

SCHOOL OF ANTHROPOLOGY & MUSEUM ETHNOGRAPHY



Examination Conventions: MSc and MPhil in Medical Anthropology

2020 - 2021

1. Introduction

This document details the examination conventions for the MSc and MPhil degrees in Medical Anthropology in the School of Anthropology & Museum Ethnography (SAME) for the 2020-21 academic year. For MPhil students they apply both to those commencing their studies in October 2020 and to second-year students who commenced their studies in October 2019.

These conventions have been approved by the Teaching Committee of the School of Anthropology & Museum Ethnography and by the supervisory body, the Quality Assurance Committee of the Social Sciences Division.

Examination conventions are the formal record of the specific assessment standards for the courses to which they apply. They set out how examined work will be marked and how the resulting marks will be used to arrive at a final result and classification of an award.

2. Rubrics for individual papers

Further details of the constitution of individual papers, are outlined in the Course Handbook, available at <https://www.anthro.ox.ac.uk/course-handbooks/>. The examined elements of the papers and relevant deadlines are given below.

2.1 MSc in Medical Anthropology

The MSc in Medical Anthropology is examined by the following means:

PART I (Comprising four papers)

Paper 1: Critical Medical Anthropology

Paper 1 will be examined by two 2,500-word essays chosen from a list of twelve questions. The questions will be released on 24 May and will be due at noon on 31 May. Essays must be submitted via Weblearn.

Paper 2: Biocultural Approaches to Medicine

Paper 2 will be examined by two 2,500-word essays chosen from a list of twelve questions. The questions will be released on 31 May and will be due at noon on 7 June. Essays must be submitted via Weblearn.

Paper 3: Anthropologies of the Body

Paper 3 will be examined by two 2,500-word essays chosen from a list of twelve questions. The questions will be released on 7 June and will be due at noon on 14 June. Essays must be submitted via Weblearn.

Paper 4: Option paper

Candidates must choose one option paper from those on offer in the School of Anthropology & Museum Ethnography (those available for the current academic year are listed at <https://www.anthro.ox.ac.uk/current-students/course-information/>).

Titles of the option papers available for the academic year are made available by the end of the 1st Week of Michaelmas Term, and details of the courses and their assessment are presented by the course tutors to all students at an 'Options Fair' held on the afternoon of Friday of 2nd Week of

Examination Conventions: MSc and MPhil in Medical Anthropology

Michaelmas Term. Preferred Option paper choices must be submitted to the Director of Graduate Studies by 12 noon on Friday of 4th Week of Michaelmas Term.

The form of assessment depends upon the option paper chosen, as outlined at the 'Options Fair'. This takes the form of *either*:

A one-week unseen written examination, sat in May or June, in which each candidate answers two 2,500-word essay questions chosen from 9.

or

An essay, or essay and review, of up to 5,000 words (including footnotes and endnotes, but not including bibliographies) submitted anonymously via Weblearn by 12 noon on Thursday 2nd Week.

PART II

Thesis

A research thesis of up to 10,000 words, submitted anonymously via WebLearn by 12 noon on the last Wednesday of August, on a subject selected in consultation with the supervisor. The dissertation must be accompanied by confirmation that it is the candidate's own work, and submitted in PDF format.

The proposed title of the thesis together with a paragraph describing its scope and the supervisor's written endorsement, must be submitted to the Director of Graduate Studies by Thursday of 5th week of Trinity Term.

The word limit is deemed to apply to the text and footnotes or endnotes, but not to the bibliography, any appendices or glossaries, or to the front matter (abstract of up to 250 words, title page, contents page etc.).

In response to the disruption caused as a result of the COVID-19 pandemic, candidates are permitted to submit a separate statement (of up to 400 words) at the start of the dissertation to explain how the work has been negatively impacted. The statement will not be included in the word count. It should:

- Be clearly marked as a statement separate from the thesis;
- Explain which materials you would have liked to consult and why;
- Explain the steps you took to try and access these materials;
- NOT reveal your identity in any way.

2.2 MPhil in Medical Anthropology

Year 1 (MPhil Qualifying year, MPQ): As above for the MSc PART I, except that:

- the marks awarded in papers 1 to 4, and the overall single mark awarded that is derived from these, do not contribute to the final mark for the MPhil, but are used to assess continuation to the second year (see **Section 4.3**, below);
- MPhil students do not complete a thesis (Part II of the MSc) in the first year.

Year 2 (MPhil year):

1. Coursework: *Methods of Fieldwork and Social Research*

Examination Conventions: MSc and MPhil in Medical Anthropology

There are **three** examined components to the *Methods of Fieldwork and Social Research* course, which must be submitted as a portfolio to the Examination Schools not later than 12 noon on Thursday of 5th week of Trinity Term of the second year of the course.

This consists of:

(a) An independently composed **Research Proposal** on a research project of the candidate's choice of no more than 2500 words (including footnotes and endnotes, but not including the bibliography). The research proposal need not be on the theme of the MPhil thesis, but should reflect the candidate's competence in conceiving and structuring an independent research project (marked according to the *Marking Criteria for Research Proposals*).

and

(b) **Practical work** completed as part of a course in any **two** of the following three areas:

(i) ethnographic fieldwork methods, including participant observation, archival research, in-depth interviewing, questionnaire design, coding and qualitative data analysis (marked according to the *Marking Criteria for papers on Ethnographic Fieldwork Methods*);

(ii) basic principles in descriptive statistics and statistical inference for the analysis of quantitative social science data (marked according to *Marking Criteria for papers on Statistical Fieldwork Methods*);

(iii) language-focused methods of data collection and their interpretation (marked according to the *Marking Criteria for Submitted Essays*).

These courses are chosen from those on offer in the PRS/MPhil Research Methods Classes in the School of Anthropology & Museum Ethnography, as detailed in the current *Hand book for Research Degrees in Anthropology* (available at <https://www.anthro.ox.ac.uk/graduate-course-information>).

The portfolio of work must be accompanied by a statement that it is the candidate's own work except where otherwise indicated.

2. Thesis

A research thesis of up to 30,000 words, submitted anonymously via WebLearn by 12 noon on Thursday of 5th Week of Trinity Term of the second year, on a subject selected in consultation with the supervisor. The thesis must be accompanied by confirmation that it is the candidate's own work, and submitted in electronic file format.

A *provisional* title of the thesis, together with a paragraph describing its scope and the supervisor's written endorsement, must be submitted to the Director of Graduate Studies by Thursday of 5th week of Trinity Term of the first year. The *final* proposed title of the thesis, together with a paragraph describing its scope and the supervisor's written endorsement, must be submitted to the Director of Graduate Studies by 12 noon on Monday of 2nd week of Michaelmas Term of the second year.

