

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- 2 of which were new, but only one of these (St James) involved a new team of examiners. The exam was run over 2 days, with a smaller number of items due to ongoing refinements following the introduction of sequential testing. Day one consisted of seven, twelve minute communication based stations and day 2 seven, 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. A further sequential OSCE consisting of 12 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. However, a issue regarding timing of the stations occurred at the St James site where some of the examiners were not aware that the stations had been extended to 15 minutes for special needs students. The feedback to the examiners and the minimum number of candidates they should be asked to examine is an area which was raised at the exam board and should be looked at further.

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 with the exception of one which was excluded from the analysis. The questions were sufficiently probing, involved integrated stations which examined higher order skills. 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 75 extended matching questions, 60 multiple choice questions and a diagnostic slide test (40 questions,18 slides). This represented a slight reduction on the previous years questions and is a reflection of the introduction of sequential testing. 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. Those students who were achieved a borderline pass sat an additional test 1 month later which comprised 75 extended matching questions, 60 multiple choice questions and a diagnostic slide test (26 questions,14 slides).

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 modifications to the summative exams continue following the introduction of sequential testing last 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.

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 exam board 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. There was a rather complex candidate who had been the subject of an extra-ordinary exam board meeting for 2 consecutive years for the same re-occurring issue. This candidate rather tested the matrix and as a result it may be prudent to update/modify the matrix.

As in previous years I was impressed by the detailed exam report and the overall performance of the exam with respect to the reliability scores for both the written (projected α 0.78 for main exam) and OSCE exam (α Cronbach 0.72 for main exam). The detailed exam analysis identified issues regarding one site and one OSCE question which I am satisfied were dealt with appropriately.

The modifications that occurred this year to the number of stations were appropriate and sensible given the introduction of sequential testing last year and represent on-going refinements to the exam process.

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

The exam board were informed if mitigation had been successful. Details of the mitigating circumstances or medical evidence which had been submitted to the mitigating board were not provided.

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.

The University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2011– 2012

Part A: General Information

Subject area and awards being examined

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

Completed report

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

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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 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?

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

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 ILOs were appropriate for year 4 medical students. I am aware of the evaluation of academic quality and standards review undertaken in 2010-11 for the SSC course and the specific feedback from this. I am confident that this is being taken into account as the course organisers develop the new RESS programme for the next academic year.

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 ILOs were consistent with those I have observed within KCL.

The University undertook an evaluation of academic quality and standards review for the SSC course component in 2010-11. This made a series of recommendations in relation to developing clearer aims and objectives and better curriculum linkage for the SSC course component; my understanding is that these issues are being addressed as the SSC is updated to become the RESS course in 2012-13.

The exam board was conducted very professionally and extensive consideration was given to decisions in respect of issues with the written paper and two OSCE stations that had performed poorly and were subsequently removed.

The head of year 4 has identified a need for review of some exam processes to reduce the chance of issues with questions / OSCE stations next year, including:

- The slide paper will be managed using the same software as used successfully in year 5
- The proof reading process for the written papers will be reviewed (<<>> to review the processes used in year 5)
- The invigilator briefing will be reviewed
- The OSCE briefing and examiner training will be reviewed

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 felt that the balance of the assessment methods and standard of assessment was appropriate for year 4 medical students. I was very impressed by some of the OSCE stations that tested very important core clinical skills (e.g. for acute medicine.)

In 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.

Written (general comments)

- Good range of station testing wide range of core knowledge
- I thought that the psychiatry questions were hard and as a non-expert did wonder whether all represented core undergraduate material and were testing core knowledge for a foundation year 1 doctor (I am not an expert however and may be out of date in relation to this part of the curriculum)
- I am aware that there were some issues with the final exam papers, specifically with a few mistakes in some questions. These questions have all been withdrawn. This academic year there were more questions in the exam, so the pulling of stations where mistakes were identified did not impact on overall results or comparisons between year (the statistician has formally assessed this.) In addition in the slide paper, there was an issue of inconsistency in invigilation of the paper, so that some students received slides as one minute intervals and others were able to scroll through the slides; the statistician reported that there was no difference in results between the groups.

SSC

I moderated ten SSCs. There was a good range of topics and the standard, predictably in moderating, was varied. Overall I felt that the standard of the assessments was as expected for year 4 students. It is not possible to comment on consistency between examiners or the students' learning experiences from the SSC based on the moderation sample.

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. 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. I fed back in more detail in relation to this last year.

I understand that extending testing in the OSCE for borderline students for is being introduced in 2013 for year 4 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**

OSCE

General comments:

- Examiner behaviour witnessed was professional and appropriate – better than last year. The examiner briefing at the start of the morning remains, to an outsider, noisy and chaotic and it is not clear how standardized the briefing is for examiners, in terms of general examination process outside of any station / specialty specific briefing.
- Well organised – it is a feat to coordinate so many parallel circuits and examiners. The senior staff should be commended for their organization and professionalism.
- Some issues with examiner attendance, particularly for 1st circuit of morning – this may have been due to the doctors strike that day but may also have been specific issues in recruiting examiners from acute medicine
- Stations – good range, testing core knowledge and skills, all aspects of course represented.
- The yellow and green card schemes are to be commended and examples of good practice with respect to specific student feedback
- The simulated patients that I saw were uniformly professional and of high quality

Specific station feedback

1. Station 18 (acute coronary syndrome.) I thought that this was a good and important station, testing assessment and management of a medical emergency. I thought the quality of the ECG traces was adequate to identify the ischaemic changes, but was concerned that the students I saw in the station struggled to recognize that the first ECG was normal and the degree of change in the 2nd.
2. Station 11 (depression DVD) – with background noise, it was difficult for the students to clearly hear the DVD, even with headphones. However both students I saw in the station accurately identified the key findings in relation to the mental state examination and identified that the patient was at high risk of suicide.
3. Station 15 (lithium) – I examined this station for one circuit. The majority of the students had basic knowledge about lithium therapy but several were poor on toxicity (potentially fatal!) and drug interactions; considering this station is revised at the end of the ICU this is disappointing.
4. Station 14 (deteriorating patient / MEWS) – like station 18, this station is testing an essential skill for FY1 doctors. Therefore disappointing that few of the students I observed were able to fluently and succinctly handover the patient to the critical care outreach team, even if they had correctly identified the clinical issues. A very good station though and probably one that should also be run in year 5 when students may have developed handover skills more fully.

