

## The University of Leeds

### EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2015– 2016

#### Part A: General Information

##### Subject area and awards being examined

Faculty / School of:	Leeds Institute of Medical Education
Subject(s):	Medicine
Programme(s) / Module(s):	Integrated Summative Examination for the degree of MBChB
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?

##### For Examiners completing their term of appointment

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

This is the final year of my appointment which ends on 31 October 2016. I was on maternity leave at the start of my appointment (24/10/2012) and was unable to fully contribute until 24/05/13 when I first commented upon draft exam papers. Since that time I have reviewed exam papers and contributed to the following Board of Examiners meetings: June 2013, June 2014, June and Sept 2015, June and Sept 2016.

The induction at Leeds is excellent. The administration of the examination process by <<>> and <<>> colleagues has been excellent throughout for external examinership.

The academic team are clearly committed to ensuring the delivery of both an excellent programme and student experience. In addition, there is an obvious commitment from the academic and administrative staff to develop and improve the programme and the student experience. Attention to student well-being is a strong feature of the programme which has been consistently evidenced by the discussions amongst programme staff at Board of Examiners meetings.

The academic standards set by Leeds are in line with the QAA benchmark statements for medicine. The assessment processes are robust and rigorous and decision making processes are transparent and defensible.

It has been a pleasure to contribute in my role as external examiner.

## Standards

### 1. Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award

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

I 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.  
The standards set in the programme and in assessment are entirely appropriate for the award of MBChB.

### 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 confirm that the Aims, ILOs 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.

### 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 Integrated Summative MCQ and EMI assessments are effective assessment tools and there is good evidence of appropriate standard setting. This year following the Board of Examiners June Meeting, some errors were discovered in the automated marking process employed. Appropriate checks and rectifications were made and the procedure was amended to ensure that the Board of Examiners review a finalised set of marks in future.

These assessment methods are also employed in my own institution and others I have examined in. A broad range of other assessment methods such as e-portfolio, reflective logs, essays group work, posters and research reports are employed at Leeds and again, this is similar to my own and other institutions. Details on the grading criteria, use of anchor questions and mesh modelling were discussed at the exam board meeting and, as always, were entirely satisfactory.

The anatomy spotter examination and the in-course assessment in Laboratory and Scientific Medicine are both excellent elements of the assessment diet and clearly encourage regular engagement with the module content for the vast majority of the students.

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

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

Overall this cohort performed well. Only a very small number of students under-performed and mitigating circumstances and concessions were applied at the BoE where appropriate.  
Similar to last year, 1 student appeared to be underperforming due to a persistent lack of motivation; not an unusual statistic for medicine.

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

Assessments for ensuring competency in clinical skills appear to be robust. Informal observation of clinical skills performance in Campus to Clinic for 1 non-attendee was a sensible and flexible approach to take for 1 student.

### 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.*

Tutor support at Leeds is exemplary and that the tutoring system works well. I anticipate that the introduction of 360 degree feedback planned for next year will benefit students greatly.

### 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.*

Students undertake research activities and this is evident in the RES Strand where students experience quite a comprehensive range of research related activities such as generating a research question, conducting a literature review, engaging in data collection and analysis, report writing and presentation.

### 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

## 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, I was given an induction pack initially, I attended an External Examiners Induction Day (24/03/2014) and I was able to meet all staff, review documentation, meet students and observe students presentations. I have always been able to access guidance online and contact the Exam office staff whenever I needed to. The administration of the examination procedures is extremely efficient.

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.*

Yes, this was made available to me on induction, at the External Examiners Induction Day (24/03/2014) and I have access to the online resources for reference and updates.

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 am always impressed by the efficiency of the examination administration for this Programme. I received the draft papers in good time: I received (19/04/16) and reviewed (04/05) the Year 2 Integrated Summative MCQ and EMI.

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,

Only one minor error was found and my comments were received and considered.

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 did not see assessed or examined work this year.

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

n/a

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?

Yes I was able to attend both BoE meetings (26th June and 1st September 2016).

The administrative arrangements were excellent once again. The meetings run to schedule and were well attended by representatives of all strands. The meetings were expertly chaired by <<>>. Assessment guidelines were adhered to and a robust assessment process is in place. The recommendations of the Board in both cases were entirely satisfactory.

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

Yes, an appropriate system is in place for consideration of mitigating circumstances.

## Other comments

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

Staff reported that students complained about heat and noise during the Integrated Summative Examination. An analysis of performance across different rooms with and without heat and noise issues was conducted revealing no difference in exam performance across the rooms. I am satisfied that despite the complaint, the students were not disadvantaged in their assessment.

Similarly, for the Resit Anatomy Spotter examination, staff reported that noise from building works disturbed all students, every attempt was made to rectify the situation as soon as possible and despite the interruption, only a few students appealed.

However, going forward, the availability of suitable examination rooms for students remains difficult for the medicine programme since several exams fall outwith the University scheduled exam period. As an External examiner I would like to see more a more flexible approach from central University administration to ensure this does not reoccur.

## The University of Leeds

### EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2015– 2016

#### Part A: General Information

##### Subject area and awards being examined

Faculty / School of:

**Medicine and Health**

Subject(s):

**Medicine**

Programme(s) / Module(s):

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

**MB ChB**

##### 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*

**No**

##### Only applicable in first year of appointment

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

**This is my second year of appointment, but my contribution in Year 1 was limited because my appointment was ratified at a late stage. I have no record of receiving previous relevant External Examiners' reports**

##### For Examiners completing their term of appointment

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

## Standards

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

Fully

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

Yes

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

I have already commented about specific details of questions in the multiple choice papers that I reviewed, and I understand that my reservations have already been noted by the local team. As it stands, the questions include a significant proportion based on recollection of facts, rather than understanding of principle. The latter type of question provides better preparation for later years of medical school, and for the questions likely to be set for the proposed National Licensing Examination when it becomes a reality: I appreciate that this cohort will qualify before that becomes a reality, but being prepared for that eventuality for future cohorts cannot be a bad thing.

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

The performance was comparable to that of students at other institutions where I've been External Examiner, and to students at my own.

