



## EXTERNAL EXAMINER ANNUAL REPORT FORM

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	For completion by External Examiner:		
Name of External Examiner:	Dr Deborah Rose		
Home Institution / Employer of External Examiner:	University of Southampton		
Programme and / or Subjects Covered by this Report:	Medicine MBBCh Phase 1		
Academic Year / Period Covered by this Report:	2014-15	Date of Report:	10.7.15

For completion by External Examiner in the spaces provided. Please extend spaces where necessary. **Please note this Form will be published online.**

### 1. Programme Structure.

The two year Phase 1 of this Programme begins with a Platform for Clinical Sciences course with plenary lectures, clinical skills sessions, practical and small group sessions to give students a foundation in science, communication, clinical, practical skills and professionalism areas to support them progressing into the rest of Phase 1. This appears a well-balanced, interesting combination of learning opportunity and the students I met with commented positively on the course preparing them for Phase 1b. The rest of Phase 1, 1b includes, not only these teaching modalities but also Community based learning which focuses on clinical skills and learning about medical problems from a variety of disciplines in the community. Along with the introduction of community based learning 1b introduces students to written reflection, and projects involving a written literature search and presentations around a pathological condition and their research experience. There is a strong theme of the importance and examination of professionalism throughout the whole Phase.

The SCCs appear to provide an interesting, innovative approach to a variety of learning tasks.

Phase 1 seems a well thought, coherent and contemporary which relates clearly its learning outcomes to Tomorrow's Doctors. I would expect it to provide a strong basis for students progressing into the later years of the Programme.

### 2. Academic Standards

As a new external examiner to this course, and with clinical background, I concentrated a larger proportion of my time on looking at the Integrated Structured Clinical Examination (ISCEs) (I read and sent comments / suggestions on all stations/ scenarios/ examiner domain marking criteria) prior to the exam and on my visit in June, looked at a selection of student mark sheets, and the statistics related to the results and station reliability.

Despite not being able to attend the actual clinical examinations on the day, I am quite satisfied that this is a thorough, well thought out assessment and that standards expected of students at this point in their course are certainly comparable with those in other medical schools.

The addition of a yellow card “ safety alert” system incorporated into the examiner mark sheet to advise and feedback about potentially dangerous practice is a good idea.

I also looked at a selection of work in the SSCs during my visit; namely a sample of the assessed student reflections and journalistic articles.

There is a lot assessment to cover and review, but from all that I was able to look at during my visit, I was quite satisfied that the standards of the assessments I viewed were at least equivalent to those at this stage in other UK Medical Programmes and fit well with the requirements of competencies in Tomorrow’s Doctors.

### **3. The Assessment Process**

The assessment process seems robust and well considered, and we were provided with detail, the statistical analysis of results and reliability, which seem good, even for the ISCEs which can be hard to achieve high scores for reliability.

Importantly, there is clear requirement for students to undergo formative assessment and gain feedback on performance before they undergo the summative assessment component in all areas.

The assessment structure is complex and took a little time to assimilate but I am happy that it covers the wide range of learning over the two years of the phase and uses a number of different modalities.

I am unsure about the inclusion of the Progress test into the summative assessment for year 2, although I was reassured as this counted for only 10% of the written paper marks, that this didn’t disadvantage any students overall mark. I think this best represents a formative examination.

At my suggestion prior to my visit, the faculty arranged for us to meet 5 students from years 1 and 2 and it was impressive that the students, were not only particularly enthusiastic about the course ( especially the Community based learning) but were happy that the assessment process was fair and aligned with their learning. They discussed whether some of their learning outcomes may need to be a bit more specific to guide the depth of learning and revision.

### **4. Year-on-Year Comments**

This is my first year examining so N/A.

### **5. Preparation / Induction Activity (for new External Examiners only)**

This is a complex programme to understand. The team gave a good overview on our visit and the yr. 1 & 2 assessment guides sent prior to the visit were useful. I might have benefited from the Programme specs and an overview/ summary earlier in the year.

I think it would be useful to see the Progress test as this was included in the summative assessment.

I would have valued a timetable for the year to include exams times, when papers for review were to be sent and comments submitted and exam boards.

I did receive the external examiners handbook.

It was a bit confusing about whom best to contact, I had emails from different members of exams teams and academics and perhaps a contact list/ central point of contact might also be worth considering.

## **6. Noteworthy Practice and Enhancement**

Overall, I think the Phase 1 team should be complimented on their development of a coherent, interesting, multi-faceted course which seems well situated to provide the competencies required of Tomorrow's Doctors and the foundations to take through into the more clinical later years of the Programme.