6. **Please comment on 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.

I have previously fed this back, but I think the yellow and green card scheme is excellent

7. Please comment on 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.

No specific additional comments

For Examiners involved in mentoring arrangements

8. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

The Examination/Assessment Process

9. 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.*

10. 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, marking criteria?

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

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

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

Other comments

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

he University of Leeds
EXTERNAL EXAMINER'S REPORT
ACADEMIC YEAR: 2011– 2012

Part A: General Information

Subject area and awards being examined

Faculty / School of:

MEDICINE

Subject(s):

CLINICAL MEDICINE

Programme(s) / Module(s):

YEAR 4

Awards (e.g. BA/BSc/MSc etc):

MBBS

Completed report

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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?

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

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.*

The assessment tools employed (EMQs, summative assessments were comparable in structure and standard to the Summative assessments at _____ and the OSCEs were similar to LOCAS at _____) at University of Leeds were similar in structure and standards to that used at University of _____ 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.*

EMQs & Summative assessments;

I received these with adequate time to comment and the re-sit papers were received with the original papers. I did provide 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. As mentioned previously, the use of the same questions in the re-sit exam is not ideal but I can understand the difficulties with providing comparable yet different set of questions for the re-sit exam. I was involved in assessing students' performance in the re-sit exam and surprisingly the students who were re-sitting did not do particularly well in the re-used stations in general. Hence my previous concerns of this aspect were adequately addressed.

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 July 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; special skills examining a child etc. Well designed and marking schemes were clear and comprehensive. There were simple yet good choice of stations that discern students with clinical exposure (who have spent time in the wards) such as putting up an IV infusion.

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. Since I attended both the July and re-sit exam, the differences in the standard of knowledge of the two groups of students was evident. However, the marks awarded to students reflected this appropriately and there were some re-sit students who were obviously performing at the expected standard in most 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.

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

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 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 two SSCs and the marking of the two internal examiners were appropriate and I did agree with their comments. The ones I saw were of a good standard

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. Please comment on 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 examination process remains dynamic and robust, with continuous training for the examiners. There are revision OSCE courses for students (which is not common practise in other universities) and I was rather surprised that not all students utilised this opportunity.

7. Please comment on 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. I did not get the opportunity to see the diversity of SSC reports which may show that students gain ample opportunity to explore the available research critically; gain knowledge in conducting research and assessing the research based evidence. However this may not be feasible factor to incorporate in to the year 4 external examiners role.

For Examiners involved in mentoring arrangements

8. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

I have not acted as a mentor and have not received mentor support but I would welcome the opportunity to receive/impart mentor support. It would be an excellent idea to arrange provision for that

9. 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.

10. 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, marking criteria?

- 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 attended a very helpful training programme arranged for the external examiners to receive more information on the programme specifications and module hand books as well. An overview of each and every part of the assessment at the end of year 4 was provided to the external examiners at this introductory session. This allowed me to assess the Leeds programme as a whole rather than only be involved with the end of year assessment.

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

Yes, I was provided with all draft examination papers and I received these with adequate time to comment and the re-sit papers were received with the original papers. The All intended **programme aims and intended learning outcomes** were met and seem to be appropriate. I did provide 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.

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I assessed the exam papers, assessed one SSC and observed the July and re-sit OSCE. I also attended the examiner board meeting, and an extraordinary meeting which provided the opportunity to assess the examination process fully.
I did not have access to check marked written papers to comment on the last point.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

The All intended **programme aims and intended learning outcomes** were met and seem to be appropriate. The methods and standards of assessment seem to be appropriate. 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.

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

Yes, much improved communication process this year than the last. I attended the Board of Examiners meeting and the correspondence for the venue and date of the meeting was distributed with adequate time and changes to initial schedule were also communicated well to me. The Board of Examiners deliberated all concerns and the concerns of all internal and external examiners were appropriately addressed. I was satisfied with the process of formulating the recommendation as well as the final recommendations of the Board.

15. 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 several instances;
For example during extraordinary meeting to discuss two students who have failed 3 ICUs the academic session
Therefore, I am fully satisfied with the evidence of such provision at Leeds

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 continue 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 OSCE examination was organised extremely well with an impressive and dynamic training, assessment and provision of additional resources for the students (revision OSCE course), organisers of which should be particularly commended.

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 was available.

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2011– 2012

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine and Health
Subject(s):	<i>Medicine</i>
Programme(s) / Module(s):	Year three SSC
Awards (e.g. BA/BSc/MSc etc):	MChB

Completed report

The completed report should be attached to an e-mail and sent as soon as possible, and no later than six 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.*

I am impressed by the breadth of choice offered to the students for SSC projects, the areas cover a wide variety of challenging areas that are not covered in other areas of the curriculum and it gives students an opportunity to look at the impact of good or poor health outside the clinical setting.

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, they are an effective way of meeting the objectives of 'Tomorrow's Doctors'

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 assessment of the written projects is done within a tight and clear framework. This permits a fair comparison between students with very different projects. Many of the areas to be assessed are generic skills and the project is an opportunity for the student to demonstrate that they have assimilated these skills.

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.*

It is apparent that there is a wide variation between students in the quality of the project submitted. In general, I would say that students who engaged with the project, understood the objectives and worked to produce a meaningful report were rewarded for their work. Likewise, students who had not put in the effort were easy to identify.

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. Please comment on 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.

I am aware that the third year curriculum is evolving, but the team responsible for the component I am involved in appear rigorous in their approach

7. Please comment on 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 Course Management Team continuously demonstrates its collective awareness of current thinking about education and assessment

For Examiners involved in mentoring arrangements

8. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

Whilst this is a good idea, it has been difficult to find a time when both parties are available

9. 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 have received the material and it is informative

10. 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, marking criteria?

