

EXTERNAL EXAMINER ANNUAL REPORT FORM

Guidance notes are available to support the completion of this Report via the Cardiff University Intranet [here](#) and from ExternalExaminers@cardiff.ac.uk.

	For completion by External Examiner:		
Name of External Examiner:	Ching-wa Chung		
Home Institution / Employer of External Examiner:	University of Dundee		
Programme and / or Modules Covered by this Report	Phase 2 – years 3 and 4		
Academic Year / Period Covered by this Report:	2018-2019	Date of Report:	22/08/2019

Please complete all information in the spaces provided and submit within **six weeks** of the Examining Board (the **taught stage** Examining Board in the case of **postgraduate Master's programmes**).

Please note this form will be published online and should not make any reference to any individual students or members of staff in accordance with the Data Protection Act (1998).

Please extend spaces where necessary.

1. Programme Structure (curriculum design, programme structure and level, methods of teaching and learning)

The medical school is settling into its C21 curriculum which covers the whole 5 years. Overall this was an ambitious change.

The aim to put a clinical focus on the teaching from year 1 and early clinical contact is laudable.

The curriculum and all aspects seem to be well documented in written / electronic guides to the students. This includes the use of large and small group teaching including case based discussion, and clinical skills and a focus on self directed. Other parts of the course include student selected components, Electives, demonstration of professionalism.

Case based discussion is a teaching method that uses clinical cases as the basis for students to learn. It is used in many Medical schools and works well. The challenge is to ensure that there is sufficient coverage of enough pathology for students to provide a sound knowledge background for clinical practice. There

seems to be significant thought put into this and I would say sufficient coverage is achieved.

Clinical skills is taught by active clinicians in clinical context which is a very good idea, Quality assurance of the teaching across the different institution is clearly important.

Student Selected Components (SSCs) provide an element of student choice in the curriculum and is used to help the students learn about research and scholarship. The spiral curriculum of scholarship seems well thought out and a good progressive grounding in this area for the students. I suspect this could be even more ambitious and aim for a proportion of students (eg 10%) to present at least one piece of work in an external conference / forum / journal. This would increase the output and profile of the university

There is feedback from students about lack of choice of SSC in first years but this is consistent with other schools, partly linked to resources available for SSCs. The grounding from the existing SSC modules lays a good foundation for the work in later years.

Electives, where students undertake a period of study in a topic and location of their choosing, overall works well.

There is a new **process for attendance** and recognition of importance for this. I note the compulsory non engagement of 10 consecutive days from university policy. The policy is clear and transparent to all.

Frontloading science in first block of first year is undertaken, where there is a mostly science-based component at the start of first year. It can be stressful for new medical students but this is in line with other Medical schools and can help ensure that the students from a wide variety of backgrounds all reach the level of baseline science required for subsequent learning.

The format seems have significant **self directed learning**. It is important to ensure that there is sufficient support for those students who need help to develop these skills especially in the first 2 years.

Progress assessments, which are tests of knowledge, are now spaced across the academic year. Previously they were at the end of the academic year. They seem to be working well. The logistics about implementation (eg offering resits) have been well thought out. Feedback from the students I spoke to, seem to be very favourable and it was perceived this was a fair way to assess knowledge. There was stress but less so that a single high stakes exam and the process encouraged them to work steadily over the course of the year. Overall this seems to achieve the balance between being supportive to students whilst ensuring the student reaches the sufficient standard required.

2. Academic Standards (comparability with other UK HEIs, achievement of students, any PSRB requirements)

Overall the academic standards seem high and comparable to other institutions. I have no concerns in this regard.

SSC – There is double marking for high marks and fail seems reasonable and ensure standards.

Progress tests – The papers I reviewed seemed commensurate to the standard expected at 4th year. Queries that I had were responded to appropriately.

Integrated Structured Clinical Examination (ISCE) use domain marking with clear standards. This works well and there is good consistency in the marking that I witnessed.

The students in the ISCEs that I witnessed were demonstrated skills and knowledge that are commensurate to their stage. In particular, the explicit attempt to assess clinical reasoning demonstrated the students generally had sound clinical application of knowledge.