The word limit is deemed to apply to the text and footnotes or endnotes, but not to the bibliography, any appendices or glossaries, or to the front matter (abstract of up to 250 words, title page, contents page, etc.).

In response to the disruption caused as a result of the COVID-19 pandemic, candidates are permitted to submit a separate statement (of up to 400 words) at the start of the dissertation to explain how the work has been negatively impacted. The statement will not be included in the word count. It should:

Examination Conventions: MSc and MPhil in Medical Anthropology

- Be clearly marked as a statement separate from the thesis;
- Explain which materials you would have liked to consult and why;
- Explain the steps you took to try and access these materials;
- NOT reveal your identity in any way.

3. Marking conventions

3.1 University scale for standardised expression of agreed final marks

Agreed final marks for individual papers will be expressed using the following scale:

70-100	Pass with Distinction
65-69	Pass with Merit*
50-64	Pass
0-49	Fail

*Candidates with an *overall final mark* of 65-69 may be awarded a pass with Merit; see section 4.2, below.

3.2 Qualitative criteria for different types of assessment

Qualitative criteria for the marking of the *Timed Assessments*, *Submitted Essays*, *Ethnographic Fieldwork Methods paper*, *Statistical Fieldwork Methods paper*, *Research Proposal* and *Thesis* are provided in the **Appendix**.

These marking conventions have been developed to offer guidance to students on the criteria examiners will be using in judging assessed work. They are also intended to guide examiners in identifying the appropriate mark for the work being assessed.

The Core Criteria, within each given form of assessment (dissertation, exam, essay etc.), are consistent across all of the degrees offered by the School, and are viewed as the fundamental traits that define work for each grade band.

The Ancillary Observations include additional traits that may be exhibited by work in a given grade band, in general and in relation to particular subjects (Social, Cognitive, Medical, Visual and Museum Anthropology), and are there to aid decision-making in the allocating of a mark within a grade band, and to provide further guidance to students regarding traits that work of a given class may exhibit.

The positive Core Criteria are not replicated across grade bands, so are viewed as cumulative (i.e., for example, work that is in the 70-79 band will be expected to exhibit not only those positive traits listed for that grade band, but those of the lower bands too, except where mutually exclusive).

Candidates are reminded to also consult the relevant course handbooks and *Exam Regulations* ('the grey book') for further guidance on the presentation and submission of assessed coursework.

Examiners will be mindful of the disruption caused by the COVID-19 pandemic. Specific individualised consideration based on a candidate's MCE will happen at the exam board stage.

3.3 Verification and reconciliation of marks

All examined components of the degree are marked independently by two examiners or assessors from within the university (sometimes referred to as ‘double-blind marking’), with oversight of the entire process being provided by an External Examiner. This procedure follows university and divisional guidance. Each marker allots a mark to the piece of work in question (individual examination answers, essays and thesis) and then both markers meet to determine an agreed final mark for each element. Where the overall marks assigned by the two Examiners differ the examiners identify the reasons for the difference through discussion and agree an appropriate mark. If reconciliation is difficult, a third marker acts as arbiter in agreeing the appropriate mark, and answers that have been given particularly discrepant marks may be remarked if necessary. If the examiners cannot reach an agreement, the script is submitted to the External Examiner for adjudication. In cases of a great difference of marks, or where the marks straddle a grade boundary, the External Examiner is asked to scrutinize any such marks, even if the examiners have agreed a mark following discussion. In addition, the External Examiner may query any mark assigned to a question, even if the internal examiners are unanimous in their judgement. Any differences of opinion are discussed fully at the examiners’ meeting.

The weighting for each assessed element is provided in **Section 4.2**, below.

For Papers 1, 2, 3 and option papers the final mark for the paper is calculated (to two decimal places) as the mean of the marks awarded for each of the essays for that paper, which are equally weighted.

3.4 Scaling

The School of Anthropology & Museum Ethnography does not use scaling mechanisms for examination marks.

3.5 Short-weight convention and departure from rubric

In one-week unseen examinations a mark of zero will be awarded for any questions that should have been answered by a candidate but have not been (e.g. if one question is answered rather than two, a mark of zero is awarded for the question not attempted, and the final mark for that paper is determined as the mean of the marks for the two questions, with the mark for the second question being zero). In the case that a candidate answers more questions than is required by the rubric all answers submitted will be marked and those achieving the best marks, up to and including the number required by the rubric, will be counted towards the mark for the paper with the others not being counted towards the mark for the paper.

In the case of examination answers or submitted pieces of coursework that are incomplete, or which fail to adhere to the stipulated rubric, these will be marked according to the criteria that are outlined in **Section 3.2**, above, which include specific criteria for marking work which is incomplete, rushed, or which departs from the stated rubric.

3.6 Penalties for late or non-submission

Non-submission of a required examined element of the course will result in failure of that element and thus of the whole Examination (programme of study), notwithstanding the opportunity to re-sit an

Examination Conventions: MSc and MPhil in Medical Anthropology

examination that has been failed or to re-submit work that has been failed or has not been submitted as required (see Section 5, below).

In the absence of special dispensation for illness-related or other genuine reasons, late submission of examined elements of the course will incur penalties. Special dispensation for late submission must be sought, ideally in advance, from the Proctors, via the student's college. Staff at the Examination Schools cannot give extensions, and examiners should not be approached. The scale of penalties agreed by the Board of Examiners in relation to late submission of assessed items is set out below. Details of the circumstances in which such penalties might apply can be found in the Examination Regulations (Regulations for the Conduct of University Examinations, Part 14.)

Where a candidate submits a thesis or essay after the deadline prescribed, the examiners will mark the work as if submitted on time. The Board of Examiners will then reduce the mark awarded according to the following tariff:

Lateness	Mark penalty
Submission after 12 noon on the day of submission	Five marks deducted
Each additional day	One mark deducted <i>(i.e. two days late = -6 marks, three days late = -7 marks, etc.; note that each weekend day counts as a full day for the purposes of mark deductions)</i>
Maximum deducted marks up to and including 14 days late	18 marks deducted
More than 14 days after the deadline	Zero marks (Fail) for this piece of work

3.7 Penalties for over-length work and departure from approved titles or subject-matter

Coursework must have the word count clearly indicated on the front cover. In all cases, word limits are deemed to apply to the text and footnotes or endnotes, but not to the bibliography, any appendices or glossaries, or to the front matter (abstract, title page, contents page, etc., if applicable).

