ASSESSMENT POLICY

BDS Programme — Office of the Examination Cell

Reference No.: WDC/EC/AP-2026/ Esth/825

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1. Purpose & Scope

1.1 This policy governs how the Exam Cell assesses BDS students, in line with the World Federation for Medical Education (WFME), Higher Education Commission (HEC), Pakistan Medical & Dental Council (PMDC) & Khyber Medical University (KMU) regulations covering in-course tests, MCQ exams, OSPE/OSCE, reflective writing, clinical evaluation (DOPS, logbooks, portfolios, Mini-CEX, One Minute Preceptor etc.), attendance, and behaviour/attitude.

A. Regulatory & Quality Frameworks. This policy operationalises, at the college level, the assessment principles of the World Federation for Medical Education (WFME) and the requirements of the Pakistan Medical & Dental Council (PMDC) and Khyber Medical University (KMU):

• **WFME:** The Basic Medical Education: WFME Global Standards for Quality Improvement (2020), Area 3 (Assessment of Students), calls for students to be assessed early and regularly, with timely feedback that guides learning and identifies underperforming students, which is reflected in this policy's formative-then-summative structure (Sections 4–5).

• **PMDC:** The Medical and Dental Undergraduate Education (Admissions, Curriculum and Conduct) Policy and Regulations 2023 govern curriculum, examinations, and conduct nationally. PMDC's Council has separately placed strong regulatory emphasis on attendance as a precondition for sitting professional examinations (see Section 5.5).

• **KMU:** As the affiliating university, Khyber Medical University prescribes the Scheme of Studies, Assessment Blueprints, and examination regulations for the BDS programme, including the professional examinations (Section 5.1) and the OSPE/OSCE and Theory MCQ blueprints referenced throughout this policy.

B. References:

World Federation for Medical Education. (2020). Basic Medical Education WFME Global Standards for Quality Improvement (2020). Available at https://wfme.org/wp-content/uploads/2022/03/WFME-BME-Standards-2020.pdf

Pakistan Medical & Dental Council. (2023). PMDC Medical and Dental Undergraduate Education (Admissions, Curriculum and Conduct) Policy and Regulations 2023. Available at https://pmdc.pk/Documents/law/PM&DC%20Medical%20and%20Dental%20Undergardaute%20Education%20(Admission,%20Curriculum%20and%20Conduct)%20Policy%20and%20Regulations%202023.pdf

Khyber Medical University .(2026). Scheme of Studies and Assessment Blueprints for the BDS Programme. Available from the Curriculum Cell/Exam Cell and at kmu.edu.pk.

1.1 Alignment with Learning Outcomes

PMDC prescribes the core competencies expected of a Pakistani dental graduate (the "seven-star doctor" competency framework: care provider, decision maker, communicator, community leader, manager, lifelong learner, and professional/team member). Building on these competencies and the College's mission and vision, WDC develops Programme Learning Outcomes and Programme Objectives for the BDS programme. These Programme Outcomes are, in turn, aligned with class/module-level General Learning Outcomes, which are further aligned with session-level Intended Learning Outcomes (ILOs). Session ILOs are mapped to specific assessment methodologies in the curriculum map, which is published in the study guides and logbooks issued for each block. This alignment chain competencies, Programme Outcomes, module outcomes, session ILOs, and assessment methods ensures that every assessment tool described in this policy tests a learning outcome that traces back to a defined professional competency.

1.2 Programme Structure: Modules and Blocks

The BDS curriculum, as approved by KMU, is organised into modules (sometimes combined to create blocks), each covering various subjects over a defined teaching period. Each module/block concludes with formative and summative assessments as described in Sections 4 and 5. Papers (e.g., Paper A, Paper B, and Paper C in 1st Year BDS) correspond to the KMU-conducted Theory and OSPE/OSCE examinations set for each block or group of modules, per the KMU-approved Scheme of Studies and Assessment Blueprint for each professional year. The exact grouping of subjects into modules/blocks and papers for each year is determined at KMU-level and published in the year-wise Scheme of Studies, available from the Curriculum Cell/Exam Cell and, where published, on the KMU website.