3. The Assessment Process (enabling achievement of aims and learning outcomes; stretch of assessment; comparability of standards between modules of the same level)

Knowledge assessment – Progress tests

There were some initial issues with regards to getting the Blueprint of the progress tests to review, but these were subsequently resolved. I received them prior to the assessments and was allowed to comment. These comments were responded to and communicated back in good time.

Standard setting was with the use of modified Angoff, which is a common method and robust. It is noted that there is a consistent cohort that undertake the standard setting – it is always a challenge to recruit standard setters. Support should be given to encourage and reward those who take part in this vital process in assessment. It is appropriate to include numeracy in the knowledge assessment – it is worth reviewing if this has any positive effect on prescribing (PSA) exams.

Skills assessment - ISCE

Overall the ISCE examination process is very successful. The ISCE is very comprehensive and covers a wide range of areas. It also seems integrated with history, examination, diagnosis, investigation and interpretation and management.

I reviewed the drafts of the ISCE examination prior to the ISCE and was invited to make comments, which were responded to. I attended 2 days of ISCE examination, and briefly for the resit. In the ISCE a folder specifically for the external examiner was available to me.

The assessment process, examiners, simulated and real patient, stations were robust and sufficient to ensure students were fairly assessed with regards to reaching the required standard to progress. I have had a discussion with the ISCE lead with some of my observations. Some additional thoughts are listed in section 6.

Exam board

I attended one exam board in June. This was well run, with clear, fair and robust processes. There was good transparency overall, and time was taken to address questions for some of the more complex aspects of the data and processes. I was actively invited for comment and the attitude was one of being supportive to the students who have not reached the standards required.

4. Year-on-Year Comments

[Previous External Examiner Reports are available from the Cardiff University Website [here](#).]

Nil specific to comment on from previous year's reports

5. Preparation for the role of External Examiner (for new External Examiners only) (appropriateness of briefing provided, visits to School, programme handbooks and supporting information)

I attended External examiner briefings in August 2018 and 2019. These were both full day briefings, with members of staff kindly giving their time to talk about their remit changes and challenges. The staff were very welcoming and friendly. They were frank and open in their discussions, they responded to questions and willing to consider any suggestions. There were opportunities to speak to some students alone. Multiple written and electronic documentation was given. Overall these were informative and I got the impression of genuine transparency and openness to improvement.

6. Noteworthy Practice and Enhancement (good and innovative practice in learning, teaching and assessment; opportunities for enhancement of learning opportunities)

There were many areas of good practice to highlight and a couple of suggestions.

Clinical skills in the community

Teaching of Clinical examination skills in the community is an excellent idea. It not without challenges but can help bridge the disconnect between learning in a controlled environment and what they see in practice.

SSC

SSC program is well thought out and a good grounding in scholarship. I wondered if initial double marking SSCs in newer supervisors may also be useful for the newer supervisors and benchmarking.

Electives

I did wonder if it is worthwhile having students defined a goal or objective for their elective. I recognise that this may increase workload for elective supervisors and Elective lead and suspect this has previously been discussed.

Professionalism

There are new online reporting forms that are easy, sounds like appropriate promoting of this. Is there is room for an online reporting form for positive professional behaviour or role modelling. This may help promote a positive attitude towards professionalism assessment, I note that this is being explored currently.

Learning disability

Learning disability thread and focus in the curriculum and especially communication skills is to be commended and an excellent addition to the curriculum fulfilling several requirements from Outcome for Graduates.

Progress tests

Progress tests are implemented and working well overall.

It should be acknowledge that there is a huge amounts of work associated with setting up the question bank for this assessment.

The progress test questions have a space to the writer to make notes about the question and justification. This is good practice and very helpful on many levels – internal and external validation of questions, for future updating (eg as medical knowledge advances), and to justify if students challenge the questions. This should be encouraged for all future question writing

All questions have a clinical component even those which are sorely science based – this helps students relate the science to clinical practice.

