

SOPs of Assessment Policy

(for internal assessments only)



Purpose	To ensure transparent, fair, valid, reliable, and secure implementation of assessment policies and procedures
Prepared by	Department of Medical Education
Reviewed By	Curriculum Committee
Approved By	Academic Council
Custodian of the Policy	Examination Cell
Updated on	January 2026
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## 1. PURPOSE

This SOP provides procedures for:

- Student assessment appeals.
- Assessment scrutiny.
- Academic record access.
- Appointment of external examiners.
- Student feedback on assessments.
- Assessment quality assurance.

The SOP supports PMDC standards, WFME requirements, and institutional assessment policies.

## 2. ASSESSMENT APPEAL PROCEDURE

### Eligibility

A student may submit an appeal if there is evidence of:

- Administrative error.
- Procedural irregularity.
- Calculation error.
- Assessment process concerns.

Academic judgment of examiners shall not ordinarily be subject to appeal.

### Procedure

1. Student shall submit a written appeal to the Principal through the Examination Cell within seven (07) working days of declaration of results.
2. The Principal shall constitute an Appeal Review Panel.
3. The Panel may include:
  - Director Medical Education
  - Examination Cell Representative
  - Relevant Academic Expert
  - Independent Faculty Member
4. The Panel shall review all submitted evidence.
5. Additional information may be sought from the student or relevant faculty.
6. All proceedings shall remain confidential.
7. The decision shall be communicated in writing within fifteen (15) working days.
8. Re-appeal shall only be entertained where substantial new evidence is presented

## 3. SCRUTINY OF RESULTS

### Scope

Scrutiny shall include:

- Verification of marks totaling.
- Verification of data entry.
- Verification of result compilation.

Scrutiny shall not include re-evaluation of answer scripts unless specifically approved under institutional regulations.

## **Procedure**

1. Student shall submit a scrutiny application to the Examination Cell within seven (07) working days of result declaration.
2. Examination Cell shall verify records.
3. Findings shall be documented.
4. Outcome shall be communicated within fifteen (15) working days.

## **4. ACCESS TO ACADEMIC RECORDS**

### **Eligibility**

Academic records may be accessed by:

- Students regarding their own records.
- Faculty members for legitimate academic purposes.
- Researchers with prior ethical approval.
- Authorized institutional bodies.

### **Procedure**

1. Written application shall be submitted to the Principal.
2. Applications involving research shall include IRB/ERC approval.
3. Approved applications shall be routed through Administration.
4. Records shall only be shared with authorized individuals.
5. A confidentiality undertaking may be required.
6. Information shall not be used in a manner detrimental to institutional interests or student confidentiality.

## **5. ACADEMIC RECORD ACCESS COMMITTEE**

The Academic Record Access Committee shall be constituted as required and may include:

- Principal (Chairperson)
- Director Medical Education
- Student Affairs Representative
- Examination Cell Representative
- Two Faculty Members

The Committee shall review complex requests and ensure compliance with confidentiality requirements.

## **6. APPOINTMENT OF EXTERNAL EXAMINERS**

### **Purpose**

To ensure fairness, objectivity, transparency, and quality assurance in assessments.

### **Procedure**

1. Heads of Departments shall submit recommendations to the Principal.
2. Recommendations shall include:
  - Qualification and experience.
  - Institutional affiliation.
  - Area of expertise.
3. Examination Cell shall verify eligibility and absence of conflict of interest.
4. Examiners shall not have close personal or professional relationships with candidates that may compromise impartiality.
5. Formal invitation shall be issued through the Examination Cell.
6. Records of appointment shall be maintained.

## **7. STUDENT FEEDBACK ON ASSESSMENT**

### **Objective**

To obtain student perceptions regarding fairness, quality, and effectiveness of assessment practices.

### **Procedure**

1. Standardized QAMC feedback forms shall be administered after assessments.
2. Feedback may be collected electronically or through paper-based forms.
3. Data shall be analyzed by the Department of Medical Education.
4. Reports shall be submitted to:
  - Principal
  - Curriculum Committee
  - Examination Cell
5. Action plans shall be developed where improvements are required.
6. Feedback outcomes shall contribute to continuous quality improvement.

## **8. CONFIDENTIALITY**

All information relating to:

- Appeals
- Scrutiny requests
- Academic records
- Examination materials
- Student feedback

shall remain confidential and accessible only to authorized personnel.

## **9. QUALITY ASSURANCE**

The Examination Cell and Department of Medical Education shall ensure:

- Assessment blueprinting.
- Standard setting where applicable.
- External examiner review.
- Assessment moderation.
- Item analysis.
- Student feedback review.
- Continuous improvement of assessment processes.

## **10. MONITORING AND REPORTING**

The Examination Cell shall submit an annual report to the Curriculum Committee and Academic Council regarding:

- Appeals received.
- Scrutiny requests.
- External examiner appointments.
- Student feedback outcomes.
- Assessment quality indicators.

## **11. POLICY REVIEW**

This SOP shall be reviewed every three (03) years or earlier if required by:

- PMDC standards.
- WFME standards.
- UHS regulations.
- Academic Council recommendations.

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