

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION

Subject area and awards being examined:

School of: medicine	Subject(s):
Programme(s) / Module(s): year 5	awards: (e.g. BA/BSc/MSc etc.) Mb ChB

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The exam papers were blue-printed against the curriculum and learning objectives which were clearly defined. These comply with GMC requirements. The standards were appropriate for final year medical exams.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

The standard and scope of the exam were of an appropriate level to that required from newly qualified medical practitioners. The students were given adequate opportunity to demonstrate their achievement of the programme aims and intended learning outcomes.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

OSCE: This was run simultaneously at 4 sites LGI clinical skills & Medical teaching unit, Chapel Allerton and St Lukes Hospital, Bradford over 2 days. Day one consisted of eight, twelve minute communication based stations and day 2 eight, eight minute practical and examination scenarios. I had the opportunity to observe at 2 sites on the second day only. The sites were well organised and run by the prospective teams. The new Bradford site worked well and was an improvement on the previous site in terms of layout and space.

A further sequential OSCE consisting of 9 stations was held at Bradford

Examiners: The examiners briefing was adequately conducted. The examiners were experienced, displayed good time keeping and played a passive role. All of the examiners I spoke to had undergone appropriate training as reflected by their high standard and professionalism.

Students: The students appeared well-rehearsed and familiar with the OSCE setting. The overall standard of the students appeared high.

Stimulated patients: The actors/actresses were well rehearsed in their scenarios. I was particularly impressed by the fact that those involved in a clinical scenario had met and agreed on an approach in order to ensure consistency across the sites. However, as in many medical schools some of the more seasoned simulated patients tended to award their marks based on their perception of the student's medical knowledge rather than their communication skills.

Exam questions: these worked well and were sufficiently probing. I was particularly impressed by the extra bedside dimension provided by the two "DVD" stations. The clinical procedures were linked to clinical scenarios which involved data and chart interpretation. I was pleased to note that a number of stations dealt with the issue of drug prescribing an area of concern which has been highlighted by the GMC. The global score is used to pass the OSCE exam.

Written exams This consisted of 100 extended matching questions, 72 multiple choice questions and a diagnostic slide test (60 questions,21 slides). A composite mark was generated by all 3 papers. The EMQ and MCQ questions were drawn from the UMAP bank. The Ebel method was used to set the pass mark.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Yes as reflected by the robust assessment methods and the well validated exam process

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

The clinical components were assessed in the OSCE which had a high reliability score and appeared to be a well validated process

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

Not aware of any changes in past year to the programme but changes to the summative exams with the introduction of sequential testing

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

This was evident in the exam process and the introduction of sequential testing

The Examination Process

8. **The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?**

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

The written material is detailed and well presented

9. **Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?**

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

I have been provided with information of the structure of the final year and the assessment process. Prior to the exam I was given adequate opportunity and time to review and comment on the written, slide and OSCE examination papers. The papers were blue-printed against the curriculum and learning objectives. These comply with GMC requirements.

10. **Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?**

yes

11. **Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?**

The examiners meeting was professionally conducted, fair and followed the procedures required by the University of Leeds. The rules for determining whether a candidate had passed or failed were clearly defined and the procedure was carried out in concordance with the University guidelines.

I was impressed by the exam report and the overall performance of the exam with respect to the reliability scores for both the written and OSCE exam. I have no doubt that the written exam analysis will be modified over time in order to allow the contribution of individual components and questions to be determined. I would like to congratulate the team on the introduction of sequential testing which appeared to work well with good quality metrics. Yet again there is evidence of on going refinement and excellence in the summative examination process.

12. **Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?**

At the Undergraduate Examinations board the minutes of the MB ChB mitigation committee which were tabled. I am pleased to note that comments I made last year have been addressed. I am satisfied that due process was observed.

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

Not applicable

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Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

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The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION*Subject area and awards being examined:*

School of: Medicine	Subject(s): Medicine
Programme(s) / Module(s): SSC2.1	awards: (e.g. BA/BSc/MSc etc.) MB ChB

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

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PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The intended learning outcomes for the SSC are entirely appropriate for the degree of MBChB. This particular programme provides the students with an opportunity to develop a number of key skills. In particular, the students are required to undertake a detailed research investigation and produce a written report and a poster. These outputs specifically address the aims of "Tomorrow's Doctors 2009, Outcomes 1 The doctor as a scholar and a scientist.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

The aims and ILOs are entirely commensurate with similar programmes at other Universities.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

The methods for assessment of the work produced by students were well designed. It was notable that the assessment provided excellent discrimination of the ability of students within the year. As a cohort, the student performance was of a standard to be expected at this stage of the course. The work produced by the best students was exceptional, indicating that this aspect of the course was one that stimulated student interest and motivated them to produce high quality work. For those students whose performance was not as high, provision of feedback by markers was excellent, allowing students to address any weaknesses and develop their skill base. In general, the difficulties of maintaining consistency of teaching support/input when dealing with many different academic and clinical moderators have been adequately considered and addressed. As the student performance indicates, the overall quality of the teaching provided was excellent.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Yes. The SSC provides a flexible framework for students to demonstrate their depth of understanding of the specific subject area. The students are able to highlight their understanding of the fundamental principles underlying pathogenesis of common diseases and approaches for their treatment. In particular, the projects allow students to demonstrate appropriate critical analysis of scientific and clinical literature. The standards of achievement of the students as a cohort were comparable to students in my own institution. The very best students (A and B grades) produced outstanding work. For those students that did not pass this component, there was some evidence that there was a failure to engage fully or had not produced work of the required standard, despite the clear guidelines provided. It was clear that all reasonable effort had been made by teaching staff to address the former and in the case of the latter, there is little further that can be done.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

The provision of detailed feedback to students is excellent. From my experience, this is something that forms common practice in the current programme of the MBChB degree course.