2. Roles & Responsibilities

2.1 Principal: Oversees the assessment system, constitutes grievance/appeals committees, and approves policy amendments in consultation with the Academic Council (see Section 9).

2.2 Examination Cell: Schedules assessments, compiles papers, maintains records, computes marks, declares results, safeguards the confidentiality of question papers and the MCQ Bank, and, in coordination with the DME, arranges the logistics needed to conduct assessments (venues, seating plans, and invigilation staff).

2.3 Quality Enhancement Cell (QEC): Monitors the quality and standardisation of assessment processes, periodically reviews blueprinting and item quality across subjects, collects and analyses block-wise student feedback on teaching and assessment for each block, and reports findings (including block feedback) to the Principal, Department of Medical Education (DME), and Exam Cell to support continuous improvement.

2.4 DME's Curriculum Cell: Aligns assessment blueprints with the approved curriculum and intended learning outcomes for each block/module/subject, and coordinates with Heads of Departments (HODs) to ensure assessment content matches what has actually been taught. The DME/Curriculum Cell also conducts pre-modular and post-modular meetings for each module, in which Class Representatives (CRs) are invited, so that student opinions and concerns are heard and the curriculum & assessments are aligned. **Pre-modular meetings** orient students and faculty to the module's content, schedule, learning outcomes, learning & teaching activities, and assessment plan, while **post-modular meetings** review how the module went and capture feedback for improvement in future blocks. Curriculum governance operates through a **three-tier committee** structure in which the Curriculum Cell participates: the Module Curriculum Committee **(MCC)** at module level, the Institutional Curriculum Committee **(ICC)** at college level, and KMU's Dental Central Curriculum Committee **(CCC)** at university level, so that module-level decisions remain consistent with institutional and KMU-wide curriculum requirements.

The detailed terms of reference for these committees are set out in the college's Curriculum Outcomes & Terms of Reference (TORs) document, published on the WDC website (Documents → Policies): https://wdc.edu.pk/index.php/policies/

2.5 HODs / Faculty: Conduct in-course tests, submit MCQs and OSPE/OSCE stations by deadline as per the approved blueprint, conduct formative classroom & clinical assessments (DOPS, Mini-CEX, logbook review, etc.), record attendance and behaviour, and provide timely, criterion-based feedback to students.

2.6 Students: Maintain the required attendance, appear in all tests/exams, complete logbooks/portfolios and other formative assessment requirements, and follow examination rules and the college's code of conduct.

2.7 IT / LMS Managers: Maintain the Learning Management System (LMS) used for scheduling assessments, publishing results, and recording formative feedback; provide technical support for computer-based assessments and the MCQ Bank; and ensure the security and backup of electronically held assessment data.

3. Types of Assessment

3.1 Formative Assessment: Assessments conducted by the Women Dental College (WDC) throughout a teaching block to monitor students' ongoing progress and provide timely, constructive feedback for improvement. Formative assessment does not carry a Pass/Fail decision; it identifies learning gaps early so that students and faculty can act on them.

3.2 Summative Assessment: Assessments that determine whether a student has achieved the required standard to progress, expressed as a "Pass/Fail" decision. Summative assessment includes the Internal Assessment (IA) computed by the Exam Cell and the professional examinations conducted by Khyber Medical University (KMU).

3.3 This Assessment Policy governs both formative and summative assessment activities conducted for the BDS programme. The two are linked: several formative tools (e.g., DOPS, logbooks/portfolios, Mini-CEX) generate evidence that also feeds into the summative Internal Assessment score described in Section 5.

4. Formative Assessment

Formative assessment tools used across the BDS programme, summarized in Table 1, are described in the sub-sections below. These tools are used to give students actionable feedback right after the End of Module Examination (EOME), End of Ward Test (EOWT), and Internal Block Examinations, and, in several cases, also contribute evidence to the summative Internal Assessment (see Section 5). The Block Theory MCQ paper (120 MCQs, 5 options each) and the KMU professional examinations are themselves summative and are described in Section 5; they are not formative tools and are not listed in Table 1 below.

