

# School of Medicine

FACULTY OF MEDICINE & HEALTH



**UNIVERSITY OF LEEDS**

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**MB ChB Programme**

**External Examiners' reviews and commentary**

**Director's Report**

**Session 2013/14**

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 centralised 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.

The new assessment strategy continues to be delivered according to schedule with good feedback from staff and students with respect to our use of non-graded passes and a stronger assessment for learning ethos (with further improvements shown in the assessment and feedback categories of the University and National Student Survey responses). The 2013-14 session has seen the launch of our 18 month ESREP (extended project) which draws together elements of both our RESS (Research, Evaluation, Special Studies) and IDEALS (Innovation, Development, Enterprise, Leadership, Safety) strands. Year 4 continues to embed a sequential testing format for both knowledge and performance testing.

The 2014-15 session has seen a number of further developments, which will see extended, narrative based feedback launched within the Year 4 and 5 high stakes OSCE, and the delivery of an innovative feedback OSCE (FOSCE). Programmatic blueprinting has been undertaken which allows the School to 'stack' blueprints to see the assessment load and spread across high stakes and in-course assessment for the programme, and cohorts. The 2014-15 session has also seen preparatory work on an 'entrustability' scale to help guide workplace assessment and learning, with an anticipated launch in 2016.

As always, we are particularly grateful for the hard work and expertise of all our external examiners at all phases of our assessment cycle and the constructive criticism that helps drive our assessment quality forward. The very detailed reporting that is summarised in this commentary is shared at MBChB programme level, with faculty, students and clinical colleagues.

### List of External Examiners by Year of MBChB Programme

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

## 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 ILOs are appropriate, clear and manageable for the students. They are well designed to fit in with the structure of the programme.	The assessment strategy is comprehensive and looks clear and transparent to students, tutors and external bodies – there was clearly lots of thought went into it. Assessment methods are interesting and appropriately challenging. There is wide range of different types of assessment which ensure that the students have to think and work in different ways. Marking arrangements seem thorough, and good feedback is given to students. I continue to be impressed by having both assessment for learning and progression.	Unfortunately I have not been able to see any work/marks this year due to illness, but I would anticipate that standards continue to be high.	The Leeds team are active nationally and internationally in terms of medical education research, particularly in the areas of professionalism and assessment; and I have no doubt that their research feeds into the programme.
<>	1 & 2	Once again, I feel the aims and ILOs this academic year appear to be commensurate with Y1&2 of a medical degree programme, and are achievable from the content of the programme.	The assessment methods employed Leeds Medical School are appropriate to programme and the students do not appear to be over-assessed. In-course assessments, written examinations and spotters are appropriate to meet the ILOs of this programme. The School use the Ebel method for standard setting written exams. This is an appropriate and defensible method which appears to be carried out in a clear and transparent way, even presenting the tables in their exam board minutes. From the low failure rate of the students it is apparent that the quality of the teaching, learning and assessment methods are excellent.	I was given the opportunity this year (in March) to meet some of the students from the programme. Although I did not get the chance to view any of their work they were all extremely positive about the programme and the quality of the teaching they had received.	The curriculum appears to research-led where appropriate. There are some good examples of students being taught transferrable research skills and actually putting these into practice by research a chosen topic and presenting the results to a small group.