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The Examination Process

8. **The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?**

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

All the necessary guidance for me to fulfil my responsibilities as an external examiner was available to me. I also attended a very useful external examiners briefing meeting held in the Leeds Institute for Medical Education which outlined the changes associated with the new curriculum

9. **Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?**

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

I was able to access all the necessary materials in good time and provision was made for me to access the teaching materials available on the VLE.

10. **Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?**

Yes

11. **Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?**

The administration process in general was good. The Board of Examiners meeting was conducted appropriately, expertly chaired by <<<>>>.

12. **Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?**

Yes, appropriate procedures were in place to give due consideration to mitigating circumstances

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION*Subject area and awards being examined:*

School of: Medicine	Subject(s):		
Programme(s) / Module(s): Year 4 including SSCs	awards: (e.g. BA/BSc/MSc etc.)		MBChB

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PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

None identified

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

I received a summary report but not the response of the School to these.

The communication with the central external examiners team was generally poor – I had to confirm dates of attendance twice in January and even then this was not communicated to the year 4 exams team, so in June I had to chase information regarding times, venue etc. This wasn't a great introduction to the appointment.

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

Not applicable

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

I felt that the balance of the assessment methods and standard of assessment was appropriate for year 4 medical students.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

In terms of the written paper, the balance of subjects mapped across the curriculum appeared to be reasonable and the level of most questions appropriate for 4th year medical students. However some of the questions, particularly those relating to psychiatry, I thought were difficult and might be beyond a level of competence reasonably expected of a foundation year 1 doctor.

Many of the OSCE stations were similar to those that we use at KCL and the standard of the students appeared to be similar.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

Written Paper

The written exam was very comprehensive. However, I was concerned that in some specialties, e.g. psychiatry, questions seemed to expect a level of knowledge that I would have thought would be beyond that expected of a Foundation year 1 doctor.

One of the examination papers was incorrectly titled 'multiple choice questions' when in fact all the questions were single best answers – which is misleading and could easily be corrected for the next academic year. Most of the questions in this paper did fit a best of five format rather than MCQ. There was an issue of incorrect labelling of images for the slide paper which I fed back to the team prior to the examination.

OSCE

The balance of stations in the OSCE across the elements of the course for year 4 appeared appropriate.

I particularly liked the yellow card scheme – innovative and helpful for quick feedback of key issues; however this was not mentioned in the briefing sessions I witnessed so not sure that its use was widespread

The examiner briefing I witnessed was a bit chaotic and it was difficult to standardise the information given to examiners across specialty as examiners were briefed in specialty groups. I understand that the examiners have all been required to attend a training session which may mitigate against this but I was concerned that some examiners appeared to have been told to have any interaction with students, which resulted in them appearing rude and unhelpful. As these undergraduate exams are minimum competence examinations, it seems more appropriate for examiners to be balanced, neutral but generally encouraging and politely draw students back to station instructions if they have lost their way, rather than appear to ignore them. Some examiners also left marking schedules in clear view of students, which could have been off-putting.

I think that it is a shame that the logistics of the examination mean that no real patients are used (except in the locomotor video station). Despite this, the use of children from a local school appeared to work well.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

I thought that the academic standards were good in relation to the OSCE and SSC (I was not able to attend the final exam board so cannot comment on student performance in the written exams.) The level was comparable to students at KCL School of Medicine.

In the OSCE, the set-up of one minute to read station instructions followed by eight minutes to complete a task was ample time for the majority of students.

Special needs students were examined in a parallel circuit with 25% extra time for reading instructions and undertaking the station task. However I was not convinced that the students required additional station time BEYOND reading instructions. This may have been a particular issue this year as all the students on the circuit had dyslexia but no other problems, as they did not require extra time within stations and the additional time was potentially distracting, as they felt that they needed to fill it. Furthermore, these students will not have extra time when functioning as junior doctors to complete tasks and an extra 25% may therefore give false assurance as to competence. At KCL after extensive deliberation we do not give special needs students extra time in OSCEs on the basis that the OSCE should simulate clinical / real practice.

I understand that a part B OSCE for borderline students is being introduced in 2012 and would support this – at KCL extended testing of the borderline students has been very helpful and provided better assurance regarding the pass / fail students.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

See above for OSCE comments.

In relation to the OSCE, I was concerned about a relatively lack of practical skills station – there was only one testing a hands-on skill (speculum examination) and far more history / explanation stations than examination / skill stations. On discussion with a senior examiner it appears that some practical skills may be tested in years 3 and 5 and that there is some skill testing as part of in-course assessment (e.g. resuscitation in year 4.) Other skills pertinent to year 4 are assessed via skills log books but the quality control of these are difficult – it would therefore be good to have assurance that by the end of year 5 core skills have been tested in an appropriate setting.