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

Yes

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

Yes and any feedback I gave was considered

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I was given a range of scripts that demonstrated the different standards and I felt the grade boundaries were consistent. There are numerous markers for the project work and the annotations were not always as thorough as they should be and some project markers were outliers in terms of being generous or harsh. However, I am satisfied that the checks and balances in place and the level of scrutiny practised by the Course Management Teams means that these areas are identified and the students receive a representative grade. I am also satisfied that the CMT is proactive in supporting and developing its assessors.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

There are a variety of subject areas and project structures. I am sure that every student would find something suitable and challenging. The subject choices aim to take them to areas outside their current experience. Some students found it a challenge to meet the assessment requirements – but that was not because the instructions were not clear.

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

I was able to attend most meetings and the administration was supportive.

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

Yes. Mitigation was given appropriate time and consideration with a lot of effort to treat students fairly.

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: 2011– 2012

Part A: General Information

Subject area and awards being examined

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

Completed report

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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?

This is my second year of 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

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 ILOs meet the requirements of Tomorrow's Doctors, the GMC national guidance on this issue
The standards set for the assessments are completely appropriate. I saw students above and below the passing standard, which helps me say this.

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.*

As above - 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.*

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.*

This academic year, I saw a selected group of students, whose performance was at the lower end, but some of whom did achieve the passing standard, and others who did not. As far as I can infer from what I saw these students were entirely typical of their fellows in other medical schools (including my own)

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

This was my major responsibility. The assessment of these components are examples of advanced practice in this area.

6. Please comment on 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 School of Medicine at Leeds has been in the vanguard in developing extended clinical assessment for those students whose performance is around the borderline. The School has an exemplary reputation for the robustness & reliability of its OSCE examination, but is not resting on its laurels, and is continuing to develop.

7. Please comment on 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 Leeds Medical Curriculum is still developing. My view is given the philosophical stance of those in leadership of the course, it is likely to continue to evolve, and this evolution will be informed by educational thinking and research, tempered with pragmatic considerations of what is achievable in the University/NHS partnership of our time.

For Examiners involved in mentoring arrangements

8. 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

N/A

The Examination/Assessment Process

9. 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

10. 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, marking criteria?

- The coherence of the policies and procedures relating to External Examiners and whether they match the explicit roles they are asked to perform.

Yes

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

I saw the content of the OSCE examination on the day it took place, I had no opportunity to comment in advance.

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I saw sufficient students take the clinical exam, yes. Comment on scripts not applicable.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

Not applicable

N

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

The Board ran extremely well and I was entirely satisfied with the recommendations.

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

Yes

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: 2011– 2012

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine
Subject(s):	
Programme(s) / Module(s):	Biomedical sciences; student selected component
Awards (e.g. BA/BSc/MSc etc):	MB, ChB

Completed report

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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

. No

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

It seemed satisfactory.

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.*

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.*

Comparable with standards elsewhere.

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.*

Fine

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.*

Fine

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. Please comment on 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. Please comment on 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.

Not sure

For Examiners involved in mentoring arrangements

8. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

The Examination/Assessment Process

9. 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

10. 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, marking criteria?

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

Yes

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

Yes

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I was not sent work to review. The examinations are by MCQ type and there were no written scripts.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

Yes

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

Yes

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

Yes

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: 2011– 2012

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine
Subject(s):	<i>Medicine</i>
Programme(s) / Module(s):	Years 1 and 2
Awards (e.g. BA/BSc/MSc etc):	MChB

Completed report

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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?

I received a comprehensive table, which detailed all examiners comments from the previous academic year and the school's considered response 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

Not applicable

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.*

Aims and ILOs were commensurate with year 1 and 2 expectations for 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.*

The Leeds MBChB complies with national expectations laid down by the General Medical Council. The Leeds course is very highly regarded nationally.

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 assessment strategy clearly lays out the rationale and philosophy for the assessments. The distinction between assessment for learning and progression is an excellent distinction and really helpful for students on a course where they are very driven by assessment goals. The range of assessments in years 1 and 2 is very good.

There was a good range of marks in assessments, indicating that the assessments were discriminatory. The Ebel standard setting process is very good.

Many medical schools have OSCEs in years 1 and 2 – these are not an absolute requirement and the Leeds rationale for not having OSCEs at this stage seems appropriate - although some more assessment of skills might be of benefit.

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 introduction of more regular formative assessment allows both student and staff to ensure that students understand the course as it is presented to them. This gives students an opportunity to reflect on feedback and improve their knowledge before summative assessment.

I was pleased to see that students who struggled with assessment for learning, or failed the progression components, were given individual support and feedback.

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

Practice components such as C2C, IDEALS ensure are clearly very useful components of learning in medical education – and ensure that students are receiving early clinical experience and consideration of their professionalism, as recommended by the General Medical Council

6. Please comment on 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.

As this is my first year in post, I cannot comment on enhancements.

7. Please comment on 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.

Excellent use of formative assessment for improving learning. Broad range of modules that adhere to external expectations (e.g. to GMC Tomorrows Doctors).

As I have only been involved for one cycle, I am not sure how evaluation feeds into modifications to the curriculum. Well-designed evaluation will hopefully enable on-going improvements.

8. 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

9. 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 University guidance was clear and easily accessible. There was a plan that a SharePoint site would be available from the School of Medicine with school specific details but I understand this has been delayed.

There is a plan for an external examiners day in 2013 – I welcome this and look forward to attending,

10. 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, marking criteria?

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

Assessment strategy and map was very clear. Module handbooks (study guides) were sent on request. These were very clear and well written, and provided comprehensive information.

There were some elements of assessment that related to older part of the course/some integration of aspects – I understand that these have been changed and were clearly handled during the exam board process

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

Examination for the Integrated Summative Assessment papers were all sent to me. I provided comments which were speedily dealt with and appropriate changes/explanations made. I felt confident in the content, range of difficulty and spread of questions across the components of the course.