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

This programme includes clinical practice components, but learning and assessment of practice components of the curriculum occurs at a later stage

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.*

Not applicable

7. Please comment on the influence of research on the curriculum and learning and teaching
- This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.*

Not applicable

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

Not applicable

## 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

Not applicable

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

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.*

Yes

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 was provided with all draft examination papers. The level of the questions was appropriate, but the questions include a higher proportion based on recollection of facts, rather than understanding of principle, than I think preferable. Some disciplines provided more questions of this kind than others, which has the potential to alienate students from such disciplines.

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?

This is not applicable to a paper based on MCQs/SBAs

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

Not applicable

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 were entirely satisfactory for the whole process, including the operation of the Board of Examiners. I was able to attend the Board meeting, and I was satisfied with its recommendations.

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

I do not recall any requirement to discuss mitigating circumstances. Medical evidence should be discussed, in my view, by a separate panel so that student confidentiality can be seen to be maintained.

Other comments

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

I attended an Undergraduate Examination Board on June 21<sup>st</sup> 2016. I found the processes transparent and fair, and the amount of information provided was substantial but not overwhelming. It was also easily understood within the context of the examination board.

I understand that there is no team review of the MCQ papers, and I suggest that some form of emendation process should be considered: not only is it an excellent means of helping participants to understand how their contribution fits in the whole course, it would allow the reason for the inclusion of each question to be considered. The answers to one or two of the questions reflected examiners' personal views more closely than they did the published literature; such questions may appear to perform well because the answers match the taught material, but may disadvantage the student who prefers published sources.

**UNIVERSITY OF LEEDS**

**School of Medicine**

**MBChB Programme**

**External Examiner Unified Reports 2015-16 and programmatic response**

This unified report has been prepared by the MBChB Director's group 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 were again very pleased to see the range of positive, expert comment about assessment in the Leeds MBChB programme. A number of external examiner colleagues have also made thoughtful, critical comments about potential areas of ongoing enhancement – and these are particularly welcomed by the Assessment team at Leeds. The commentary from external examiners supports the ongoing approach to assessment scholarship via the School's Assessment Research Group.

Building on our philosophy of more 'personalised' approaches to assessment, a number of planned changes will see us continue to develop our models of continuous assessment in campus and via workplace assessment (both of which are increasingly 'diagnostic', facilitating early intervention to support students and personalise learning). Further tracking and profiling work from the earlier years of the course has provided strong evidence to introduce both a sequential model of assessment into Year 3 (allowing greater diagnostic accuracy) and year-long approaches to remediation based on the longitudinal success seen in Years 4 and 5.





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

Subject	Examiner
Year 1 & 2	
Year 1 & 2	
Year 2	
Year 2	
Year 3	
Year 3	
Year 4	
Year 4	
Year 4 & 5	
Year 5	
Year 5	

## REVIEW OF EXTERNAL EXAMINER COMMENTS

### STANDARDS 1

External Examiner	Year	Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Please comment on the assessment methods and the appropriateness of these to the ILOs
	1 & 2	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.	Yes, the aims and ILOs appear to meet the expectations of the national subject benchmark, and are appropriate for the level of Y1 & 2. These are similar to other medical schools.	<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.</p> <p>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. From the low failure rate of the students (which is comparable with our institution) it is apparent that the quality of the teaching, learning and assessment methods are excellent.</p>
	1 & 2	The aims and Intended Learning Outcomes are well aligned with those of the GMC's Tomorrow's Doctors. The structure and content of the programme is sound enough to deliver the curriculum and meet those ILOs.	Yes, the aims and ILOs appear to meet the expectations of the national subject benchmark and FHEQ, and are appropriate for the level of Y1 & 2. These are similar to other medical schools of which I am familiar.	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 and written examinations are appropriate to meet the ILOs of this programme and there is a fair process in place to allow remediation of any failed components before the end of the year. This year I did not see any examples of marked in-course work but the arrangements for marking seem to be efficient and

External Examiner	Year	Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Please comment on the assessment methods and the appropriateness of these to the ILOs
				<p>well organised. The written exam papers comprised of a wide range of challenging questions however, not many of them are actual SBAs and most would not pass the cover up test. I do appreciate this is difficult when assessing the basic sciences.</p> <p>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, and there is clear evidence of this in the 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 always get a fair hearing in the exam board meetings with full and frank discussions within the board.</p>
	2	<p>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> <p>The standards set in the programme and in assessment are entirely appropriate for 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</p> <p>Leeds is aligned to the standard set at my own Institution ( University) for year 2 Medical Students.</p>	<p>The Integrated Summative MCQ and EMI assessments are effective assessment tools and there is good evidence of appropriate standard setting. This year following the Board of Examiners June Meeting, some errors were discovered in the automated marking process employed. Appropriate checks and rectifications were made and the procedure was amended to ensure that the Board of Examiners review a finalised set of marks in future.</p> <p>These assessment methods are also employed in my own institution and others I have examined in. A</p>

External Examiner	Year	Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Please comment on the assessment methods and the appropriateness of these to the ILOs
				<p>broad range of other assessment methods such as e-portfolio, reflective logs, essays group work, posters and research reports are employed at Leeds and again, this is similar to my own and other institutions. Details on the grading criteria, use of anchor questions and mesh modelling were discussed at the exam board meeting and, as always, were entirely satisfactory.</p> <p>The anatomy spotter examination and the in-course assessment in Laboratory and Scientific Medicine are both excellent elements of the assessment diet and clearly encourage regular engagement with the module content for the vast majority of the students.</p>
	2	Fully	Yes	<p>I have already commented about specific details of questions in the multiple choice papers that I reviewed, and I understand that my reservations have already been noted by the local team. As it stands, the questions include a significant proportion based on recollection of facts, rather than understanding of principle. The latter type of question provides better preparation for later years of medical school, and for the questions likely to be set for the proposed National Licensing Examination when it becomes a reality: I appreciate that this cohort will qualify before that becomes a reality, but being prepared for that eventuality for future cohorts cannot be a bad thing.</p>

