

## The University of Leeds

## EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2014– 2015

**Part A: General Information****Subject area and awards being examined**

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

**Name and home Institution / affiliation of Examiner****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](mailto:exexadmin@leeds.ac.uk).

Alternatively you can post your report to: **Head of Quality Assurance**  
Room 12:81, EC Stoner Building  
The University of Leeds, Leeds LS2 9JT

**Part B: Comments for the Institution on the Examination Process and Standards****Matters for Urgent Attention**

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

None

**Only applicable in first year of appointment**

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

n/a

**For Examiners completing their term of appointment**

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

n/a

## Standards

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

As for last year, ILOs and programme structure are appropriate. Standards are good.

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.*

I have not compared the ILOs, etc., with the QAA benchmark statement. 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 *Tomorrow's Doctors (2009)*. The Year 4 course has many features in common with that at <> and other UK medical schools

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 Year 4 MBChB assessments for progression adopt 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.

Year 4 has used for the past 3 years a novel assessment technique known as 'sequential testing' in which candidates who are not performing to an acceptable standard (usually a standard one or two standard errors of measurement above the raw pass mark) in the first sequence of assessments are subjected to a second sequence of assessment shortly after the first. Those deemed to be failing at the end of the second sequence are required to repeat the year to achieve remediation and no autumn resits take place. I made detailed comments on sequential testing (of which I approve, if conducted properly, as it is at Leeds) in my 2013-2014 report.

The reliability of these major assessments in June 2015 was very high for the MCQ assessments (0.9 for Sequence 1 and .92 for Sequences 1 and 2 combined) and acceptable for the OSCE with .68 for Sequence 1 and a projected .75 for the combined Sequences 1 and 2 examination. While less reliable than the MCQ papers, these OSCE reliability coefficients are probably acceptable. High reliability coefficients can be hard to achieve in undergraduate OSCEs, mainly for technical reasons.

During Year 4 each of the 5 integrated core modules (ICMs) has its own in-course assessment pattern with a combination of written case reports and workplace based assessments, supplemented with specific clinical skills' assessment and monitoring of professionalism.

Overall the ICM and end-of-year progression assessments provide a robust assessment profile to ensure that competencies and ILOs for the year are achieved.

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

Yes. The written (MCQ) papers are large and sample very widely with 192 items in Sequence 1 and 342 in Sequences 1 and 2 combined. The 16-station OSCE Sequence 1 OSCE is perhaps minimal in size for Year 4 skills content but still adequate. The combined sequence 1 and 2 OSCE is 32 stations, which is in fact large by UK standards. Both written and OSCE examinations are carefully

blueprinted to Year 4 Modules and ILOs.

When I reviewed the written papers and OSCE stations prior to the June 2015 examinations, I found these were at an appropriate level for Year 4 and the passing standards set by the examiners and corroborated by *post hoc* statistical analyses were also appropriate. Standard setting looks to have worked well. It is difficult to judge the strengths and weaknesses of the cohort without resorting to detailed analyses of scores. The blueprints for these examinations will make such analysis feasible, but not by an external examiner during a one-day visit.

In general the students look to have performed to an acceptable standard on these demanding assessments.,

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

I have already mentioned the design of the Sequence 1 and 2 OSCEs and their reliability.

I was able to observe directly the conduct of the Sequence 1 OSCE examination (Stations 1 to 8) held on June 10<sup>th</sup> in the Sports Hall. OSCE stations require examiners to complete an itemised checklist for each candidate. I reviewed all 32 station checklists and other materials before the examination and found them generally good, although one or two stations seemed to have long or complex item lists and candidate tasks. Post-test analysis of OSCE stations by Leeds' psychometricians showed that the stations and examiners generally performed well.

As in 2014, I again found the conduct of the OSCE exemplary. It was highly organised and ran with precision on a very large scale. The conduct of examiners and simulated patients was generally good and often excellent. The use of schoolchildren as simulated patients on paediatrics stations is commendable and works well. The performance of the small sample of candidates which I observed in detail showed the range of ability I would expect in Year 4 MBChB students, although subjectively I felt that some candidates this year were a little weak in their OSCE performance. As it turned out, the final OSCE outcomes supported this anecdotal observation, with more OSCE fails than in 2014. Most of the competent candidates were able to complete the clinical tasks in the time allocated.

**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.*

Year 4 is now in its third cycle of sequential testing and this seems to be working well.

I note and commend improvement in MCQ item writing with all items now passing the critical 'cover the options test' with a generally improving standard of item writing. It is pleasing to see comments I have made about MCQs taken on board by the examiners.