If possible, setting main and resit papers at the same time would be helpful to enable active comparisons between the papers (and sending to examiners at the same time).

I did not see any assessment documents relating to the assessment for learning components (where a pass is a requirement for progression).

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I did not see any marked assessments (from the assessment for learning within ICUs etc) . For the integrative summative assessments, this was appropriate as the assessment was multiple choice – so therefore scanned answer sheets.

I wondered whether it would be helpful to see a sample of work from the modular assessment – for example, examiners could review a sample of work, in Leeds, in the morning, before an exam board at lunch time.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

Not applicable

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

Administrative arrangements were good. I was able to attend 2 out of 3 boards.

More notice of exam board dates (at the start of the academic year) would be helpful to ensure examiners can attend.

There were some fluctuations in average marks from the previous years – these were adequately explained and the monitoring structures seemed appropriate.

There were some last minute changes and slight confusions about some marks – I think because of some late changes/submissions of marks to the exams teams. These were dealt with by the chair at a pre-exam board review and therefore I had confidence in the process.

The Board of Examiners was very well chaired, and attended by representatives from all areas of the course. The reports from each component were full and transparent. It would, if possible, be helpful to see the assessment reports a little in advance of the meeting.

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

Yes. Mitigation was considered by a separate, independent panel. Details of mitigation was not discussed at assessment boards, as appropriate. Decisions were clearly fed into the process.

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: 2011– 2012

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Leeds Institute of Medical Education
Subject(s):	<i>Basic medical sciences</i>
Programme(s) / Module(s):	Years 1 & 2 MBChB course
Awards (e.g. BA/BSc/MSc etc):	MBChB

Completed report

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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?

Yes, I received the summary of external examiners reports, and the school's responses, for 2010-11 in good time.

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 ILOs appear to be commensurate with Y1&2 of a medical degree programme, and are achievable from the content of the programme. The structure of the course is similar to that my institution, although the units are named differently. I believe there has been a change in structure recently and this change appears to have been implemented smoothly with no obvious problems that I was aware of.

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 met the expectations of the national subject benchmark, and were appropriate for the level of Y1&2. These are similar to other medical schools of which I am familiar.

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 assessment design and structure closely mirrors ours (in-course assessments, written examinations and spotters), although there are no OSCEs in Y1 on this course, nor any free-text answers interpretation questions in the end-of-year examinations. Formal standard setting procedures were evident (Ebel) and similar to those employed at medical school.

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 didn't get chance to meet any of the students this year, or see examples of their work, but the spread of pass/fails students is comparable with those at my institution.

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. Please comment on 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.

I cannot comment on this as this is my first year in this role.

7. Please comment on 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 appears to be informed by current research.

For Examiners involved in mentoring arrangements

8. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

I did not receive any formal mentor support, although a number of staff were accessible and very helpful.

9. 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 was given access to was sufficient for me to complete the task required of me.

10. 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, marking criteria?

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

The documentation I received was appropriate and adequate.

11. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

I was sent the examination papers in reasonably good time. My suggestions were taken on board. There was a good spread of difficulty and relevance levels in each written examination, and the EMQ and MCQ papers appeared to be well balanced with a good representation of all aspects of the course at that level. The process, as much as I have experience so far in my first year as external examiner, seems fair and equitable, and less complicated than ours.

12. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

I did not receive any student scripts to assess.

13. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

N/A

14. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

I attended the meeting of June 14th 2012. The operation of the meeting was very clear and logical. I was satisfied with the board's recommendations. An agenda ahead of the meeting would have been helpful.

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

Yes, although the mitigating circumstances were only considered (envelopes opened) if the student had failed. This is different to how we proceed, where we consider all mit circs ahead of the exam board and grade them blinded to their results.

Other comments

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

UNIVERSITY OF LEEDS

School of Medicine

MBChB Programme

External Examiner Reports 2011-12 and programmatic response

This unified report has been prepared by the MBChB Director in response to the annual reports provided by our external examiners. Assessment within the Leeds MBChB is programmatic, with a recently refreshed Assessment Strategy, and as in previous years, this commentary draws from the programme's quality management and enhancement processes and informs our Strategy. The report is divided in three sections – Standards, Processes and Enhancements – each with response by the programme, and provides ourselves and all our external examiners the opportunity to overview all responses and the commentary.

Key features in the 2011-12 session saw a continued roll out of new curriculum materials across all three programme strands (Research, Evaluation and Special Studies (RESS), IDEALS (Innovation, Development, Enterprise, Leadership and Safety) and Campus to Clinic). Materials from all these strands are tested 'in-course' as well as contributing to our end of year, high stakes examinations.

Our Assessment for Learning Strategy continues to roll out alongside the curriculum, with good evidence of validity as determined by engagement (staff and students), identification of struggling students and impact on high stakes performance for cohorts. Our work place based assessments (WBA) in years 4 and 5 continue to be successfully delivered via mobile technology, with planned upgrades to test format in the 2012-13 session

High stakes testing remains largely unchanged, other than the continued embedding of sequential testing in Finals, and plans for introduction in Year 4 in 2012-13.