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
<>	1 & 2	I can confirm that the Aims, ILOs are appropriate for the MBChB Programme for year 2 medical students and are suitable for continued progression towards the award of MBChB.	<p>I received (29/04) and reviewed (08/05) the Year 2 Integrated Summative MCQ and EMI papers. These assessment methods were appropriate and comparable to methods employed in my own institution and others I have examined in; details on the grading criteria were discussed at the exam board meeting and were entirely satisfactory.</p> <p>I had the opportunity to discuss teaching, learning and assessment methods with module leads on 24/03/14; this meeting was extremely informative and the student performance in assessments reflects the high standards set by the MBChB Programme Leads.</p>	Overall this cohort performed well in my opinion. There were only a very small number of students who were perceived to have under-performed and these were discussed in detail at BoE.	I was able to attend a number of student presentations regarding their experience of research. It was very clear that students had enjoyed this aspect of the course immensely. They were able to demonstrate an understanding of research methods, giving critical evaluations of their research findings within the context of the broader literature. Overall the student performance in this assessment was very impressive indeed.
<>	2	Both the structure and content of the programme and the ILOs are appropriate and at an appropriate level.	Assessment methods are appropriate and implemented with due care and consideration for quality and fairness. Performance by students indicates high quality teaching and good levels of attainment.	Yes. Standards in Leeds are undoubtedly comparable to those being attained by students at a comparable stage other institutions.	The Assessment Research Group is embedded within the Leeds Institute of Medical Education and input through this structure has been used in developing and refining the curriculum and its assessment.
<>	3	ILOs and standards are appropriate	Appropriate methods	Standard of students compares well	

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
<>	3	<p>The programme has excellent aims, the need to understand and evaluate the significance of research is a fundamental of clinical practice, as such it is an essential skill. Through this programme I see evidence of an expectation that students will assess and make sense of information and a robust standard for evaluating their ability to do so</p>	<p>The assessments cover several aspects of the students' involvement and they cannot do well unless they have shown commitment to all aspects of the programme. The external examiner is only able to evaluate the written component of this and relies on the assessment and comments of the internal examiners to evaluate the rest of the assessment. I have noticed increasing engagement with and detail in the reports of the students achievements.</p>	<p>I am always impressed by the diversity in the standard of work, committed students will be rewarded and weaker students are revealed, but I am confident there is adequate support for those who do not do well and hence the opportunity to improve.</p>	<p>The ESREP presents research to students in the form they will have to use it as practitioners. It supports the acquisition of an important skill</p>
<>	4 + SSC	<p>During year 4 students have six ICUs in psychiatry, paediatrics and child health, gynaecology, obstetrics and sexual health, emergency and critical care, and continuing care and cancer. The aims and intended learning outcomes within these individual units as judged by the assessment seem appropriate and commensurate with the expected level of achievement of year 4 medical undergraduates, given that in some areas they will not go on to study the area further.</p>	<p>I reviewed the year 4 written examination papers and the OSCE stations for both the initial and sequential testing. I attended day 1 of the first OSCE. The written papers seemed to cover the year 4 curriculum well, and generally were well written. Some of the questions were clearly not best of five, some failed the 'cover test', and a few had negative lead ins, which we suggested should be phased out for next year as they can be confusing for students.</p> <p>I reviewed all the OSCE stations and was impressed by the standardisation of the cover sheets and marking schedules used. The OSCE clearly covered the year 4 curriculum as I received a blueprint to this effect, and was logged on a blueprint against Good Clinical Care within Tomorrow's Doctors – this was very useful in reassuring that the necessary breadth of curriculum was to be examined. I wonder whether such an exercise would be equally useful for the written examination?</p>	<p>I attended day 1 of the OSCE and was impressed with the performance of the students that I saw. I judge them as comparable to students on the Bristol medical undergraduate programme, in some areas in their fifth year.</p> <p>In general their clinical and communication skills seemed to be good.</p>	<p>The written examination and OSCE stations were clearly testing evidence-based practice, or best accepted practice in areas where the evidence base is poor. Whilst the Research, Evaluation and Special Studies project runs through year 4 it is not completed or finally assessed until year 5 and I have not seen any examples of these projects this year.</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
		<p>The standards expected of students I considered high, however my experience of attending the OSCE examination is that these standards were met by the vast majority of students.</p>	<p>The division of marks to be awarded for individual components of each OSCE station into x, y and z ie not competent, not fully competent and competent represented a simple and efficient way to apportion marks and would aid student feedback in those students needing it should they not be successful. The apportionment of component marks seemed practical and sensible.</p> <p>The good to excellent student performances I witnessed would suggest high quality teaching, learning and assessment methods.</p>	<p>My only observation, which is also consistent with Bristol medical students is that they should introduce themselves better. 'I'm Sarah, I'm one of the doctors' is not going to be adequate in the NHS. This may be a personal bugbear!</p>	
<>	4	<p>I have not compared the ILOs, etc., with the QAA benchmark statement on this occasion. The programme has received satisfactory reviews from the General Medical Council in 2005 and 2012 and the curriculum outcomes meet the requirements stated in the GMC's <i>Tomorrow's Doctors</i>. The Year 4 course has many features in common with that at Barts and the London and other UK medical schools</p>	<p>The Year 4 MBChB assessments for progression follow best practice in using Single Best Answer and Extended Matching Questions to test 'knowledge and its application'. The test items are usually linked to a scenario or clinical vignette (in Papers 1 and 3 or to a scenario with visual stimulus material (in Paper 2). These techniques ensure the assessment of clinical reasoning skills as well factual recall. Clinical skills are assessed using Objective Structured Clinical Examinations (OSCEs) These are the most widely used and validated format for the assessment for these skills.</p> <p>Each of the 5 integrated core modules (ICM) in Year 4 has its own assessment pattern using a combination of written case reports and workplace based assessments, supplemented with specific clinical skills' assessment and monitoring of professionalism.</p> <p>Overall the ICM and progression assessments provide a robust assessment profile to ensure that competencies and IOLs for the year are achieved.</p>	<p>Yes. Year 4 of the MBChB programme now employs 'sequential testing'. There are no autumn resits and failing candidates are required to repeat the year to remediate their performance. In order to be confident that students have achieved the standard required to progress at the end of the Sequence 1 assessments, sequential testing requires both test materials and passing standards to be particularly robust.</p> <p>The Sequence 1 written examinations are as large as many first sit examinations elsewhere. The 16-station OSCE is perhaps minimal in size for</p>	<p>I have been unable to judge the extent to which the curriculum, teaching and learning are influenced by current research. Assessment practice, however, is strongly influenced by current research and best practice and the Leeds medical education group has an international reputation for the design and quality assurance of OSCE examinations and for pioneering work on the use of sequential testing.</p>