External Examiner	Year	Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Please comment on the assessment methods and the appropriateness of these to the ILOs
	3	ILOs and standards are appropriate	Yes, compares with other programmes	Appropriate methods
	3	The exam was at an appropriate level for students at this stage in their careers	<p>I have set exams and/or examined students at this level at _____ and _____ examined widely externally.</p> <p>This was a challenging exam for students at this stage of their careers. It set standards which I thought comparable or better than other major institutions where I have experience</p>	<p>The design and structure of assessment methods seemed entirely appropriate to the aims of the course. It was informed by best current practice.</p> <p>The results of the exams and my observations of students during the clinical exams suggested students had had ample opportunities to learn the domains examined.</p>
	4	As for last year, ILOs and programme structure are appropriate. Standards are good.	I have not considered QAA benchmark statement. The programme has received good review outcomes from the General Medical Council QABME visits in 2005, 2012 and in the GMC's Leeds Humber regional review in 2014-5. The curriculum outcomes meet the standards and requirements stated in the GMC's <i>Tomorrow's Doctors</i> . The Year 4 course has many features in common with that at _____ and _____ and other UK medicals schools where I have worked/examined.	As for the 2015 report, The Year 4 MBChB written assessments for progression use Single Best Answer (SBA) and Extended Matching Question (EMQ) formats 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. Practical clinical and communication skills are assessed using Objective Structured Clinical Examinations (OSCEs) These are the most widely used and validated format for the assessment for these skills. Both written and clinical test formats can be considered 'best practice' and are applied with considerable skill on the MBChB programme.

External Examiner	Year	Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Please comment on the assessment methods and the appropriateness of these to the ILOs
				<p>Year 4 end of year examinations employ a relatively novel assessment technique known as 'sequential testing'. In this process candidates who, on a first assessment (Sequence 1), are not performing to a high standard (usually a score greater than two standard errors of measurement above the raw pass mark) are subjected to a second assessment (Sequence 2) shortly after the first. Sequential testing for both written and OSCE elements of the end of year assessment is now in its fourth year of operation at Year 4 MBChB and is working well. The methodology is being extend to Year 3 of the course.</p> <p>In sequential testing there is no opportunity for re-sit and those failing to achieve a pass on their aggregate marks at the end of Sequence 2 are normally required to repeat the year. This year, for the first time, two candidates scored such low marks on the Sequence 1 OSCE as to make it statistically impossible to pass the examination in aggregate after Sequence 2. They therefore failed outright and did not take the second sequence. This unusual outcome was considered in some detail and approved by the Board. I am content with both discussion and outcome.</p> <p>The reliability coefficients of these major assessments in June 2016 were (again) very high for the MCQ assessments (.88 for Sequence 1 and .93 for Sequences 1 and 2 combined) and</p>

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				<p>acceptably good for the OSCE with .71 for Sequence 1 and a projected .77 for the combined Sequence 1 and 2 examinations. While less reliable than for the MCQ papers, these OSCE reliability coefficients are good for this type of assessment. High reliability coefficients can be hard to achieve in undergraduate OSCEs, mainly for technical reasons.</p> <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. In the past collation of all the in-course module and SSC marks by the time of the Board has sometimes been problematic. The Year 4 team are to be congratulated for the excellent performance this year when all marks were available for consideration at the Board.</p> <p>The combination of ICM and end-of-year progression assessments provide a robust assessment profile to ensure that competencies and ILOs for the year are achieved. They seem to work well.</p>
	4	The year 4 aims and objectives and intended learning outcomes are commensurate with year 4 of a medical undergraduate programme. The intended learning outcomes are appropriate for the	The aims and learning outcomes are appropriate to the GMC's document 'Outcomes for Graduates' and are similar to those expected at the	The assessment methods ie best of five written examinations and objective structured clinical examinations are consistent with best practice in medical education across the United Kingdom. The marking of these examinations are also consistent



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		structure of year 4 and clear to students and the standards expected are high but appropriate for the subject areas within year 4.	University of                    where I am year 5 lead.	<p>with best practice, and practice within Leeds medical school is recognised nationally as of a high/benchmark standard.</p> <p>The majority of students performed well to very well in the written examinations, where I considered the standards set appropriate but high.</p> <p>I observed the sequence 2 OSCE, ie those students that required to be observed further after the sequence 1 OSCE and in the majority of these students performed at a more than satisfactory level.</p> <p>Given these observations the quality of teaching and learning experience must be of a good standard.</p>
	4 & 5	The programmes ILOs are neatly aligned with the student assignments and are entirely appropriate.	Both the aims and ILOs seem entirely appropriate for this type of project – it is consistent with similar research projects in other medical schools	<p>The assessment method is appropriate.</p> <p>I note a 10% mark checked including all at grade boundaries</p> <p>I reviewed several projects across all grades on the morning of the exam board. Was very useful to have marker comments and marks as well as final outcome.</p> <p>I note though that the mark check can mean quite significant changes (24 from 18, 28 from 23, 50 from 57, 44 from 60). This suggests quite a wide range of discernment amongst markers/supervisors. I think it</p>

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				would be helpful for supervisors to be made aware of changes to their marks, to allow them to bring their marking into alignment. I would suggest introducing a system for new supervisors to have their marks reviewed and receive feedback.
	5	I believe the stated learning outcomes were commensurate and appropriate with the level of award. This is based on experience of my home institution ( ) and recommendations outlined by the GMCs in (Tomorrows Doctors 2009)	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)	The assessment modalities used in this examination process were appropriate and matched to the stated learning outcomes of the course, allocation of marks and classification of awards. The assessment instruments made judgements not only on the applied knowledge, but also the behavioural aspects of candidate's clinical competence.
	5	The final year OSCE exam maps well to the intended learning outcomes of the MBCHB programme.	The aims and ILOs match the national subject benchmark as defined by the GMC Tomorrows Doctors 2009 document.	The sequential OSCE examination represents a high quality approach to the assessment of clinical skills, knowledge and their application for final year medical students. The assessment programme at Leeds represents sector leading standards internationally.