List of External Examiners by Year of MBChB Programme

Subject	Examiner
Year 1 & 2	<>
Year 1 & 2	<>
Year 1 & 2	<>
Year 3 + SSC	<>
Year 4 + SSC	<>
Year 4	<>
Year 5	<>
Year 5	<>

REVIEW OF EXTERNAL EXAMINER COMMENTS

STANDARDS – KEY POINTS

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
<>	1 & 2	The Leeds MBChB complies with national expectations laid down by the General Medical Council. The Leeds course is very highly regarded nationally.	<p>The assessment strategy clearly lays out the rationale and philosophy for the assessments. The distinction between assessment for learning and progression is an excellent distinction and really helpful for students on a course where they are very driven by assessment goals. The range of assessments in years 1 and 2 is very good.</p> <p>There was a good range of marks in assessments, indicating that the assessments were discriminatory. The Ebel standard setting process is very good.</p> <p>Many medical schools have OSCEs in years 1 and 2 – these are not an absolute requirement and the Leeds rationale for not having OSCEs at this stage seems appropriate - although some more assessment of skills might be of benefit.</p>	<p>The introduction of more regular formative assessment allows both student and staff to ensure that students understand the course as it is presented to them. This gives students an opportunity to reflect on feedback and improve their knowledge before summative assessment.</p> <p>I was pleased to see that students who struggled with assessment for learning, or failed the progression components, were given individual support and feedback.</p>	<p>Excellent use of formative assessment for improving learning. Broad range of modules that adhere to external expectations (e.g. to GMC Tomorrow's Doctors).</p> <p>As I have only been involved for one cycle, I am not sure how evaluation feeds into modifications to the curriculum. Well-designed evaluation will hopefully enable on-going improvements.</p>
<>	1 & 2	The aims and ILOs appear to be commensurate with Y1&2 of a medical degree programme, and are achievable from the content of the programme. The	The assessment design and structure closely mirrors ours (in-course assessments, written examinations and spotters), although there are no OSCEs in Y1 on this course, nor any free-text answers interpretation questions in the	I didn't get chance to meet any of the students this year, or see examples of their work, but the spread of pass/fails students is	The curriculum appears to be informed by current research.

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
		<p>structure of the course is similar to that my institution, although the units are named differently. I believe there has been a change in structure recently and this change appears to have been implemented smoothly with no obvious problems that I was aware of.</p> <p>The aims and ILOs met the expectations of the national subject benchmark, and were appropriate for the level of Y1&2. These are similar to other medical schools of which I am familiar.</p>	<p>end-of-year examinations. Formal standard setting procedures were evident (Ebel) and similar to those employed at <>.</p>	<p>comparable with those at my institution.</p>	
<>	1 & 2	<p>Satisfactory. Comparable with standards elsewhere.</p>	<p>Yes, assessment methods are fine.</p>	<p>Yes, academic standard of students was adequate.</p>	
<>	3 + SSC	<p>I am impressed by the breadth of choice offered to the students for SSC projects, the areas cover a wide variety of challenging areas that are not covered in other areas of the curriculum and it gives students an opportunity to look at the impact of good or poor health outside the clinical setting.</p>	<p>The assessment of the written projects is done within a tight and clear framework. This permits a fair comparison between students with very different projects. Many of the areas to be assessed are generic skills and the project is an opportunity for the student to demonstrate that they have assimilated these skills.</p>	<p>It is apparent that there is a wide variation between students in the quality of the project submitted. In general, I would say that students who engaged with the project, understood the objectives and worked to produce a meaningful report were rewarded for their work. Likewise,</p>	<p>The Course Management Team continuously demonstrates its collective awareness of current thinking about education and assessment</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
		Yes, they are an effective way of meeting the objectives of 'Tomorrow's Doctors'		students who had not put in the effort were easy to identify.	
<>	4 + SSC	<p>I felt that the ILOs were appropriate for year 4 medical students. I am aware of the evaluation of academic quality and standards review undertaken in 2010-11 for the SSC course and the specific feedback from this. I am confident that this is being taken into account as the course organisers develop the new RESS programme for the next academic year.</p> <p>The ILOs were consistent with those I have observed within KCL.</p> <p>The University undertook an evaluation of academic quality and standards review for the SSC course component in 2010-11. This made a series of recommendations in relation to developing clearer aims and objectives and better curriculum linkage for the SSC course component; my</p>	<p>I felt that the balance of the assessment methods and standard of assessment was appropriate for year 4 medical students. I was very impressed by some of the OSCE stations that tested very important core clinical skills (e.g. for acute medicine.)</p> <p>In 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.</p> <p>Written (general comments) Good range of station testing wide range of core knowledge. I thought that the psychiatry questions were hard and as a non-expert did wonder whether all represented core undergraduate material and were testing core knowledge for a foundation year 1 doctor (I am not an expert however and may be out of date in relation to this part of the curriculum). I am aware that there were some issues with the final exam papers, specifically with a few mistakes in some questions. These questions have all been withdrawn. This academic year there were more questions</p>	<p>I thought that the academic standards were good in relation to the OSCE and SSC. The level was comparable to students at <>.</p> <p>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.</p> <p>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. I fed back in more detail in relation</p>	No specific additional comments

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		<p>understanding is that these issues are being addressed as the SSC is updated to become the RESS course in 2012-13.</p> <p>The exam board was conducted very professionally and extensive consideration was given to decisions in respect of issues with the written paper and two OSCE stations that had performed poorly and were subsequently removed.</p> <p>The head of year 4 has identified a need for review of some exam processes to reduce the chance of issues with questions / OSCE stations next year, including:</p> <p>The slide paper will be managed using the same software as used successfully in year 5.</p> <p>The proof reading process for the written papers will be reviewed (<> to review the processes used in year 5).</p> <p>The invigilator briefing will be reviewed.</p>	<p>in the exam, so the pulling of stations where mistakes were identified did not impact on overall results or comparisons between years (the statistician has formally assessed this.) In addition in the slide paper, there was an issue of inconsistency in invigilation of the paper, so that some students received slides as one minute intervals and others were able to scroll through the slides; the statistician reported that there was no difference in results between the groups.</p> <p>SSC I moderated ten SSCs. There was a good range of topics and the standard, predictably in moderating, was varied. Overall I felt that the standard of the assessments was as expected for year 4 students. It is not possible to comment on consistency between examiners or the students' learning experiences from the SSC based on the moderation sample.</p>	<p>to this last year.</p> <p>I understand that extending testing in the OSCE for borderline students for is being introduced in 2013 for year 4 and would support this – at <> extended testing of the borderline students has been very helpful and provided better assurance regarding the pass / fail students.</p>	

