

# 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 2014/15**

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.

We continue to receive positive feedback from staff and students, notably in the Undergraduate Programme Survey. The 2014-15 National Student Survey highlighted some very useful feedback for our 18 month ESREP project, which has helped form the cornerstone of a new assessment model for ESREP with a refocus on individualised feedback and better use of assessment for learning. This will ensure ESREP is congruent with the MBChB Assessment strategy and will be deployed in the 2016-17 session.

We are pleased to report that our Year 2 Feedback OSCE (FOSCE) ran very smoothly and generated significant volumes of (written) narrative feedback from examiners to students, and we are investigating the impact of this alongside customisation of clinical placements in Year 3. The narrative feedback model will extend to all OSCEs in the 2015-16 session (FOSCE and Years 3,4 & 5). This sits alongside the introduction of a bespoke assessment management system to enhance test and item quality, blueprinting, item enhancement and feedback to students and assessors.

As always, we are grateful for the expertise and effort of all our external examiners across our programme of assessment, and the constructive criticism that helps the delivery and development of the Leeds MBChB Assessment model. The detailed reporting summarised in the following pages is shared with the University (and Faculty), students, staff and clinical colleagues.

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Director, Undergraduate Medical Education

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

Subject	Examiner
Year 1 & 2	<<>>
Year 1 & 2	<<>>
Year 1 & 2	<<>>
Year 3	<<>>
Year 4	<<>>
Year 4	<<>>
Year 4 & 5	<<>>
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?	Clinical Practice Component
<<>>	1 & 2	<p>Fully commensurate. There are high expectations of the students and this is appropriate for their stage of medical training. Leeds students are clearly highly comparable with other medical schools. The course is clearly tailored to, for example General Medical Council outcomes for medical education.</p>	<p>The split of formative and summative assessment is excellent. Students have to achieve smaller tasks throughout the year and build up to an integrated summative exam – this keeps a check on their progress without overassessment. There is a good range of different types of assessment.</p>	<p>Yes. Through the integrated summative assessment, there is a good range of marks and students are given the opportunity to demonstrate their excellence.</p>	<p>Campus to clinic is an important component of the course. Early clinical experience is an expected part of undergraduate medical education and the learning and assessment for this module is appropriate.</p>
<<>>	1 & 2	<p>The aims and ILOs this academic year appear to be commensurate with Y1 &amp; 2 of a medical degree programme, and are achievable from the content of the programme.</p> <p>The aims and ILOs appear to meet the expectations of the national subject benchmark, and are appropriate for the level of Y1 &amp; 2. These are similar to other medical schools of which I am familiar.</p>	<p>The assessment methods employed at Leeds Medical School are appropriate to the 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 employs 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 (which is certainly comparable with our institution) it is apparent that the quality of the teaching, learning and assessment methods are excellent. Failed Students get a fair hearing in the exam board meetings with full and frank discussions within the board.</p>	<p>Unfortunately I didn't get to meet any of the students this academic year, or see examples of their work, but the spread of pass/fail students is comparable with those at my institution, and I believe did not show anything unexpected.</p>	

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
<<>>	1 & 2	<p>I can confirm that the Aims, ILOs are appropriate for the MBChB Programme for year 2 medical students. In my opinion they are suitable for continued progression towards the award of MBChB.</p> <p>I confirm that the Aims, LOs and assessments meet the national subject benchmark and that the standard of these at Leeds is aligned to the standard set at my own Institution (Newcastle University) for year 2 Medical Students.</p>	<p>The Integrated Summative MCQ and EMQ assessments are effective assessment tools and there is good evidence of appropriate standard setting. These assessment methods are also employed in my own institution and others I have examined in. Details on the grading criteria were discussed at the exam board meeting and, as always, were entirely satisfactory.</p> <p>In addition, I would like to compliment the team on the retention of the anatomy spotter examination. This assessment tool is constructively aligned to the teaching methods/resources used and, whilst the spotter exam is a labour-intensive assessment in terms of setup, it is a powerful driver for learning anatomy. I think the in-course assessment in Laboratory and Scientific Medicine is excellent and encourages regular engagement with the module content.</p>	<p>Overall this cohort performed well. There were only a very small number of students who under-performed. For the most part, these students had mitigating circumstances and concessions were applied at the BoE where appropriate; only 1 student appeared to be underperforming due to a persistent lack of motivation.</p>	<p>Assessments for ensuring competency in clinical skills appear to be robust.</p>
<<>>	3	<p>ILOs and standards are appropriate Yes, compares with other programmes</p>	<p>Appropriate methods</p>	<p>Standard of students compares well</p>	<p>The OSCE is well run with appropriate assessment material with good coverage of the curriculum</p>
<<>>	4	<p>As for last year, ILOs and programme structure are appropriate. Standards are good.</p>	<p>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).</p>	<p>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.</p>	<p>I have already mentioned the design of the Sequence 1 and 2 OSCEs and their reliability.</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
		<p>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 <i>Tomorrow's Doctors (2009)</i>. The Year 4 course has many features in common with that at Barts and the London and other UK medical schools</p>	<p>These techniques ensure the assessment of clinical reasoning skills as well factual recall.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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 <i>post hoc</i> 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.</p>	<p>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.</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
			<p>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.</p> <p>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.</p>	<p>The blueprints for these examinations will make such analysis feasible, but not by an external examiner during a one-day visit.</p> <p>In general the students look to have performed to an acceptable standard on these demanding assessments</p>	<p>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</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
					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.
<<>>	4	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.	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.	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.	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.