Where a candidate submits a thesis or other piece of examined written coursework which exceeds the word limit prescribed, the examiners will mark the work as if submitted within the stipulated word limit. The Board of Examiners will then reduce the mark awarded according to the following tariff:

1 mark deduction for every 1% or part thereof by which the stated word limit is exceeded:

Word limit of submitted work	Penalty of one mark per:
5000	50 words or part thereof by which limit is exceeded
10000	100 words or part thereof by which limit is exceeded
30000	300 words or part thereof by which limit is exceeded

Where the examiners wish to query the word count of work submitted in hard copy, they may ask for an electronic version of the coursework to be submitted.

3.8 Penalties and procedures in cases of poor academic practice and plagiarism

All submissions are run through Turnitin and the Chair of Examiners is alerted to any issues that this reveals.

The *Examination Board* shall deal wholly with cases of poor academic practice where the material under review is small and does not exceed 10% of the whole.

Assessors (including Examiners) will mark work on its academic merit, but will alert the *Examination Board* to cases of derivative or poor referencing, and the board will be responsible for deducting marks accordingly.

Determined by the extent of poor academic practice, the board shall deduct between 1% and 10% of the marks available for cases of poor referencing where material is widely available factual information or a technical description that could not be paraphrased easily; where passage(s) draw on a variety of sources, either verbatim or derivative, in patchwork fashion (and examiners consider that this represents poor academic practice rather than an attempt to deceive); where some attempt has been made to provide references, however incomplete (e.g. footnotes but no quotation marks, Harvard-style references at the end of a paragraph, inclusion in bibliography); or where passage(s) are 'grey literature' i.e. a web source with no clear owner.

If a student has previously had marks deducted for poor academic practice or has been referred to the Proctors for suspected plagiarism the case must always be referred to the Proctors.

In addition, any more serious cases of poor academic practice than described above will also always be referred to the Proctors.

3.9 Penalties for non-attendance of examinations

[See Policy & Guidance for examiners; [Examination Regulations, Regulations for the Conduct of University Examinations, Part 14](#)]

Failure to attend an examination without prior or subsequent permission from the Proctors will result in the failure of that assessment. The mark for any resit of the assessment will be capped at a pass (50). See section 5, below, for full details of resits and the circumstances under which mark caps apply.

4. Progression rules and classification conventions

4.1 Qualitative descriptors of Distinction, Merit, Pass, Fail final outcomes

Distinction: Demonstrates overall excellence, including sufficient depth and breadth of relevant knowledge to allow clarity of expression, demonstration of critical faculties and originality.

Merit: Demonstrates a very good standard of knowledge and understanding of material, and a consistently good ability to apply it effectively.

Pass: Demonstrates overall a good standard of knowledge and familiarity with material, and the ability to apply it effectively.

Fail: Fails overall to demonstrate a sufficient range and depth of knowledge and understanding, and/or fails to apply it appropriately.

Examination Conventions: MSc and MPhil in Medical Anthropology

Note that the aggregation and classification rules in some circumstances allow a stronger performance on some papers to compensate for a weaker performance on others.

4.2 Final outcome rules

To be eligible to be awarded the degree of MSc or MPhil, candidates must have passed all of the examined components of the course; see also Examination Regulations (the 'Grey Book'): [MSc](#) and [MPhil](#).

Regarding eligibility for re-examination, see **Section 5**, below.

Each assessed element outlined in **Section 2**, above, contributes the proportion stated below to the final mark for the course.

MSc in Medical Anthropology

PART I

Paper 1: Critical Medical Anthropology: One-sixth

Paper 2: Theory and Practice of Bio-medicine and of Other Medical Systems: One-sixth

Paper 3: Anthropologies of the Body: One-sixth

Paper 4: Option Paper: One-sixth

PART II

Thesis: One-third

The final mark for the MSc is calculated as the mean of the marks awarded for all of the assessed components, as outlined in **Section 2**, above, weighted as indicated with the final mark rounded to the nearest whole number, and decimal points of .5 and above rounded up to the nearest whole mark.

The Board of Examiners may award a pass with Distinction in the degree based on one of the following criteria:

EITHER (i) an overall average mark of 70 or above OR (ii) an overall average mark of 68 and above, with two assessed components and the MSc thesis at 70 or above.

The Board of Examiners may award a pass with Merit in the degree for the achievement of an overall average mark of 65-69, except where a Distinction is awarded as described under (ii), above.

MPhil in Medical Anthropology

Year 1: (MPQ: MPhil Qualifying examinations)

Paper 1: Critical Medical Anthropology; One-quarter

Paper 2: Theory and Practice of Bio-medicine and of Other Medical Systems: One-quarter

Paper 3: Anthropologies of the Body: One-quarter

Paper 4: Option Paper: One-quarter

All four papers are equally weighted (i.e. represent 25% of the year 1 (MPQ examination) marks). The final mark for the MPQ examinations is an average of the four individual marks, with the final mark rounded to the nearest whole number, and decimal points of .5 and above rounded up to the nearest whole mark. Marks for assessments in the MPQ year do not contribute to the final mark for the MPhil, but are used to determine continuation to the second year (see **Section 4.3**, below). To progress to year 2 of the MPhil candidates must have passed all four of the Qualifying examinations sat in year 1.

Year 2: (MPhil examinations)

Examination Conventions: MSc and MPhil in Medical Anthropology

Coursework: 30% (Research Project Plan of 2500 words: 10%; plus work derived from **two** research methods modules (i) Ethnographic Fieldwork Methods (ii) Quantitative Fieldwork Methods (iii) Language-focused methods of data collection and their interpretation: each weighted at 10%)

Thesis: 70%

The final mark for the MPhil course is calculated as the mean of the marks awarded for all of the assessed components *examined in the second year*, as outlined in **Section 2**, above, weighted as indicated, with the final mark rounded to the nearest whole number, and decimal points of .5 and above rounded up to the nearest whole mark.

The Board of Examiners may award a pass with Distinction in the degree for achievement of an overall average mark of 70 or above.

The Board of Examiners may award a pass with Merit in the degree for achievement of an overall average mark of 65-69.

4.3 Progression rules from the MSc to the MPhil Medical Anthropology

After the written examinations in June, students in the first-year of Medical Anthropology have a choice between two possibilities, depending on their performance in the examined work: 1) complete the MSc degree, with submission of a thesis in August; or 2) complete the MPhil degree by continuing for a second year and beginning immediately to plan for the MPhil thesis.

Subject to the conditions outlined below, MSc students may transfer to the MPhil at any time up to immediately after the announcement of the final results in September; they should not formally take the MSc degree in these cases, and any transcripts for this degree that have been issued to them will become invalid and must be returned as a condition of transferring. Under these circumstances any thesis research undertaken for the MSc may, but need not, be used towards the thesis undertaken for the MPhil in year 2; they will be required to submit the *final* proposed title of the MPhil thesis together with a paragraph describing its scope and the supervisor's written endorsement, to the Director of Graduate Studies by Thursday of 2nd week of Michaelmas Term of the second year, as detailed in **section 2.2**, above.