Table 1: Formative Assessment Tools Overview

Tool	Description	Feeds IA?
In-Course Tests / Quizzes	Periodic subject-wise tests during a module; results shared promptly to flag students needing support.	No
Practice OSCE/OSPE	Low-stakes practice objective structured stations before the summative exam, familiarizing students with the format; a low-stakes summative activity that contributes to Internal Assessment.	Yes
Logbooks / Portfolios	Continuous record of clinical/practical procedures observed, assisted, or performed, countersigned by faculty; a low-stakes summative component of Internal Assessment.	Yes
DOPS	Direct Observation of Procedural Skills against a structured checklist, with immediate feedback.	Indirectly
One Minute Preceptor	Structured clinical teaching technique used during ward/clinic teaching.	No
SNAPPS	Learner-driven case presentation model used on clinical rounds.	No
Role Play	Simulated communication/team scenarios assessing communication and professionalism.	Indirectly
Mini-CEX	Focused, time-limited observed clinical encounter rated by faculty on a structured form, with feedback.	Indirectly
Reflective Writing	Structured written reflection by the student on a clinical/learning experience; a self-assessment tool reviewed by faculty.	No
EOME (End of Module Examination)	MCQ-based test at the end of each module, giving students structured practice and timely feedback ahead of summative exams.	No
EOWT (End of Ward Test)	OSCE/OSPE-based test at the end of each ward rotation, giving students structured practice and timely feedback ahead of summative exams.	No

4.1 In-Course Tests / Quizzes

In-course tests/quizzes are conducted periodically for each subject during a module, at a frequency determined by the HOD/Faculty concerned. Results are shared with students promptly and are used by faculty to flag students who may need additional academic support before the summative examination.

4.2 Internal Block OSCE/OSPE Stations (Practice)

After each ward/practical rotation, HODs/Faculty, in coordination with all stakeholders, organize practice objective structured stations according to the blueprints, before the summative OSCE/OSPE, so that students are familiar with the station format, timing, and expectations. This is a low-stakes summative activity: performance contributes to Internal Assessment (Section 5.2) as well as giving students formative feedback on their performance.

4.3 Logbooks / Portfolios

Each student maintains a logbook/portfolio recording clinical and practical procedures they have observed, assisted with, or performed, countersigned by the supervising faculty member at the time. As a low-stakes summative component, logbook/portfolio completion forms part of Internal Assessment (Section 5.2). A completed logbook is a prerequisite for sitting the OSPE/OSCE where applicable, and is reviewed periodically by the HOD/Faculty.

4.4 DOPS (Direct Observation of Procedural Skills)

Faculty directly observe a student performing a defined clinical/practical procedure and score it against a structured checklist covering preparation, technique, and professionalism, followed immediately by verbal feedback identifying strengths and areas for improvement.

4.5 One Minute Preceptor (OMP)

A brief, structured clinical teaching technique used during ward/clinic teaching, in which the faculty member asks the student to commit to a diagnosis or plan, probes the underlying reasoning, reinforces what was done correctly, corrects errors, and teaches a general principle arising from the case.

4.6 SNAPPS

A learner-driven case presentation model: **Summarize, Narrow the differential, Analyze the differential, Probe the preceptor, Plan management,** and **Select an issue for self-study.** This is used during clinical rounds to promote active student reasoning, followed by faculty feedback.

4.7 Role Play

Simulated patient-communication or team-based scenarios used to assess and develop students' communication skills, professionalism, and interpersonal conduct in a controlled, observed setting.

4.8 Mini-CEX (Mini Clinical Evaluation Exercise)

A focused, time-limited observed clinical encounter (history-taking, examination, or a single procedure) rated by faculty on a structured form covering clinical skills, professionalism, and overall competence, followed by structured feedback to the student.