## STANDARDS 2

External Examiner	Year	Were students given adequate opportunity to demonstrate their achievement of the Aims and ILOs	For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum	Please comment on the nature and effectiveness of enhancements to the programme(s) and modules since the previous year	Please comment on the influence of research on the curriculum and learning and teaching
	1 & 2	The spread of pass/fail students is comparable with those at my institution, and I believe did not show anything unexpected	N/A	The curriculum and related assessments appear to be stable and reflect a curriculum review which aimed to ensure that students were not over-assessed in the early years.	The curriculum appears to be research-led where appropriate. There are some good examples of students being taught transferrable research skills and actually putting these into practice by researching a chosen topic and presenting the results to a small group.
	1 & 2	I didn't get to meet any of the students over the last 2 academic years, or see	N/A	There were no significant changes to the programme this year but there was evidence that changes made the	The curriculum appears to be research-led where appropriate. There are some

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		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		previous academic year have certainly not disadvantaged the students.  I received an email this year informing me that I had been assigned as a mentor for the new external examiner. I think this is very good practice and I wish this had been in place when I first took the role on.	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.
	2	Overall this cohort performed well. Only a very small number of students under-performed and mitigating circumstances and concessions were applied at the BoE where appropriate.  Similar to last year, 1 student appeared to be underperforming due to a persistent lack of motivation; not an unusual statistic for medicine.	Assessments for ensuring competency in clinical skills appear to be robust. Informal observation of clinical skills performance in Campus to Clinic for 1 non-attende was a sensible and flexible approach to take for 1 student.	Tutor support at Leeds is exemplary and that the tutoring system works well. I anticipate that the introduction of 360 degree feedback planned for next year will benefit students greatly.	Students undertake research activities and this is evident in the RES Strand where students experience quite a comprehensive range of research related activities such as generating a research question, conducting a literature review, engaging in data collection and analysis, report writing and presentation.
	2	The performance was comparable to that of students	This programme includes clinical practice components,	Not applicable	Not applicable

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		at other institutions where I've been External Examiner, and to students at my own.	but learning and assessment of practice components of the curriculum occurs at a later stage		
	3	Standards of students compares well	The OSCE is well run with appropriate assessment material and good coverage of the curriculum		Very difficult to comment with such a broad curriculum as medicine. Certainly the assessment material is based on best evidence
	3	<p>Academic standards were comparable to other medical schools where I have experience.</p> <p>I was only able to visit the resit of the clinical exam. The student cohort was understandably at the weaker end of the spectrum (though with some exceptions)</p>	The clinical examination was well-designed and the questions ranged broadly across the curriculum. The tasks set were challenging but appropriate and students broadly performed at an acceptable level (with the caveat that this was a visit to the resit exam only)	(This is my first year as an examiner)	The choice of examination methods, the marking and approaches to quality were all in line with current best practice.
	4	Yes. The written (MCQ) papers are large and sample very widely to a well-conceived blueprint. The 16-station OSCE	I was able to observe directly the conduct of the Sequence 1 OSCE examination (Stations 1 to 8) held on June 8th in the	Year 4 is now in its fourth cycle of sequential testing and this seems to be working well. The technique has much to commend it. The Leeds version of	Elements of research practice, including critical appraisal, are embedded in the programme, although I have not studied this

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		<p>Sequence 1 OSCE is perhaps minimal in size for the broad skills content of Year 4 but still adequate and any candidates of concern will proceed to a further 16 stations in Sequence 2. The combined Sequence 1 and 2 OSCE of 32 stations is in fact large by UK standards. OSCE examinations, too, are carefully blueprinted to Year 4 Module ILOs and to GMC outcomes.</p> <p>I reviewed, and approved for use, both the three written papers and the two OSCE examinations prior to use. Although I am not a clinician, the standard looked to be appropriate for Year 4 Ebel method standard setting for the pass marks on written examinations and the use of the borderline regression method for OSCE stations looks to have</p>	<p>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 (as remarked before) one or two stations seemed to have long or complex item lists and candidate tasks. Post-test analysis of OSCE stations showed that the stations and examiners generally performed well.</p> <p>Once again, the conduct of this very large-scale and complex OSCE assessment was exemplary. The conduct of examiners and simulated patients was generally good and often excellent. The performance of the small</p>	<p>sequential testing is well known in the medical education community thanks to presentations and publications by Leeds Staff. The consequences of failure, remediation and repeat of the year for future performance are also the subject of current research.</p> <p>The marked improvement in MCQ writing, noted in my 2015 report has been maintained. Examination papers are received in good time and external examiners comments are collated and full responses provided to the Externals</p> <p>A much improved system for collecting and collating in-course marks and grades was put in place in 2014-15 and this year this resulted in a comprehensive collection of module, SSC and in-course marks were collated in time for the Examination Board. This represents a major collective achievement since the problems of collecting and collating marks in a year</p>	<p>in detail. All of students' teaching and learning in Medicine is evidenced -based and therefore ultimately informed by current research in medicine</p> <p>In terms of medical education research, particularly assessment research, then Leeds can be considered something of a national leader and the Faculty's ASPIRE award and curriculum and assessment design reflect this.</p>

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		<p>worked well. Both methods have been validated by extensive <i>post hoc</i> psychometric analyses, which were presented to the Board. It is difficult to judge the strengths and weaknesses of the cohort without resorting to detailed analyses of scores; the examiners should be able to perform this exercise.</p> <p>Apart from direct observation of candidates for two cycles of the Sequence 1 OSCE, all my judgements of the cohort have been based on perusal of test materials, overall mark sheets and psychometric reports. Taken together these suggest that the cohort has generally performed acceptably well in these demanding examinations.</p>	<p>sample of candidates who I observed showed the range of ability I would expect in Year 4 MBChB students.</p>	<p>of speciality studies are well know in my own institution.</p>	
	4	<p>I was very impressed by the breadth of competencies demonstrated at the sequence 1</p>	<p>The comments above are relevant to the clinical examination. Learning and</p>	<p>No particular enhancements I was made aware of.</p>	<p>Students undertake a research module during year 4 and have to have collected adequate data to proceed into year 5.</p>

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		<p>OSCE I observed last year and by the sequence 2 OSCE this year. Students were asked to demonstrate advanced clinical assessment, management and communication skills in various specialty areas and most demonstrated empathy and professionalism in a high stakes, high stress situation for them.</p> <p>Students performed at a similar level to students I observe at a similar stage in medical undergraduates.</p>	<p>assessment of practice components of the curriculum was appropriate and the majority of students performed at a good to high level.</p>		
	4 & 5	<p>Yes – the project work is well aligned with these</p>	N/A	<p>The module was new last year and I note planned changes to ESREP in future, in response to student evaluation and the recent GMC visit. I approve of these changes, which include greater supervisor training and support, and</p>	<p>This entire module is intended to expose students to their own research project. They also write a reflective note on their work which I would assume allows students to actually reflect on what they have learned from the experience (although I have not had a chance to review the</p>