First-year MPhil students may transfer to the MSc at any time in that year up to immediately after the announcement of the results of the Part I examinations in June, so that they can at that point embark immediately on preparing an MSc thesis, as detailed below.

MSc in Medical Anthropology

Continuation to PRS status for DPhil study after the MSc: MSc candidates may apply for admission as Probationer Research Students (PRS) during the admissions rounds that take place in their MSc year, subject to the usual process and admissions criteria (see <http://www.anthro.ox.ac.uk/prospective-students/admission/application-process/>).

Continuation to MPhil study: MSc candidates are eligible for continuation to the second year of MPhil study if:

a) they pass all components of the degree that are examined before the summer (as detailed in **section 2.1: PART I**, above), achieving an average mark of 60 or more, and subject to availability of appropriate supervision, in which case they will at that stage begin to plan for the MPhil thesis rather than preparing the MSc thesis; **or**

Examination Conventions: MSc and MPhil in Medical Anthropology

b) they submit an MSc thesis in August and achieve an average mark of 60 or more *including the thesis*, and subject to availability of appropriate supervision, in which case they will at that stage begin to plan for the MPhil thesis, which will usually (but need not) be on a topic related to their MSc dissertation.

In either case candidates must submit a *provisional* title of the MPhil thesis together with a paragraph describing its scope and the supervisor's written endorsement to the Director of Graduate Studies at the time of application to transfer to the MPhil programme.

MPhil in Medical Anthropology

Continuation to second year: MPhil candidates are eligible to continue to the second year if they pass all components of the MPQ examinations (as detailed in **section 2.1**, above), achieving an average mark of 60 or more.

Those who do not achieve this mark, or who for other reasons do not continue to the second year of the MPhil, will be allowed to instead prepare and submit a thesis according to the requirements for the MSc degree, and to be admitted, pending achievement of an overall Pass mark (50+) in September, to the MSc degree.

If their final mark for all components of the MSc (including performance in the MSc thesis), is 60 or greater, they will have the opportunity to receive the MSc or transfer back to the MPhil programme and to enter the second year of the course.

Continuation to DPhil study after second year: MPhil candidates may apply for admission for DPhil study during the admissions rounds that take place in the second year of their MPhil, subject to the usual process and admissions criteria.

If the research that they propose to undertake for their DPhil project is a direct continuation of that undertaken for the MPhil thesis in the second year then they may be admitted as full DPhil students rather than as Probationer Research Students (PRS).

4.4 Use of vivas

There are no automatic *viva voce* examinations for MSc or MPhil candidates but the examiners reserve the right to call candidates if required.

Viva voce examinations may be used by the examiners in cases where candidates fall on the borderline of Distinction/Pass, Distinction/Merit, or Pass/Fail classifications as a means of resolving any ambiguities in the examined work (in the case of MPhil candidates only the work submitted in the second year) that may lead to greater credit being given to a candidate than is possible on the basis of the examined work alone. Marks will not be reduced as a consequence of performance in a *viva voce* examination; they can only remain as they are or be raised.

If held, *viva voce* examinations normally occur in the third week of June (MPhil) or the last week of September (MSc). Candidates will be notified as far ahead of these dates as possible if they are to be called.

5 Resits

5.1 Following formal withdrawal from an examination

Where a candidate has been granted prior or retrospective permission from the Proctors to be *withdrawn* from an assessment unit (a sat examination or examination of submitted work) they are entitled to be examined on that assessment unit at a later date, which will constitute their *first attempt* and will be marked accordingly, without a mark cap imposed.

In the case of sat exams, this takes the form of a new examination paper on the same material which, at the student's request and subject to the agreement of the Examiner for the degree, may be sat under the same conditions either before the end of the same academic year or in June of the following academic year. In the case of examined submitted work (including the dissertation) this attempt takes the form of submission of the work in question at the equivalent time in the year following that in which it was originally due to be submitted.

Marks for any element that has been successfully completed will be carried forward. Any subsequent award of the degree on successful completion of all the assessment units may be delayed by up to three terms, i.e. until the Examination Board next meets.

5.2 Following failure of an examination

Where an assessment unit has been *failed* at the first attempt, students are entitled to one further attempt. This applies to any or all assessment units that have been failed at the first attempt.

In the case of sat exams, the second attempt takes the form of a new examination paper which, at the student's request and subject to the agreement of the Examiner for the degree, may be sat either before the end of the same academic year, or in June of the following academic year. In the case of examined submitted work (including the dissertation) the second attempt takes the form of a re-submission, after revision, of the work in question, at the equivalent time in the year following that in which it was originally due to be submitted.

Marks for any element that has been successfully completed at the first attempt will be carried forward; it is only possible therefore for students to re-sit the failed element(s). Any subsequent award of the degree on successful completion of all the assessed components may be delayed by up to three terms, i.e. until the Examination Board next meets.

A student who achieves the required standard in the MSc by re-sitting paper(s) (including re-submitting the dissertation if required) may then proceed to PRS status, subject to the application processes and criteria outlined in **section 4.3**, above.

A student who passes the MPhil by re-sitting paper(s) (including re-submitting the thesis if required) and achieving the required standard may then proceed to DPhil student status in the School of Anthropology, subject to the application processes and criteria outlined in **section 4.3**, above.

Capping of resit marks following failure of an examination

Note that candidates who have failed an assessment unit (sat exam or submitted work) through poor academic performance will be deemed to have *academically failed* that assessment unit. No mark cap will be imposed on the examination of the second attempt, but the candidate will be debarred from receiving a Merit or Distinction overall except where the assessment unit contributes 10% or less of the overall mark for the examination for the degree.

Candidates who have missed a sat examination or failed to submit a piece of examined work before the expiry of the late submission period (**section 3.6**, above) *without prior or retrospective*

Examination Conventions: MSc and MPhil in Medical Anthropology

dispensation from the Proctors will be deemed to have *technically failed* that assessment unit; they will be permitted to re-sit or re-submit that assessment unit once, as described above, under which circumstances their mark for that assessment unit will be capped at a maximum of 50 and they will be debarred from receiving a Merit or Distinction for the examination overall.

6 Consideration of Mitigating Circumstances

A candidate's final outcome will first be considered using the classification rules/final outcome rules as described above in section 4. The exam board will then consider any further information they have on individual circumstances.

