

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2015– 2016

Report for academic year 16-17 on (completed 6.7.17)

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine
Subject(s):	Medicine
Programme(s) / Module(s):	Year 3
Awards (e.g. BA/BSc/MSc etc):	MBChB

Name and home Institution / affiliation of Examiner

Title and Name of Examiner:	<<>>
Institution:	<<>>
Address for communication:	<<>>
Email:	<<>>
Telephone:	<<>>

Completed report

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

Alternatively you can post your report to: **Head of 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

Standards

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

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

The exam was at an appropriate level for students at this stage in their careers

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

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

I have set exams and/or examined students at this level at <<>>, <<>> and <<>> and examined widely externally. 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

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 design and structure of assessment methods seemed entirely appropriate to the aims of the course. It was informed by best current practice.
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.

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.*

Academic standards were comparable to other medical schools where I have experience.

I tried to visit each of the exam stations and so saw a number of students during the course of the day. In general the student performance was a very good standard. I did not see any students I had serious concerns about in this limited sample.

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

the clinical 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.

6. Please comment on the nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

I am not aware if any changes have been made to the programme in the last year

7. Please comment on the influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The choice of examination methods, the marking and approaches to quality were all in line with current best practice.

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

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.

The material I received was helpful and adequate for my role.

11. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks, marking criteria?

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

I received all relevant documentation.

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 saw and commented on the written and OSCE papers for the main sitting of the exam.

I did not see the OSCE resit exam in advance. It would have been useful to read through the stations in advance, however this was constructed from previously used stations for standard setting purposes, so it should have previously been assessed by externals

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 saw sufficient work to be confident.

"Scripts" were machine marked questions so annotation/ not relevant.

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?

I attended the exam board and was satisfied with the recommendations made.

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

Mitigation and medical evidence was carefully and appropriately dealt with.

Other comments

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

I commend the introduction of IPADs for marking. This worked extremely smoothly and was popular with examiners. It will prevent unchecked responses from occurring so will improve the scoring accuracy. It will also greatly decrease the administrative processing of exam results.

At the resit there were some difficulties which briefly delayed the start of the exam. These issues were being taken up between the academic lead and the exams administrator whilst I was there.

I understand that the introduction of some longer 10 minute stations is a recent innovation. I commend this: it will allow the examiners to set more clinically plausible tasks for candidates to undertake. This certainly has benefits for station validity. Since it allows more authentic stations to be developed one can argue it decrease the risk of capricious responses and so may improve reliability too. Whilst I was lead examiner at St George's for year 3 we moved to entirely 10 minute stations which enabled us to ask better questions.

I was concerned that some stations continue to say "cleans hands or offers to". Hand cleansing is a fundamental of good clinical practice and in the context of students at this stage in their careers and in a "shows how" exam I believe we should expect them to demonstrate hand cleansing, not just say they "would" do it

UNIVERSITY OF LEEDS

School of Medicine

MBChB Programme

External Examiner Unified Reports 2016-17 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 introduction of a new generic template for examiners' reports and delays in receiving reports (some still outstanding) has led to a decision to supply a later unified report than usual. This report is divided into 4 sections – Innovation/Enhancements/Matters for attention, Standards, Assessment & Feedback practice and Progression and Awards – 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 thoughtful, expert comment from external colleagues about assessment in the Leeds MBChB programme. Constructive and critical comments are particularly welcomed by the Assessment team at Leeds, albeit many reflecting policy and decisions at University level (e.g. mitigation and reasonable adjustments). 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).

List of External Examiners by Year of MBChB Programme

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

COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS

INNOVATION AND/OR GOOD PRACTICE & ENHANCEMENTS MADE FROM PREVIOUS YEAR

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
<<>>	1 & 2	I have observed good practice within the years 1 & 2 through clear coherence of subject areas and application to students.	N/A
<<>>	2		I have commented previously on the excellent tutor support at Leeds is exemplary; I am not aware of other enhancements although the 360 degree feedback system will have been rolled out this year and I anticipate this will be welcomed by students.
<<>>	3	The overall administration of the complexities of the OSCEs are good practice, the professional approach to psychometric analyses are exemplary.	The School have continued to be very responsive to suggestions to enhance written examinations
<<>>	3	N/A	I am not aware if any changes have been made to the programme in the last year
<<>>	4	As in my previous years of acting as external examiner the examination process has been carried out to very high standards. I was sent the written papers and Objective Structured Clinical Examination stations in good time to allow me to comment and for any modifications to be made. Each year the quality of both the written and the OSCE station questions has improved, such that now the vast majority are of a good to very good standard. There were no negatively worded lead-ins to the written best of five questions this year and all questions were clinically relevant for a student approaching foundation programme. The two sequence approach to written examinations represents a rigorous approach to ensuring that those students at the border between pass and fail are examined closely as to their fitness to proceed to year 5. The two sequence approach to the OSCE avoids all students having	The standard of written best of five question writing has improved again. Feedback to students is more extensive. Feedback from actor patients has been piloted this year and I gather will be used more extensively next year The reliability of the OSCE is being calculated using omega _t rather than Cronbach's alpha to acknowledge that correlations are around more than a single factor – with thanks to <<>> for explaining this to me

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
		<p>to sit 26 OSCE stations which would be burdensome to run, and again allows greater scrutiny of those students around the pass/fail division. The sequence 1 OSCE is an enormous undertaking. It is extremely well organised and the number of trained actor patients, examiners, invigilators and scrutineers that are available on the day is very impressive and a real demonstration of the School's commitment to high quality assessment. Students receive extensive feedback following their examinations including their grade, their decile ranking per paper and per integrated clinical unit, and a description of best practice in each OSCE station. I understand that students still report they are dissatisfied with feedback, but I consider this feedback more extensive than many students will receive in other schools. I am year 5 lead for the MBChB programme in <<>> and involved in years 4 and 5 of our current curriculum review. I consider the standards that students are asked to achieve at year 4 in Leeds are reasonable but high, and many of your students are functioning at a similar level to our <<>> students when they sit their final OSCE at the end of year 4 and their written finals half way through year 5. In particular I consider the range and content of the OSCE, the spread of written and OSCE questions across the year 4 units, the use of well-trained actor patients, the use of scrutineers, feedback to students (including the introduction of feedback from some actor patients this year), and the post examination data analysis and handling to represent best practice.</p>	
<<>>	4	<p>The assessments involved 2 sequences- Sequence 1 consisting of 16 stations and sequence 2 of 10 stations. This arrangement allowed the weak students to be re-assessed during Sequence 2. This is an innovative system of sequential assessments.</p>	<p>This is my first year of acting as external examiner.</p>

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
<<>>	5	<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) In this year's cohort of candidates, the assessment team had to accommodate a wide array of students with special requirements (e.g. variation in OSCE station times and other physical adjustments). I believe that the assessment team strived to accommodate these candidates and did so in a professional manner.</p> <p>2) The blue printing process for the assessments were systematic and representative of the courses learning outcomes. I was particular pleased to see key topics such as Sepsis and AKI in the OSCE.</p>	
<<>>	5	<p>Overall the exam is of a very high standard and continues to represent best practice for this type of exam in the UK.</p>	

SCHOOL RESPONSE TO POINTS OF INNOVATION AND/OR GOOD PRACTICE & ENHANCEMENTS MADE FROM PREVIOUS YEAR

The School is very pleased to see our externals' broad ranging comments about assessment in the Leeds MBChB, reflecting ongoing developments throughout the programme.

Our sequential testing formats are beginning to mature well at Year 4 and 5 level, and as noted will be accompanied by the roll out of this approach to high stakes testing in Year 3, based on validity studies and predictive outcomes. This complements ongoing analytic and design work to enhance all of our assessments, and meaningful use of assessment data to help customise individual approaches to assessment based on learner engagement and ability.