As mentioned previously support should be given to encourage and reward those who take part in the standard setting process.

Longitudinal clerkships

It is noted that there is development of new longitudinal clerkships – a great development

ISCE examination

There are two big assessments in year 2 and year 4 which is a significant undertaking. There are advantages and disadvantages to this. One thing worth noting is the 3 year gap between summative clinical assessments for those undertaking an additional BMSc year. I believe there is already awareness of this.

Peer review of examiners during ISCEs is used which provides an additional quality assurance mechanism, that I've not seen this in other Medical schools. It is worth ensuring students aware that these are peer reviewer of examiners and not double examiners of students.

One thing worth reviewing is the description in the examiners briefing of a borderline student. This is used in standard setting the ISCE. It is adequate but could be improved, I am happy to advise as needed.

The Year 4 ISCE handbook is very comprehensive and clear with examples of questions and format. This includes how standards are set. I think this clearly enhances transparency of the exam as well as provide students a clear guide on the process of the ISCE. This allows the students to focus on demonstrating their knowledge and skills rather than the ISCE process.

Simulated / actual patient gives formative feedback on the iPad. This seems to work very well and an excellent idea to help increase the involvement of the simulated / actual patient as well as providing useful feedback to students. The simple formative nature without text or further clarification seems to be the correct balance of providing some useful feedback without having to screen the quality and appropriateness of the feedback (which would be required for freetext comments)

Examining of clinical reasoning is a particular strong point. The format of the questions allows the students to clearly demonstrate their reasoning behind diagnoses, investigations and management, tailored to the particular case. The students seem to do this with minimal prompting. At times, students can be vague (eg "it might be a GI problem"), and the temptation is to try to question the student further, however, as noted above this can be problematic and lead to inconsistencies. The current format strikes the correct balance.

The assessment team as a whole are incredibly supportive of the simulated and real patients. This is evident from their attitude and behaviour towards them. For example, the inclusion in the student brief of the need for real patients needing comfort breaks. I also witnessed that one OSCE run was delayed to support one of the young people volunteers. Despite the external pressure, the team took the time to support ensure this young person was comfortable and able to continue.

The complexities of running a consistent and fair clinical exam for 300+ students over 3 days are immense. Overall, the assessment team has done a phenomenal job to ensure the process was smooth, for all involved. In this regard. There were enough spare examiners and simulated patients to cope with contingencies. The team reacted quickly to unexpected events.

The 3 separate sites (required for the number of students and stations) presented its own challenges.) Teams and processes have to be triplicated. Students have to be moved from a central holding area to 3 different locations.

The 3 days of ISCEs can be arduous for all involved including the students. One of the challenges is to ensure that there is no information shared between students who take the OSCEs earlier to those in later runs. There seems to be a very robust system which is to be commended for being thorough and fair. The team produce 3 different version of the stations for each of the 3 days, effectively triplicating the number of stations they write. I sat in on 2 such sets of stations at the same venue on different days, and there is good consistency between the different versions of the stations. The difficulties and skills tested were comparable and the consistency is further enhanced by the similar structure to the stations.

Within each day the students are quarantined in cohorts in such a way that aims to minimise the amount of time they are held both before and after. This adds to the burden of the assessment team but is done for the consideration and benefit of the students. On speaking to students, whilst they would clearly prefer not to be quarantined, they recognise and accept the benefits. It is a complex, well thought out and comprehensive approach.

I think it is important to continue to actively support the team in the logistics of the ISCE exam as well as trying changes that may improve the overall complexity and burden of organisation.

Examples of suggestions for improvements that I heard were

- reducing the examination to 2 days (rather than 3 days),*
- hiring a single large venue (rather than 3 separate ones) to host the exams*
- providing 1/3 of the OSCE exam (1 day / 4 stations) at the end of 3rd year – this may help with students' comments about gap between summative ISCE examinations*
- I did also wonder if psychometric analyses would support having 10 ISCE stations rather than 12, given the fact that each station covers so many aspects. This could potentially allow 2 days of 5 stations.*

Remediation

One particular highlight of note is that the remediation for those who do not pass and have to resit examinations or repeat the year is excellent. Those involved are very proactive and supportive. They put in considerable effort and time which is shown in the results they achieve. They should be acknowledgement and ongoing support of their work.