The examiner packs at each station were comprehensive and very helpful.

SSC – the reflective log component was a useful addition and I was impressed by many of the students' ability to reflect and appear to learn from the SSC.

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

N/A – this is my first year

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

Please see above in relation to move to single best answers (and away from multiple choice questions) for the written and in relation to the introduction of extended testing of the borderline students in the OSCE.

The Examination Process

8. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

The material I received was sufficient for my role as an external examiner

9. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

I would have valued receiving the year 4 course handbook as still trying to get my head around the organisation of all of the components and terminology (e.g. ICUs)

10. Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

I moderated ten SSCs. Most were of a high standard and the work was varied and interesting. There were some examples of excellent work. I generally agreed with the examiners' marking; in one instance I recommended a bare fail be converted to a pass.

Clearly the marking of SSCs is, to an extent, influenced by the supervisors' relationship with the students. This can influence marking but I did feel that the marking was generally fair and transparent.

As I was unable to attend the SSC exam board I had a teleconference with the SSC examinations lead, having been sent potential fail SSCs in advance. I was assured that due process had been followed and that the work from the failed students was of poor quality and that the marking was appropriate.

11. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

As stated earlier, I would have valued better communication regarding dates, venues etc. I was not able to attend the main exam board as it clashed with our KCL OSCE but did not receive papers for this or minutes. I am therefore unable to comment directly on process.

12. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

I am unable to comment having not attended an exam board meeting this academic year.

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

Not applicable

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

Overall I thought that the OSCE was well organised and congratulations must go to the senior examiners / organisers. It is extremely complex to run 13 (including special needs) parallel circuits but in practice it appeared to work well. The range of questions in the written paper and OSCE stations were varied and testing reflected the curriculum for year 4 of Medicine.

In the OSCE I thought that the yellow card 'cause for serious concern' form was particularly innovative in facilitating rapid feedback to students.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION*Subject area and awards being examined:*

School of: MEDICINE	Subject(s): CLINICAL MEDICINE
Programme(s) / Module(s): YEAR 4	awards: (e.g. BA/BSc/MSc etc.) MBBS

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PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

There were no areas that I identified that require urgent attention

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

This part is not applicable to me

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

This part is not applicable to me

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The learning outcomes and the standards expected were appropriate and comparable to similar courses in other institutions. I have come to this conclusion after considering the standards expected according to the marking sheets, and the range of material covered in the questions of the examination. For example in OSCE, the standard of z was appropriate to award competence in the 3 point scale; however global performance in all stations determined the distinction/merit candidates. This was suitable and appropriate.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

Yes, The assessment tools employed (EMQs, summative assessments were comparable in structure and standard to the Summative assessments at Liverpool and the OSCEs were similar to LOCAS at Liverpool) at University of Leeds were similar in structure and standards to that used at University of Liverpool MBChB course. I am rather pleased that medical students following two quite different curriculums are able to perform to similar standards and have acquired similar skills/ knowledge against similar assessment tools at the end of their training. Obviously this is vital as the expectation on the medical graduate who following either course is the same.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

There were some problems with Year 4 Written papers being lost which was eventually rectified with the production of a new set of papers. Although this posed a great difficulty to the exam board to prepare the new set of questions in a short time span, their efficiency in doing so was commendable.

EMQs & Summative assessments:

I received these with adequate time to comment and the re-sit papers were received with the original papers. I have previously provided my feed-back and suggestions for changes to questions in general and Obstetrics & Gynaecology in particular. The questions were generally clear, well written; slides were suitable and covered a range of common conditions that were essential part of learning in all medical sub-specialities. The marking schemes were fair, and unambiguous. I was also involved in assessing students performance this year in the exams hence can confirm the fair and transparent assessment process.

OSCE:

I was provided with OSCE questions in advance with adequate time to provide feed-back & comment which I have done previously. I was able to observe the usual and re-sit OSCE exam.

Organisation;

Organisation of the OSCE was rather impressive. Medical staff & administrative staff were able to carry this huge task with an apparent ease, the examination progressed well, methodically, without any major hic ups. There was a large number of Simulated Patients and Examiners; they were properly briefed and the time keeping was good. The students were moved from one station to the other in a non-hurried, methodical fashion. There were additional examiners available and some new university staff were observing the examination process prior to being recruited as examiners in future exams. There were adequate breaks for all involved. Essentially well organised examination process was evident.

Design & Structure;

There were 20 OSCEs in the re-sit exam; they covered Psychiatry, Paediatrics, Obstetrics & Gynaecology, CCCC, and Primary care. The questions assessed wide range of skills, including practical skills of using a speculum or auriscope for example; communication skills, dealing with patient with learning difficulties as an example; dealing efficiently in critical/ emergency setting amalgamating factual knowledge, applying professionalism and communication skills to adapt to any situation and thinking on their feet, for example dealing with drug overdose; special skills examining a child etc. Well designed and marking schemes were clear and comprehensive.