Where a candidate or candidates have made a submission, under Part 13 of the Regulations for Conduct of University Examinations, that unforeseen circumstances may have had an impact on their performance in an examination, a subset of the board (the 'Mitigating Circumstances Panel') will meet to discuss the individual applications and band the seriousness of each application on a scale of 1-3 with 1 indicating minor impact, 2 indicating moderate impact, and 3 indicating very serious impact. The Panel will evaluate, on the basis of the information provided to it, the relevance of the circumstances to examinations and assessment, and the strength of the evidence provided in support. Examiners will also note whether all or a subset of papers were affected, being aware that it is possible for circumstances to have different levels of impact on different papers. The banding information will be used at the final board of examiners meeting to decide whether and how to adjust a candidate's results. Further information on the procedure is provided in the Examinations and Assessment Framework, Annex E and information for students is provided at www.ox.ac.uk/students/academic/exams/guidance. Candidates who have indicated they wish to be considered for a Declared to have Deserved Masters degree will first be considered for a classified degree, taking into account any individual mitigating circumstances. If that is not possible and they meet the Declared to have Deserved Masters eligibility criteria, they will be awarded a Declared to have Deserved Masters degree.

7 Details of examiners and rules on communicating with examiners

The Examiner for the Medical Anthropology degrees is Prof. Elisabeth Hsu.

The External Examiners for the Medical Anthropology degrees is Dr Dalia Iskander, University College London.

Questions pertaining to examination procedure should be addressed to the Examiner or Chair of Examiners. For the academic year 2020-21, the Chair of Examiners is Prof. David Gellner.

Candidates are not under any circumstances permitted to seek to make contact with individual internal or external examiners during or after the examination process regarding specifics of the examination of their own or others' work.

Candidates who are unhappy with an aspect of their assessment may make a complaint or appeal to the Proctors via their college.

APPENDIX

1: Marking Criteria for Timed Assessments

Descriptor	Mark Range	Core Criteria	Ancillary Observations
Distinction	80-100	<p>An exemplary answer</p> <p>Features comprehensive, excellent, well-documented knowledge of relevant material, going well beyond core literature</p> <p>The answer is scholarly, with outstanding synthesis and sustained high level of critical analysis of evidence and major issues</p> <p>Features originality of approach and/or discussion</p> <p>The answer is meticulously organised and presented</p>	<p>The answer may, in principle, be of publishable standard</p> <p>The answer may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The answer may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering the material</p>
	70-79	<p>An excellent answer</p> <p>Features close engagement with the question</p> <p>Demonstrates excellent understanding of an extensive range of relevant material, going beyond core literature</p> <p>Demonstrates thorough knowledge of current major issues in the field</p> <p>Features excellent synthesis, analysis and critique of relevant evidence and theories</p> <p>Arguments are well-structured, clearly and persuasively made</p> <p>Features originality of approach and/or discussion</p>	<p>The answer may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The answer may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering the material</p>
Pass	65-69 <i>Pass with Merit</i>	<p>A very good answer</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The answer is regularly sophisticated in analysis, with impressive display of relevant knowledge and originality</p> <p>The answer is clearly organised, argued and well-illustrated</p>	<p>The answer may have <i>Distinction</i> qualities in places, but less consistently so, and may be less comprehensive or sophisticated in critique</p>
	60-64 <i>High Pass</i>	<p>A consistently competent answer</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The answer is sometimes sophisticated in analysis, and displays relevant knowledge and some originality</p> <p>It is possible there are some minor errors of fact or omissions of relevant material</p>	<p>The work may otherwise be of <i>Pass</i> quality but show some <i>Distinction</i>-level inspiration</p> <p>Ideas, critical comment or methodology may in places be under-developed or over-simplified; arguments may be less sophisticated and coherent than is the case in the <i>Pass with Merit</i> mark range</p>
	50-59 <i>Pass</i>	<p>An answer which is competent in places or in some respects but weak in others</p> <p><i>Positive</i></p>	<p>The answer may have <i>High Pass</i> quality in places but be too short, rushed, unfinished, badly organised or may not adequately address the question</p>

Examination Conventions: MSc and MPhil in Medical Anthropology

		<p>The answer exhibits some knowledge and understanding of the chosen topic and the relevant evidence and ideas</p> <p>The answer is competent and broadly relevant</p> <p><i>Negative</i></p> <p>Some important information and references are lacking</p> <p>The answer displays weaknesses of understanding and superficiality</p> <p>Some arguments are lacking in focus, development or coherence</p> <p>The answer may feature some significant factual errors</p> <p>There may be considerable proportion that is irrelevant or doesn't address the question</p>	<p>To be awarded marks in this band the answer must feature the positive traits identified (left); placement within this mark band depends upon the extent to which the positive traits are undermined by the negative traits</p>
Fail	40-49	<p><i>Positive</i></p> <p>The answer exhibits only rudimentary knowledge and analysis of relevant material</p> <p>There is evidence of some basic understanding</p> <p><i>Negative</i></p> <p>There is little evidence of awareness of essential literature, evidence or arguments</p> <p>Material is inadequately discussed, misrepresented or misunderstood.</p> <p>There are significant factual errors and/or incoherent arguments</p> <p>The answer is poorly organised</p>	<p>The candidate may have missed the point of the question</p> <p>The answer may be unduly brief</p> <p>The candidate may have failed to adhere to the rubric (e.g. by answering well but on material explicitly excluded)</p> <p>An otherwise competent candidate who has fallen seriously short of time may fall into upper end of this category</p>
	1-39	<p>There is some attempt at the exercise, but it is seriously lacking in planning, content and presentation</p> <p>The answer may show a modicum of relevant elementary knowledge but be largely irrelevant, superficial and incoherent with significant misunderstanding and errors</p>	<p>Marks at the top end of this scale may include superficial knowledge of some relevant points</p> <p>Marks at the bottom end of this scale include virtually nothing, or nothing of relevance in the answer</p>
	0	<p>Work not submitted.</p>	