Major work at present focuses on feedback enhancements (through our Focus on Feedback initiative) and it has been pleasing to see positive views about this. This complements strategic work to develop assessment for learning opportunities as we correlate student engagement with (behavioural) measures of self regulated learning.

COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS

MATTERS FOR URGENT ATTENTION

External Examiner	Year	Matters for Urgent Attention
<<>>	1 & 2	None
<<>>	2	None
<<>>	2	1) There needs to be clear guidelines about the distinction between, and the use of, extenuating and mitigating circumstances processes – see Box 16 2) Quality control of MCQs: see Box 12 second paragraph.
<<>>	3	<p>This is not so much a comment on special circumstances being transmitted to the board but rather about special circumstances adjustments in examinations in a clinical degree. I observed the OSCE examinations including arrangements for students with special circumstances otherwise known as reasonable adjustments. The OSCEs mimic the clinical tasks that the students will be expected to undertake when they begin work as a doctor. They are inevitably time limited. However they do not require time to read large amounts of material that students are unfamiliar with. They do not create circumstances that are in complex physical environments.</p> <p>The arrangements were that for all students with special circumstances the adjustment was a blanket 25% extra time to complete the tasks. From my observations and the comments of the examiners I feel strongly that these are not “reasonable” adjustments. They are not reasonable to the students without special circumstances all of whom, I am sure, could have done much better with that extra time. They are not reasonable to the students with special circumstances as those adjustments may not be able to made in the clinical environment of the NHS. So if a newly qualified doctor examined under these arrangements was not given 25% extra time to complete their work in the Foundation Programme that will put increased pressure on those doctors with possible detrimental effects to their mental health.</p> <p>It should also be argued that in a time and resource pressured NHS is it reasonable for the patients to be looked after by clinicians who have not been assessed to complete a clinical task in an appropriate time frame? I have witnessed similar assessments in many other schools and have not witnessed a blanket approach for considerable extra time whatever the circumstances. Mostly other schools have recognised the future consequences for such adjustments and the reasonableness has either been to acknowledge the reality of time pressure or, if necessary to make some adjustments to the cases that does not disadvantage students with disabilities and could reasonable be expected to be provided in a future work environment.</p>

External Examiner	Year	Matters for Urgent Attention
		I also know that the Medical School is responding to University Wide systems of special circumstances. Work from the GMC and the Medical Schools Council Assessment Alliance has shown a lack of similarity of adjustments between different Universities and yet the output of all the medical schools is to the circumstances of an identical working environment.
<<>>	3	None
<<>>	4	None
<<>>	4	None
<<>>	5	None
<<>>	5	None

SCHOOL RESPONSE TO MATTERS FOR URGENT ATTENTION

We welcome the constructive criticism and key points about areas for enhancement and improvement in respect to paper assembly (Year 2) and continued discussion in respect of mitigating and extenuating circumstances and University level decisions on reasonable adjustments for assessment. <<>> comments and suggestions have been most helpful to our Year 2 assessment team in respect of SBA enhancements, and support a longitudinal initiative developing highly integrated item design

<<>> comments about the range of approaches to reasonable adjustment to learning and health related impairments are very germane. We would agree that this is widespread across the UK and that there is no national 'standard'. We would extend this debate further – there is no 'identical working environment' for F1 doctors nationally, and clearly similar variations in practice to dealing with reasonable adjustments across PG assessments in the UK, and how such adjustments are dealt with locally as part of Transfer of Information processes.

At Leeds, reasonable adjustments are decided on by central University processes and disability assessors independent of the School. The School continues to discuss and influence some of this approach and the need for recommendations to be contextual to both patient care and the level of student seniority.

As noted before in this digest, there is a need to balance academic context/content with expert legal viewpoint on application of the DDA. Mindful of debate within the General Medical Council about the need to explore reasonable adjustment policies for the forthcoming Medical Licensing Assessment, we are continuing to highlight and debate these issues with colleagues in the central University and disability services and are grateful for our external examiners' comments.

REVIEW OF EXTERNAL EXAMINER COMMENTS

STANDARDS 1

External Examiner	Year	Is the overall programme structure coherent and appropriate for the level of study?	Does the programme structure allow the programme aims and intended learning outcomes to be met?	Are the programme aims and intended learning outcomes commensurate with the level of award?	Did the aims and ILOs meet the expectations of the national subject benchmark?
<<>>	1 & 2	Yes	Yes	Yes	Yes
<<>>	2			Once again, from the draft exam papers 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.	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 (<<>> University) for year 2 Medical Students.
<<>>	2	Yes		Fully	Yes
<<>>	3	Yes	Yes	Yes	Yes
<<>>	3			The exam was at an appropriate level for students at this stage in their careers	I have set exams and/or examined students at this level at <<>>, and examined widely externally. 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
<<>>	4	Yes	Yes	Yes	Yes

External Examiner	Year	Is the overall programme structure coherent and appropriate for the level of study?	Does the programme structure allow the programme aims and intended learning outcomes to be met?	Are the programme aims and intended learning outcomes commensurate with the level of award?	Did the aims and ILOs meet the expectations of the national subject benchmark?
<<>>	4	Yes	Yes	Yes	Yes
<<>>	5	Yes	Yes	Yes	Yes
<<>>	5	Yes	Yes	Yes	Yes

STANDARDS 2

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
<<>>	1 & 2	Yes -The MBChB course in years 1&2 is entirely appropriate and within the GMC's expected outcomes. The course is well designed in trying to ensure that students have the time to assimilate information, to understand learning outcomes and importantly, are not over assessed in these early years.	Research led teaching is apparent in the curriculum	Clinical practice components are in later years and not within my remit as an external examiner for years 1&2
<<>>	2		I cannot comment on any subsequent developments in this regard as I did not attend BoE.	I cannot comment as I did not attend BoE.
<<>>	2	Yes	NA	This programme includes clinical practice components, but learning and assessment of practice components of the curriculum occurs at a later stage.
<<>>	3	Structure, etc are is comparable with other institutions	Yes	Yes - Appropriate components but see comments in Matters for urgent attention

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
<<>>	3		The choice of examination methods, the marking and approaches to quality were all in line with current best practice.	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.
<<>>	4	Year 4 represents a coherent and well organised programme of study building on that in year 3 and preparing students for year 5 and the foundation programme. The aims and learning outcomes are appropriate and mapped against the GMCs Tomorrow's Doctors/Outcomes for Graduates. I think some of the learning opportunities represent innovative practice for instance the research and evaluation project spanning years 4 and 5	Questions asked of students within assessments are clearly evidence-based, where appropriate explicitly so, assignments require students to for instance, carry out rapid literature reviews, and as above the evaluation and research project spanning years 4 and 5 is particularly commended in preparing students for research projects within the world of work.	The integrated clinical units in year 4 provide a broad range of appropriate clinical practice components, which are assessed in a number of ways. Engagement with the units is required in terms of attendance, clinical logs and completion of case reports, and the clinical practice all feeds into the end of year written and OSCE assessments.
<<>>	4	Yes	This is an undergraduate medical degree and the predominant emphasis in these assessments is on	I observed sequence 2 of OSCEs including stations on explanation of lithium therapy for bipolar disorder, Assessment of sexually transmitted disease in a homosexual male patient, dystonic tremor in a female patient, interpretation of blood results in a diabetic patient and

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			knowledge and practice.	explanation to the patient. These clinical scenarios were all directly relevant to clinical practice..
<<>>	5	<p>Yes. 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 GMC (Promoting excellence: standards for medical education and training, 2016)</p> <p>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.</p>	<p>The psychometric analysis of the assessment results were influenced by research. Assessment processes are maturing and becoming more sophisticated. Therefore I was glad to see a transition from using Cronbach's alpha to the Omega statistic as an OSCE quality marker. This very much reflects the multidimensional aspects of what OSCE stations are assessing.</p>	<p>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.</p>
<<>>	5	<p>Yes. The standard of the vast majority of students I observed was high and</p>		<p>The stations included a number of realistic and relevant scenarios with potential of serious clinical problems requiring</p>