Examiners; The examiners were briefed appropriately, and I was told that there is a system in place for training and assessing the marking all examiners to ensure that desired standard has been achieved. There were future

examiners attending the OSCE & observing the examination process, which I thought was a great idea, and good planning to ensure high quality examining process. The examiners were methodical in their conduct of the OSCE with consecutive student candidates.

Students; The students were polite and suitably dressed etc. The standard of knowledge of the students was good and at the expected level. The marks awarded to students reflected this appropriately and there were some students who were obviously performing above and below the expected standard, whereas most performed at the expected standard in almost all stations. Adequate provisions were made for students with special needs, with particular, specialised attention given as required and I was rather impressed with this which made the examination process obviously fair for those students

Simulated patients; well-briefed and was showing a very high standard. Adequate provisions were there to ensure their well-being especially for children. There were young children included in the current exam as required for paediatrics assessment.

Mark sheets; These were comprehensive and clear, easy to mark relatively objectively. Additional information with ratings from simulated patients and Examiner ratings were important as this would provide additional information in pass/fail or merit/distinction determinations.

Range of stations;

Adequate & appropriate as I have detailed above. I noted that history taking stations have been covered in the current format.

The only drawback as I have previously pointed out is the lack of real patients with real pathologies. However, with the changing climate of medical education finding suitable patients with clinical pathologies for repeated examinations is near impossible. Therefore, the uses of Mannequin, pelvic models and simulated patients I feel has addressed this problem reasonably.

SSC:

I read one SSC and the marking of the two internal examiners were appropriate and I did agree with their comments. The one I saw was of a good standard, writing a patient information leaflet. I wonder if more in depth scrutiny of available evidence with systematic review, designing a study or research proposal particularly giving precedent to critical appraisal of literature, ethical issues can be incorporated in to the SSCs, as we do with our SSMs (Special study Modules) in <<>>.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

The examination process included a variety of assessment tools to accumulate evidence of high standard performance by the students. The factual knowledge was adequately tested by the EMQs and Summative Assessments; verbal/ communication skills and clinical skills (including professional attributes required for a clinician) were assessed with the OSCEs; research and critical appraisal skills could be accessed via SSCs.

I could not identify any obvious weaknesses as a cohort and I was particularly pleased to see that at OSCEs and SSCs, performance of students in a non-problem based learning curriculum such as Leeds to be comparable to the standard I am used to see in our own students in <<>>.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

The learning and assessment of practice components of the curriculum was fully met as demonstrated by the excellent OSCEs. Please refer to the detailed description above in section 4.

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

Cannot comment on this as I have neither received details of such change to the programme.

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The only part of the assessment of year 4 MBBS that I can comment on this area was the SSC. There was only limited evidence of good research influence by promoting students to familiarise themselves with appraisal of available scientific literature.

The Examination Process

8. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

There was sufficient material provided and it was possible to request additional information if required. Furthermore, I attended an external examiner workshop in January 2011 which I found rather informative & useful. There we had the opportunity to discuss a variety of issues that were unclear previously and understand the current curriculum in depth.

9. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

I received the external examiners hand book, and the above mentioned external examiners workshop answered all queries I have raised in my previous report.

10. Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

I only assessed the exam papers, assessed one SSC and observed the OSCE. In the future I would intend to engage more in assessing marking of the written papers and SSCs.

11. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

This is an area that may need further improvement. The communication re: changes to the dates of the Board of Examiners meetings were not communicated to the external examiners with adequate time

12. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

Yes, I observed that there were appropriate procedures in place for to give due consideration to mitigating circumstances & medical evidence in following instances;

Where a 4thYear student who breached the Leeds University progression rules and had to take temporary leave and then retake the year. I attended the extra-ordinary examiners meeting, inspected the students exam material and assessment procedure in detail.

Therefore, I am fully satisfied with the evidence of such provision at Leeds

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

I would welcome the opportunity to receive mentor support and it would be an excellent idea to arrange provision for that

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

It was a pleasure to act as an external examiner in my second year on the job. The examination process seem to be comprehensive, fair, objective and meets the standard of similar courses in other institutes (here I am referring to the examination process we employ at <<>>). All intended **programme aims and intended learning outcomes** were met and seem to be appropriate.

The only comment I have is the very limited demonstrable assessment of students' exposure or knowledge in research methodology and in depth critical appraisal of scientific literature which has not improved since last year.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION*Subject area and awards being examined:*

School of: Medicine	Subject(s): Primary Care, Psychiatry and Public Health Medicine
Programme(s) / Module(s):	awards: (e.g. BA/BSc/MSc etc.) MB ChB

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

n/a

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

I have been consistently impressed with the desire of those running the Leeds course to provide as high a standard of course and assessment as they can. The course is well organised and there is ongoing work to deliver Tomorrow's Doctors outcomes. Development over the years I have been an external examiner is evident

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

Leeds has a curriculum that is entirely comparable with similar curricula throughout the UK. It meets GMC requirements of 'Tomorrow's Doctors' and seeks to address requirements of the most recent iteration of this document. The psychiatry component measures up to suggested national standards.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

The course applies similar standards to other UK medical courses

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

Assessment methods match national and international standards currently accepted as 'good practice'

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Leeds students perform at or close to standards seen in other UK institutions. The courses focus is less knowledge based than some UK courses but not at odds with the majority. As a cohort Leeds students have good communication and clinical skills and life-long learning skills are part of the training delivered.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

There is a consistent assessment in the Leeds OSCE, although not without its flaws. Some of these are inherent in the format and there may be benefit in reviewing the clinical examination with the view to including other assessment methods. That being said there is clear evidence that Leeds has made efforts to improve the examination and the data gathered from the exams and used to review them is of a high standard.