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				<p>Year 4 but still of adequate size. The passing standards for Sequence 1 exams are substantially higher than for a conventional first-sit examination and must be passed at a standard +1 (MCQ) or +2 (OSCE) standard errors of measurement above the raw pass mark. These are demanding standards.</p> <p>The minority of candidates who proceed to the Sequence 2 examinations will eventually have completed much more searching written and OSCE assessments than their colleagues in many UK medical schools would experience at a first sitting.</p> <p>When I reviewed the written papers and OSCE stations prior to the June 2014 examinations, I found these were at an appropriate level for Year 4 and the passing standards set by the examiners and corroborated by <i>post hoc</i> statistical analyses were also appropriate as far as I could judge. (See also my comments in Section 5)</p>	



External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
				<p>The nature of the assessment materials makes it difficult to judge the strengths and weaknesses of the cohort by looking at candidate 'product'. However, the assessment content is carefully blueprinted to the curriculum ILOs. Therefore simple analysis of the tables of candidates scores can be used by examiners to identify directly the strengths and weaknesses of the cohort and relate these to teaching and learning in Year 4.</p>	
<>	5	<p>I believe that the stated learning outcomes were commensurate with the level of award. A thorough blueprinting process has taken place prior to the examinations. This process appeared to be comprehensive and equitably sampled across the entire stated curriculum.</p>	<p>Assessment methods used in this examination were appropriate to the stated learning outcomes. Overall the assessment venues were adequate and fit for purpose. They were reasonably spacious. The OSCE in Bradford Royal Infirmary took place in separate rooms, which was an ideal setting for an OSCE. The OSCE in SoM took place in an open venue with dividing partitions. Despite some background noise, this was also a suitable venue.</p> <p>The borderline Regression method of standard setting was used for the OSCE – this is a very appropriate and widely used form of standard setting for OSCEs.</p>	<p>Of the sample of students that I observed during my time in Leeds/Bradford, the standard of the performance shown by candidates appeared to be adequate and in keeping with a graduating Final MB examination.</p>	