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		The OSCE briefing and examiner training will be reviewed.			
<>	4	<p>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. The assessment tools employed (EMQs, summative assessments were comparable in structure and standard to the Summative assessments at <>I and the OSCEs were similar to LOCAS at <>) at</p>	<p>EMQs & Summative assessments: I received these with adequate time to comment and the re-sit papers were received with the original papers. I did provide 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. As mentioned previously, the use of the same questions in the re-sit exam is not ideal but I can understand the difficulties with providing comparable yet different set of questions for the re-sit exam. I was involved in assessing students' performance in the re-sit exam and surprisingly the students who were re-sitting did not do particularly well in the re-used stations in general. Hence my previous concerns of this aspect were adequately addressed.</p> <p>OSCE: I was provided with OSCE questions in advance with adequate time to provide</p>	<p>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.</p> <p>I could not identify any obvious weaknesses as a cohort and I was particularly pleased to see that at OSCEs and SSCs, performance of</p>	<p>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. I did not get the opportunity to see the diversity of SSC reports which may show that students gain ample opportunity to explore the available research critically; gain knowledge in conducting research and assessing the research based evidence. However this may not be feasible factor to incorporate in to the year 4 external examiners role.</p>

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		<p>University of Leeds were similar in structure and standards to that used at University of <> 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.</p>	<p>feed-back & comment which I have done previously. I was able to observe the July and re-sit OSCE exam.</p> <p>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.</p> <p>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;</p>	<p>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 <>.</p>	

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			<p>dealing efficiently in critical/ emergency setting amalgamating factual knowledge, applying professionalism and communication skills to adapt to any situation and thinking on their feet; special skills examining a child etc. Well designed and marking schemes were clear and comprehensive. There were simple yet good choice of stations that discern students with clinical exposure (who have spent time in the wards) such as putting up an IV infusion.</p> <p>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.</p> <p>Students; The students were polite and suitably dressed etc. Since I attended both the July and re-sit exam, the differences in the standard of knowledge of the two groups of students was evident. However, the marks awarded to students reflected this appropriately and there were some re-sit students who were obviously performing</p>		

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			<p>at the expected standard in most 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.</p> <p>Simulated patients; well-briefed and was showing a very high standard. Adequate provisions were there to ensure their well-being especially for children. Simulated patients included young children in the current exam which is necessary for the paediatrics examination.</p> <p>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.</p> <p>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 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,</p>		

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			<p>the uses of Mannequin, pelvic models and simulated patients I feel has addressed this problem reasonably.</p> <p>SSC: I read two SSCs and the marking of the two internal examiners were appropriate and I did agree with their comments. The ones I saw were of a good standard</p>		
<>	5	<p>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. 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.</p>	<p>OSCE: This was run simultaneously at 4 sites- 2 of which were new, but only one of these (St James) involved a new team of examiners. The exam was run over 2 days, with a smaller number of items due to ongoing refinements following the introduction of sequential testing. Day one consisted of seven, twelve minute communication based stations and day 2 seven, 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. A further sequential OSCE consisting of 12 stations was held at Bradford</p> <p>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.</p>	<p>Yes as reflected by the robust assessment methods and the well validated exam process</p>	<p>This was evident in the exam process and the introduction of sequential testing</p>

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			<p>However, a issue regarding timing of the stations occurred at the St James site were some of the examiners were not aware that the stations had been extended to 15 minutes for special needs students. The feedback to the examiners and the minimum number of candidates they should be asked to examine is an area which was raised at the exam board and should be looked at further.</p> <p><u>Students:</u> The students appeared well-rehearsed and familiar with the OSCE setting. The overall standard of the students appeared high.</p> <p><u>Stimulated patients:</u> 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.</p> <p><u>Exam questions:</u> these worked well with the exception of one which was excluded from the analysis. The questions were sufficiently probing, involved integrated stations which examined higher order skills. I was pleased to note that a number of stations dealt with the issue of drug prescribing an area of concern which has</p>		

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			<p>been highlighted by the GMC. The global score is used to pass the OSCE exam.</p> <p>Written exams This consisted of 75 extended matching questions, 60 multiple choice questions and a diagnostic slide test (40 questions,18 slides). This represented a slight reduction on the previous year's questions and is a reflection of the introduction of sequential testing. 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. Those students who were achieved a borderline pass sat an additional test 1 month later which comprised 75 extended matching questions, 60 multiple choice questions and a diagnostic slide test (26 questions,14 slides).</p>		
<>	5	<p>The Aims and ILOs meet the requirements of Tomorrow's Doctors, the GMC national guidance on this issue</p> <p>The standards set for the assessments are completely appropriate. I saw students above and below the passing standard, which helps me say this.</p> <p>As above - yes</p>	Appropriate	<p>This academic year, I saw a selected group of students, whose performance was at the lower end, but some of whom did achieve the passing standard, and others who did not. As far as I can infer from what I saw these students were entirely typical of their fellows in other medical schools (including my own)</p>	<p>The Leeds Medical Curriculum is still developing. My view is given the philosophical stance of those in leadership of the course, it is likely to continue to evolve, and this evolution will be informed by educational thinking and research, tempered with pragmatic considerations of what is achievable in the</p>

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					University/NHS partnership of our time.

STANDARDS – School of Medicine Response

We were very pleased to receive such wide ranging and positive responses from our externals, and thank them for the pivotal role they continue to have in shaping the Leeds MBChB. Once again, responses were detailed and helpfully critical

Years 1 & 2

It was very pleasing to see the role of assessment for learning noted by external examiners, and the consequence of failure at this stage in terms of support and feedback. The broad range of assessments used is a product of our overarching, programmatic approach to assessment and allows students to recognise their achievement and ability across the range of work, rather than a singular pursuit of high stakes assessment goals.

We have considered the use (and misuse) of OSCE formats in early years of undergraduate medical degrees during the curriculum review, and made a conscious decision to use much more contextualised approaches to skills acquisition and assessment (so all students undertake a range of DOPS (Directly Observed Practical Procedures) type assessments across a range of settings) and an increase in the number of living and human anatomy components in our spotters. As such, OSCEs are used from year 3 of the course, where we can demonstrate 'added value' through the integration of skills with physical examination and consultation.