4.9 Reflective Writing

Students complete structured reflective writing on selected clinical or learning experiences, using a format specified by the HOD/Faculty. Reflective writing is a self-assessment tool: it is reviewed by faculty, who provide feedback on the quality of reflection and insight, but it does not carry a Pass/Fail decision or contribute marks to Internal Assessment.

4.10 End of Module Examination (EOME)

At the end of each teaching module/block, students sit an End of Module Examination (EOME) consisting of MCQs covering the module content. The EOME gives students structured practice in the MCQ format and timely, effective feedback on their preparedness ahead of the summative Theory MCQ paper (Section 5.3). The EOME is a formative assessment and does not contribute marks to Internal Assessment.

4.11 End of Ward Test (EOWT)

At the end of each ward/clinical rotation, students undertake an End of Ward Test (EOWT) consisting of OSCE/OSPE stations assessing the practical and clinical skills covered during the rotation. The EOWT gives students structured practice in the OSCE/OSPE format and timely, effective feedback ahead of the summative OSPE/OSCE examination (Section 5.4). For 3rd and Final Year BDS, OSCE/OSPE practice and assessment is conducted through the EOWT rather than at block level. The EOWT is a formative assessment and does not contribute marks to Internal Assessment.

5. Summative Assessment

Summative assessment comprises the KMU professional examinations and the college's Internal Assessment (IA), described in the sub-sections below.

5.1 KMU Professional Examinations

The KMU professional examination, conducted by Khyber Medical University at the end of the professional year, is the principal Pass/Fail summative assessment for progression through the BDS programme. It typically comprises a Theory component (MCQs and/ short-answer questions) and a Practical/Clinical component (OSPE/OSCE and (viva voce), weighted according to the KMU-approved Scheme of Studies for each subject. The current weightage for each subject is specified in the KMU examination regulations/Scheme of Studies in force for the BDS programme, published by KMU (kmu.edu.pk) and available from the Exam Cell.

5.2 Internal Assessment (IA)

Internal Assessment comprises four components, outlined in the subsections below: Theory (Section 5.3), OSPE/Practical (Section 5.4), Attendance (Section 5.5), and Behaviour (Section 5.6). Sections 5.2.1–5.2.3 explains what IA measures and how it is calculated and reported.

5.2.1 What Internal Assessment measures

Internal Assessment (IA) is the college-level summative score computed by the Examination Cell for each block/subject, based on Theory, Practical, Attendance, and Behaviour , following the marks distribution set out in Sections 5.3–5.7. As per the KMU-approved Assessment Blueprint, Internal Assessment makes up approximately 10% of the final result in the KMU professional examination, 10% of the Theory marks and 10% of the OSPE/OSCE marks for each paper, with the remaining 90% determined by the KMU-conducted Theory and OSPE/OSCE Block papers themselves.

5.2.2 How IA is calculated and developed

For each block, the percentage obtained in each component (Theory, Practical, Attendance, Behaviour) is converted to marks using the tables in Sections 5.3–5.6, and summed to give the Total Theory and Total Practical marks for that block (Table 2).

5.2.3 Reporting to KMU

Internal Assessment marks are communicated to KMU as a component of the overall result, as per KMU's prescribed schedule and format, once finalized and approved by the Principal, DME, and Exam Cell.

Table 2: Total Internal Assessment Marks per Paper (1st Year BDS)

Table 2 summarises the Total Theory and Total OSPE Internal Assessment marks recorded for each paper in 1st Year BDS; Sections 5.3–5.7 below explain how each total is built up component by component.

Component	Paper A	Paper B	Paper C
Total Theory (Theory + Attend. + Behaviour)	13	14	13
Total OSPE (OSPE + Attend. + Behaviour)	13	14	13

Papers D–G (2nd Year BDS and beyond) follow the same structure, with totals fixed by the KMU-approved Assessment Blueprint for each year.