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		<p>they demonstrated a good level of communication and patient focus given the rather pressurised and somewhat artificial nature of an OSCE exam setting.</p>		<p>Careful consideration and assessment of risks. The scenarios included new stations focussing on acute kidney injury and the assessment of a deteriorating patient with sepsis.</p> <p>Further stations assessed syncope secondary to drug induced GI bleeding, back pain associated with steroid related osteoporosis and vertebral crush fracture, shared decision making and education in a patient reluctant to adhere to therapy for hypertension and collapse in an older patient with heart block and hypothyroidism. The students returned on the following day for a further series of scenarios evaluating clinical skills in 8 minute stations including examination of the respiratory system, preoperative assessment, interpretation of abnormal findings from neurological examination (media clips), death certification, fluid prescribing and cannula placement, completion of drug chart and arterial blood gas sampling. Clearly not all domains of clinical practice can be covered in an OSCE but the sample included in the exam represents a comprehensive sampling of relevant skills for an FY1 Doctor. I am aware that the assessment is carefully blueprinted and that those students who failed to achieve a convincing pass will return for the Sequence 2 component which has an increased focus on core clinical skills.</p>

STANDARDS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

We were grateful for our externals' comments and the very detailed digests particular from external examiners involved with Year 4 and 5 of the programme. These support ongoing work to ensure our performance tests continue to reflect authentic practice (accepting the constrained nature of the OSCE) and are supported by an extensive portfolio of in-training assessment across all years.

The use of complex, high stakes performance tests are restricted to Years 3-5, but clinical practice training begins from Term 2 of Year 1. This is assessed using in-training, workplace and professionalism assessments, with a focus on learning and feedback.

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

ASSESSMENT AND FEEDBACK

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
<<>>	1 & 2	The programme has clear links between the intended learning outcomes and assessment methods, including in-course assessments, written examinations and spotter tests (to identify students who require extra support).	yes	The exam results are comparable to the University of <<>>, School of Medicine. The exam marks fell within a normal distribution, with high achieving students, and a small number of poorly performing students. As with many courses, and specifically within medicine, there are a small number of students who consistently fail exams and resit the year. However, these issues are widespread and not specifically related to the course at Leeds. Improving Assessment is an ongoing process and observed that the team were in discussion about some slight changes to the Ebel method for next year.	
<<>>	2	I have commented previously on the methods employed. I believe the Integrated		I cannot comment as I did not attend BoE and did not see the student performance data.	

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		Summative MCQ and EMI assessments are effective assessment tools and certainly the exam papers were of the same format this year .These assessment methods are similar to those employed in my own institution and others I have examined in.			
<<>>	2	On previous occasions, I have been presented with MCQ and other papers, often with a request for very rapid scrutiny because of looming deadlines. I have found the balance of topics to represent a fair and appropriate coverage of the curriculum, but I have made a substantial number of corrections, often of minor and simple errors of	The performance was comparable to that of students at other institutions where I've been External Examiner, and to students at my own.		

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		<p>grammar and spelling; there have also been a few errors of fact and ambiguities of language. The most recent papers have a similar error rate, and I have a strong sense that I'm correcting the same errors in the same questions. On previous occasions, I've received an accumulated list of responses from the individual speciality leads, but this did not happen on this occasion. The persistence of these errors creates a poor impression in external examiners, and if the errors remain in the final versions presented to students, they will create a poor impression in students: medical students (at least as a cohort) are</p>			

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		characterised by attention to detail, and most have high-level language skills. There are a number of possible solutions, and I'd suggest a multidisciplinary, team-based scrutiny process: that might have major spin-off advantages in team building and mutual understanding between module leads. A shared internal bank of questions would also help, and assist in the generation of the final papers.			
<<<>	3		Yes	Yes. The standards are comparable to other institutions that I have seen.	
<<<>	3	The design and structure of assessment methods seemed entirely appropriate		Academic standards were comparable to other medical schools where I have experience. I tried to visit each of the exam stations and so	

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>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>		<p>saw a number of students during the course of the day. In general the student performance was a very good standard. I did not see any students I had serious concerns about in this limited sample.</p>	
<<>>	4	<p>Assessment methods for and of learning are appropriate; assessment for learning being through engagement, clinical logs, case reports, study protocols and reports, and assessment of learning through written best-of-five and extended matching questions and OSCE stations.</p> <p>I consider these assessment</p>	Yes	<p>The majority of students performed well in their assessments, some very well and I consider the standard of students that I observed to be very similar to students at the University of <<>>.</p>	<p>I think the introduction of greater feedback ie grade, decile ranking overall, and decile per group of stations or questions grouped according to integrated clinical units with a narrative description of a good performance in an OSCE station plus written feedback from examiners and some actor patients should be</p>

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>methods appropriate to the ILOs and the methods used to be designed well and to represent best practice. I cannot comment on marking of projects/case reports as I have not seen these, but the written assessments are marked optically and data handled carefully thereafter, and the OSCE stations have standardised marksheets to guide examiners, with input to the student's final mark from the actor/patient. Some marksheets provided more structured guidance to examiners than others – I considered some might allow some variation in how marks were awarded, and suggest that greater structure within</p>			<p>welcomed by students and will help them to identify their strengths and areas where they require more work.</p>

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		marksheets that look similar across stations would lead to most consistent practice and allow examiners to move between stations if necessary.			
<<>>	4	I was satisfied with the assessment methods and the degree of due diligence associated with determining the pass marks for each OSCE station and for determining the overall pass mark for the examination.		I was impressed by the performance of the students that I observed during Sequence 2 on 29 June 2017. I had expected that the clinical performance would be mediocre given that these were the weaker year 4 students but to my surprise many of these students were as proficient at the tasks as year 5 students that I have examined or observed in other institutions.	The GMC Accredits all undergraduate medical courses and their associated assessment methods
<<>>	5	It is my belief that candidates were given an adequate opportunity to demonstrate	Yes	I believe the stated learning outcomes were commensurate and appropriate with the level of award. Furthermore candidate's performances	

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>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, 15-16 and also Final MB medical students in my home institution (<<>>).</p>		<p>were also commensurate with candidates at a similar level in other institutions. This is based on experience of my home institution (<<>>) and recommendations outlined by the GMC (Promoting excellence: standards for medical education and training, 2016)</p>	

ASSESSMENT AND FEEDBACK – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

We were pleased to see wide ranging and positive comments about the appropriateness of assessment methods, conduct and delivery of our performance tests and in the main, knowledge tests. We are particularly interested to see externals' views on the conduct and capability of those candidates entering Sequence 2 of our tests, and the positive commentary in respect of enhanced feedback.

The comments about a team-based approach to question scrutiny have been taken onboard for 17-18 in year 2.

The Exam team have looked critically at timelines for the production of exam questions and put in place a new operating procedure supported by an electronic system to monitor question production and quality assurance. Key personnel are now alerted as soon as a stage in the process is late and reminders are automatically generated and followed up. This should reduce the risk of questions being sent late to external examiners.

Processes for proof reading of questions have been tightened, in particular, there has been a move to group review of questions with editing and correction of grammatical and typing errors. Questions will then be held centrally to ensure that changes are preserved and not duplicated in future years. The team approach has, as predicted by our external, had a positive team building effect and produced a higher standard of question.