External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
		<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
<<>>	5	<p>I believe that the stated learning outcomes were commensurate and appropriate with the level of award. This is based on my own experience of my home institution (Queen's University Belfast) and the recommendations outline in the GMCs document (Tomorrows Doctors 2009)</p> <p>I believe that the stated learning outcomes met the expectations of the national subject benchmark as outlined by the GMC in the document Tomorrows Doctors (2009)</p>	<p>Assessment methods used in this diet of examinations were appropriate to the stated learning outcomes of the course and the allocation of marks and classification of awards. The assessment instruments made judgements on not only the cognitive but also the behavioural aspects of candidates' clinical competence.</p>	<p>It is my opinion that students were given an adequate opportunity to demonstrate their achievements of the courses' aims and ILOs. The examinations were effectively and systematically blueprinted to the stated learning outcomes of the course. I believe that the standard of students in this cohort were comparable to the cohort of 13-14 and also final year medical students in my home institution (Queen's University Belfast).</p>	<p>With respect to the 'clinical practice' components, the OSCE element of this assessment was an example of best assessment practice. It is my opinion that their OSCE was designed and delivered to be fair, reliable and valid. The team have to be complemented on their efforts right from those that lead the assessment to those that delivered the OSCEs on the day.</p>

External Examiner	Year	Intended Learning Outcomes Appropriate?	Assessment Methods Appropriate?	Could Students Demonstrate Learning Outcomes?	Clinical Practice Component
<<>>	5	<p>The programme aims and learning outcomes were entirely appropriate for the level of award of MBChB</p> <p>The standard required to pass is consistent with or above that in other medical final exams I have experienced as internal lead for assessment (Sheffield), Dean of BSMS and external examiner roles</p>	<p>The sequential OSCE assessment is at the forefront of assessment design and entirely appropriate for this level of assessment.</p>	<p>Yes the assessment provides ample opportunity to demonstrate relevant skills and application of underpinning knowledge in realistic simulated situations</p>	<p>Yes the assessment provides ample opportunity to demonstrate relevant skills and application of underpinning knowledge in realistic simulated situations</p>

## **STANDARDS – School of Medicine response**

Once again, we were very pleased to see such positive expert commentary – particularly in relation to assessment burden and the effects of our approaches to enhance assessment. The highly successful introduction of Sequential Testing in Years 4 and 5 of the programme allows us to review evidence and impact from the last 3 years and consider whether this format might be of use at earlier stages of the programme.

### **Years 1 & 2**

We were delighted to see such praise from all three externals. <<>> provides very helpful commentary on our philosophy in respect of in-course assessment, diversity of methods and use of results as regular ‘progress checking’. We were pleased to note that <<>> thought our students were not ‘over assessed’ – an important comment at a time where there is considerable focus on the amount of testing and student attainment – and that support was good for underperforming students, within a wider framework of high quality learning, teaching and assessment. <<>> comments were very well received: we agree fully on the value of test formats such as the anatomy spotter, partly because of the congruence with OSCE formats that students will see later. We were also pleased to see positive commentary in respect of in-course assessment and novel formats used in LSM/Clinical Pathology – all of which will contribute to an ambitious project to use cumulative feedback from assessment for learning as a ‘diagnostic’ exercise to help students see longitudinal trends in feedback and performance to help further personalise their learning