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Research Led Learning and Teaching?
			<p>Largely (simulated) patients performances in the OSCE was of a good standard. I gather that SPs received prior training of their role and conduct expected of them in OSCEs. I gather they also received specific training in awarding candidates' scores.</p> <p>In some stations I did observe a degree of variation, nevertheless this was within an acceptable range of variation and in keeping with other medical school OSCEs that I have experience of.</p> <p>I was delighted to see the use of real patients in the OSCE. I appreciate the many challenges there are in recruiting real patients for OSCEs and the team have to be commended in admirably rising to this challenge. Having 2 real patients per station ensured that the patients were comfortable and less susceptible to distress by repeated examinations. Several of the real patients commented that they 'enjoyed the experience'. Real patients were also asked to award ratings on the humanistic interactions of the candidates encounter. Whilst they fully supported this concept – many of the real patients commented that they would like to have had more training in the process of awarding scores. I would encourage the team to explore this for future OSCEs (especially as SP scores are a separate rubric for passing this examination). In the future, I wonder if the team might consider using more real patients in the OSCE?</p>	<p>The vast majority of candidates appeared to be competent in the tasks assigned to them; conducting themselves in a professional and compassionate manner. Numerous students performed to a very high standard.</p>	

## **STANDARDS – School of Medicine Response**

We were pleased to see such a broad range of expert commentary, particularly with very detailed feedback and suggestions in our performance tests/OSCEs in year 4 and 5. Whilst externals' reviews are uniformly positive, this programmatic 'helicopter' views helps us consider ways of further sharing best practice (particularly as our new RESS/ESREP strand rolls forward)

### **Years 1 & 2**

The comments by all Year 1 and 2 externals allow a useful reference point in determining how well the Assessment Strategy for our early years has bedded in as part of the new curriculum, and it is pleasing for all of us to see such praise. ILOs are benchmarked against other Medical Schools and in particular, we were pleased to see the affirmation of our assessment strategy and approach. The incentive (led by Heads of Year 1 and 2) to invite examiners to meet module leads and students on 24/3/14 has been successful, and we will examine ways to run a similar exercise for all externals who review our OSCEs. We were grateful to receive the positive comments in respect of research-led assessment, feedback and the standards of attainment of our students.

### **Year 3**

<>thoughtful report focuses particularly on our RESS and ESREP project strands – one of the newest initiatives within the current curriculum structure. The team were very pleased to see the improvement in internal examiner engagement in RESS, the diversity of student work and the ability of the system to discriminate, reward and support within a predominantly Assessment for Learning structure.

## **Year 4**

We are grateful for the in-depth reporting by <>and <>, whose critical analyses have revealed areas for further enhancement. We are always conscious that very speciality focused assessment (which is most concentrated in Year 4 by intent of curriculum design) can lead to inappropriately high standards, despite internal processes to mitigate this through good test design and standard setting – but it was pleasing to see <>comments in respect of the standards of attainment of our students. We were also pleased to note <>comments on the robustness of our in-course assessment and progression results

As the MSC-AA national bank grows, a bigger proportion of Year 4 knowledge test items will be drawn from this, which will improve levels of scrutiny, but thank <> for the helpful identification of lower quality internal material. We are also pleased to note that a similar style blueprint for knowledge tests to that trialled for the OSCE (mapped to Good Clinical Care) has rolled out across all years, but is more compacted owing to the multiple tagging of items against criteria. We were also pleased to see support from <> for the x/y/z discrimination of competency, a system that progresses from Year 3 through to Year 5 with adjustments to the level of expected performance as students progress to the Final Year. This also being supplemented with new narrative feedback to students to enhance their interpretation of performance.