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				condensing the amount of time spent on projects in fifth year.	reflections). As such it should be commended.
	5	It is my belief that candidates were given an adequate opportunity to demonstrate their achievements of the courses' aims and ILOs. The examinations were systematically blueprinted across the modules stated learning outcomes. I believe that the standard of candidates in this cohort were comparable to the cohort of 13-14, 14-15 and also Final MB medical students in my home institution (	The 'clinical practice' components, especially the OSCE delivered by the faculty team was an example of best assessment practice. They were not only fair, reliable and valid – but also delivered to a high standard. The team have to be congratulated on their efforts.	<p>For me a number examples of best practice were demonstrated in this years OSCE. However two areas stood out for me:</p> <p>1) The assessment team not only involved but engaged patient groups in the design and delivery of some of their OSCE stations. This is a tangible example of raising the patient's voice within the medical degree curriculum. Though anecdotal, the patient group representatives felt supported in their contributions to the assessment process. They also felt empowered to represent their particular area that they were representing.</p> <p>2) As evidenced by my observations, there was a good learning-relationship between staff and students. The students, largely, appeared to interact</p>	The psychometric analysis of the assessment results was very much influenced by research. In fact several members of the assessment team have contribute to the evidence base around this topic. This year I welcome the critical reflection on the lack of utility of the Cronbach's alpha statistic. In effect, I believe that their assessment process is maturing and becoming more sophisticated – hence making this more 'linear' statistic (Cronbach's alpha) increasingly redundant. Other medical schools should learn from this experience.

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				well with their tutors and were fully engaged and committed to the assessment process. Such good learning relationships are important in student experiences and their development.	
	5	Students are given ample opportunity to demonstrate their knowledge and skills relevant to clinical medicine as practised by foundation year doctors.	See above comments.	Not applicable	The main influence of research on the curriculum learning and teaching is through the internationally leading department of Medical Education at the Medical School in Leeds which has introduced innovative models of clinical assessment for the MBCHB programme. This has resulted in widespread recognition for the Leeds Institute of Medical Education.

## **STANDARDS – RESPONSE TO EXTERNAL EXAMINER COMMENTS**

We are grateful for the range of supportive comments to our approaches to assessment. A strong aspect of our assessment philosophy is that assessment should be ‘compassionate’ and we were pleased to note comments that our students did not appear to be over assessed. For more ‘campus based’ aspects of work (primarily Years 1 and 2 and ESREP), we are always pleased to make available in-course assessment and ESREP scripts, marking schemes and feedback. We are currently exploring changes to our portfolio and assessment platforms to allow us to share examples of work for external examiner colleagues to review at their convenience.

and make very cogent points about the nature of some of the SBA questions in Years 1 and 2 and a tendency to test knowledge rather than application. The 2016-17 academic year will see the launch of a newer ‘integrated’ paper, drawing together individual SBAs into a loose ‘clinical case’ that allows more integrated bundling of anatomy, clinical science, clinical practice and radiology (including images). These questions will be delivered both as assessment for learning formats and as part of the high stakes exam in Year 2, with an anticipated extension to Year 1, after evaluation, (complementing our very integrated approaches to learning).

We were pleased to see the positive comments about standards from \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, including commentary on the use of best evidence to inform/underpin assessment practices and instruments

\_\_\_\_\_ detailed report for Year 4 was very welcome and in particular comments and approval of the handling of a highly unusual situation (two candidates who had significantly low performances in Sequence 1/main testing). We are similarly very pleased to share the positive feedback to our Student Education Services team who are the cornerstone of our processes!

Our 18 month ESREP (extended research/evaluation project) is one of our newest assessment formats and \_\_\_\_\_ commentary is most germane. A significant amount of work has gone into the enhancement of ESREP, including scoring, a bigger focus on feedback at points throughout the project and support for assessors. The positive comments about our RESS (Research, Evaluation & Special Studies) are well received.

\_\_\_\_\_ and \_\_\_\_\_ indicate their support for the standards and approach to assessment in the final year of MBChB and we are grateful for their thoughtful comment. \_\_\_\_\_ highlights two key areas of strength – patient and student engagement both built on strong working relationships. Patients now play a major role in a wide range of our assessments in Leeds – designing and delivering OSCE stations, contributing to blueprinting, assessor training and feedback and this extends through all parts of the course where performance assessment is deployed (Year 2 feedback OSCE, Year 3-5 high stakes OSCE). Where possible, we try to engage a culture of co-production across the MBChB course, bringing students, patients and staff together to develop the course. This is particularly true of assessment development (where a number of ESREP and BSc Medical Education students actively critique and research our programme of assessment)

### ASSESSMENT PROCESS 1 (STANDARDS)

External Examiner	Year	Were you Provided with All Draft Examination Papers/Assessments? Was the Nature and Level of Questions Appropriate? If Not, Were Suitable Arrangements Made to Consider Your Comments?	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?
	1 & 2	I was sent all the examination papers in good time. 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.	I did not have any access to the student's work.
	1 & 2	I always received the exam papers for scrutiny in good time and any comments I made were replied to very quickly.	I did not have access to any student's work over my time as external other than 3 years ago when an issue arose.

External Examiner	Year	Were you Provided with All Draft Examination Papers/Assessments? Was the Nature and Level of Questions Appropriate? If Not, Were Suitable Arrangements Made to Consider Your Comments?	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?
	2	<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 (19/04/16) and reviewed (04/05) the Year 2 Integrated Summative MCQ and EMI.</p> <p>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,</p> <p>Only one minor errors was found and my comments were received and considered.</p>	I did not see assessed or examined work this year.
	2	I was provided with all draft examination papers. The level of the questions was appropriate, but the questions include a higher proportion based on recollection of facts, rather than understanding of principle, than I think preferable. Some disciplines provided more questions of this kind than others, which has the potential to alienate students from such disciplines.	This is not applicable to a paper based on MCQs/SBAs
	3	Yes. I was pleased to see that the content of the written/SBA paper was of a much higher standard this year	No scripts with this assessment
	3	I receive copies of draft and final exam papers.	I saw sufficient work to be confident. "Scripts" were machine marked questions so annotation not relevant.