5.3 Theory (Internal Block MCQs)

The Theory component of Internal Assessment consists of Multiple Choice Questions (MCQs), single-best-answer items, each with 5 options (1 correct answer and 4 distractors), covering the block syllabus as per the approved KMU Blueprint, administered under secure, invigilated, roll-number-based seating, and may be supplemented by short structured questions where specified in the Blueprint. As set out in the current KMU Assessment Blueprint, each theory paper consists of 120 MCQs. This MCQ component is very important, as it is the main determinant of the Theory marks within Internal Assessment (Section 5.2). Table 3 below shows how the percentage obtained in Theory converts to marks towards the Total Theory score.

Table 3: Theory Marks Distribution (1st Year BDS)

% Obtained	Theory (A & C, Max 6)	% Obtained	Theory (B, Max 7)
90–100%	6	90–100%	7
80–89%	5	80–89%	6
70–79%	4	70–79%	5
60–69%	3	60–69%	4
50–59%	2	50–59%	3
40–49%	1	40–49%	2
Below 40%	0	30–39%	1
Absent	0	Below 30% / Absent	0

5.4 OSPE/OSCE (Practical/Clinical Skills Examination)

The OSPE/OSCE (Objective Structured Practical/Clinical Examination) is a station-based practical examination in which students rotate through a series of timed stations, each testing a specific practical, procedural, or clinical skill (e.g., instrument identification, model/specimen interpretation, procedure demonstration, or a simulated patient encounter).

Stations and marking schemes are prepared by HODs/Faculty and submitted per the KMU-approved Blueprint, which specifies the number of stations, the competency each station tests, and the marks allocated to each station, ensuring proportional coverage of the syllabus. Each station is allocated a fixed time, typically 3–5 minutes, as specified in the station Blueprint, and is scored against a structured checklist/rubric so that marking is objective and consistent across examiners. Marks obtained across all stations are summed to give the OSPE/OSCE score, which is then converted to marks towards the Total OSPE/OSCE IA score using Table 4 below.

Across the BDS programme, a minimum of 15 to 20 OSPE/OSCE stations are used per paper, as fixed in the KMU-approved Assessment Blueprint for each year, so that every paper totals 120 practical marks: in 1st Year BDS (Papers A, B & C) and in Paper D of 2nd Year BDS, 15 stations are used, each carrying 8 marks; in Papers E, F & G of 2nd Year BDS, 20 stations are used, each carrying 6 marks.

For the exact subject-wise and module-wise distribution of stations and marks, refer to the current KMU Assessment Blueprint for each year. The 1st Year BDS blueprint is available at KMU Assessment Blueprint 1st Year BDS, and the 2nd Year BDS blueprint is maintained by the Curriculum Cell/Exam Cell and available from either office on request.

Table 4: OSPE (Practical) Marks Distribution (1st Year BDS)

% Obtained	OSPE (A & C, Max 6)	% Obtained	OSPE (B, Max 7)
90–100%	6	90–100%	7
80–89%	5	80–89%	6
70–79%	4	70–79%	5
60–69%	3	60–69%	4
50–59%	2	50–59%	3
40–49%	1	40–49%	2
Below 40%	0	30–39%	1
Absent	0	Below 30% / Absent	0

5.5 Attendance

PMDC places strong regulatory emphasis on attendance as a precondition for sitting professional examinations. Under the PMDC Medical and Dental Undergraduate Education (Admissions, Curriculum and Conduct) Policy and Regulations 2023, the Council governs the conduct of undergraduate medical/dental education nationally, and has fixed the minimum attendance requirement for MBBS/BDS students at 75% for eligibility to sit annual/professional examinations. Accordingly, students must maintain a minimum of 75% attendance per block/subject to be eligible to sit block/summative examinations (see also Section 6.2). Table 5 below shows how percentage attendance converts to marks (Max 5) within the Total Theory and Total OSPE IA scores.

See the PMDC Medical and Dental Undergraduate Education (Admissions, Curriculum and Conduct) Policy and Regulations 2023 for the full regulatory text on attendance.