<>has provided detailed expert commentary in relation to sequential test applications in Year 4 which are now bedded in. It was pleasing to see his commentary in terms of the degree to which this assessment format provides a more searching and comprehensive assessment for students who are at the borderline and below, and consequently clearer pass/fail and progression decisions

## **Year 5**

<> has provided a very comprehensive report. Using 'real' patients in high stakes OSCEs is a challenge – but we agree that it provides an additional authenticity to assessment. We are currently working on development a bigger bank of such patient volunteers, and additional support for them through our Patient and Carer Community (with a planned merger of the OSCE volunteers into the Community from the 2015-16 academic session).

## **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	Yes this was clear and comprehensive	Yes, this was initially available by email, and then access to a Sharepoint site provided.	Yes. The papers are very well laid out and give good information about difficulty etc. They have been thoroughly checked and there are usually only very minor comments to make.	Not able to answer – but previous years procedures have been very thorough.
<>	1 & 2	The material I was given access to (study guides etc) was sufficient for me to complete the task required of me.	I was sent all the examination papers in good time this year. 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 seems fair and equitable, and carried out conscientiously.	The documentation I received was appropriate and adequate.	I attended all three exam board meetings this year (years 1 & 2 and the resit board). The administration arrangements were completely satisfactory. 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, although as this is my third year I knew what to expect.  The mitigation process was fair
<>	1 & 2	Yes, I was given access to	Yes I received (29/04) and	I did not see assessed or examined	Yes, this was evident and the BoE;

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
		sufficient guidance and timely access to the examination papers. The administration of the examination process is very efficient.	reviewed (08/05) the draft Year 2 Integrated Summative MCQ and EMI papers. The Examination questions I reviewed were of an appropriate standard/level and interrogated the prescribed ILOs; I did spot some minor errors and areas of repetition which I commented upon.	work.	all decisions were entirely appropriate in my opinion.
<>	2	Yes, entirely sufficient. Full training was provided.	Yes, questions and level were fully appropriate and suitable arrangements were made for feedback.	Yes, appropriate	Yes, yes and yes. Everything was done to a high standard, including mitigation
<>	3	N/A	Sufficient	Yes, appropriate	Yes, and they were appropriate
<>	3	Sufficient, support available when required	Yes, appropriate	Yes, appropriate	No issues. Careful consideration given to mitigation.
<>	4 + SSC	I have had useful email conversation with <> when reviewing the written papers and	I was provided with all of the year 4 written papers and the OSCE stations, commented on them and	The written paper consisted of MCQs so the results were sufficient. I was able to observe a good number of	The administrative arrangements have generally been very good, although I had to confirm the time

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
		OSCE stations.	<p>they were amended following these comments. It was very useful to receive a document which amalgamated the comments of both external examiners, and how the questions had been changed to reflect these comments, if necessary.</p> <p>The level and nature of questions was generally appropriate.</p>	students in a number of OSCE stations and to see how the examiners within those stations marked those students and was satisfied with the standard of student performance and that this was represented clearly and fairly within the marking schedules.	<p>and ask for the venue of the Board of Examiners. I was able to attend the meeting and was satisfied with the recommendations of the Board. There was some discussion around removing the correction for guessing using the Ebel method for standard setting; neither of the external examiners had ever seen this used. Its use initially led to a higher than expected number of students being brought back for sequence 2 of sequential testing.</p> <p>It was also removed for these students resulting in a number of fails comparable with previous years. The team has committed to looking at this with statisticians for subsequent years.</p> <p>I am assured that those students requiring it were given extra time for their written examinations as suggested by the Disabled Students Assessment and Support Service.</p> <p>I was able to observe a small cohort of students who required extra time during their OSCE. I was not convinced that they required more time than that required for reading the task at the beginning of each station, as it is very likely that the skill to be tested would not take them any longer</p>