### **Year 3 & 4**

<<>> makes positive comment about the Year 3 OSCE including alignment and structure (we note, agree and respond to comments and concerns about the written test in the next section of this report). We were delighted to receive the very detailed reports in respect of Year 4, and <<>> praise for the robustness of our assessment profile and exemplary OSCE. Now the Sequential Test format is firmly embedded, we will be looking at ways to optimise total numbers of test items/stations over the next 2-3 years in Year 4 within our blueprint parameters. We were equally pleased to note <<>> commentary about the improvement in standards of internal question writing and praise for the OSCE and examinations Boards

## Year 5

Both <<>> and <<>> make very positive comments about quality, authenticity and validity of our Final MB assessment and very effective, systematic blueprinting. As noted in the previous report, we are seeing a much bigger role and engagement by our Patient and Carer Community across the whole of our Assessment model with positive effects as a result of this partnership model

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## EXAMINATION/ASSESSMENT PROCESS

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Function of Undergraduate Examination Board and Mitigating Circumstances
<<>>	1 & 2	Really good material and staff always responsive to questions and clarifications. Updates were regularly sent as components of the course changed.	Questions were clear and with an appropriate range. Any comments made were dealt with and responded to. Because of the nature of the assessment, it was not possible to scrutinise assessed work.	<p>Excellent procedures. The module meetings mean that all assessment results are reported in a very transparent way, giving a lot of confidence in the process. Psychometrics and analysis of the integrated exam are thorough and robust. Exam boards are detailed and open, all are given opportunities to contribute and there is opportunity for reflections on improvements going forward.</p> <p>(Mitigation) was dealt with by a separate panel and reported at exam board. This was always presented with thoughtfulness and discretion, and procedures seem robust. In terms of student academic support. It is clear that there is really good support for those who fail assessments. I think it would be helpful to also consider the bare fail students as they might also need really intensive support.</p>
<<>>	1 & 2	<p>The material I was given access to (study guides etc) was sufficient for me to complete the task required of me and were sent to me in good time.</p> <p>The documentation I received was appropriate and adequate.</p>	<p>Once again I was sent all the examination papers in good time this year, I am always impressed by this. As usual 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.</p> <p>I did not have any access to the student's work.</p>	<p>I could only attend the Y1 exam board meeting this year due to personal circumstances (injuries). 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 fourth year I knew what to expect.</p> <p>I was satisfied that this [mitigation] was a fair process.</p>

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Function of Undergraduate Examination Board and Mitigating Circumstances
<<>>	1 & 2	<p>I was given an induction pack initially and I was able to access guidance online and contact the Exam office staff whenever I needed to.</p> <p>[Documentation] was made available to me on induction and I have access to the online resources for reference and updates.</p>	<p>I am always impressed by the efficiency of the examination administration for this Programme. I received the draft papers in good time: I received (07/05/15) and reviewed (22/05) the Year 2 Integrated Summative MCQ and EMI. I received (07/05/15) and reviewed (11/06) the Year 2 Integrated Summative MCQ and EMI resit papers. The Examination questions were of an appropriate standard/level and tested the prescribed content. There was a spread of clinically applied questions which covered the breadth of the year 2 curriculum, I did identify a duplicate question, a few minor errors to text and images, however, I did miss one error, for which I apologise. My comments were received and considered.</p> <p>I did not see assessed or examined work this year.</p>	<p>I was able to attend both BoE meetings (23rd June and 3rd September 2015). The administrative arrangements were excellent as always, the documentation is easy to follow, the meetings run to schedule and were expertly Chaired by &lt;&lt;&gt;&gt;.</p> <p>[Mitigation processes were] evident at the BoE. The details of individual student's mitigating circumstances remain anonymous, but even without this detail, the rigour of the system is evident and I am confident that appropriate decisions are made.</p>
<<>>	3	<p>Guidance and support were sufficient</p> <p>On request I received this year a copy of the excellent psychometric report for the OSCE. That was very helpful. It would be useful for examiners to receive such reports as standard rather than on request and a similar analysis of the performance of the written would be useful.</p>	<p>I had a significant problem with the MCQ paper. The draft was of a very poor quality, repeated questions, wrong answers, irrelevant material, etc. I was pleased that the School managed a quick and major revision to produce a suitable quality paper in time for the examinations. Later I was asked to review the draft for the resit paper. Although better there were still some problems. I would like to be reassured that the School does have a suitable quality control mechanism for production of assessment material. I do not feel that it is the role of an external to proof read examination papers.</p>	<p>I attended the Board and was satisfied with the recommendations. I repeat a request that at the exam board meeting the minutes of the board of the previous year would be a useful reminder of decisions that were made.</p>