External Examiner	Year	Were you Provided with All Draft Examination Papers/Assessments? Was the Nature and Level of Questions Appropriate? If Not, Were Suitable Arrangements Made to Consider Your Comments?	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?
	4	Yes. Generally, yes. Yes, all comments from Externals were collated, given full commentary, including action taken, and returned to the Externals. Commendable.	This doesn't really apply to MCQ and OSCE assessments. Standard of student works is judged from test materials and robustness of the standard setting process which determines the score required for students to demonstrate competence. These aspects were conducted well.
	4	I was provided with the drafts of the written papers and the sequence 1 and 2 OSCE stations and asked to comment on all of them. Adequate time to comment was allowed. I considered the nature and level of the questions appropriate. All comments provided by me and the other external examiner were tabulated and an individual response was documented to each comment and fed back to us. This was extremely helpful. Seeing a fellow examiner's comments is also helpful in benchmarking one's own critique.	The written examinations are best of five questions so this is not appropriate. Attending the sequence 2 OSCE I was able to observe the marking schedules (which I had already commented on) being used in real time and to see that all of these were clearly marked and annotated.
	4 & 5	The ESREP project doesn't have exam papers – I was able to view a selection of student reports.	Yes.
	5	Yes – 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)	With regards to the OSCE I was present on one of the main assessment days and was able to witness first-hand the stations being presented to candidates and their performance insitu.
	5	Yes	Yes





## ASSESSMENT PROCESS 2 (PROCESSES AND BOARDS)

External Examiner	Year	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.	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?	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?	Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?
	1 & 2	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.	The documentation I received was appropriate and adequate.	I attended the summative and resit exam boards. The administration arrangements were completely satisfactory. The operation of the meeting was very clear and logical. I was satisfied with the Board's recommendations.	Yes, I was satisfied that this was a fair process.
	1 & 2	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. I don't believe I was encouraged to request additional information but the relationships I had with the staff (especially the administrator) was such that I felt I could ask if I needed to.	The documentation I received was appropriate and adequate.	I was always sent the dates of the exam boards very early in the academic year and this allowed me to get these in my diary as soon as possible. I do feel however, that a reminder/confirmation (and notification of the room) nearer the time would be beneficial as I always have a slight anxiety that the date or start time may have changed, in fact the start time for the Sept meeting did this change this year.	Yes definitely. I am continually impressed with the full and fair hearing that the failing students get.

External Examiner	Year	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.	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?	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?	Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?
	2	Yes, I was given an induction pack initially, I attended an External Examiners Induction Day (24/03/2014) and I was able to meet all staff, review documentation, meet students and observe students presentations. I have always been able to access guidance online and contact the Exam office staff whenever I needed to. The administration of the examination procedures is extremely efficient.	Yes, this was made available to me on induction, at the External Examiners Induction Day (24/03/2014) and I have access to the online resources for reference and updates.	Yes I was able to attend both BoE meetings (26th June and 1st September 2016).  The administrative arrangements were excellent once again. The meetings run to schedule and were well attended by representatives of all strands. The meetings were expertly chaired by Assessment guidelines were adhered to and a robust assessment process is in place. The recommendations of the Board in both cases were entirely satisfactory.	Yes, an appropriate system is in place for consideration of mitigating circumstances.
	2	Yes	Yes	The administrative arrangements were entirely satisfactory for the whole process, including the operation of the Board of Examiners. I was able to	I do not recall any requirement to discuss mitigating circumstances. Medical evidence should be discussed, in my view, by a separate panel so that student

External Examiner	Year	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.	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?	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?	Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?
				attend the Board meeting, and I was satisfied with its recommendations.	confidentiality can be seen to be maintained.
	3	Yes,sufficient	Yes	I attended the board and was very satisfied with the arrangements	Yes
	3	The material I received was helpful and adequate for my role.	I received all relevant documentation.	I attended the exam board and was satisfied with the recommendations made.	Mitigation and medical evidence was carefully and appropriately dealt with.
	4	Did not rely on this guidance this year (Year 3) of my appointment	Have not looked at course materials, nor considered module marks in any great detail.	Administrative arrangements were again outstanding. I was able to attend the Board (run jointly with the Year 3 Board) and found it to be very well chaired, with well-prepared documentation and representatives of all the key areas available to present summaries of results. Recommendations on failing candidates were consistent, sensitive to candidates' circumstances and mindful of both degree regulations and the social responsibilities of medical education.	Yes. The information was reviewed at a separate meeting outwith the Board and recommendations made for the Board's approval. This system worked well.

External Examiner	Year	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.	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?	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?	Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?
	4	Material was sufficient	I received appropriate documentation	The administrative arrangements were satisfactory. I attended the Board of Examiners which was chaired impeccably and all processes were visible, carefully carried out and fair. I was satisfied with the recommendations of the board.	The mitigating circumstances panel had met before the board and its outcomes were necessarily confidential, however the outcomes of this panel were introduced clearly so as to confirm/guide student outcomes.
	4 & 5	I discussed this with the members of the medical school team this year when I visited – at present I have time before exam board to read through work on the day. While I am able to read anything I wish to see, it doesn't leave me much time to read everything. We have agreed that next year it would be easier to make this material available in advance. I have also asked to see the students' reflections next year. Finally, it would be useful to see the feedback given to students with everything else, which I saw this year but wasn't added initially.	I have received all the information I have needed.	I attended the Board of Examiners on the 15 <sup>th</sup> June 2016 – all satisfactory. My thanks to the admin team for making the whole process very straightforward.	A summary of the mitigating circumstances was presented at Exam Board and seemed appropriate. Suitable anonymity was also preserved.

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	5	The information provided to me was sufficient and made available in a timely manner.	Yes: I received appropriate documentation in relation to the course and assessment	Yes. The administrative arrangements were satisfactory. I was able to attend and contribute to the Board of Examiners meeting.	Yes
	5	Material was satisfactory for the role of external examiner.	Yes	Arrangements were satisfactory. I attended the exam board by teleconference and agreed with the recommendations.	Yes

## **ASSESSMENT PROCESSES – SCHOOL RESPONSE**

It is very pleasing to see the great feedback for our education service colleagues who are a key parts of the broader Assessment team in Leeds. This is often obvious during the preparation and delivery of assessments but more so in the operation of our assessment and examination boards.