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
					<p>than any other student. Certainly in Bristol students are not awarded extra time for OSCEs, the logic being that they will need to be able to complete skills in comparable time to others within the NHS when they commence work.</p>
<>	4	<p>I was appointed Mentor to my co-examiner, &lt;&gt;, although, in truth, other than some exchange of views by email, I have not had to provide any advice or counsel</p>	<p>Yes. Copies of written and OSCE examinations were supplied in good time for my comments to be considered. I received collated comments from the external examiners together with examiners' responses well before the examination period. The nature and level of assessment materials was appropriate. I draw the attention of the examiners to some general comments in the section entitled 'Other comments', below.</p>	<p>There are no 'scripts' in the Year 4 progression assessments, so marking and annotation of scripts were not observed. For the MCQ papers and OSCE examinations a helpful and comprehensive statistical report was provided at the Examination Board. This gave detail on the performance of the 2014 cohort and included comparisons with earlier cohorts. The data for the written papers (based in part on the analysis of anchor questions in this year's and last year's written papers) indicated that the 2014 cohort was of a slightly higher standard.</p> <p>The conventional view of the 'standard</p>	<p>Administrative arrangements were outstanding. I have already commented on the outstanding management of the large and complex OSCE examinations. Examination materials were sent to me in good time for review and my comments acknowledged. The Examination Board processed both Year 3 and Year 4 outcomes at a single, well organised, well-attended and well-chaired meeting. I was particularly impressed with the short summaries which prefaced each set of mark sheets, giving details of candidates in difficulty and their previous history, etc. This focussed decision-making admirably.</p> <p>I have already remarked on the detailed statistical reports for the</p>



External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
				<p>of student work' is not something that can readily be judged during the visits of an external examiner because of the nature of the MBChB progression assessments. The passing standard (the score required to demonstrate minimum acceptable competence) for each assessment is determined by an approved standard setting method (Ebel method for the written papers and borderline regression for the OSCE). I have strong confidence in the standards required of candidates because of the standard setting methods used and the evaluation of these methods provided by the statistical report supplied to the Board.</p> <p>Both written and OSCE Sequence 1 and Sequence 1+2 examinations have reliability metrics (coefficient alpha) which are good to excellent, so that confidence can be placed in the accuracy and reproducibility of candidates' scores and of the standards achieved.</p>	Year 4 examinations.
<>	5	I believe that the information	Yes – I received appropriate	Examiners were provided with an overview prior to the OSCE commencing. This brief appeared to	I was provided with a very detailed summary of the metrics for this set of OSCES. Such a detailed report

