: Matrix Bachelor Competencies and G2020 Bachelor

Explanation of the table below

- It reflects an overview of the competences on which students receive a **mark (grading)**;
- One exception is the tutor-education in the first and second year, as well as the proposal for the Bachelor's project, as these components are not graded separately;
- In each table, the competency domains in which the student will receive an assessment are indicated for each *Scorion* or *Onstage* form;
- The stated competences refer to the Framework for Bachelor's Level Competences. Detailed elaboration of the Matrix of Bachelor's Level Competences can be found in a separate document, which can be requested from the Program Directors;
- The forms together constitute the portfolio according to which the assessment of the relevant Competence Development courses (1.1 to 3.2) takes place;
- For the calculation of the final mark for the Competence Development courses, please see Chapter 4 of the Assessment Plan;
- It is possible that changes will be made after the Assessment Plan has been established.

Competence Development, Year I

CO 1.1	MED	COM	SAM	LEI	WET	MAH	PROF
PO Good Doctor						X	
PO Reflection and final interview			X	X		X	X
WV Evidence-based Medicine					X		
W Statistics 1					X		
HA Healthy Ageing Assignment 2			X		X	X	X
MC Medical Consultation		X					X
TU Functioning in the tutor group			X	X			X

CO 1.2	MED	COM	SAM	LEI	WET	MAH	PROF
PO Care clerkship		X		X			X
PO Reflection and final interview			X	X			X
W Introduction to scientific research			X		X		X
HA 3 Resilience and Frailty						X	
HA 4 Pain and Cooperation			X		X	X	X
MC Medical Consultation		X					X
TU Functioning in the tutor group			X	X			X

Competence Development, Year 2

CO 2.1	MED	COM	SAM	LEI	WET	MAH	PROF
PO Reflection and final interview			X	X		X	X
HA 5 Lifestyle and Health	X				X	X	
HA 6 Last phase of life	X		X			X	
MC Medical Consultation		X					X
TU Functioning in the tutor group			X	X			X

CO 2.2	MED	COM	SAM	LEI	WET	MAH	PROF
PO Reflection and final interview			X	X		X	X
WV Statistics 2					X		
HA 7 Reproductive Health	X				X	X	
HA 8 1 st 1,000 days					X	X	
MC Medical Consultation		X					X
TU Functioning in the tutor group			X	X			X

Competence Development, Year 3

CO 3.1	MED	COM	SAM	LEI	WET	MAH	PROF
HA 9 Planetary Health					X	X	
HA 10 Mental Health		X	X			X	X
MC Medical Consultation	X	X	X				X
Working group on clinical reasoning	X			X			
WV Proposal for Bachelor's project					X		

CO 3.2	MED	COM	SAM	LEI	WET	MAH	PROF
WV Bachelor's project		X	X	X	X	X	X

Appendix 4: Protocol for exam inspection and exam review for the Bachelor's degree programme in Medicine

Explanatory notes

Students have the right to inspect exams they have taken. Exams are not released to students. Inspection sessions are scheduled, in which students are given the opportunity to inspect the exam. These sessions also provide the opportunity for students to give substantive feedback on the exam questions.

Before the inspection session

The inspection session is planned shortly after the administration of the exam. During the inspection, the digital resources (e.g. e-books, articles, PDFs) that were available during the exam will also be made accessible. In addition, students are allowed to bring their own books. The use of mobile devices is not allowed.

During inspection in the Examination Hall

The Brightspace course containing the exam that was taken is accessible only from the computers located in the room during the inspection session. Students visit the Brightspace course in which the exam was taken and follow the steps below:

- In the menu, click 'Results'
- Click the number of points earned
- Subsequently, open the feedback form to submit any comments

Inspection outside the Examination Hall

When the inspection session is scheduled outside the Examination Hall, the following steps are required to inspect the exam:

- Start the computer
- Log in with your student number
- Start Google Chrome
- Visit the page: bsexam.rug.nl
- You will then have access to the exam and feedback form

Fraud

Copying the exam (or any part thereof) or taking notes during inspection is not allowed. Invigilators are present during the inspection session to monitor this. In addition, during and after the inspection, we can monitor which web pages and applications students have used. In cases of fraud (actual or suspected), the Board of Examiners will be informed, and the fraud protocol will come into force.

Evaluation of the exam

After the exam, the completed feedback is discussed with the examiner, and possibly with the Year Representative (YR). Upon request, the YR will be given the opportunity to inspect the exam again to assess the value of the feedback. The YR then discusses the exam with the examiner on behalf of all students. Based on the outcome of the discussion and exam statistics, the examiner will finalize the results.