As previously noted, we concur with commentary about the nature of some of our clinical sciences questions and anticipate that the new style 'integrated' paper in Year 2 will overcome this. We are continually working withour ICU teams to improve their understanding of good question writing.

We were delighted to see the positive affirmation of the conduct and processes of our Examination Boards. Mitigation/mitigating circumstances are discussed in advance of each Undergraduate Examination Committee and Board, ensuring confidentiality and sensitive handling of student issues – with the mitigating circumstances committee making a recommendation. The nature of this process means we have a skilled group of clinical and campus based academics who can provide a consistent approach across all years of MBChB

## MENTORING

External Examiner	Year	If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements
	1 & 2	N/A
	1 & 2	I did not have a mentor for my role as external examiner however I have acted as mentor this year for the new external examiner. I received an email from the University informing me that I had been assigned as mentor and I then made contact with We were both happy with this arrangement and although this is my final report and I am happy to continue this on an informal basis should need it.
	2	N/A
	2	Not applicable
	3	N/A
	3	not applicable
	4	Not applicable this year.
	4	
	4 & 5	N/A
	5	N/A

External Examiner	Year	If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements
	5	Not applicable

### OTHER COMMENTS

External Examiner	Year	Additional Comments and/or comments for examiners completing their term of appointment
	1 & 2	
	1 & 2	<p>Thank you very much for giving me the opportunity to act as external examiner on the MBChB course, I have really enjoyed it.</p> <p>I have always been impressed by the well designed and executed assessment methods. Changes made over the years to both the course and the assessment methods were appropriate and fair for the students and have improved the overall quality of the process. The assessment methods have always been very clear and transparent. The academic standards achieved by the students are comparable with my own institution. I have always been impressed by the fair hearing with full and frank level of discussion that the failed students give. Overall I've really enjoyed my time as external examiner at Leeds.</p>
	2	<p>Staff reported that students complained about heat and noise during the Integrated Summative Examination. An analysis of performance across different rooms with and without heat and noise issues was conducted revealing no difference in exam performance across the rooms. I am satisfied that despite the complaint, the students were not disadvantaged in their assessment. Similarly, for the Resit Anatomy Spotter examination, staff reported that noise from building works disturbed all students, every attempt was made to rectify the situation as soon as possible and despite the interruption, only a few students appealed.</p> <p>However, going forward, the availability of suitable examination rooms for students remains difficult for the medicine programme since several exams fall outwith the University scheduled exam period. As an External examiner I would like to see more a more flexible approach from central University administration to ensure this does not reoccur.</p>



External Examiner	Year	Additional Comments and/or comments for examiners completing their term of appointment
		<p>This is the final year of my appointment which ends on 31 October 2016. I was on maternity leave at the start of my appointment (24/10/2012) and was unable to fully contribute until 24/05/13 when I first commented upon draft exam papers. Since that time I have reviewed exam papers and contributed to the following Board of Examiners meetings: June 2013, June 2014, June and Sept 2015, June and Sept 2016.</p> <p>The induction at Leeds is excellent. The administration of the examination process by _____ and _____ colleagues has been excellent throughout for external examinership.</p> <p>The academic team are clearly committed to ensuring the delivery of both an excellent programme and student experience. In addition, there is an obvious commitment from the academic and administrative staff to develop and improve the programme and the student experience. Attention to student well-being is a strong feature of the programme which has been consistently evidenced by the discussions amongst programme staff at Board of Examiners meetings.</p> <p>The academic standards set by Leeds are in line with the QAA benchmark statements for medicine. The assessment processes are robust and rigorous and decision making processes are transparent and defensible.</p> <p>It has been a pleasure to contribute in my role as external examiner.</p>
	<b>2</b>	<p>I attended an Undergraduate Examination Board on June 21<sup>st</sup> 2016. I found the processes transparent and fair, and the amount of information provided was substantial but not overwhelming. It was also easily understood within the context of the examination board.</p> <p>I understand that there is no team review of the MCQ papers, and I suggest that some form of emendation process should be considered: not only is it an excellent means of helping participants to understand how their contribution fits in the whole course, it would allow the reason for the inclusion of each question to be considered. The answers to one or two of the questions reflected examiners' personal views more closely than they did the published literature; such questions may appear to perform well because the answers match the taught material, but may disadvantage the student who prefers published sources.</p> <p>This is my second year of appointment, but my contribution in Year 1 was limited because my appointment was ratified at a late stage. I have no record of receiving previous relevant External Examiners' reports.</p>
	<b>3</b>	

External Examiner	Year	Additional Comments and/or comments for examiners completing their term of appointment
	3	<p>This is my first year examining at Leeds. Because of the relatively short time prior to the exam since my appointment I was not able to attend the main diet of the exam. Attending the resit clinical exam had the obvious limitation that students were more likely to be of a lower attainment but allowing for this I was very happy with both the quality of the examination and the students response to it.</p>
	4	<p>To follow on from my comments in my 2015 report, I still feel that the combined sequence 1 and 2 examinations are very large. I accept that the variety of material in Year 4 necessitates a large examination blueprint for both the MCQ and OSCE component. Nevertheless, the very high reliability of the MCQ and acceptable reliability of the OSCE means that some reduction in the weight of assessment is possible without compromising examination quality, should the examiners so wish. This would save on both staff time and other resources. I realise that this may be undesirable, since the present arrangement probably assists in balancing the expectations of the wide variety of clinical disciplines represented in Year 4</p>
	4	<p>I attended the sequence 2 OSCE. In general this was well and efficiently organised and I am always impressed, and envious, about the number of staff that you manage to have trained and on hand for the OSCEs.</p> <p>I had a small number of comments:</p> <p>With regard to extra time for students with special circumstances, I understand the need for this where a significant amount of reading and/or writing was involved in the station (although I did not observe any stations this year where I thought this was the case), but I am surprised that extra time is allowed for clinical interactions. The students will have to be fit to work in a time-pressured NHS and therefore will have to be able to work at a similar rate to their colleagues. In we do not allow extra time for clinical assessments such as OSCEs. I think there is an important principle about assessing students as fit for work.</p> <p>I noted that students were given notebooks to carry around with them this year. I question the usefulness of this in general – many of the students just ended up copying out the instructions they were being given to read outside the station, which was also available to them within the station. I suggest the notebooks may therefore have decreased the usefulness of their preparation time. Some students did use the notebooks well, for instance doing a drawing to explain the pelvic muscles in station 24, and making notes while watching the recording of the patient with mania.</p> <p>Rest stations – one of the rest stations was right next to a station that the students were about to do. If the student in the station spoke loudly it was easy to hear what they were saying and I saw one student making notes during rest station about what the student ahead of was saying. This was rest station B21a before station 22. Unfortunately, I came to observe this as the exam was ending and so could not usefully draw this to anyone’s attention. I think the rest station should have been in the corridor and placement of rest stations might need to be considered carefully.</p>