Table 5: Attendance Marks Distribution (Theory and OSPE/OSCE, all blocks)

% Attendance	Marks (Max 5)
90–100%	5
80–89%	4
70–79%	3
60–69%	2
50–59%	1
Below 50%	0

5.6 Behaviour / Attitude

5.6.1 Who assesses behavior, and how

Behaviour is assessed continuously in clinics, wards, and classroom settings across the block by the faculty, compiled by the chair of Module Curriculum Committees (MCCs), and submitted to the Examination Cell, based on observation against the criteria in the Behaviour Assessment Rubric (Table 7). Ratings should reflect observation across the full block rather than a single incident, except where the incident is a serious integrity/conduct violation, which is reported immediately under Section 8.1.

Table 6 below shows how the overall Behaviour rating converts to marks (Max 2) within the Total Theory and Total OSPE IA scores; Table 7 and Table 8 set out the detailed rubric criteria used to arrive at this rating.

Table 6: Behaviour Marks Distribution

Overall Behaviour Rating	Marks (Max 2)
Excellent	2
Satisfactory	1
Unsatisfactory	0

5.6.2 Behaviour Assessment Rubric

Purpose: This rubric expands the Behaviour component of the Assessment Policy (Max 2 marks) into specific, observable criteria, so that faculty across subjects apply the Excellent / Satisfactory / Unsatisfactory ratings consistently.

Faculty must rate each student independently against the five criteria below, selecting Excellent, Satisfactory, or Unsatisfactory for each, based on observed conduct over the block. Each rating carries a numeric value (2 / 1 / 0 marks), which is recorded against that criterion and later combined into a single rubric average, as described in the section following the table.

The rubric average, derived from the five criterion ratings, is calculated and added into the student's internal assessment under the Behaviour component of Policy.

Table 7: Behaviour Assessment Rubric Criteria

Criterion	Excellent (2 marks)	Satisfactory (1 mark)	Unsatisfactory (0 marks)
Punctuality & Discipline	Consistently on time for classes/clinics; follows dress code and college rules without reminders.	Occasionally late or needs reminders about dress code/rules, but generally compliant.	Frequently late, repeated rule violations, or requires disciplinary notice.
Professional Conduct	Respectful and courteous with faculty, staff, and peers at all times; handles disagreement maturely.	Generally respectful; occasional lapses in tone or minor conflicts, self-corrected.	Repeated disrespect, rudeness, or conflicts with faculty/staff/peers.
Patient/Clinical Interaction	Empathetic, patient-centred, maintains confidentiality and informed consent practices consistently.	Generally appropriate patient interaction with occasional lapses corrected on feedback.	Inappropriate, careless, or unprofessional interaction with patients.
Integrity & Honesty	No incidents of malpractice, plagiarism, or dishonesty; owns mistakes proactively.	No major integrity issues; minor lapses addressed and corrected.	Involved in malpractice, cheating, plagiarism, or dishonest conduct.
Teamwork & Cooperation	Actively cooperative, supportive of peers, contributes positively to group/ward activities.	Cooperates when required; limited proactive contribution.	Uncooperative, disruptive, or creates conflict within the group/ward.

5.6.3 Overall Rating & Marks (aligns with Table 6 above)

Table 8: Overall Behaviour Rating Guidance

Overall Rating	Guidance	Marks Awarded
Excellent	Rated "Excellent" on most/all criteria above; no unsatisfactory ratings on any criterion.	2
Satisfactory	Mixed "Excellent"/"Satisfactory" ratings; no more than one "Unsatisfactory" rating.	1
Unsatisfactory	Two or more "Unsatisfactory" ratings, or any single serious integrity/conduct violation.	0

5.6.4 Feedback to Students

The supervising HOD/Faculty responsible for the block provide students specific, timely & constructive feedback tied to the rubric criteria in Table 7, not just the final mark, normally at the mid-point and at the end of the block, so students have an opportunity to improve before the behavior mark is finalised.

Notes for Faculty

• Ratings should be based on observation across the full block, not a single incident, except where the incident is a serious integrity/conduct violation.

• Any "Unsatisfactory" rating on Integrity & Honesty must be reported to the Exam Cell per Section 8.1, independent of the overall behaviour mark.