A much improved system for collecting and collating in-course marks and grades has been put in place during this year. This has greatly simplified and speeded-up Examination Board business compared to 2014. All staff involved in these improvements are to be commended for their efforts.

**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.*

Leeds Medical School has a strong reputation in medical education research and this is doubtless reflected in curriculum, learning and assessment. The Leeds Institute of Medical Education was awarded an ASPIRE award for Excellence in Student Assessment in 2014. This is a notable and research-supported achievement

Students are required to develop research proposals and conduct a project in, I think, Years 3 to 5 of the MBChB programme, although I have not examined this in detail.

8. Where the programme forms part of an Integrated PhD, please comment on the appropriateness of the programme as training for a PhD

n/a

#### For Examiners involved in mentoring arrangements

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

n/a. (My co-examiner, <>, <> now in the second year of <> appointment, is an excellent external examiner and had little need of any mentoring from me during <> first year. We did correspond initially during <> first year, but further mentoring was unnecessary.)

#### The Examination/Assessment Process

10. 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 am able to make the judgements appropriate to the MBChB with the materials to which I have access.

11. 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.*

Sufficient to my needs.

12. 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. 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 to our comments well before the examination period. The nature and level of assessment materials was appropriate.

13. 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?

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 2015 cohort and included comparisons with earlier cohorts.

The conventional view of the 'standard 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.

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 in the standards required and achieved by the cohort.

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

Not considered by the External Examiners

**15. 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 again 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, at which I was present, 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. I have already remarked on the detailed statistical reports for the Year 4 examinations.

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

Yes. The information was reviewed at a separate meeting outwith the Board and recommendations made for the Board's approval. This system worked well.

**Other comments**

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

- 1) I have noted above that the standard of MCQ writing has improved and that Sequence 1 and the combined Sequence 1+2 assessments have very high reliability. Given this high reliability, it might be appropriate for the examiners to consider a reduction in the total number of items in these tests, to the extent that this is compatible with covering the test blueprint. There is nothing much to be served by overly lengthy tests if the topics can be covered adequately and with good reliability in a shorter test.
- 2) OSCE Item lists and candidate tasks should be checked to ensure that there are not too many points to be covered in the station as well as ensuring that not too many points are covered by a single item.
- 3) Some OSCE stations provide criteria for the award of the "Y" and "Z" grades for each item on the checklists; many do not. Ideally a consistent approach should be adopted where Y and Z criteria are provided for *all* checklist items on *all* stations.
- 4) A few OSCE stations test knowledge (such as data interpretation, dose calculations or prescribing skills) rather than clinical skills. Knowledge can be better (and more cheaply) assessed in other test formats. If candidates must perform such tasks at an OSCE station, time spent on them should be kept to a minimum and the information should be used in a communication skills' context. Ideally, OSCEs should measure observable behaviours, rather than purely cognitive skills.

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## EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2014– 2015

### Part A: General Information

#### Subject area and awards being examined

Faculty / School of:	Faculty of Medicine and Health, School of Medicine
Subject(s):	<i>Year 4 MBChB</i>
Programme(s) / Module(s):	Year 4 OSCEs and written examinations
Awards (e.g. BA/BSc/MSc etc):	MBChB

#### Name and home Institution / affiliation of Examiner

#### 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](mailto:exexadmin@leeds.ac.uk).

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### Part B: Comments for the Institution on the Examination Process and Standards

#### Matters for Urgent Attention

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

None

#### Only applicable in first year of appointment

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

NA

#### 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*

NA

#### Standards

- Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award**
  - The appropriateness of the Intended Learning Outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
  - The extent to which standards are appropriate for the award or award element under consideration.*

The intended learning outcomes in psychiatry, paediatrics and child health, gynaecology, obstetrics and sexual health, emergency and critical care, and continuing care and cancer are appropriate for the modules and for the level of achievement of year 4 medical undergraduates. I consider the standards are appropriate for the award.

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

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

The national benchmark is the current General Medical Council's Tomorrow's Doctors and the new document 'Outcomes for Graduates'. The Leeds year 4 intended learning outcomes are consistent with these documents. Students will need to achieve some of these outcomes at the end of year 4, since they will not study some of these subjects again in year 5.

**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.*

Students are assessed using best-of-five written examination papers and an Objective Structured Clinical Examination. These assessment methods would be seen as 'gold standard' in medical undergraduate education for the summative assessment of knowledge and at the 'shows how' level of skills assessment. Incorporation of simulated patient and patient feedback also allows assessment of attitudes.

I reviewed all of the year 4 written questions. These questions cover the year 4 curriculum. The standard of question writing has improved further since last year, and whilst a few questions were not truly best-of-five (rather multiple true/false) and a small number failed the cover test, the vast majority were of a high standard with appropriate and relevant distractors.