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

This year has consolidated the improvements noted in last year's report. Additionally I found the process for feeding back about the exams (use of a spreadsheet) a helpful change.

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

Leeds is an active participant in assessment development within the MSC-AA. Its current models reflect current thinking on assessment but as with all other medical schools will need to factor on going review in light of forthcoming developments

The Examination Process

8. **The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?**

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

Yes

9. **Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?**

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

Yes

10. **Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?**

Yes

11. **Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?**

Yes. One set of examination materials was lost in the post. When this was notified to the exam board a prompt and appropriate response ensured the integrity of the exam and changes have been proposed to minimise the chance of this occurring in the future.

12. **Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?**

Yes

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION

Subject area and awards being examined:

School of: Medicine	Subject(s): MBChB
Programme(s) / Module(s):	awards: (e.g. BA/BSc/MSc etc.)

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The aims and outcomes of this course are those prescribed by the General Medical Council in 'Tomorrow's Doctors (2009), and are therefore entirely appropriate for the award.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

That is for the General Medical Council to determine through its normal visiting processes, but from my perspective I do not see any issues.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

I am primarily linked to years 1 and 2 of the course. The assessments for year 1 have changed this year. No doubt all will bed-down over the next year or two, but there are a few issues. The scheme consists of big end-of year SBA/EMQ papers supplemented by a range of other assessments all of which must be passed. SBA/EMQ papers are a common way of assessing knowledge in medical schools, but it is a pity that the school relies so heavily on a format that does not test a student's capacity to construct responses under pressure, which is a key skill in medicine. I fear it will leave work to be done as the course progresses to ensure that students develop appropriate skills of integration and application. It is however good to see that these papers proved reliable, and that formal standard setting was used (Ebel), though perhaps the school might wish to look carefully at the Ebel weighting factors, as the resulting cut score (51%) was on the low side for papers where half of the assessment time will yield a score of 25% by pure chance. In my view the school is stacking up problems for the future if it nods through at this stage students whose real performance is actually weak. If more were driven to extra work by a resit, fewer problems may well emerge later. The School explained that it is inclined to be kind at this early stage, but I would encourage it to think carefully what the implications of that approach might be.

That said, failures in other elements of the scheme meant that overall quite a large fraction of the year 1 students were not able to progress automatically, and have to complete additional assessments. It is good to see a variety of assessment types used in these other assessments, but there should perhaps be a little more coordination. The school was not able to show that assessment units which could potentially stop progression were as reliable as the main assessments, and there was variable use or absence of formal standard setting in those which were examinations. I am sure that the school will be able to implement this in subsequent years and look forward to the results. I understand that there is also review of one element which failed many students.

The aims of the new assessment scheme as explained to me are laudable, and I am sure can be implemented well, with perhaps just a little tweaking.

I was also able to observe the Finals OSCE. This was an excellent and very well organised examination testing a good range of outcomes, and the students I observed performed at a level entirely comparable to that at other medical schools with which I am familiar.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Overall the assessment scheme in year 1 tests a good range of outcomes in a variety of formats.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

I was disappointed not to see an OSCE style assessment in year 1. There was a 'spotter' and some assessments that related to clinical work, but it would have been nice to challenge the students' developing clinical skills early in an examination format.

As I noted above however the final OSCE was excellent and the students performed well.

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

There have been large changes to the first year, and I am sure that the school is evaluating them actively. On the face of it they should be a good improvement, but it is hard for me to judge from the perspective of a single examination board meeting.

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The curriculum design is clearly informed by educational research and scholarship.

The Examination Process

8. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

I attended an excellent external examiner briefing in January 2011 where I was well informed about the changes to the curriculum and assessment and able to participate in good discussion about the aspirations of the school and the processes which underpin it. What became clear to me however is the legacy of the way in which the course was organised before this year with the first years effectively devolved to another part of the University. Excellent processes and skills (for example relating to the quality control of assessments) are still not visible in all parts of year 1, yet have clearly been in action in the later parts of the curriculum for some time and to considerable positive effect. I would encourage the School to continue the processes of integration that will ensure that the excellent practice later in the course spreads thoroughly to the early years.

9. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

I received good general guidance at the external examiner briefing, but do not recall seeing a code of practice for assessment (or something similar) for the new first year assessments, which meant that at the exam board I was working hard to understand what all the elements were, and the rules which underpin their operation. I presume that such documentation exists and would encourage the school to provide it an early stage for externals.

10. Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

I have seen no assessed work, but that is perhaps not too surprising given the nature of the assessment scheme. I was sent copies of the examination papers for comment however.

11. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

The board was conducted well and properly according to the rules in as far as I knew them.

12. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

Mitigating circumstance had been considered before the board met in what appeared to be an entirely proper way, and appropriate actions were taken at the board.