I was impressed that we met a range of academics involved in the teaching, curriculum and coordination and they were not only welcoming but clearly enthusiastic, willing to listen and respond to our questions and share and consider ideas and suggestions for improvement.

In particular, I would like to commend the development and delivery of the ISCEs examinations. These seem thoroughly considered; my comments given to draft scripts were clearly noted. It is admirable that you manage to undertake two formative versions of these prior to the summative. The stations were well thought out with attention to detail as were the examiner mark sheet. I commend the "Yellow card" idea and that there were useful examiner feedback comments on all mark sheets I saw. Details of issues that arose on the days of examination were carefully considered and addressed prior to and at the exam board.

I look forward to attending the examination during the next academic year.

Thanks to the team for being welcoming and I look forward to sharing ideas and see the bedding – in and development of this new Phase over the next few years.

Some points for consideration:

### **ISCES**

- A note on the examiner form to ask examiner to write a comment for any fail mark awarded- you may have done this in the examiner brief
- I wasn't sure how useful/ discerning the feedback comments from the simulated patients are, they seemed to score more highly than the examiner. Perhaps one box or a comment line might be enough information?
- Might you be able to provide examiners with feedback about their performance/ marks against the others examining that station? We have been doing this In Southampton over the last few years with the idea of improving

examiner reliability and potentially viewing the more extreme outliers. I think it enhances examiner engagement with the process too.

### **Professional Behaviour**

- There was notable difference in the amount of feedback / comments provided in the interim and Final tutor reports. Some tutors (< 50%) had clearly made significant effort on feedback commentary about each individual student in their groups; others had just ticked the required boxes. Could this be improved upon with some staff development?
- Team assessment of behaviour, I couldn't see any "disagree" scores; again might this be improved student and facilitator training on peer/ student assessment?

### **Case Based Learning Groups**

- It may be worth considering how you will sustain the level of input, engagement and assessment you require of your tutors. We talked, during the visit about using some more junior doctors delivering teaching development to help standardise assessment and enthuse your teachers.

### **External Examiner Liaison**

- It might be easier to have one or two single points of contact- ? The year leads and possibly a timetable of requirements over the next academic year to plan looking at exam papers and trips to Cardiff well ahead.

## **7. Appointment Overview (for retiring External Examiners only)**

## 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)
<b>Programme/Course Information</b>				
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		
<b>Draft Examination Question Papers</b>				
8.3	Were you asked to approve all examination papers contributing to the final award?		<b>N Not the Prog ressi on test</b>	
8.4	Were the nature, spread and level of the questions appropriate?	Y		
8.5	Were suitable arrangements made to consider your comments?	Y		
<b>Marking Examination Scripts</b>				
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?	Y		
8.7	Was the general standard and consistency of marking appropriate?	Y		
8.8	Were the scripts marked in such a way as to enable you to see the reasons for the award of given marks?	Y		
8.9	Were you satisfied with the standard and consistency of marking applied by the internal examiners?	Y		
8.10	In your judgement, did you have the opportunity to examine a sufficient cross-section of candidates' work contributing to the final assessment?	Y		
<b>Coursework and Practical Assessments</b>				
8.11	Was the choice of subjects for coursework and / or practical assessments appropriate?	Y		
8.12	Were you afforded access to an appropriate sample of coursework and / or practical assessments?	Y		
8.13	Was the method and general standard of assessment appropriate?	Y		
8.14	Is sufficient feedback provided to students on their assessed work?	Y		
<b>Clinical Examinations (if applicable)</b>				
8.15	Were satisfactory arrangements made for the conduct of clinical assessments?	Y		

		Yes (Y)	No (N)	N/A (N/A)
<b>Sampling of Work</b>				
8.16	Were you afforded sufficient time to consider samples of assessed work?	Y		
<b>Examining Board Meeting</b>				
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		
<b>Joint Examining Board Meeting (if applicable)</b>				<b>N/A</b>
8.20	Did you attend a Composite Examining Board, i.e. one convened to consider the award of Joint Honours degrees?			
8.21	If so, were you made aware of the procedures and conventions for the award of Joint Honours degrees?			
8.22	Was the Composite Examining Board conducted according to its rules?			

Please return this Report, preferably in a Microsoft Word format, by email to:

[ExternalExaminers@cf.ac.uk](mailto:ExternalExaminers@cf.ac.uk)

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Clive Brown, Registry Officer, Registry & Academic Services, Cardiff University,  
McKenzie House, 30-36 Newport Road, Cardiff, CF24 0DE