PROGRESSION AND AWARDS PROCESS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

As the majority of the questions in this section of the template were 'yes/no', we have summarised examiner satisfaction with our processes (guidance, documentation, conduct and recommendations of the Board). <<>> comments in respect of reasonable adjustments have been highlighted in the earlier 'matters for attention' section

We were very grateful to <<>> for <> highly detailed narrative report, with particular focus on the conduct of our Finals Examination Board:

On Tuesday 13th June I attended the pre exam board meeting chaired by <<>> and the subsequent exam board chaired by the Executive Dean <<>>. At the pre exam board meeting two other external examiners were present and we had a full and detailed discussion of the overall performance of the examination and the student performance in all elements of assessment throughout their final year including their extended research project. The full performance data and psychometric assessment were available and discussed in detail at the meeting. The individual students failing one or other or both components of the final year exam were discussed in detail and appropriate recommendations were made with regard to progression and eligibility to repeat the year and assessment. Attention was drawn into students reaching the end of the seven years allowed for completion of the course.

The discussions at the pre exam board meeting were detailed and there was an appropriate balance of all factors relevant to student performance. The subsequent exam board was very professionally undertaken and reflected the detailed preparatory work done by the entire team running the examinations. The recommendations to the exam board were accepted and the detailed process around providing the students with their results and advise and support for those failing students was outlined. All external examiners commented positively on the conduct of the examination overall and the exam board.

<<>> made some very valuable comments in relation to the distinction between extenuating and mitigating circumstances in the Year 2 Board. <> comments were discussed at our Assessment and Standards Board and a decision made to stop using the terms extenuating circumstances as it was causing confusion with staff and students. The process has been simplified with ICU managers being given the authority to grant an extension to an in-course hand-in date provided a request was made in advance of the deadline and all other matters being dealt with through the mitigating circumstances procedures. The new process has been communicated to staff and students and is supported by a new extension request form.

OTHER COMMENTS

External Examiner	Year	Other comments
<<>>	1 & 2	The team at Leeds have made every effort to ensure that I am well informed about the course – arranging a day of workshops and meetings with relevant leaders, along with students.
<<>>	2	I attended an Undergraduate Examination Board on June 20 th 2017. 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.
<<>>	3	<p>I commend the introduction of IPADs for marking. This worked extremely smoothly and was popular with examiners. It will prevent unchecked responses from occurring so will improve the scoring accuracy. It will also greatly decrease the administrative processing of exam results. At the resit there were some difficulties which briefly delayed the start of the exam. These issues were being taken up between the academic lead and the exams administrator whilst I was there.</p> <p>I understand that the introduction of some longer 10 minute stations is a recent innovation. I commend this: it will allow the examiners to set more clinically plausible tasks for candidates to undertake. This certainly has benefits for station validity. Since it allows more authentic stations to be developed one can argue it decrease the risk of capricious responses and so may improve reliability too. Whilst I was lead examiner at <<>> for year 3 we moved to entirely 10 minute stations which enabled us to ask better questions.</p> <p>I was concerned that some stations continue to say “cleans hands or offers to”. Hand cleansing is a fundamental of good clinical practice and in the context of students at this stage in their careers and in a “shows how” exam I believe we should expect them to demonstrate hand cleansing, not just say they “would” do it</p>
<<>>	4	<p>We spent some time discussing a student who has taken time out from the programme on a number of occasions due to ill health and contrary to year lead and student progression advice continued in year 4, before having to suspend studies again. He was offered a further chance to restart year 4, despite being above the School's guidance that students should complete their medical studies within 7 years. There was considerable doubt amongst Board members who knew the student that he would ever be fit to practise, and a feeling that the School was doing him a disservice, allowing a student to continue to study towards a professional qualification he would probably never be able to take up work in.</p> <p>I am aware that this is an issue within other schools, my own included, but I do think that students on professional programmes are not ‘just’ studying towards a degree and should perhaps be viewed slightly differently from other students ie they need to be fit to practise at the end of the qualification (even if they do not know if they wish to continue in medicine they require to do the first year of work to become registered).</p>
<<>>	4	I attended the sequence 2 OSCEs and the Board of Examiners’ meeting. The OSCEs that I observed included stations on bipolar disorder, dystonic tremor, interpretation of diabetes blood results with exploration with the patient. The examination ran smoothly and the patient simulations were consistent across candidates and circuits. The examiners were courteous, and polite. The clinical scenarios were appropriate

External Examiner	Year	Other comments
		and I was impressed with the performance of the candidates especially that these candidates were taking the sequence 2 examinations. I was particularly impressed with the statistical approach to determining the reliability of the OSCEs. In conclusion I was satisfied with the examinations.

OTHER COMMENTS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

<<>> makes an important comment in relation to the currency of all Primary Medical Qualifications, and the fact that the School, in awarding the MBChB degrees is indicating to the General Medical Council that there are no concerns in relation to Fitness to Practice. We agree with the comments made, and will share these with relevant colleagues (Director of Student Progression and Faculty Pro-Dean/Committee of Applications chairs who deal with appeals beyond the School).

We are grateful to all our external examiners for their expertise and contribution to ongoing enhancement for the Leeds MBChB programme. For those externals reaching their term of office, we extend our particular thanks for their continued, longitudinal criticism and encouragement and support/mentorship for both new external examiners and colleagues within the School.

<<>>, Director, Medical Education Programmes

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

The University of Leeds
EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2016-17

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine
Subject(s):	<i>Medicine</i>
Programme(s) / Module(s):	Year 3
Awards (e.g. BA/BSc/MSc etc):	MbChB

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

Points of innovation and/or good practice

Please highlight areas of innovation or good practice within the programmes or processes you have been involved with in this box. The overall administration of the complexities of the OSCEs are good practice, the professional approach to psychometric analyses are exemplary.

Enhancements made from the previous year

Please highlight any enhancements made to the programme(s) or processes over the past year in this box. The School have continued to be very responsive to suggestions to enhance written examinations

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
 Please see comments after section 35

For Examiners in the first year of appointment

1.	Were you provided with an External Examiners Handbook?	Y / N
2.	Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?	Y / N
3.	Were you provided with a External Examiner Mentor?	Y /N

For Examiners completing their term of appointment

4.	Have you observed improvements in the programme(s) over the period of your appointment?	Y /
5.	Has the school responded to comments and recommendations you have made?	Y /
6.	Where recommendations have not been implemented, did the school provide clear reasons for this?	N/A
7.	Have you acted as a External Examiner Mentor?	/N

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School
 It has been a very positive experience. The school have been receptive of my comments and diplomatic.

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Standards

8.	Is the overall programme structure coherent and appropriate for the level of study?	Y /
9.	Does the programme structure allow the programme aims and intended learning outcomes to be met?	Y /
10.	Are the programme aims and intended learning outcomes commensurate with the level of award?	Y /
11.	Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?	Y /
12.	Is the programme(s) comparable with similar programmes at other institutions?	Y /
<p><i>Please use this box to explain your overall impression of the programme structure, design, aims and intended learning outcomes.</i> Structure, etc are is comparable with other institutions</p>		
13.	Is the influence of research on the curriculum and learning and teaching clear?	Y /
<p><i>Please explain how this is/could be achieved (examples might include: curriculum design informed by current research in the subject; practice informed by research; students undertaking research)</i></p>		
14.	Does the programme form part of an Integrated PhD?	N
<p><i>Please comment on the appropriateness of the programme as training for a PhD:</i></p>		
15.	Does the programme include clinical practice components?	Y /
<p><i>Please comment on the learning and assessment of practice components of the curriculum here:</i> <i>Appropriate components but see comments after section 35</i></p>		
16.	Is the programme accredited by a Professional or Statutory Regulatory Body (PSRB)?	Y /
<p><i>Please comment on the value of, and the programme's ability to meet, PSRB requirements here:</i> Meets GMC requirements</p>		

Assessment and Feedback

17.	Does the programme design clearly align intended learning outcomes with assessment?	Y /
<p><i>Please comment on the assessment methods and the appropriateness of these to the ILOs, in particular: 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></p>		
18.	Is the design and structure of the assessment methods appropriate to the level of award?	Y /
19.	Were students given adequate opportunity to demonstrate their achievement of the programme aims and intended learning outcomes?	Y /

Please comment on 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 standards are comparable to other institutions that I have seen