Examination Conventions: MSc and MPhil in Medical Anthropology

2: Marking Criteria for Submitted Essays

Descriptor	Mark Range	Core Criteria	Ancillary Observations
Distinction	80-100	<p>An exemplary piece of work</p> <p>Features comprehensive, excellent, well-documented knowledge of relevant material, going well beyond core literature</p> <p>The work is scholarly, with outstanding synthesis and sustained high level of critical analysis of evidence and major issues</p> <p>Features originality of approach and/or discussion</p> <p>The work is meticulously organised and presented</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering the material</p>
	70-79	<p>An excellent piece of work</p> <p>Features close engagement with the question</p> <p>Demonstrates excellent understanding of an extensive range of relevant material, going beyond core literature</p> <p>Demonstrates thorough knowledge of current major issues in the field</p> <p>Features excellent synthesis, analysis and critique of relevant evidence and theories</p> <p>Arguments are well-structured, clearly and persuasively made</p> <p>Features originality of approach and/or discussion</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>The work may show new and worthwhile ways of considering the material, especially combining social and biological-based studies in creative new ways</p>
Pass	65-69 <i>Pass with Merit</i>	<p>A very good piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is regularly sophisticated in analysis, with impressive display of relevant knowledge and originality</p> <p>The work is clearly organised, argued and well-illustrated</p>	<p>The work may have <i>Distinction</i> qualities in places, but less consistently so, and may be less comprehensive or sophisticated in critique</p> <p>The work makes good use of medical anthropological cases and the essay is well-illustrated with appropriate material that adds to the arguments in effective ways</p>
	60-64 <i>High Pass</i>	<p>A consistently competent piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is sometimes sophisticated in analysis, and displays relevant knowledge and some originality</p> <p>It is possible there are some minor errors of fact or omissions of relevant material</p>	<p>Ideas, critical comment or methodology may in places be under-developed or over-simplified; arguments may be less sophisticated and coherent than is the case in the <i>Pass with Merit</i> mark range</p> <p>Medical anthropological studies are present but fewer in number than ideal or not always appropriate; some examples may be poor or unhelpful</p> <p>The work may otherwise be of <i>Pass</i> quality but show some <i>Distinction</i>-level inspiration</p>
	50-59 <i>Pass</i>	<p>A piece of work which is competent in places or in some respects but weak in others</p> <p><i>Positive</i></p> <p>The work exhibits some knowledge and understanding of the chosen topic and the relevant evidence and ideas</p>	<p>The work may have <i>High Pass</i> quality in places but be too short, rushed, unfinished, badly organised or may not adequately address the question</p> <p>May include insufficient medical anthropological examples to support the argument</p>

Examination Conventions: MSc and MPhil in Medical Anthropology

		<p>The work is competent and broadly relevant</p> <p><i>Negative</i></p> <p>Some important information and references are lacking</p> <p>The work displays weaknesses of understanding and superficiality</p> <p>Some arguments are lacking in focus, development or coherence</p> <p>The work may feature some significant factual errors</p> <p>There may be considerable proportion that is irrelevant or doesn't address the question</p>	<p>To be awarded marks in this band the work must feature the positive traits identified (left); placement within this mark band depends upon the extent to which the positive traits are undermined by the negative traits</p>
Fail	40-49	<p><i>Positive</i></p> <p>The work exhibits only rudimentary knowledge and analysis of relevant material</p> <p>There is evidence of some basic understanding</p> <p><i>Negative</i></p> <p>There is little evidence of awareness of essential literature, evidence or arguments</p> <p>Material is inadequately discussed, misrepresented or misunderstood</p> <p>There are significant factual errors and/or incoherent arguments</p> <p>The work is poorly organised</p>	<p>The candidate may have interpreted the question in an unconvincing way with little or no reference to key terms in the question</p> <p>The work may be unduly brief</p> <p>The work may include few or no medical anthropological case studies</p> <p>The candidate may have failed to adhere to the rubric (e.g. by writing well but on material explicitly excluded)</p> <p>An otherwise competent candidate who has fallen seriously short of time may fall into upper end of this category</p>
	1-39	<p>There is some attempt at the exercise, but it is seriously lacking in planning, content and presentation</p> <p>The work may show a modicum of relevant elementary knowledge but be largely irrelevant, superficial and incoherent with significant misunderstanding and errors</p>	<p>Marks at the top end of this scale may include superficial knowledge of some relevant points</p> <p>Marks at the bottom end of this scale include virtually nothing, or nothing of relevance in the answer</p>
	0	<p>Work not submitted.</p>	

Examination Conventions: MSc and MPhil in Medical Anthropology

3. Marking Criteria papers on *Ethnographic Fieldwork Methods*

Descriptor	Mark Range	Core Criteria	Ancillary Observations
Distinction	80-100	<p>An exemplary piece of work</p> <p>Features comprehensive, excellent, well-documented knowledge of relevant material, going well beyond core literature</p> <p>The work is scholarly, with outstanding synthesis and sustained high level of critical analysis of evidence and major issues</p> <p>Features originality of approach and/or discussion</p> <p>The work is meticulously organised and presented</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering the material</p>
	70-79	<p>An excellent piece of work</p> <p>Features close engagement with the question</p> <p>Demonstrates excellent understanding of an extensive range of relevant material, going beyond core literature</p> <p>Demonstrates thorough knowledge of current major issues in the field</p> <p>Features excellent synthesis, analysis and critique of relevant evidence and theories</p> <p>Arguments are well-structured, clearly and persuasively made</p> <p>Features originality of approach and/or discussion</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>The work may show new and worthwhile ways of considering the material, especially combining social and biological-based studies in creative new ways</p>
Pass	65-69 <i>Pass with Merit</i>	<p>A very good piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the <i>core</i> relevant material</p> <p>The work is regularly sophisticated in analysis, with impressive display of relevant knowledge and originality</p> <p>The work is clearly organised, argued and well-illustrated</p>	<p>The work may have <i>Distinction</i> qualities in places, but less consistently so, and may be less comprehensive or sophisticated in critique</p> <p>The work makes good use of medical anthropological cases and is well-illustrated with appropriate material that adds to the arguments in effective ways</p>
	60-64 <i>High Pass</i>	<p>A consistently competent piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the <i>core</i> relevant material</p> <p>The work is sometimes sophisticated in analysis, and displays relevant knowledge and some originality</p> <p>It is possible there are some minor errors of fact or omissions of relevant material</p>	<p>Ideas, critical comment or methodology may in places be under-developed or over-simplified; arguments may be less sophisticated and coherent than is the case in the <i>Pass with Merit</i> mark range</p> <p>Medical anthropological studies are present but fewer in number than ideal or not always appropriate; some examples may be poor or unhelpful</p> <p>The work may otherwise be of <i>Pass</i> quality but show some <i>Distinction</i>-level inspiration</p>
	50-59 <i>Pass</i>	<p>A piece of work which is competent in places or in some respects but weak in others</p> <p><i>Positive</i></p> <p>The work exhibits some knowledge and understanding of the chosen topic and the relevant evidence and ideas</p>	<p>The work may have <i>High Pass</i> quality in places but be too short, rushed, unfinished, badly organised or may not adequately address the question</p> <p>May include insufficient medical anthropological examples to support the argument</p> <p>To be awarded marks in this band the work must feature the positive traits identified (left); placement</p>