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

I agreed to act as a mentor to a new examiner, <<<>>> and managed to speak with her once, but have had no further contact so far. If I was meant to be more pro-active then I apologise, and certainly do not expect to receive the promised payment for work that I have not done.

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

I am not quite sure whether this is my last year, and would be happy to continue for another if that is possible and acceptable to the school. It would be good to see the changes in the early years bed-down a little.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION

Subject area and awards being examined:

School of: Medicine	Subject(s):
Programme(s) / Module(s):	awards: (e.g. BA/BSc/MSc etc.)
	MB ChB, Years 1 & 2

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

Standards

- 1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?**
 - The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
 - The extent to which standards are appropriate for the award or award element under consideration.*

All satisfactory

- 2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?**
 - The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

Yes

- 3. Please comment on the assessment methods and the appropriateness of these to the ILOs?**
 - The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
 - The quality of teaching, learning and assessment methods that may be indicated by student performance.*

These were appropriate.

- 4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?**
 - The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
 - The strengths and weaknesses of the students as a cohort.*

The standard seemed comparable with that in other institutions.

- 5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum**

- 6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year**

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

- 7. The influence of research on the curriculum and learning and teaching**

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The Examination Process

8. **The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?**

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

Satisfactory

9. **Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?**

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

Yes

10. **Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?**

Yes

11. **Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?**

Yes. The conduct of the Board of Examiners was satisfactory.

12. **Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?**

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010-11

PART A: GENERAL INFORMATION*Subject area and awards being examined* :*

School of: Medicine
Programme(s) / Module(s):

Subject(s):
awards: (e.g. BA/BSc/MSc etc.)

Please confirm your agreement or otherwise with the following statements *:

The standards set for the awards are appropriate for qualifications at this level, in this subject**Yes****No****The standards of student performance are comparable with similar programmes or subjects in other UK institutions with which you are familiar****Yes****No /****The processes for assessment, examination and the determination of awards are sound and fairly conducted****Yes****No /**

If your answer to any of these questions is 'NO', please make a brief statement here for publication of the respects in which standards or processes fall short, and please amplify your remarks if appropriate in Part C of this form *.

Signed: _____ Date: _____ Date received: _____

PART B: EXAMINATION PROCESS AND STANDARDS

The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Was this material sufficient for you to act effectively as an External Examiner

Yes**No**

Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

Yes**No**

Were you given the opportunity to comment on draft examination questions and associated guidance for assessors, e.g. marking schemes or model answers?

Yes**No**

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?
(only applicable in first year of appointment)

Yes	No
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Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

Yes	No
-----	----

Did you meet with students?

Yes	No
-----	----

Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

Yes	No
-----	----

Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

Yes	No
-----	----

Do you consider that the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

Yes	No
-----	----

Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

Yes	No
-----	----

Were the assessment methods appropriate to the ILOs?

Yes	No
-----	----

Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)? **If relevant**

Yes	No
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PART C: DETAILED COMMENTS FOR THE INSTITUTION

In addition to the summary report for publication in Part D, you are asked to provide more detailed comments for the use of the School or University. You are encouraged to address in more detail the points listed below. This list is not exhaustive and your comments on other matters will be welcome.

Please comment in the box below on:

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications;*
- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance;*
- *The extent to which standards are appropriate for the award or award element under consideration;*
- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards*
- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information;*
- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*
- *The nature and effectiveness of enhancements to the programme(s) and modules since the previous year*

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

The commitment to harmonisation of the undergraduate curriculum with the development of a competent Foundation doctor has been evidenced this year. The already high standards set by the Examinations Department at Leeds Medical school have been continued this year with a further commitment to excellence. The trainees have completed assessments for learning and are required to demonstrate abilities across multiple integrated domains of knowledge, skills and professional behaviour. The structure of the course, which now comprises of six 4-week placements set in primary and secondary care and includes infectious diseases in Year 5, allows the focussed transition into F1 clinical practice.

This year the examinations process saw 230 students sit the final MB written and clinical examinations with a low failure rate demonstrating the support offered by the Medical School (95.3% pass rate). This is particularly evidenced by the high success rates of those students who have been asked to repeat the year subsequent to failing in 2009/10.

The external examiners were integral to the examinations from blueprinting of the written and clinical assessments to the final examiners' meeting. There was ample time to comment and amend the examination papers with source data. A sample of SSCs and slide papers were also made available for the examination board.

Sequential examinations for both the OSCE and written components were included into the diet this year. The written examination consisted of extended matching questions and diagnostic slide tests and covered a wide range of the curriculum. This generated a composite mark and those students who did not reach the standard required were invited for a further assessment. Students had been informed of this process in advance and those involved were further counselled without specific feedback re the main assessment performance. There were several new stations introduced which assessed overall clinical and professional ability rather than a task orientated assessment. This integrated approach allowed a smaller number of stations to be examined. The sequential examinations robustly identified individuals who would benefit from further intensive training prior to graduating.

The introduction of green cards which allows identification of excellent performance alongside the standard yellow cards identifying poor practice is further evidence of the commitment of developing and retaining individual strengths and developing other areas which is the ethos of the Leeds Medical Course. These individuals will receive personalised feedback after the examination process allowing transparency both for excellent and poor performers.