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Access to Assessment Material	Function of Undergraduate Examination Board and Mitigating Circumstances
		<p>provided to me was sufficient and made available in a timely manner. I was very impressed with the organisation of examinations and received good and timely communications from the assessment team. I would particularly like to thank the assessment team in facilitating my visits and responding to my queries in a timely manner.</p> <p>I was very impressed with the professional support staff/academics who contributed to the running of the OSCE on the day. There was a great sense of team work – with a focus on providing a fair examination for their students. This was evident on all sites that I visited, but particularly in the BRI site. The staff should be congratulated on this. It was also very evident that they had a good relationship with their students.</p> <p>I also welcomed the scheme where several volunteer patients</p>	<p>documentation in relation to the course and assessment content / process.</p> <p>Generally, the OSCE stations were well written. Stations tested a wide range of integrated clinical domains (including communication skills, history taking skills, physical examination skills, mental state assessment, clinical reasoning, prescribing and procedural skills) which were appropriate to the candidates' level of studies. I commend the use of variation of OSCE stations (8 and 12 minutes) where longer timed stations allowed testing of more integrated skills. Largely, the skills assessment focused on preparation for practice in skills expected in the Foundation Programme. Fewer stations tested more lifelong skills. I gather only 1 station was developed for the main OSCE (but noted one station was substantially revised and others updated).</p> <p>Given the tendency of the social</p>	<p>be adequate in focusing the examiners on the task in hand. Examiners were given clear instructions about the process of the OSCE and what was expected of them on the day. There was also time for some Q&amp;A following the brief.</p> <p>I wonder if in addition to a general examiner brief, they could also be provided with more detail about the content of the stations that they will be examining – e.g. OSCE station on site to give more instructions? Or specific comments about content to be included on the PowerPoint presentation). This in some way help address some of the examiner variance that I observed, especially when there multiple circuits running in parallel</p>	<p>is an example of best practice. The OSCE achieved an overall Cronbach's alpha of 0.725 with good R-square values for many of the stations. I appreciated the need to withdraw 2 stations due to poor metrics.</p> <p>Metrics revealed a site variation in the SoM site (so marks were adjusted to a common mean). The assessment team reflected that thus may be due to the number of external/independent reviewers on this site. I think this is a plausible reason for the effect and I am glad to see that the team have already considered changes for next year's OSCEs. Social processes have the potential to have an effect on OSCEs and their metrics. Having an experienced statistician observing the OSCE was an example of good practice and should be encouraged in other Schools.</p>

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		also contributed to the running of the OSCE. They appeared to enjoy the day and made a valuable contribution. Well done!	network of medical students and sharing of previous OSCE content, the team may consider introducing more new stations next year?		

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## **PROCESSES – SCHOOL OF MEDICINE COMMENTS**

### **Year 1 & 2**

The assessment team were very pleased to see that organisation and administrative processes for assessment delivery and examination boards have been much clearer this year – as a result of helpful comments from externals in previous years. The comments from <> in respect of blueprinting and sampling for Year 1 and 2 knowledge tests were very well received, and we were also pleased to hear from all examiners that the functions of Boards (including mitigation) worked well.

### **Year 3**

We thank <> and <> for their positive affirmations about our assessment process

### **Year 4**

We were pleased to hear the comments from both externals in respect to access to draft materials, and the good internal emendation processes that allowed further refinement of assessment material in advance of its delivery. External examiners were able to attend the Year 4 OSCE and <> provides expert, detailed commentary in respect of standard setting and post-hoc analysis of assessment data, as well as overall headline reliability measurements. This level of analysis continues to be rolled out across the programme, supported by the appointment of another psychometrician and ongoing work from the Leeds Assessment Research Group.

We can confirm that all arrangements for extra time support in written and OSCE examinations are based on independent DSAS reviews (although the School intervenes to ensure that any suggested amendments do not reduce the authenticity of assessment). <> rightly raises the challenging area of additional time in performance testing, which represents a range of differing views between the profession and interpretation of disability legislation. We are aware that this is an area that Medical Schools Council Assessment Alliance are exploring (on the back of the GMC National Assessment Review), so will wait for broader guidance before making any policy changes locally

We thank <> for <> fulsome comments in respect of the functioning of our assessment boards and arrangements – and will share these with the wider Assessment Team

## Year 5

<> has provided detailed and helpful feedback, and we shall pass his congratulations onto the Bradford team and their patient volunteers. It is good to see the whole team of academics, support staff and volunteers recognised in the delivery of the Final MB OSCE which is delivered across four different centres. We were grateful for his support and advice when dealing with the issue of site variation (which has never been a significant effect in the past) and the learning that takes place as we continue to host visitors and observers from a wide range of backgrounds to our OSCEs without disrupting the process for candidates and examiners

There is an active process of station writing and emendment (which includes CPD/credit bearing sessions to involve the wider pool of clinical colleagues), although now the Final MB OSCE bank numbers more than 100 stations, the production of 'new' stations has slowed to focus on gaps in our bank, or dealing with new areas such as clinical handover. Almost all stations in the bank are emended in advance of use in the main test OSCE to ensure up to date content and design.