We were pleased to see the recognition of the value of Ebel as a written test standard setting mechanism, and this a method used across all written formats in Years 1-5.

Year 3

We were very grateful for <> comprehensive report, and the discriminatory nature of all test formats (including SSCs). The guiding principles used in our SSC assessment have been translated into its replacement (RESS).

Year 4

<> and <> provided detailed reports with considerable commentary on both written and OSCE assessments, and this detail was particularly appreciated. It was pleasing to see recognition of our acute care, safety and prescribing themed stations – which have grown from the interaction across years 3, 4 and 5 as a result of our Performance Assessment Team.

<> notes the concern about reuse of items within the resit examination – and that resit candidates did not do particularly well, even when faced with ‘familiar’ content. This provides a good deal of validity for our test items, but in forthcoming years, the use of sequential testing means both main and additional tests (written and OSCE) will be set at the same time, overcoming any concerns about reuse.

The psychiatry (and majority of the written content) in Year 4 written exams is increasingly drawn from the MSC-AA question bank, and thus representative of graduating level knowledge. We also recognise that speciality content may not always be well judged in terms of standards by specialists, and thus the Ebel matrix makes allowance via a difficulty index, and through a broad range of disciplines represented by those on the Ebel group for Year 4.

As noted by both examiners, problems occurred in the setting and delivery of some components of the Year 4 written examination. This was promptly recognised, and reported to the psychometricians and myself – allowing the relevant questions to be carefully assessed in terms of quality before being included in the overall marking scheme. An action plan has already been set in train to manage any risk of recurrence

Year 5

The comprehensive reports of <> and <> are welcomed. We note the observation of more ‘experienced’ simulated patients marking to a slightly different construct, and this informs some research led work to examine overall sources of variance in performance tests. We were also pleased to read <> thoughts about the ongoing evolution of the Leeds MBChB, and the balance of scholarship informed developments tempered with common sense and available resources.

As noted by all examiners, the Leeds MBChB complies with the requirement of Tomorrow's Doctors, and this provides helpful additional evidence for the Medical Schools Annual Return.

EXAMINATION/ASSESSMENT PROCESS

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
<>	1 &2	<p>The University guidance was clear and easily accessible. There was a plan that a SharePoint site would be available from the School of Medicine with school specific details but I understand this has been delayed.</p> <p>There is a plan for an external examiners day in 2013 – I welcome this and look forward to attending,</p>	<p>Examination for the Integrated Summative Assessment papers were all sent to me. I provided comments which were speedily dealt with and appropriate changes/explanations made. I felt confident in the content, range of difficulty and spread of questions across the components of the course.</p> <p>If possible, setting main and resit papers at the same time would be helpful to enable active comparisons between the papers (and sending to examiners at the same time).</p> <p>I did not see any assessment documents relating to the assessment for learning components (where a pass is a requirement for progression).</p>	<p>I did not see any marked assessments (from the assessment for learning within ICUs etc) . For the integrative summative assessments, this was appropriate as the assessment was multiple choice – so therefore scanned answer sheets.</p> <p>I wondered whether it would be helpful to see a sample of work from the modular assessment – for example, examiners could review a sample of work, in Leeds, in the morning, before an exam board at lunch time.</p>	<p>Administrative arrangements were good. I was able to attend 2 out of 3 boards.</p> <p>More notice of exam board dates (at the start of the academic year) would be helpful to ensure examiners can attend.</p> <p>There were some fluctuations in average marks from the previous years – these were adequately explained and the monitoring structures seemed appropriate.</p> <p>There were some last minute changes and slight confusions about some marks – I think because of some late changes/submissions of marks to the exams teams. These were dealt with by the chair at a pre-exam board review and therefore I had confidence in the process.</p> <p>The Board of Examiners was very well chaired, and attended by representatives from all</p>

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					<p>areas of the course. The reports from each component were full and transparent. It would, if possible, be helpful to see the assessment reports a little in advance of the meeting. Mitigation was considered by a separate, independent panel. Details of mitigation were not discussed at assessment boards, as appropriate. Decisions were clearly fed into the process.</p>
<>	1 & 2	The material I was given access to was sufficient for me to complete the task required of me.	I was sent the examination papers in reasonably good time. My suggestions were taken on board. There was a good spread of difficulty and relevance levels in each written examination, and the EMQ and MCQ papers appeared to be well balanced with a good representation of all aspects of the course at that level. The process, as much as I have experience so far in my first year as external examiner, seems fair and equitable, and less complicated than ours.	I did not receive any student scripts to assess.	I attended the meeting of June 14 th 2012. The operation of the meeting was very clear and logical. I was satisfied with the board's recommendations. An agenda ahead of the meeting would have been helpful. Yes, although the mitigating circumstances were only considered (envelopes opened) if the student had failed. This is different to how we proceed, where we consider all mit circs ahead of the exam board and grade them blinded to their results.
<>	1 & 2	The materials that I received from the University were suitable for the task.	Yes, I received all relevant documentation.	I was not sent work to review. The examinations are by MCQ type and there	Yes, the exam board was very well organised and mitigating circumstances dealt with appropriately.