Examination Conventions: MSc and MPhil in Medical Anthropology

		<p>The work is competent and broadly relevant</p> <p><i>Negative</i></p> <p>Some important information and references are lacking</p> <p>The work displays weaknesses of understanding and superficiality</p> <p>Some arguments are lacking in focus, development or coherence</p> <p>The work may feature some significant factual errors</p> <p>There may be considerable proportion that is irrelevant or doesn't address the question</p>	<p>within this mark band depends upon the extent to which the positive traits are undermined by the negative traits</p>
Fail	40-49	<p><i>Positive</i></p> <p>The work exhibits only rudimentary knowledge and analysis of relevant material</p> <p>There is evidence of some basic understanding</p> <p><i>Negative</i></p> <p>There is little evidence of awareness of essential literature, evidence or arguments</p> <p>Material is inadequately discussed, misrepresented or misunderstood</p> <p>There are significant factual errors and/or incoherent arguments</p> <p>The work is poorly organised</p>	<p>The candidate may have interpreted the question in an unconvincing way with little or no reference to key terms in the question</p> <p>The work may be unduly brief</p> <p>The work may include few or no medical anthropological case studies</p> <p>The candidate may have failed to adhere to the rubric (e.g. by writing well but on material explicitly excluded)</p> <p>An otherwise competent candidate who has fallen seriously short of time may fall into upper end of this category</p>
	1-39	<p>There is some attempt at the exercise, but it is seriously lacking in planning, content and presentation</p> <p>The work may show a modicum of relevant elementary knowledge but be largely irrelevant, superficial and incoherent with significant misunderstanding and errors</p>	<p>Marks at the top end of this scale may include superficial knowledge of some relevant points</p> <p>Marks at the bottom end of this scale include virtually nothing, or nothing of relevance in the answer</p>
	0	<p>Work not submitted.</p>	

4. Marking Criteria for papers on Statistical Fieldwork Methods

4a. Critical Methods of Numerical Assessment

The examined work for this paper consists of a take-home paper of short-answer questions, submitted as part of the Research Methods Portfolio, and is marked out of a total of 100 points; the breakdown of points awarded for each component is given next to each section on the examination paper.

4b. Statistical Methods

The Statistical Methods examination consists of a take-home paper marked out of 100 points, with the following breakdown:

- (i) Short questions (theory): 30 points;
- (ii) Short questions (applications): 30 points;
- (iii) Analysis of data: 40 points.

In order to pass the examination, candidates must score at least 50 points in total, with a mark of not less than 15 for each of parts (i) and (ii) and not less than 20 for part (iii).

The breakdown of points awarded for each component is given next to each question on the examination paper.

These read, *for example*:

Question 3.1 [30 pts total]

Produce a report in a style suitable for the results section of a journal article, properly formatted (e.g. figures and tables in the text, with captions; plots labelled).

- Describe the sample in relation to weight, height, gender, activity level, by type of school. Use descriptive statistics, graphs, and tables as appropriate. [5 pts]
- Provide inferential statistics regarding differences in weight as a function of type of school. Include the following information:
 - the test used and its justification; [1 pt]
 - the null hypothesis; [2 pts]
 - values for the statistical test, the 95% confidence interval, and the p-value; [3 pts]
 - conclusions regarding the null hypothesis; [2 pts]
 - a plot summarizing the results. [2 pts]
- Provide diagnostic plots to assess whether a linear model is appropriate to predict weight (response variable) as a function of height and gender (explanatory variables). [5 pts]
- Provide the R code used to answer the question, legible and properly annotated. [10 pts]

In marking these questions examiners will award marks on the basis of appropriateness of calculations, accuracy and evidence of understanding. Answers that are partially complete and/or partially correct may be awarded a partial score.

Examination Conventions: MSc and MPhil in Medical Anthropology

5: Marking Criteria for Research Proposals

Descriptor	Mark Range	Core Criteria	Ancillary Observations
Distinction	80-100	<p>An exemplary piece of work</p> <p>Features comprehensive, excellent, well-documented knowledge of relevant material, going well beyond core methodological literature</p> <p>The work is scholarly, with outstanding synthesis and sustained high level of critical analysis of evidence and major issues</p> <p>Features originality of approach</p> <p>The work is meticulously organised and presented</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering research methodology</p> <p>The work may feature especially creative approaches towards the anthropology of medicine, and/or to biologically-based research</p>
	70-79	<p>An excellent piece of work</p> <p>Features close engagement with the topic</p> <p>Demonstrates excellent understanding of an extensive range of relevant methodological literature</p> <p>Demonstrates thorough knowledge of current major issues in the field</p> <p>Features excellent synthesis, analysis and critique of relevant evidence and theories</p> <p>Justification for research is well-structured, clearly and persuasively made</p> <p>Features originality of approach</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>The work may show new and worthwhile ways of considering research methodology</p>
Pass	65-69 <i>Pass with Merit</i>	<p>A very good piece of work.</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is regularly sophisticated in analysis, with impressive display of relevant knowledge and originality</p> <p>The work is clearly organised, argued and well-illustrated</p>	<p>The work may have <i>Distinction</i> qualities in places, but less consistently so, and may be less comprehensive or sophisticated in critique</p> <p>The work makes good use of comparative examples and situates the planned research effectively within the field</p>
	60-64 <i>High Pass</i>	<p>A consistently competent piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is sometimes sophisticated in analysis, and displays relevant knowledge and some originality</p> <p>It is possible there are some minor errors of fact or omissions of relevant material</p>	<p>Ideas, critical comment or methodology may in places be under-developed or over-simplified; arguments may be less sophisticated and coherent than is the case in the <i>Pass with Merit</i> mark range</p> <p>The proposed research is relevant to key debates in medical anthropology but the connections are not always well developed</p> <p>The work may otherwise be of <i>Pass</i> quality but show some <i>Distinction</i>-level inspiration</p>
	50-59 <i>Pass</i>	<p>A piece of work which is competent in places or in some respects but weak in others</p> <p><i>Positive</i></p> <p>The work exhibits some knowledge and understanding of the chosen topic and the relevant methods with which to research the topic</p>	<p>The work may have <i>High Pass</i> quality in places but be too short, rushed, unfinished, badly organised or may not adequately address the question</p> <p>May include insufficient medical anthropological examples to justify the proposed research</p> <p>To be awarded marks in this band the work must feature the positive traits identified (left);</p>