• Faculty should be prepared to give students specific, constructive feedback tied to the criteria above, not just the final mark.

5.7 Total Marks Summary

Table 9 below recaps, consistent with the summary already introduced in Table 2, how the Theory and OSPE totals (component + Attendance + Behaviour) are combined into the Total Theory and Total Practical marks recorded for each paper for 1st Year BDS.

Table 9: Total Marks Summary

Component	Paper A	Paper B	Paper C
Total Theory (Theory + Attend. + Behaviour)	13	14	13
Total OSPE (OSPE + Attend. + Behaviour)	13	14	13

Papers D–G (2nd Year BDS and beyond) follow the same structure, with totals fixed by the KMU-approved Assessment Blueprint for each year.

6. Passing & Eligibility

6.1 Unless otherwise specified in the KMU-approved Blueprint for a particular block, a student must obtain at least 50% of Total Theory Marks and 50% of Total OSPE Marks per block to pass; below 50% in either requires the block send-up exam.

6.2 KMU professional examination eligibility requires passing all block/send-up assessments and meeting minimum attendance (75%, per current PMDC regulation — see Section 5.5).

6.3 Pass/Fail decisions under this policy are based on cut-off scores derived through an established, defensible standard-setting process applied by the Exam Cell to each paper's Blueprint, and are not set arbitrarily. The same standard-setting approach also informs the performance benchmarks used in formative assessment tools (e.g., EOME, EOWT, and Practice OSCE/OSPE, per Section 4 and Table 1), so that the feedback students receive before a summative exam is anchored to a defensible standard rather than an arbitrary percentage. The percentage thresholds specified in Sections 5.3–5.7 and 6.1 reflect the standard-setting outcome approved for the current KMU Assessment Blueprint and are reviewed periodically (see Section 8.2) to ensure they continue to reflect the minimum competence required at each stage of the programme.

7. Conduct & Grievance

7.1 Reporting of Malpractice

Any incident of examination malpractice (e.g., possession of unauthorised material, impersonation, or communication during an exam) is reported by the invigilator/examiner to the Exam Cell on the same day it occurs. The Exam Cell forwards the report to the Principal, who refers it to the college's Disciplinary Committee for inquiry and action under the college's disciplinary policy. The student concerned is informed in writing of the allegation and given an opportunity to respond before a decision is finalised.

7.2 Appeal Process for Students

A student who wishes to appeal a decision relating to an assessment result, a mark, a disciplinary finding, or eligibility may submit a written appeal to the Exam Cell within 48hours of the decision being communicated. The Principal constitutes a Grievance/Appeals Committee, comprising at least the Principal (or nominee), the HOD concerned, and one senior faculty member not involved in the original assessment, to review the appeal. The committee's decision is communicated to the student in writing, normally within 10 working days of receipt of the appeal, and is final at the college level; a student may pursue further recourse with KMU under KMU's own appeal regulations, where applicable.

KMU Regulations for Use of Unfair Means (UFM) Appeal against UFM Committee Decision: Where the decision under appeal concerns a finding of the UFM Committee, the applicable appeal provisions are set out in the KMU Examination Rules (https://kmu.edu.pk/storage/app/media/KMU%20Rules/Khyber%20Medical%20University%20Exam%20Rules%202022%20Updated.pdf), which apply in addition to the college-level process above.

This process operates alongside, and does not replace, the college's published Grievances Policy, available on the WDC website (Documents → Policies), which sets out the college-wide grievance-handling framework.

8. Records & Review

8.1 Assessment records, papers, and the MCQ Bank are kept confidential and retained for the programme duration, plus 5 years.

8.2 This policy is reviewed at least annually by the Exam Cell.

9. Approval

This policy is presented to the Academic Council of Women Dental College, Abbottabad for review and approval, and is signed by the Principal upon approval.

Prepared by: Controller, Examination Cell

Women Dental College, Abbottabad

Reviewed & Approved by: Academic Council, Women Dental College, Abbottabad

Principal's Signature: _____ Date: 03-09-2026