Please use this box to provide any additional comments you would like to make in relation to assessment and feedback:

The Progression and Awards Process

20.	Were you provided with guidance relating to the External Examiners role, powers and responsibilities in the examination process?	Y /
21.	Was the progression and award guidance provided sufficient for you to act effectively as an External Examiner?	Y /
22.	Did you receive appropriate programme documentation for your area(s) of responsibility?	Y /
23.	Did you receive appropriate module documentation for your area(s) of responsibility?	Y /
24.	Did you receive full details of marking criteria applicable to your area(s) of responsibility?	Y /
25.	Were you provided with all draft examination papers/assessments?	Y /
26.	Was the nature and level of the assessment questions appropriate?	Y /
27.	Were suitable arrangements made to consider your comments on assessment questions?	Y /
28.	Was sufficient assessed work made available to enable you to have confidence in your evaluation of the standard of student work?	Y /
29.	Were the examination scripts clearly marked/annotated?	/ N/A
30.	Was the choice of subjects for final year projects and/or dissertations appropriate?	N/A
31.	Was the method and standard of assessment appropriate for the final year projects and/or dissertations?	/ N/A
32.	Were the administrative arrangements satisfactory for the whole process, including the operation of the Progression and Awards Board?	Y /
33.	Were you able to attend the Progression and Awards Board meeting?	Y /
34.	Were you satisfied with the recommendations of the Progression and Awards Board?	Y /
35.	Were you satisfied with the way decisions from the School Special Circumstances meeting were communicated to the Progression and Awards Board?	N

Please use this box to provide any additional comments you would like to make on the questions above:

See 35. This is not so much a comment on special circumstances being transmitted to the board but rather about special circumstances adjustments in examinations in a clinical degree.

I observed the OSCE examinations including arrangements for students with special circumstances otherwise known as reasonable adjustments. The OSCEs mimic the clinical tasks that the students will be expected to undertake when they begin work as a doctor. They are inevitably time limited. However they do not require time to read large amounts of material that students are unfamiliar with. They do not create circumstances that are in complex physical environments.

The arrangements were that for all students with special circumstances the adjustment was a blanket 25% extra time to complete the tasks. From my observations and the comments of the examiners I feel strongly that these are not "reasonable" adjustments. They are not reasonable to the students without special circumstances all of whom, I am sure, could have done much better with that extra time. They are not reasonable to the students with special

circumstances as those adjustments may not be able to be made in the clinical environment of the NHS. So if a newly qualified doctor examined under these arrangements was not given 25% extra time to complete their work in the Foundation Programme that will put increased pressure on those doctors with possible detrimental effects to their mental health. It should also be argued that in a time and resource pressured NHS is it reasonable for the patients to be looked after by clinicians who have not been assessed to complete a clinical task in an appropriate time frame?

I have witnessed similar assessments in many other schools and have not witnessed a blanket approach for considerable extra time whatever the circumstances. Mostly other schools have recognised the future consequences for such adjustments and the reasonableness has either been to acknowledge the reality of time pressure or , if necessary to make some adjustments to the cases that does not disadvantage students with disabilities and could reasonable be expected to be provided in a future work environment.

I also know that the Medical School is responding to University Wide systems of special circumstances. Work from the GMC and the Medical Schools Council Assessment Alliance has shown a lack of similarity of adjustments between different Universities and yet the output of all the medical schools is to the circumstances of an identical working environment.

Other comments

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

The psychometric analyses are very good and I do hope that you can continue to aim to present these statistical analyses to externals in a timely manner

Part C: School Response to External Examiner Report

Name of School and Head of School (or nominee)

Title and Name of Responder:

Position*:

Faculty / School of:

Address for communication:

Email:

Telephone:

Head of School

*If the individual responding to the report is not the Head of School please state their position within the School.

Completing the School response

The completed School response (including the full original report) should be attached to an e-mail and sent to the Pro-Dean for Student Education in the relevant Faculty. Following approval by the Pro-Dean for Student Education, the School must send the response (including the full original report) directly to the External Examiner. A copy must also be emailed to the Quality Assurance Team at qat@leeds.ac.uk. External Examiners should receive a formal response no later than six weeks after receipt of the original report.

Response to Points of innovation and/or good practice

--

Response to Enhancements made from the previous year

--

Response to Matters for Urgent Attention

If any areas have been identified for urgent attention before the programme is offered again please provide a specific response to them here:

--

Response to questions 1-7 (and related comments)

Schools may provide a general response; however, where Examiners raise specific points these must be addressed individually:

--

Standards

Response to questions 8 to 16 (and related comments)

Schools may provide a general response; however, where Examiners raise specific points these must be addressed individually:

--

Assessment and Feedback

Response to questions 17 to 19 (and related comments)

Schools may provide a general response; however, where Examiners raise specific points these must be addressed individually:

--

The Progression and Awards Process

Response to questions 20-35 (and related comments)

Schools may provide a general response; however, where Examiners raise specific points these must be addressed individually:

Other comments

Response to items included in the 'Other Comments' section of the report

UNIVERSITY OF LEEDS

School of Medicine

MBChB Programme

External Examiner Unified Reports 2016-17 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 introduction of a new generic template for examiners' reports and delays in receiving reports (some still outstanding) has led to a decision to supply a later unified report than usual. This report is divided into 4 sections – Innovation/Enhancements/Matters for attention, Standards, Assessment & Feedback practice and Progression and Awards – 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 thoughtful, expert comment from external colleagues about assessment in the Leeds MBChB programme. Constructive and critical comments are particularly welcomed by the Assessment team at Leeds, albeit many reflecting policy and decisions at University level (e.g. mitigation and reasonable adjustments). 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).

List of External Examiners by Year of MBChB Programme

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

COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS

INNOVATION AND/OR GOOD PRACTICE & ENHANCEMENTS MADE FROM PREVIOUS YEAR

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
<<>>	1 & 2	I have observed good practice within the years 1 & 2 through clear coherence of subject areas and application to students.	N/A
<<>>	2		I have commented previously on the excellent tutor support at Leeds is exemplary; I am not aware of other enhancements although the 360 degree feedback system will have been rolled out this year and I anticipate this will be welcomed by students.
<<>>	3	The overall administration of the complexities of the OSCEs are good practice, the professional approach to psychometric analyses are exemplary.	The School have continued to be very responsive to suggestions to enhance written examinations
<<>>	3	N/A	I am not aware if any changes have been made to the programme in the last year
<<>>	4	As in my previous years of acting as external examiner the examination process has been carried out to very high standards. I was sent the written papers and Objective Structured Clinical Examination stations in good time to allow me to comment and for any modifications to be made. Each year the quality of both the written and the OSCE station questions has improved, such that now the vast majority are of a good to very good standard. There were no negatively worded lead-ins to the written best of five questions this year and all questions were clinically relevant for a student approaching foundation programme. The two sequence approach to written examinations represents a rigorous approach to ensuring that those students at the border between pass and fail are examined closely as to their fitness to proceed to year 5. The two sequence approach to the OSCE avoids all students having	The standard of written best of five question writing has improved again. Feedback to students is more extensive. Feedback from actor patients has been piloted this year and I gather will be used more extensively next year The reliability of the OSCE is being calculated using omega _t rather than Cronbach's alpha to acknowledge that correlations are around more than a single factor – with thanks to <<>> for explaining this to me