Examination Conventions: MSc and MPhil in Medical Anthropology

		<p>The work is competent and broadly relevant</p> <p><i>Negative</i></p> <p>Some relevant methods are undiscussed</p> <p>The work displays weaknesses of understanding and superficiality</p> <p>Some arguments are lacking in focus, development or coherence</p> <p>The work may feature some significant factual errors</p> <p>There may be considerable proportion that is irrelevant or doesn't address the research topic identified</p>	<p>placement within this mark band depends upon the extent to which the positive traits are undermined by the negative traits</p>
Fail	40-49	<p><i>Positive</i></p> <p>The work exhibits only rudimentary knowledge and analysis of relevant methodological literature</p> <p>There is evidence of some basic understanding</p> <p><i>Negative</i></p> <p>There is little evidence of awareness of essential literature on the topic and on key methods within the discipline</p> <p>Material is inadequately discussed, misrepresented or misunderstood.</p> <p>There are significant factual errors and/or incoherent arguments</p> <p>The work is poorly organised</p>	<p>The candidate has been unable to formulate a convincing research topic and identify the methods needs to investigate it</p> <p>The work may be unduly brief</p> <p>The research proposed has little if any relevance to medical anthropology</p> <p>The candidate may have failed to adhere to the rubric (e.g. by writing well but not formulating a programme of research to address the topic)</p> <p>An otherwise competent candidate who has fallen seriously short of time may fall into upper end of this category</p>
	1-39	<p>There is some attempt at the exercise, but it is seriously lacking in planning, content and presentation</p> <p>The work may show a modicum of relevant elementary knowledge but be largely irrelevant, superficial and incoherent with significant misunderstanding and errors</p>	<p>Marks at the top end of this scale may include superficial knowledge of some relevant points</p> <p>Marks at the bottom end of this scale include virtually nothing, or nothing of relevance in the answer</p>
	0	<p>Work not submitted.</p>	

Examination Conventions: MSc and MPhil in Medical Anthropology

3: Marking criteria for MSc Dissertations and MPhil Theses

The same marking criteria are used for MSc dissertations and MPhil theses, but are applied taking into account the differences in length and compass expected of the projects.

Descriptor	Mark Range	Core Criteria	Ancillary Observations
Distinction	80-100	<p>Features comprehensive, excellent, well-documented knowledge of relevant material, going well beyond core literature</p> <p>The work is scholarly, with outstanding synthesis and sustained high level of critical analysis of evidence and major issues</p> <p>Features originality of approach and/or discussion</p> <p>The work is meticulously organised and presented to the highest scholarly standards</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>It may show new and worthwhile ways of considering the material</p> <p>The work may feature especially creative use of medical anthropological data and analyses and/or reference to cultural medical practices in the text</p>
	70-79	<p>Presents and addresses a clearly stated research objective</p> <p>Demonstrates excellent understanding of an extensive range of relevant material, going beyond core literature</p> <p>Demonstrates thorough knowledge of current major issues in the field</p> <p>Features excellent synthesis, analysis and critique of relevant evidence and theories</p> <p>Thesis argument is well-structured, clearly and persuasively made</p> <p>Features originality of approach and/or discussion</p>	<p>The work may feature a wealth of relevant information showing excellent knowledge and understanding</p> <p>The work may be highly sophisticated or incisive</p> <p>The work may show new and worthwhile ways of considering the material, especially combining social and biological-based studies in creative new ways</p>
Pass	65-69 <i>Pass with Merit</i>	<p>A very good piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is regularly sophisticated in analysis, with impressive display of relevant knowledge and originality</p> <p>The work is clearly organised, argued and well-illustrated</p>	<p>The work may have <i>Distinction</i> qualities in places, but less consistently so, and may be less comprehensive or sophisticated in critique</p> <p>The work makes good use of medical anthropological cases and the thesis is well-illustrated with appropriate material that adds to the arguments in effective ways</p>
	60-64 <i>High Pass</i>	<p>A consistently competent piece of work</p> <p>Features competent and accurate reproduction of received ideas and good, broad-based engagement with and understanding of the core relevant material</p> <p>The work is sometimes sophisticated in analysis, and displays relevant knowledge and some originality</p> <p>It is possible there are some minor errors of fact or omissions of relevant material</p>	<p>Ideas, critical comment or methodology may in places be under-developed or over-simplified; arguments may be less sophisticated and coherent than is the case in the <i>Pass with Merit</i> mark range</p> <p>Medical anthropological studies are present but fewer in number than ideal or not always appropriate; some examples may be poor or unhelpful</p> <p>The research objective may be unclear or unoriginal</p> <p>The work may otherwise be of <i>Pass</i> quality but show some <i>Distinction</i>-level inspiration</p>
	50-59 <i>Pass</i>	<p>A piece of work which is competent in places or in some respects but weak in others</p>	<p>The work may have <i>High Pass</i> quality in places but be too short, rushed, unfinished, badly</p>

Examination Conventions: MSc and MPhil in Medical Anthropology

		<p><i>Positive</i></p> <p>The work exhibits some knowledge and understanding of the chosen topic and the relevant evidence and ideas</p> <p>The work is competent and broadly relevant</p> <p><i>Negative</i></p> <p>Some important information and references are lacking</p> <p>The work displays weaknesses of understanding and superficiality</p> <p>Some arguments are lacking in focus, development or coherence</p> <p>The work may feature some significant factual errors</p> <p>The work demonstrates a poor grasp of scholarly conventions concerning bibliographic organisation and presentation</p> <p>There may be considerable proportion that is irrelevant or doesn't address the stated research objective</p>	<p>organised or may not adequately address the question</p> <p>May include insufficient medical anthropological examples to support the argument</p> <p>To be awarded marks in this band the work must feature the positive traits identified (left); placement within this mark band depends upon the extent to which the positive traits are undermined by the negative traits</p>
Fail	40-49	<p><i>Positive</i></p> <p>The work exhibits only rudimentary knowledge and analysis of relevant material</p> <p>There is evidence of some basic understanding</p> <p><i>Negative</i></p> <p>There is little evidence of awareness of essential literature, evidence or arguments</p> <p>Material is inadequately discussed, misrepresented or misunderstood.</p> <p>There are significant factual errors and/or incoherent arguments</p> <p>The work is poorly organised and presented</p>	<p>There is no clear research objective or question</p> <p>The work may be unduly brief</p> <p>The work may include few or no medical anthropological examples</p> <p>The candidate may have failed to adhere to the rubric (e.g. by writing well but not producing a clearly structured and coherent thesis narrative)</p> <p>An otherwise competent candidate who has fallen seriously short of time may fall into upper end of this category</p>
	1-39	<p>There is some attempt at the exercise, but it is seriously lacking in planning, content and presentation</p> <p>The work may show a modicum of relevant elementary knowledge but be largely irrelevant, superficial and incoherent with significant misunderstanding and errors</p>	<p>Marks at the top end of this scale may include superficial knowledge of some relevant points</p> <p>Marks at the bottom end of this scale include virtually nothing, or nothing of relevance to the discipline(s) of medical anthropology in the thesis</p>
	0	<p>Work not submitted.</p>	