I reviewed all of the OSCE stations. As for last year, the standard expected of students was high, but appropriate. The marking schedules were consistent and clear and the cover sheets were very useful in making explicit what was being tested within the station. Clear instruction sheets for students made it clear what they needed to do and to achieve during each station. I was able to comment on individual OSCE stations and was particularly impressed with the document returned to me which listed both external examiners' points and how the station had been altered, if necessary, in response to these comments.

I attended the sequential testing stations for those students who had failed to demonstrate competence in the initial OSCE. Despite this being, by definition, a weaker group of students, the majority performed at a satisfactory to good level. Where students were weak in individual stations it was clear to me that it was the student that was weak, rather than the assessment method that was inappropriate.

I attended the year 4 exam board and was satisfied that all marks had been collated appropriately, the marks were presented with care and decisions around progression of students was made according to regulations.

**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 consider that the range of questions in the written examination would allow excellent students to demonstrate their abilities and that the standard setting process used would allow differentiation of competent students and those requiring further study.

I attended the sequential testing (ie second 'run') of the OSCE at which students who had failed to demonstrate competence in the initial OSCE were required to complete further OSCE stations. This group of students nevertheless performed generally at a satisfactory to good level. I consider the standards met to be comparable to year 4 students at the University of Bristol medical school, with whom I can compare them.

In general the students' communication and consultation skills were good, their presentation of themselves to patients was appropriate and they behaved professionally. For some they needed to work on their time management within the OSCE stations.

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

In the year 2013/14 I attended the initial OSCE and was hugely impressed by the organisation and coordination of this enormous examination. The sequential testing OSCE was held in a clinical area which was logistically more challenging and the space was less 'ideal'. The organisation was still impressive and there were many marshals around to signpost students to their next station. Despite this one student did manage to get out of order and had to complete a final station at the end of the examination. The problem was recognised promptly and dealt with swiftly and appropriately without undue stress to the student.

I considered the stations set appropriate to assess the intended learning outcomes for a year 4 medical student, and the performance of the students indicates that they have had sufficient learning experiences to meet the intended learning outcomes.

**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.*

There have been no substantial changes to the year 4 programme over the last year.  
I did not attend the initial OSCE stations this year but my experience of the running of this last year was that this represented best practice in running OSCE stations. Running further sequential OSCE stations for students who had not yet demonstrated their competence allows them a further chance using complementary stations without delaying students' progress and necessitating the running of a full, logistically challenging, resit OSCE. I think this represents good practice.  
The recruitment, training, briefing and inclusion of clearly very knowledgeable and skilled simulated patients in assessment in a truly meaningful way is also extremely impressive.

**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 written examination and OSCE stations I reviewed were clearly testing evidence-based practice, or best accepted practice in areas where the evidence base is poor. As for last year the Research, Evaluation and Special Studies project runs through year 4 and is not completed or finally assessed until year 5; I have not seen any examples of these projects this year.

**8. Where the programme forms part of an Integrated PhD, please comment on the appropriateness of the programme as training for a PhD**

Not relevant

**For Examiners involved in mentoring arrangements**

**9. 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 had useful email and verbal discussions with <<>>, external examiner, as for last year.

**The Examination/Assessment Process**

**10. 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 thank you

**11. 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 have received appropriate documentation to carry out the tasks I have been asked to.

**12. 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 have reviewed the year 4 written examination questions and all OSCE stations and was able to comment on all of these questions. As noted above I was particularly impressed with the document returned to me which listed both external examiners' points and how the station had been altered, if necessary, in response to these comments.

**13. 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 able to review the written examination questions and to inspect the marking and annotation of the sequential testing OSCE stations when I attended this part of the examination. The OSCE marking schedules made apportioning marks and the identification of how these marks had been awarded very clear and all examiners told me that they found the schedules easy to use.

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

Not appropriate

**15. 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 administrative arrangements for my attendance at the OSCE and the Board of Examiners was thorough and efficient. I attended the Board of Examiners, which was carried out in a fair, impartial and professional manner and I considered the recommendations made appropriate to the information presented. The external examiners were asked for their input and reflections at the end of the meeting.

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

As for last year I was assured that those students requiring it were given extra time for their written examinations as suggested by the Disabled Students Assessment and Support Service.

I did not observe the rotation of the sequential OSCE for the cohort of students who required extra time during their OSCE. I had suggested last year that 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 than any other student. 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. This remains my view.

**Other comments**

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

The year 4 examinations are clearly written, organised and administered by a skilled and committed group of individuals. I think the year 4 students are examined according to best practice principles in a fair and appropriate way.