External Examiner	Year	Additional Comments and/or comments for examiners completing their term of appointment
		In general, however, the sequence 2 OSCE ran very smoothly.
	<b>4 &amp; 5</b>	
	<b>5</b>	<p>Based on my observations I believe that the Final MB assessment at the University of Leeds (2015-16) was fair, conducted in a professional manner and comparative to other medical schools that I have experience of. 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 my queries. There are examples of good practice that are detailed earlier in this report.</p> <p>In terms of providing comment on areas for development, I have some suggestions for the assessment team to consider:</p> <ol style="list-style-type: none"> <li>1) As their assessment processes become more sophisticated – I believe that examiners will require a more ‘station’ specific OSCE briefing (rather than a more generic OSCE briefing) in future examinations. I observed (thought within acceptable parameters) of how OSCE examiners varied in their application of the written instructions - across similar stations in different circuits. This will have to be balanced by the resources efforts required to carry out such station specific briefings.</li> <li>2) I observed variation in the quality of written candidate feedback provided by examiners. Whilst there were examples of useful comments, there were also examples of less optimal comments that may not provide candidates with adequate information. Furthermore some of the feedback was bordering on being illegible. This is probably influenced by the relatively short time period examiners had to produce such feedback. Whilst this feedback mechanism has to be complemented – further refinements are required to maximise its full potential.</li> <li>3) In some of the history OSCE stations, candidates were encouraged to provide a summary to the examiner rather than the patient. I would encourage that, were possible, all history stations summaries - should be provided to the patient to ensure accuracy. This reflects real clinical practice and utilizes the impact / opportunity of assessment on learning.</li> <li>4) To the best of my knowledge ‘yellow cards’ are considered on a case to case basis. Whilst I agree with this – I would suggest that the assessment team consider a more explicit process of how they manage such examples of unsafe/unprofessional practice. Students, of course, should also be made aware of this process.</li> </ol>
	<b>5</b>	As stated above the final year sequential OSCE examination at the University of Leeds is of a very high standard both in terms of content, organisation, assessment and review at the exam board.

## **OTHER COMMENTS – SCHOOL’S RESPONSE**

Our thanks to all external examiner colleagues for their continued and thoughtfully critical support of the Leeds MBChB programme, particularly to those examiners who have completed their terms of office.

The commentary of \_\_\_\_\_ particularly in relation to suitability of examination space and availability is hugely supportive. We continue to work with the central examinations team in the University on this difficult issue, particularly because so many of our assessments sit outside of the University ‘examination period’ and we hope comments like these will support the School’s case.

\_\_\_\_\_ makes cogent comment on the value of emendation. There is actually an established process in place for this (particularly for review of items with ‘unusual’ performance), although we plan to build on this process to better support both emendation and Ebel rating through deployment of colleagues from different parts of the course into the Year 2 process

We were pleased to note \_\_\_\_\_ incisive commentary on the opportunities for reviewing the weight of Year 4 high stakes assessment. The enhancement of more continuous assessment models and introduction of Sequential Testing into Year 3 allow a refreshed look at the blueprinting of the Year 4 OSCE and knowledge papers and an exploration of whether assessment burden can be reduced (given the range of high quality whole test and item level metrics)

Comments are also made about reasonable adjustments and differing approaches across institutions and interpretations of DSAS guidance. This issue continues to be unresolved nationally with the GMC currently suggesting ‘local arrangements’. This is a challenging area for all UK Medical Schools but the launch of the Medical Licensing Assessment by the GMC may compel a national solution led by the regulator

makes thoughtful comment about the use of notebooks held by students in the OSCE (applied across all year). Research work in the 2009-10 session (based on reviewing notebooks after OSCEs had finished) showed a huge range in usage – some students copied out instructions, others wrote motivational statements, made brief notes to plan out their approach to stations or used the notebooks in station to jot down detail or interact with patients. Further student led work (BSc Medical Education and ESREP – currently being prepared for publication) has explored the complex rituals students go through before and during the OSCE and for a number of students writing out station instructions can be a useful way of managing initial anxiety and help focus.

makes a number of expert and thoughtful comments for which we are grateful – and some of the output from this will apply across all of our OSCEs. The nature of our Year 3 and 5 exams in particular (across multiple sites) challenges the conventional examiner ‘huddle’ but we continue to work to ‘personalise’ some of the instructions to examiners in station, accompanied by deployment of key features checklists to try and manage elements of variation.

Our ‘yellow’ cards (cause for concern) are handled by a small group (typically Head of Year in consultation with Head of Assessment and Standards or Director of MBChB). These are screened first and either shared with the student with some guidance (e.g. on dress code) or dealt with via personal interview

We are grateful for the advice in relation to feedback. Legibility (a problem that both of the authors of this report struggles with!) will become less of an issue as we transition to tablet marking and either dictated/typed feedback (correlating with the methods used in WBA in the School). Our Assessment Research Group has specific psychological expertise, and cognitive load modelling has been used to review existing OSCE feedback forms, redesign and generate a series of particular ‘prompts’ that we anticipate will improve feedback given. This parallels a wider initiative underway across the School and clinical practice ‘Focus on Feedback’.

, Director, Medical Education Programmes

, Associate Director, Medical Education Programmes; Head, Assessment & Standards Board