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Function of Undergraduate Examination Board and Mitigating Circumstances
<<>>	4	<p>I am able to make the judgements appropriate to the MBChB with the materials to which I have access.</p> <p>[Guidance and support were] Sufficient to my needs.</p>	<p>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.</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 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.</p>	<p>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.</p> <p>[Mitigating Circumstances] information was reviewed at a separate meeting outwith the Board and recommendations made for the Board's approval. This system worked well.</p>



External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Function of Undergraduate Examination Board and Mitigating Circumstances
<<>>	4	<p>I have received appropriate documentation to carry out the tasks I have been asked to.</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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 &lt;&lt;&gt;&gt; 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.</p>

External Examiner	Year	Guidance and Support	Access to Draft Examination Papers/Assessment	Function of Undergraduate Examination Board and Mitigating Circumstances
<<>>	5	<p>I believe that the information provided was sufficient and made available to me in a timely manner.</p> <p>I received appropriate documentation in relation to the course and assessment content / process</p>	<p>I was provided with the necessary paper work. I believe that the nature and level of the questions were appropriate Again this was based on my experience of the last years diet of examinations, standards in my home institution (QUB) and the recommendations set out by the GMC in their document Tomorrows Doctors (2009)</p> <p>With regards to the OSCE I was present on all of the assessment days and was able to witness first-hand the 'questions (stations) being presented to candidates and their performance.</p>	<p>The administrative arrangements were more than satisfactory and efficient. I was able to attend and contribute to the Board of Examiners meeting.</p>
<<>>	5	Entirely sufficient	No concerns	<p>Yes overall – unfortunately I could not attend the Board but had a full discussion with &lt;&lt;&gt;&gt; and made my contribution ahead of the meeting.</p> <p>No comment possible [relating to mitigating circumstances] but no concern</p>

## **EXAMINATION AND ASSESSMENT PROCESSES – SCHOOL OF MEDICINE COMMENTS**

### **Year 1 & 2**

We were pleased to see the range of positive commentary that confirms newer processes for assessment delivery and examination boards continue to work well. All three external examiners comment favourably in respect of approval procedures, board function and mitigating circumstances approaches as well positive remarks relating to psychometric analysis and quality. We do note <<>> request for examination board agenda/some papers in advance – and apply this accommodation to all externals [a caveat here is that the University Sharepoint (including our secure site for externals) is being refreshed) so alternative approaches to getting this material to you all may well be employed!

### **Year 3**

We note and agree with the concerns raised about the Year 3 written assessment in the 2014-15 session. Our usual approaches to internal checking and quality before release to externals (for which there is clear policy at School and University level) were bypassed leading to the release of a paper for approval that did not reach our standards. We were grateful for <<>> prompt action in alerting us to this, meaning that senior academics were able to undertake a rapid and major revision. Specific support, training and supervision has already taken place for relevant staff members, with joint sessions in question writing, emendation, blueprinting and standard setting undertaken alongside the Head of Year and Chair of our Assessment and Standards Board with ongoing close monitoring by the Assessment Team. We also note the request for our psychometric analysis reports to be routinely available – this is standard practice in all other years and our Assessment Manager will ensure congruence. We will also explore the feasibility of providing a key summary of actions/outcomes of the previous year's board within the current year's exam board reports

### **Year 4 and 5**

We were pleased to see detailed and expert commentary about the strength of our processes, positive and confident views of our standards, psychometric reporting, Board of examiner and administrative processes (including approval of papers/blueprints).

## **COMMENTS AND ENHANCEMENTS**

External Examiner	Year	Nature and Effectiveness of enhancements	Research led teaching
<<>>	1 & 2	Ongoing changes seem well thought through, for example the reworking into the module body systems. This will, am sure, make better sense to the students and seems appropriately assessed.	Leeds has a good reputation for medical education research and it is clear that the team are well informed about best practice in medical education and that this informs the design of the curriculum and assessment.
<<>>	1 & 2	This year the IMS exam changed from one end of year exam to three in course exams with a cumulative pass mark of 50%. This reduced the pressure on the students during the end of year exam period and had the added bonus of reducing the amount of students missing from lectures in the last couple weeks of term. A new module, Body systems, was created by amalgamating Core body systems and nutrition and energy. I'm not sure how this change affected the programme.	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.
<<>>	1 & 2	The effectiveness of tutoring system at Leeds is commendable. The approach to tutor support at Leeds was been explained to me in at induction. It was evident in the BoE when discussing students in difficulty that Tutor support at Leeds is exemplary and that the tutoring system works well.	
<<>>	3		Leeds Medical School maintains its high reputation for medical education research although I am sure that this informs the curriculum I cannot give any particular items
<<>>	4	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.	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.
<<>>	4	There have been no substantial changes to the year 4 programme over the last year. I did not attend the initial	The written examination and OSCE stations I reviewed were clearly testing evidence-based practice, or best accepted practice in areas where the