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
		<p>to sit 26 OSCE stations which would be burdensome to run, and again allows greater scrutiny of those students around the pass/fail division. The sequence 1 OSCE is an enormous undertaking. It is extremely well organised and the number of trained actor patients, examiners, invigilators and scrutineers that are available on the day is very impressive and a real demonstration of the School's commitment to high quality assessment. Students receive extensive feedback following their examinations including their grade, their decile ranking per paper and per integrated clinical unit, and a description of best practice in each OSCE station. I understand that students still report they are dissatisfied with feedback, but I consider this feedback more extensive than many students will receive in other schools. I am year 5 lead for the MBChB programme in <<>> and involved in years 4 and 5 of our current curriculum review. I consider the standards that students are asked to achieve at year 4 in Leeds are reasonable but high, and many of your students are functioning at a similar level to our <<>> students when they sit their final OSCE at the end of year 4 and their written finals half way through year 5. In particular I consider the range and content of the OSCE, the spread of written and OSCE questions across the year 4 units, the use of well-trained actor patients, the use of scrutineers, feedback to students (including the introduction of feedback from some actor patients this year), and the post examination data analysis and handling to represent best practice.</p>	
<<>>	4	<p>The assessments involved 2 sequences- Sequence 1 consisting of 16 stations and sequence 2 of 10 stations. This arrangement allowed the weak students to be re-assessed during Sequence 2. This is an innovative system of sequential assessments.</p>	<p>This is my first year of acting as external examiner.</p>

External Examiner	Year	Points of Innovation and/or good practice	Enhancements made from previous year
<<>>	5	<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) In this year's cohort of candidates, the assessment team had to accommodate a wide array of students with special requirements (e.g. variation in OSCE station times and other physical adjustments). I believe that the assessment team strived to accommodate these candidates and did so in a professional manner.</p> <p>2) The blue printing process for the assessments were systematic and representative of the courses learning outcomes. I was particular pleased to see key topics such as Sepsis and AKI in the OSCE.</p>	
<<>>	5	<p>Overall the exam is of a very high standard and continues to represent best practice for this type of exam in the UK.</p>	

SCHOOL RESPONSE TO POINTS OF INNOVATION AND/OR GOOD PRACTICE & ENHANCEMENTS MADE FROM PREVIOUS YEAR

The School is very pleased to see our externals' broad ranging comments about assessment in the Leeds MBChB, reflecting ongoing developments throughout the programme.

Our sequential testing formats are beginning to mature well at Year 4 and 5 level, and as noted will be accompanied by the roll out of this approach to high stakes testing in Year 3, based on validity studies and predictive outcomes. This complements ongoing analytic and design work to enhance all of our assessments, and meaningful use of assessment data to help customise individual approaches to assessment based on learner engagement and ability.

Major work at present focuses on feedback enhancements (through our Focus on Feedback initiative) and it has been pleasing to see positive views about this. This complements strategic work to develop assessment for learning opportunities as we correlate student engagement with (behavioural) measures of self regulated learning.

COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS

MATTERS FOR URGENT ATTENTION

External Examiner	Year	Matters for Urgent Attention
<<>>	1 & 2	None
<<>>	2	None
<<>>	2	1) There needs to be clear guidelines about the distinction between, and the use of, extenuating and mitigating circumstances processes – see Box 16 2) Quality control of MCQs: see Box 12 second paragraph.
<<>>	3	<p>This is not so much a comment on special circumstances being transmitted to the board but rather about special circumstances adjustments in examinations in a clinical degree. I observed the OSCE examinations including arrangements for students with special circumstances otherwise known as reasonable adjustments. The OSCEs mimic the clinical tasks that the students will be expected to undertake when they begin work as a doctor. They are inevitably time limited. However they do not require time to read large amounts of material that students are unfamiliar with. They do not create circumstances that are in complex physical environments.</p> <p>The arrangements were that for all students with special circumstances the adjustment was a blanket 25% extra time to complete the tasks. From my observations and the comments of the examiners I feel strongly that these are not “reasonable” adjustments. They are not reasonable to the students without special circumstances all of whom, I am sure, could have done much better with that extra time. They are not reasonable to the students with special circumstances as those adjustments may not be able to made in the clinical environment of the NHS. So if a newly qualified doctor examined under these arrangements was not given 25% extra time to complete their work in the Foundation Programme that will put increased pressure on those doctors with possible detrimental effects to their mental health.</p> <p>It should also be argued that in a time and resource pressured NHS is it reasonable for the patients to be looked after by clinicians who have not been assessed to complete a clinical task in an appropriate time frame? I have witnessed similar assessments in many other schools and have not witnessed a blanket approach for considerable extra time whatever the circumstances. Mostly other schools have recognised the future consequences for such adjustments and the reasonableness has either been to acknowledge the reality of time pressure or, if necessary to make some adjustments to the cases that does not disadvantage students with disabilities and could reasonable be expected to be provided in a future work environment.</p>

External Examiner	Year	Matters for Urgent Attention
		I also know that the Medical School is responding to University Wide systems of special circumstances. Work from the GMC and the Medical Schools Council Assessment Alliance has shown a lack of similarity of adjustments between different Universities and yet the output of all the medical schools is to the circumstances of an identical working environment.
<<>>	3	None
<<>>	4	None
<<>>	4	None
<<>>	5	None
<<>>	5	None

SCHOOL RESPONSE TO MATTERS FOR URGENT ATTENTION

We welcome the constructive criticism and key points about areas for enhancement and improvement in respect to paper assembly (Year 2) and continued discussion in respect of mitigating and extenuating circumstances and University level decisions on reasonable adjustments for assessment. <<>> comments and suggestions have been most helpful to our Year 2 assessment team in respect of SBA enhancements, and support a longitudinal initiative developing highly integrated item design

<<>> comments about the range of approaches to reasonable adjustment to learning and health related impairments are very germane. We would agree that this is widespread across the UK and that there is no national 'standard'. We would extend this debate further – there is no 'identical working environment' for F1 doctors nationally, and clearly similar variations in practice to dealing with reasonable adjustments across PG assessments in the UK, and how such adjustments are dealt with locally as part of Transfer of Information processes.

At Leeds, reasonable adjustments are decided on by central University processes and disability assessors independent of the School. The School continues to discuss and influence some of this approach and the need for recommendations to be contextual to both patient care and the level of student seniority.

As noted before in this digest, there is a need to balance academic context/content with expert legal viewpoint on application of the DDA. Mindful of debate within the General Medical Council about the need to explore reasonable adjustment policies for the forthcoming Medical Licensing Assessment, we are continuing to highlight and debate these issues with colleagues in the central University and disability services and are grateful for our external examiners' comments.

REVIEW OF EXTERNAL EXAMINER COMMENTS

STANDARDS 1

External Examiner	Year	Is the overall programme structure coherent and appropriate for the level of study?	Does the programme structure allow the programme aims and intended learning outcomes to be met?	Are the programme aims and intended learning outcomes commensurate with the level of award?	Did the aims and ILOs meet the expectations of the national subject benchmark?
<<>>	1 & 2	Yes	Yes	Yes	Yes
<<>>	2			Once again, from the draft exam papers 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.	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 (<<>> University) for year 2 Medical Students.
<<>>	2	Yes		Fully	Yes
<<>>	3	Yes	Yes	Yes	Yes
<<>>	3			The exam was at an appropriate level for students at this stage in their careers	I have set exams and/or examined students at this level at <<>>, and examined widely externally. 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
<<>>	4	Yes	Yes	Yes	Yes

External Examiner	Year	Is the overall programme structure coherent and appropriate for the level of study?	Does the programme structure allow the programme aims and intended learning outcomes to be met?	Are the programme aims and intended learning outcomes commensurate with the level of award?	Did the aims and ILOs meet the expectations of the national subject benchmark?
<<>>	4	Yes	Yes	Yes	Yes
<<>>	5	Yes	Yes	Yes	Yes
<<>>	5	Yes	Yes	Yes	Yes

STANDARDS 2

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
<<>>	1 & 2	Yes -The MBChB course in years 1&2 is entirely appropriate and within the GMC's expected outcomes. The course is well designed in trying to ensure that students have the time to assimilate information, to understand learning outcomes and importantly, are not over assessed in these early years.	Research led teaching is apparent in the curriculum	Clinical practice components are in later years and not within my remit as an external examiner for years 1&2
<<>>	2		I cannot comment on any subsequent developments in this regard as I did not attend BoE.	I cannot comment as I did not attend BoE.
<<>>	2	Yes	NA	This programme includes clinical practice components, but learning and assessment of practice components of the curriculum occurs at a later stage.
<<>>	3	Structure, etc are is comparable with other institutions	Yes	Yes - Appropriate components but see comments in Matters for urgent attention