Yet again the high standard of examiners and the examination assessment stations were evidenced by the report produced by <<>>. This demonstrated a high level of consistency and reliability not only between across stations. In addition this demonstrated that the modelling undertaken by the assessment research group had assisted the development of a fair but robust examination process.

The OSCE examination was held at LGI, Chapel Allerton, School of Medicine and Bradford. All centres were excellently facilitated by experienced examiners. The Bradford site has been developed recently and is a great resource for both the examination and future skills based courses. All centres evidenced standardisation of individual examiners and EPs/SPs so that individuals encountered minimal bias dependent on site as evidenced by

the statistical analyses.

The curriculum and assessments appear robust in ensuring individuals are passed with an ability to perform at F1 standard. In addition the students are demonstrating an ability to develop individually with an expectation of excellence as evidenced by the high numbers of MB degrees conferred with Honours and Distinctions.

Please continue onto another page if appropriate.

MATTERS FOR URGENT ATTENTION

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box. If appropriate please amplify any remarks you made in Part A of the form about appropriateness and comparability of standards and procedures.

The mitigation procedure for the examination process was appropriate to allow sufficient medical and mitigation evidence to be considered by the Mitigation Committee. The terms of reference of this group have been developed since the last academic year and the addition of the practising clinician is key to ensuring that this process is fit for purpose.

FOR EXAMINERS COMPLETING THEIR TERM OF APPOINTMENT

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

It has been a privilege to have been invited to participate in the Final MB examinations. The terms of reference were clear and invited honest developmental assessments of the examination process.

The examination was set at a very high standard with development evidenced by the commitment of the faculty and examiners at the start of my term. What has been evidenced during my term is the innovation and rapid response to developmental feedback from the external examiners. The ability to review the curriculum and respond to the changing environment of the NHS has been a key enabler for this course and is credited to the hard work and imaginative educational development by <<>>, <<>>, <<>> and the faculty.

The introduction of assessment for learning and in course portfolios allows trainees to develop and transition to F1 practice seamlessly and to continue to develop their portfolios as postgraduates. The examination now assesses students in scenarios which simulate real practice and therefore fitness to practice. The success of the course evidenced by the high pass rates demonstrates the mentorship of the faculty and trainers but also the success of F1/2 mentoring of the medical students.

I have to commend the transition from six month resits to a year of retraining for students who fail final MB. This has had to be facilitated by an understanding by trainees that this will develop competency for the individual and also ensure patient safety by developing the individual both clinically and professionally by utilising the work based assessments. This has been a well thought out process as this incurs additional financial costs to the students. It is therefore rewarding to see the success of candidates after the year of retraining.

As a Foundation Programme Director I have now had the pleasure of encountering medical graduates from Leeds who are competent professional individuals who are able to start the Foundation Year confident that they have the skills necessary to be a working member of the clinical team.

OTHER COMMENTS

Please use this box if you wish to make any further comments not covered elsewhere on the form.

None

PART D: SUMMARY OF REPORT FOR PUBLICATION

Please provide a brief description or bullet point list of the main conclusions of your report, including any particular strengths of the programme(s) or of any distinctive or innovative features in relation to standards and assessment processes, that would be worth drawing to the attention of external audiences.

The harmonisation of the Undergraduate and Postgraduate curriculum in Leeds has been evidenced successfully with an innovative and robust examination process. The mentorship during the course ensures that trainees develop an understanding of their individual strengths and areas for development. The in course assessments for learning focus on clinical and professional skills key for a FY doctor. The examination process assesses multifunctional domains and identifies candidates who demonstrate excellence for their stage as well as those trainees who would benefit from a further year of training. The addition of sequential testing at Final MB ensures that trainees are assessed in a robust but fair manner.

Leeds Medical School have already demonstrated an ability to rapidly respond to changes in the wider NHS and are in the process of continued development to ensure that medical students are for for purpose after graduation.

Graduates from Leeds Medical School will allow public confidence that doctors that graduate will be competent and confident when starting their FY1 year.

It is recommended that a summary should typically be about 250 words in length. The University will publish this summary on the Hero website using the wording which you submit. In accordance with Hefce TQI guidelines your qualifications and affiliation will be identified, but you will not be identified by name unless you specifically chose otherwise. Where several external examiners report on a single programme or group of programmes, the examiners may choose to agree on one form of words to provide a single summary. Where this is not done, the University may compile and publish a single report which would be a conflation of the separate remarks; in this event you will have an opportunity to comment on the proposed wording.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION*Subject area and awards being examined:*

School of Medicine Programme(s) / Module(s):	Subject(s): Medicine Years 1 and 2 awards: (e.g. BA/BSc/MSc etc.) MBBCh
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The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS***Matters for Urgent Attention***

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

N/A

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

N/A

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The intended learning outcomes seem appropriate for years 1 and 2 of the course. From experience, each medical school has a 'flavour' in terms of the learning outcomes, often reflecting the School's own interests and, even in the early years, research strengths. This is important to maintain.