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
				were no written scripts.	
<>	3 + SSC	I have received the material and it is informative	Yes and any feedback I gave was considered	I was given a range of scripts that demonstrated the different standards and I felt the grade boundaries were consistent. There are numerous markers for the project work and the annotations were not always as thorough as they should be and some project markers were outliers in terms of being generous or harsh. However, I am satisfied that the checks and balances in place and the level of scrutiny practised by the Course Management Teams means that these areas are identified and the students receive a representative grade. I am also satisfied that the CMT is proactive	I was able to attend most meetings and the administration was supportive. Mitigation was given appropriate time and consideration with a lot of effort to treat students fairly

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
				in supporting and developing its assessors.	
<>	4 + SSC				
<>	4	There was sufficient material provided and it was possible to request additional information if required.	Yes, I was provided with all draft examination papers and I received these with adequate time to comment and the re-sit papers were received with the original papers. The All intended programme aims and intended learning outcomes were met and seem to be appropriate. I did provide 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 assessed the exam papers, assessed one SSC and observed the July and re-sit OSCE. I also attended the examiner board meeting, and an extraordinary meeting which provided the opportunity to assess the examination process fully. I did not have access to check marked written papers to comment on the last point.	Yes, much improved communication process this year than the last. I attended the Board of Examiners meeting and the correspondence for the venue and date of the meeting was distributed with adequate time and changes to initial schedule were also communicated well to me. The Board of Examiners deliberated all concerns and the concerns of all internal and external examiners were appropriately addressed. I was satisfied with the process of formulating the recommendation as well as the final recommendations of the Board. Yes, I observed that there were appropriate procedures in place for to give due consideration to mitigating circumstances & medical evidence in several instances; For example during extraordinary meeting to

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					<p>discuss two students who have failed 3 ICUs the academic session</p> <p>Therefore, I am fully satisfied with the evidence of such provision at Leeds</p>
<>	5	<p>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.</p>	<p>Yes, I received sufficient materials.</p>	<p>Yes, I received sufficient materials.</p>	<p>The exam board were informed if mitigation had been successful. Details of the mitigating circumstances or medical evidence which had been submitted to the mitigating board were not provided.</p> <p>The exam board 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. There was a rather complex candidate who had been the subject of an extraordinary exam board meeting for 2 consecutive years for the same re-occurring issue. This candidate rather tested the matrix and as a result it may be prudent to update/modify the</p>

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					<p>matrix.</p> <p>As in previous years I was impressed by the detailed exam report and the overall performance of the exam with respect to the reliability scores for both the written (projected α 0.78 for main exam) and OSCE exam(α Cronabach 0.72 for main exam). The detailed exam analysis identified issues regarding one site and one OSCE question which I am satisfied were dealt with appropriately.</p> <p>The modifications that occurred this year to the number of stations were appropriate and sensible given the introduction of sequential testing last year and represent on- going refinements to the exam process.</p>
<>	5	Sufficient and appropriate material was supplied.	I saw the content of the OSCE examination on the day it took place, I had no opportunity to comment in advance	I saw sufficient students take the clinical exam. Comment on scripts not applicable.	The Board ran extremely well and I was entirely satisfied with the recommendations.

PROCESSES – SCHOOL OF MEDICINE COMMENTS

A number of the comments of external colleagues have helped us conceptualise the next version of our external examiner day (in Spring 2013). We will use this opportunity not only to demonstrate policy and procedures with externals, but extend the scope to meet students and staff, review examples of in-course work, and show how longitudinal strands (e.g. RESS) work over the curriculum (to assist examiners who may only see one particular year's SSC or RESS projects).

Year 1 & 2

We were very pleased to see the positive comments of all examiners about the conduct of Boards of Examiners, and transparency of process. Although it may not feel like it to MBChB staff, it was nice to see that our own processes are less complicated than in other Schools!

As noted above, we aim to use the external examiner day to show our assessment for learning components in more detail for externals who would find this valuable

Year 3

<> comprehensive report is noted, and particularly in respect to support from administrative colleagues. Big efforts have been made by the Student Education team to smooth out timing and examination boards for the overall programme, and give adequate notice to externals – and we shall ensure these very positive comments are forwarded

Year 4

We were similarly pleased to read the very positive comments about our mitigation and Boards processes and conduct.

Year 5

<> makes reference to a particularly challenging case of one finalist (and we were very grateful for the thoughtful input of both <> and <> in managing it). The case provided very useful learning – and allowed me to ‘road test’ it against our newer progression procedures – which suggest our newer matrix is much more robust.

COMMENTS AND ENHANCEMENTS

External Examiner	Year	Comments and Effect of Module/Programme Enhancements
<>	1 & 2	As this is my first year in post, I cannot comment on enhancements.
<>	1 & 2	I cannot comment on this as this is my first year in this role.
<>	1 & 2	
<>	3 + SSC	I am aware that the third year curriculum is evolving, but the team responsible for the component I am involved in appear rigorous in their approach
<>	4 + SSC	I have previously fed this back, but I think the yellow and green card scheme is excellent
<>	4	<p>The examination process remains dynamic and robust, with continuous training for the examiners. There are revision OSCE courses for students (which is not common practise in other universities) and I was rather surprised that not all students utilised this opportunity.</p> <p>It was a pleasure to act as an external examiner in my second year on the job. The examination process continue 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 OSCE examination was organised extremely well with an impressive and dynamic training, assessment and provision of additional resources for the students (revision OSCE course), organisers of which should be particularly commended. 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 was available</p>
<>	5	Not aware of any changes in past year to the programme but modifications to the summative exams continue following the introduction of sequential testing last year
<>	5	The School of Medicine at Leeds has been in the vanguard in developing extended clinical assessment for those students whose performance is around the borderline. The School has an exemplary reputation for the robustness & reliability of its OSCE examination, but is not resting on its laurels, and is continuing to develop.

ENHANCEMENTS – SCHOOL OF MEDICINE COMMENTS

It is a pleasure to end this year's report on the back of so many positive comments, which are a testament to a huge range of academic, clinical and support staff who work together to produce and deliver the MBChB programme of assessment. It is particularly noteworthy to see our performance test formats commended.

The yellow and green card now runs across both year 4 and 5, and has inspired some similar work at clinical placement level for both students and staff (to reward/note positive and concerning behaviours).

The research methods and appraisal of literature are more 'discretely' assessed in RESS (replacing SSCs) in years 1-3, and in varying context in years 4 and 5 (which will be replaced by the major ESREP project). We would be delighted to arrange for externals to look over the RESS programme and related assessment as needed.

Finally, we are most grateful for the efforts of all our external examiners – particularly those whose term of office is coming to an end (<>, <>, <> and <> and <>). The longitudinal relationship with our externals is one we value considerably, and has had direct influence as the curriculum review was underway and implemented.