External Examiner	Year	Nature and Effectiveness of enhancements	Research led teaching
		<p>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.</p> <p>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.</p>	<p>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.</p>
<<>>	5	<ol style="list-style-type: none"> <li>1) The assessment team co-constructed some of the OSCEs station with patient (voice) groups. This is an excellent idea that worked very well on the day and raises the patient's voice in the curriculum.</li> <li>2) Internal examiners were asked to record narrative about each candidates performance in the OSCE. Student feedback is often challenging to provide candidates in OSCEs – though this method goes somewhat in providing some personalised feedback. I would encourage the group to develop and finesse this initiative in the future.</li> </ol>	<p>The psychometric analysis of the results of the assessment were very much influenced by research. In fact several members of the assessment team have contribute to the evidence base around this topic.</p>
<<>>	5	<p>The assessment programme and use of sequential testing are clear examples of best practice nationally and internationally</p>	<p>Not able to assess from the content perspective but the assessment programme and design is a clear example of a research based assessment programme</p>

External Examiner	Year	Other Comments
<<>>	1 & 2	Thank you for all the support over the last 4 years – I have thoroughly enjoyed learning about the Leeds course and contributing to discussions.
<<>>	1 & 2	Staff reported an irregularity in the examination/invigilation process and that the time taken to resolve the issue exceeded that recommended in the University guidelines. The outcome was that the examination had to be rescheduled. The matter was handled appropriately by the lead academic at the time and in accordance with the University regulations. Students were consulted regarding the possible solutions and the exam was rescheduled promptly. The team felt that the disruption to students caused by rescheduling of the examination could have been avoided and thus, they were taking this matter forward at University level. I agree with the actions taken by staff in this case and I hope that they have managed to explore alternatives to cancelling the exam should a similar situation arise.
<<>>	4	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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 <i>all</i> checklist items on <i>all</i> stations.</li> <li>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.</li> </ol>
<<>>	4	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.
<<>>	5	Based on my observations I believe that the Final MB assessment at the University of Leeds (2014-15) was fair, conducted in a professional manner and comparative to other medical schools that I have experience of. The detailed post hoc psychometrics analysis of results confirmed that it was also a reliable assessment. I was very impressed with the organisation of the examinations and received good and timely communications from the assessment team. I would like to particularly thank the assessment team in facilitating my visits and responding to me queries in a timely manner. There were numerous examples of good practice that are detailed later in this report.
<<>>	5	Overall a very good and well run exam with many commendable features from a high quality team. The infrastructure support was exceptional given the size and complexity of the exam and the examiner ‘buy in’ at all levels was strong.

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

Once again, it is a pleasure to close this report on a background of positive commentary for our Assessment Strategy processes and outcomes, particularly highlighting areas where research led assessment informs latest developments. We were pleased to see psychometrics, sequential testing, improved Board of Examiner processes, curriculum enhancement, our Patient and Carer community and OSCE developments all favourably highlighted.

Ongoing work focuses on both the deployment of, and research into impact of narrative feedback for all students across all OSCEs, which alongside our new assessment management system will help us more effectively personalise learning and assessment for students. This is anchored to other initiatives including new Entrustability and Expectations guidance for students as they progress in clinical performance throughout their MBChB career.

Key actions for this year based on the combined reports include a focus on quality assurance of the Year 3 written exam process and content (as detailed previously) and enhancements to communication in advance of Examination Boards. We will also be exploring total content/burden in Year 4 sequential testing in an attempt to further enhance this highly successful model.

As noted in previous reports, we are always pleased to arrange visits for externals to meet relevant staff, students and observe/understand elements of the curriculum in more detail. Similar arrangements are available for externals to view project work (e.g. combined with a visit to attend a Board of Examiners) as well as see other assessment events in action – please do contact us!

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January 2016