I have been assured by the Medical School that "there is clear guidance that questions should address learning outcomes but we are in the early stages of a more formal blueprinting process, especially for the earlier year assessments". The School, to be compliant with the requirements of the GMC's *Tomorrow's Doctors* 2009 (TD09), will need to "have schemes of assessment that map the outcomes to each assessment event and type, across an appropriate range of disciplines and specialties ('blueprinting')".

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework

The lack of detail in the learning outcomes in TD09 for Outcome 1 *The doctor as a scholar and a scientist* make this question rather difficult to answer. TD09 asks that 'the graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology'. The coverage in these areas in the Leeds programme appears comparable to other UK medical courses.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

The Summative Written EMQ/MCQ examination for both years 1 and 2 are well designed and are appropriate, sampling across the curricular material. Student performance has been generally good, suggesting that they are well-prepared for the assessments.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Student academic standards appear good and there is a low attrition rate from exam failure. This reflects the teaching quality and student preparation for the assessments.

In terms of feedback, are students who fail assessments given the opportunity to look through their paper? How is this organised? As the summative papers cover quite wide and disparate material, it would be important that students are given adequate guidance in the areas that need particular remediation before resitting the exams.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

N/A

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

There was quite a change in the organisation of programme in the year 2010-11. Because of some difficult personal circumstances, I was unable to attend the briefing session organised by the School, to guide external examiners about the changes. My impression was that the new arrangements arrived as a sort of 'Pol Pot Year Zero'. This was evident when there was discussion at the exam board of what was happening to certain student groups (repeat year students, intercalating students). Having said this, the new structures seem to have been introduced without too much disruption (although the abbreviations for some of the new modules were not always clear to external examiners!)

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by

research; students undertaking research.

See earlier comment regarding 'flavour' in section 1

The Examination Process

8. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

The role of the External Examiner is clearly stated in the documentation sent to me. It would be helpful to have the opportunity to meet students informally to hear their views of the course and the assessment methods. I will endeavour to do this in the forthcoming year, as I read in the review of external examiner comments from last year (provided to me by the School) that one examiner had taken this opportunity.

9. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform*

Yes, I was sent the assessment framework and strategy and the assessment map indicating the in-course progression requirements and the progression exam. As far as I am aware, I have not seen the module handbooks or the overarching programme specification.

10. Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

The assessments are EMQ and MCQ summative papers for years 1 and 2 (in total 320 individual item questions) ostensibly covering IMS, I&P1, Core Body Systems, N&E, IDEALS and C2C. Reasonable information is made available at the exam board although the lack of familiarity of some of the abbreviations was apparent (this may be helped by spelling these out in the Assessment Study Guide).

11. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

The turnaround time for reviewing the papers was quite challenging (this seems to be an increasingly common problem). The School responded to my comments in a timely manner. It might be appropriate to record significant issues raised by external examiners to be brought to the Board of Examiners. I am sure that there is rigour in the processes involved in the 'scanning' of the student answer sheets, but no details are provided as to the algorithms used to ensure that the data sets are accurate. External examiners see just the summary sheets of the outcomes and whilst this is fine, it would be important to ensure that adequate precautions are being taken to avoid assessment error.

12. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

There is good practice evident here. The board avoided discussing mitigating circumstances. It was clear that appropriate discussions had been held prior to the exam board. It would be inappropriate for the confidential matters relating to the candidates to be discussed at the exam board.

For Examiners involved in Mentoring Arrangements

If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

N/A

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

As the progression assessments seem heavily reliant upon MCQ and EMQ questions, perhaps it would be advisable to undertake some psychometric analysis of the reliability and discriminatory ability (item analysis) of the questions. This is an area of development in a number of medical schools.

I have been pleased by the speed of response to my queries/concerns from the staff involved in the assessments.

I was pleased that students who discovered that they had failed to progress were given access to a senior staff member who was able to counsel them.

Leeds Institute of Medical Education
Medical Academic Support Unit

University of Leeds
Worsley Building
Clarendon Way
Leeds LS2 9NL



UNIVERSITY OF LEEDS

6th March 2012

Dear colleague

Once again, many thanks for your external examiner input into the Leeds MBChB programme over the last session, and a warm welcome to new external examiners

As in previous sessions, we take all externals' comments and combine them into one report (attached) - which allows us to overview the course and your thoughts more effectively than a conventional cycle of individual year heads or module managers responding to individual queries. It also helps external examiners note each others' thoughts and views on sections of the programme.

The 2010-11 session saw a number of new changes as curriculum review continued to be implemented, particularly in relation to our new programmatic framework with changes to year 1, and sequential testing in year 5. The latter is planned to roll out to year 4, with further detail within the report.

We are planning to hold another external examiner day in 2013 for new examiners and veterans, but in the meantime the external examiner sharepoint site will shortly be 'live' - and you have been contacted separately to arrange log in/passwords. We would appreciate your feedback about the site - and please do let us know if there is additional material on the site that you would like to see (in terms of policies or guidance)

The site will also host exam papers, blueprints and such within a secure section for each group of examiners (Year 1&2, Year 3, Year 4 and Year 5).

I'd like to extend my particular thanks to those external examiners who are completing their cycle with us - you have been instrumental in over-viewing many of the transitions as the curriculum and assessment have evolved - and your comments and support appreciated by us all

Best wishes

Leeds Institute of Medical Education