7. Appointment Overview (for retiring External Examiners only) (significant changes in standards, programme/discipline developments, implementation of recommendations, further areas of work)

8. Annual Report Checklist

Please include appropriate comments within Sections 1-7 above for any answer of 'No'.

		Yes (Y)	No (N)	N/A (N/A)
Programme/Course Information				
8.1	Did you receive sufficient information about the Programme and its contents, learning outcomes and assessments?	Y		
8.2	Were you asked to comment on any changes to the assessment of the Programme?	Y		
Draft Examination Question Papers				
8.3	Were you asked to approve all examination papers contributing to the final award?	Y		
8.4	Were the nature, spread and level of the questions appropriate?	Y		
8.5	Were suitable arrangements made to consider your comments?	Y		
Marking Examination Scripts				
8.6	Did you receive a sufficient number of scripts to be able to assess whether the internal marking and classifications were appropriate and consistent?			N/A
8.7	Was the general standard and consistency of marking appropriate?			N/A
8.8	Were the scripts marked in such a way as to enable you to see the reasons for the award of given marks?			N/A
8.9	Were you satisfied with the standard and consistency of marking applied by the internal examiners?			N/A
8.10	In your judgement, did you have the opportunity to examine a sufficient cross-section of candidates' work contributing to the final assessment?			N/A
Coursework and Practical Assessments				
8.11	Was the choice of subjects for coursework and / or practical assessments appropriate?			N/A
8.12	Were you afforded access to an appropriate sample of coursework and / or practical assessments?			N/A
8.13	Was the method and general standard of assessment appropriate?			N/A
8.14	Is sufficient feedback provided to students on their assessed work?			N/A
Clinical Examinations (if applicable)				
8.15	Were satisfactory arrangements made for the conduct of clinical assessments?	Y		

Sampling of Work				
8.16	Were you afforded sufficient time to consider samples of assessed work?			N/A
Examining Board Meeting				
8.17	Were you able to attend the Examining Board meeting?	Y		
8.18	Was the Examining Board conducted properly, in accordance with established procedures and to your satisfaction?	Y		
8.19	Cardiff University recognises the productive contribution of External Examiners to the assessment process and, in particular, to the work of the Examining Board. Have you had adequate opportunities to discuss the Programme and any outstanding concerns with the Examining Board or its officers?	Y		
Joint Examining Board Meeting (if applicable)				
8.20	Did you attend a Composite Examining Board, i.e. one convened to consider the award of Joint Honours degrees?			N/A
8.21	If so, were you made aware of the procedures and conventions for the award of Joint Honours degrees?			N/A
8.22	Was the Composite Examining Board conducted according to its rules?			N/A
Examination of Master's Dissertations (if applicable)				
8.23	Did you receive a sufficient number of Dissertations to be able to assess whether the internal marking and classifications were appropriate and consistent?			N/A
8.24	Was the sample in accordance with the University's sampling guidelines (guidelines provided below)?			N/A
8.25	Were you satisfied with the standard and consistency of marking applied by the Internal Examiners?			N/A
8.26	Were you able to attend the Master's Degree (Dissertation) Stage Examining Board?			N/A
8.27	If so, was the Examining Board conducted properly and in accordance with established procedures?			N/A
8.28	Were the schemes for marking and classification correctly applied?			N/A
8.29	Were the standards of the awards recommended appropriate?			N/A
8.30	Comments on the Examination of Master's Dissertations. <i>Please provide any comments you may wish to make on the issues raised above.</i>			

Other comments.

Please return this Report, **in a Microsoft Word format**, by email to:
externalexaminers@cardiff.ac.uk

Your fee and expenses claim form and receipts, should be sent electronically to the above email address or in hard copy to:

External Examiners, Registry, Cardiff University, McKenzie House, 30-36 Newport Road, Cardiff, CF24 0DE