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
<<>>	3		The choice of examination methods, the marking and approaches to quality were all in line with current best practice.	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.
<<>>	4	Year 4 represents a coherent and well organised programme of study building on that in year 3 and preparing students for year 5 and the foundation programme. The aims and learning outcomes are appropriate and mapped against the GMCs Tomorrow's Doctors/Outcomes for Graduates. I think some of the learning opportunities represent innovative practice for instance the research and evaluation project spanning years 4 and 5	Questions asked of students within assessments are clearly evidence-based, where appropriate explicitly so, assignments require students to for instance, carry out rapid literature reviews, and as above the evaluation and research project spanning years 4 and 5 is particularly commended in preparing students for research projects within the world of work.	The integrated clinical units in year 4 provide a broad range of appropriate clinical practice components, which are assessed in a number of ways. Engagement with the units is required in terms of attendance, clinical logs and completion of case reports, and the clinical practice all feeds into the end of year written and OSCE assessments.
<<>>	4	Yes	This is an undergraduate medical degree and the predominant emphasis in these assessments is on	I observed sequence 2 of OSCEs including stations on explanation of lithium therapy for bipolar disorder, Assessment of sexually transmitted disease in a homosexual male patient, dystonic tremor in a female patient, interpretation of blood results in a diabetic patient and

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
			knowledge and practice.	explanation to the patient. These clinical scenarios were all directly relevant to clinical practice..
<<>>	5	<p>Yes. 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 GMC (Promoting excellence: standards for medical education and training, 2016)</p> <p>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.</p>	<p>The psychometric analysis of the assessment results were influenced by research. Assessment processes are maturing and becoming more sophisticated. Therefore I was glad to see a transition from using Cronbach's alpha to the Omega statistic as an OSCE quality marker. This very much reflects the multidimensional aspects of what OSCE stations are assessing.</p>	<p>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.</p>
<<>>	5	<p>Yes. The standard of the vast majority of students I observed was high and</p>		<p>The stations included a number of realistic and relevant scenarios with potential of serious clinical problems requiring</p>

External Examiner	Year	Is the programme comparable with similar programmes at other institutions? Explain overall impression of the programme structure, design, aims and ILOs	Is the influence of research on the curriculum and learning clear? Explain how this is achieved.	Does the programme include clinical practice components? Comment on the learning and assessment of practice components of the curriculum here
		<p>they demonstrated a good level of communication and patient focus given the rather pressurised and somewhat artificial nature of an OSCE exam setting.</p>		<p>Careful consideration and assessment of risks. The scenarios included new stations focussing on acute kidney injury and the assessment of a deteriorating patient with sepsis.</p> <p>Further stations assessed syncope secondary to drug induced GI bleeding, back pain associated with steroid related osteoporosis and vertebral crush fracture, shared decision making and education in a patient reluctant to adhere to therapy for hypertension and collapse in an older patient with heart block and hypothyroidism. The students returned on the following day for a further series of scenarios evaluating clinical skills in 8 minute stations including examination of the respiratory system, preoperative assessment, interpretation of abnormal findings from neurological examination (media clips), death certification, fluid prescribing and cannula placement, completion of drug chart and arterial blood gas sampling. Clearly not all domains of clinical practice can be covered in an OSCE but the sample included in the exam represents a comprehensive sampling of relevant skills for an FY1 Doctor. I am aware that the assessment is carefully blueprinted and that those students who failed to achieve a convincing pass will return for the Sequence 2 component which has an increased focus on core clinical skills.</p>

STANDARDS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

We were grateful for our externals' comments and the very detailed digests particular from external examiners involved with Year 4 and 5 of the programme. These support ongoing work to ensure our performance tests continue to reflect authentic practice (accepting the constrained nature of the OSCE) and are supported by an extensive portfolio of in-training assessment across all years.

The use of complex, high stakes performance tests are restricted to Years 3-5, but clinical practice training begins from Term 2 of Year 1. This is assessed using in-training, workplace and professionalism assessments, with a focus on learning and feedback.

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

ASSESSMENT AND FEEDBACK

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
<<>>	1 & 2	The programme has clear links between the intended learning outcomes and assessment methods, including in-course assessments, written examinations and spotter tests (to identify students who require extra support).	yes	The exam results are comparable to the University of <<>>, School of Medicine. The exam marks fell within a normal distribution, with high achieving students, and a small number of poorly performing students. As with many courses, and specifically within medicine, there are a small number of students who consistently fail exams and resit the year. However, these issues are widespread and not specifically related to the course at Leeds. Improving Assessment is an ongoing process and observed that the team were in discussion about some slight changes to the Ebel method for next year.	
<<>>	2	I have commented previously on the methods employed. I believe the Integrated		I cannot comment as I did not attend BoE and did not see the student performance data.	

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		Summative MCQ and EMI assessments are effective assessment tools and certainly the exam papers were of the same format this year .These assessment methods are similar to those employed in my own institution and others I have examined in.			
<<>>	2	On previous occasions, I have been presented with MCQ and other papers, often with a request for very rapid scrutiny because of looming deadlines. I have found the balance of topics to represent a fair and appropriate coverage of the curriculum, but I have made a substantial number of corrections, often of minor and simple errors of	The performance was comparable to that of students at other institutions where I've been External Examiner, and to students at my own.		

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		<p>grammar and spelling; there have also been a few errors of fact and ambiguities of language. The most recent papers have a similar error rate, and I have a strong sense that I'm correcting the same errors in the same questions. On previous occasions, I've received an accumulated list of responses from the individual speciality leads, but this did not happen on this occasion. The persistence of these errors creates a poor impression in external examiners, and if the errors remain in the final versions presented to students, they will create a poor impression in students: medical students (at least as a cohort) are</p>			

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		characterised by attention to detail, and most have high-level language skills. There are a number of possible solutions, and I'd suggest a multidisciplinary, team-based scrutiny process: that might have major spin-off advantages in team building and mutual understanding between module leads. A shared internal bank of questions would also help, and assist in the generation of the final papers.			
<<<>	3		Yes	Yes. The standards are comparable to other institutions that I have seen.	
<<<>	3	The design and structure of assessment methods seemed entirely appropriate		Academic standards were comparable to other medical schools where I have experience. I tried to visit each of the exam stations and so	

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>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>		<p>saw a number of students during the course of the day. In general the student performance was a very good standard. I did not see any students I had serious concerns about in this limited sample.</p>	
<<>>	4	<p>Assessment methods for and of learning are appropriate; assessment for learning being through engagement, clinical logs, case reports, study protocols and reports, and assessment of learning through written best-of-five and extended matching questions and OSCE stations.</p> <p>I consider these assessment</p>	Yes	<p>The majority of students performed well in their assessments, some very well and I consider the standard of students that I observed to be very similar to students at the University of <<>>.</p>	<p>I think the introduction of greater feedback ie grade, decile ranking overall, and decile per group of stations or questions grouped according to integrated clinical units with a narrative description of a good performance in an OSCE station plus written feedback from examiners and some actor patients should be</p>

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>methods appropriate to the ILOs and the methods used to be designed well and to represent best practice. I cannot comment on marking of projects/case reports as I have not seen these, but the written assessments are marked optically and data handled carefully thereafter, and the OSCE stations have standardised marksheets to guide examiners, with input to the student's final mark from the actor patient. Some marksheets provided more structured guidance to examiners than others – I considered some might allow some variation in how marks were awarded, and suggest that greater structure within</p>			<p>welcomed by students and will help them to identify their strengths and areas where they require more work.</p>