<> makes thoughtful comments about support for our internal examiners. All examiners undertake specialist training and are provided with updated and detail briefing notes once they are recruited to an OSCE 'slot'. There is an additional on the day briefing, as well as support from the Chief examiner in each centre. The merits of more detailed support on the day must be balanced against the need for timeliness (unfortunately we still have quite a changing examiner pool, and attendance at the specified time for more detailed briefing presents a challenge for many). Similarly, emergent work (Kogan et al) increasingly suggests that aspects of examiner variance may not be 'cured' by training or more detailed support – and a major task for the Assessment Research Group is to understand where better assessor support/test design can still make improvements.

## COMMENTS AND ENHANCEMENTS

External Examiner	Year	Comments and Effect of Module/Programme Enhancements
<>	1 & 2	The programme continues to make small changes to improve both teaching and assessment.
<>	1 & 2	There were no significant changes to the programme this year but I would like to highlight the clear and defensible and well executed assessment methods used. Presenting the Ebel standard setting tables in the examination board minutes I think it is an area of good practice.
<>	1 & 2	I attended an External Examiners Induction/ briefing on 24/03/14; this was my first formal visit and there were some excellent examples of teaching practices described including weekly online assessment for Laboratory & Scientific Medicine, and increasing amount of clinical contact throughout the programme and a very strong pastoral support system which is to be commended. The commitment and enthusiasm of the staff is high and the students I met were equally positive about their experience of the programme.
<>	2	Not applicable, as this is my first year as an examiner in Leeds.
<>	3	I am aware of an ongoing willingness to reflect and modify both the assessment and support processes
<>	4 + SSC	I understand that sequential testing has been introduced into year 4 this year, and the Exam Board was satisfied with how it had performed. This is my first year as an external examiner at Leeds so I cannot compare this with the previous assessment methods, but was satisfied that it had not led to substantially more or fewer students being asked to repeat the year.
<>	4	I have been unable to judge the extent to which the curriculum, teaching and learning are influenced by current research. Assessment practice, however, is strongly influenced by current research and best practice and the Leeds medical education group has an international reputation for the design and quality assurance of OSCE examinations and for pioneering work on the use of sequential testing.
<>	5	Based on my observations, I believe that the Final MB assessment at the University of Leeds was fair, conducted in a professional manner and comparative to other medical schools that I have experience of. I am unable to comment on any enhancements given that this is my first year as an external examiner

## **ENHANCEMENTS – SCHOOL OF MEDICINE COMMENTS**

It continues to be a pleasure to end this report on the background of these additional comments, and to thank all our externals for their enthusiasm and critical analysis at a time of increasing pressure on NHS and academic workloads.

Key assessment developments for MBChB Assessment in the forthcoming sessions

- 1) Enhanced narrative feedback in OSCEs (necessitating a 90s changeover between stations) – which will add to the existing green/yellow card scheme
- 2) As highlighted in the pre-amble to the report, the introduction of a dedicated Feedback OSCE (FOSCE) in year 2, to help students with a benchmark as to their progress in the acquisition and development of clinical skills. This will be a non-graded/assessment for learning format with a focus on individual (station-candidate) and group feedback – which will then be used by students, tutors and supervisors to help the transition in Year 3 placements
- 3) Development of a common workplace mobile assessment tool for all years – expanding the success and research findings of the WBA programme in year 4 and 5
- 4) Development on an OSCE theme day for external examiners to meet key Leeds Assessment Team staff, clinical supervisors and students

We are also very pleased to arrange bespoke visits for externals to meet relevant staff and see student work/observe teaching as required. For external examiner colleagues keen to see other parts of the course outside of their remit, opportunities are available to attend other assessment events (e.g. senior OSCEs, anatomy spotters, RESS/ESREP/IDEALS presentation days)

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Director, MBChB

January 2014