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		marksheets that look similar across stations would lead to most consistent practice and allow examiners to move between stations if necessary.			
<<>>	4	I was satisfied with the assessment methods and the degree of due diligence associated with determining the pass marks for each OSCE station and for determining the overall pass mark for the examination.		I was impressed by the performance of the students that I observed during Sequence 2 on 29 June 2017. I had expected that the clinical performance would be mediocre given that these were the weaker year 4 students but to my surprise many of these students were as proficient at the tasks as year 5 students that I have examined or observed in other institutions.	The GMC Accredits all undergraduate medical courses and their associated assessment methods
<<>>	5	It is my belief that candidates were given an adequate opportunity to demonstrate	Yes	I believe the stated learning outcomes were commensurate and appropriate with the level of award. Furthermore candidate's performances	

External Examiner	Year	Does the Programme outline clearly align ILOs with Assessment? Please comment on the assessment methods and the appropriateness of these to the ILOs	Is the design and structure of the assessment methods appropriate to the level of award?	Were students given adequate opportunity to demonstrate their achievement of the programme aims and ILOs? Comment on 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	Additional comments in relation to Assessment and Feedback
		<p>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, 15-16 and also Final MB medical students in my home institution (<<>>).</p>		<p>were also commensurate with candidates at a similar level in other institutions. This is based on experience of my home institution (<<>>) and recommendations outlined by the GMC (Promoting excellence: standards for medical education and training, 2016)</p>	

ASSESSMENT AND FEEDBACK – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

We were pleased to see wide ranging and positive comments about the appropriateness of assessment methods, conduct and delivery of our performance tests and in the main, knowledge tests. We are particularly interested to see externals' views on the conduct and capability of those candidates entering Sequence 2 of our tests, and the positive commentary in respect of enhanced feedback.

The comments about a team-based approach to question scrutiny have been taken onboard for 17-18 in year 2.

The Exam team have looked critically at timelines for the production of exam questions and put in place a new operating procedure supported by an electronic system to monitor question production and quality assurance. Key personnel are now alerted as soon as a stage in the process is late and reminders are automatically generated and followed up. This should reduce the risk of questions being sent late to external examiners.

Processes for proof reading of questions have been tightened, in particular, there has been a move to group review of questions with editing and correction of grammatical and typing errors. Questions will then be held centrally to ensure that changes are preserved and not duplicated in future years. The team approach has, as predicted by our external, had a positive team building effect and produced a higher standard of question.

PROGRESSION AND AWARDS PROCESS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

As the majority of the questions in this section of the template were 'yes/no', we have summarised examiner satisfaction with our processes (guidance, documentation, conduct and recommendations of the Board). <<>> comments in respect of reasonable adjustments have been highlighted in the earlier 'matters for attention' section

We were very grateful to <<>> for <> highly detailed narrative report, with particular focus on the conduct of our Finals Examination Board:

On Tuesday 13th June I attended the pre exam board meeting chaired by <<>> and the subsequent exam board chaired by the Executive Dean <<>>. At the pre exam board meeting two other external examiners were present and we had a full and detailed discussion of the overall performance of the examination and the student performance in all elements of assessment throughout their final year including their extended research project. The full performance data and psychometric assessment were available and discussed in detail at the meeting. The individual students failing one or other or both components of the final year exam were discussed in detail and appropriate recommendations were made with regard to progression and eligibility to repeat the year and assessment. Attention was drawn into students reaching the end of the seven years allowed for completion of the course.

The discussions at the pre exam board meeting were detailed and there was an appropriate balance of all factors relevant to student performance. The subsequent exam board was very professionally undertaken and reflected the detailed preparatory work done by the entire team running the examinations. The recommendations to the exam board were accepted and the detailed process around providing the students with their results and advise and support for those failing students was outlined. All external examiners commented positively on the conduct of the examination overall and the exam board.

<<>> made some very valuable comments in relation to the distinction between extenuating and mitigating circumstances in the Year 2 Board. <> comments were discussed at our Assessment and Standards Board and a decision made to stop using the terms extenuating circumstances as it was causing confusion with staff and students. The process has been simplified with ICU managers being given the authority to grant an extension to an in-course hand-in date provided a request was made in advance of the deadline and all other matters being dealt with through the mitigating circumstances procedures. The new process has been communicated to staff and students and is supported by a new extension request form.

OTHER COMMENTS

External Examiner	Year	Other comments
<<>>	1 & 2	The team at Leeds have made every effort to ensure that I am well informed about the course – arranging a day of workshops and meetings with relevant leaders, along with students.
<<>>	2	I attended an Undergraduate Examination Board on June 20 th 2017. 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.
<<>>	3	<p>I commend the introduction of IPADs for marking. This worked extremely smoothly and was popular with examiners. It will prevent unchecked responses from occurring so will improve the scoring accuracy. It will also greatly decrease the administrative processing of exam results. At the resit there were some difficulties which briefly delayed the start of the exam. These issues were being taken up between the academic lead and the exams administrator whilst I was there.</p> <p>I understand that the introduction of some longer 10 minute stations is a recent innovation. I commend this: it will allow the examiners to set more clinically plausible tasks for candidates to undertake. This certainly has benefits for station validity. Since it allows more authentic stations to be developed one can argue it decrease the risk of capricious responses and so may improve reliability too. Whilst I was lead examiner at <<>> for year 3 we moved to entirely 10 minute stations which enabled us to ask better questions.</p> <p>I was concerned that some stations continue to say “cleans hands or offers to”. Hand cleansing is a fundamental of good clinical practice and in the context of students at this stage in their careers and in a “shows how” exam I believe we should expect them to demonstrate hand cleansing, not just say they “would” do it</p>
<<>>	4	<p>We spent some time discussing a student who has taken time out from the programme on a number of occasions due to ill health and contrary to year lead and student progression advice continued in year 4, before having to suspend studies again.</p> <p>He was offered a further chance to restart year 4, despite being above the School's guidance that students should complete their medical studies within 7 years. There was considerable doubt amongst Board members who knew the student that he would ever be fit to practise, and a feeling that the School was doing him a disservice, allowing a student to continue to study towards a professional qualification he would probably never be able to take up work in.</p> <p>I am aware that this is an issue within other schools, my own included, but I do think that students on professional programmes are not ‘just’ studying towards a degree and should perhaps be viewed slightly differently from other students ie they need to be fit to practise at the end of the qualification (even if they do not know if they wish to continue in medicine they require to do the first year of work to become registered).</p>
<<>>	4	I attended the sequence 2 OSCEs and the Board of Examiners’ meeting. The OSCEs that I observed included stations on bipolar disorder, dystonic tremor, interpretation of diabetes blood results with exploration with the patient. The examination ran smoothly and the patient simulations were consistent across candidates and circuits. The examiners were courteous, and polite. The clinical scenarios were appropriate

External Examiner	Year	Other comments
		and I was impressed with the performance of the candidates especially that these candidates were taking the sequence 2 examinations. I was particularly impressed with the statistical approach to determining the reliability of the OSCEs. In conclusion I was satisfied with the examinations.

OTHER COMMENTS – SCHOOL RESPONSE TO EXTERNAL EXAMINER COMMENTS

<<>> makes an important comment in relation to the currency of all Primary Medical Qualifications, and the fact that the School, in awarding the MBChB degrees is indicating to the General Medical Council that there are no concerns in relation to Fitness to Practice. We agree with the comments made, and will share these with relevant colleagues (Director of Student Progression and Faculty Pro-Dean/Committee of Applications chairs who deal with appeals beyond the School).

We are grateful to all our external examiners for their expertise and contribution to ongoing enhancement for the Leeds MBChB programme. For those externals reaching their term of office, we extend our particular thanks for their continued, longitudinal criticism and encouragement and support/mentorship for both new external examiners and colleagues within the School.

<<>>, Director, Medical Education Programmes

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