

# Collaborative Report

Exam board meeting: 02-Jul-2015

**Bachelor of Veterinary Medicine, Year 5, 2014/15**

**Lead examiner: Dr Wendela Wapenaar**

**Collaborating examiner(s): Dr Connie Wiskin, Dr Rachel Isba, Professor Malcolm Cobb**

## The Programme

**Please comment, as appropriate, on the following aspects of the programme:**

### 1.1 Course content

Overall level of teaching in all areas appeared sufficient when reviewing the assessment; in most areas the range of marks was good, and within expected educational norms, indicating that high marks could be achieved. This of course does not prove that adequate teaching has been delivered but certainly indicates students are able to achieve the desired results with the opportunities provided during the course. n

**Response from college requested: NO**

### 1.2 Learning objectives, and the extent to which they were met

Difficult to assess with the material provided. The assessments however covered a wide range of topics.

**Response from college requested: NO**

### 1.3 Teaching methods

No teaching was observed

**Response from college requested: NO**

### 1.4 Resources (in so far as they affected the assessment)

Not aware of any lack of resources

**Response from college requested: NO**

### 1.5 Please provide any additional comments and recommendations regarding the Programme

Overall level of teaching in all areas appeared sufficient when reviewing the assessment; in most areas the range of marks was good, and within expected educational norms, indicating that high marks could be achieved. This of course does not prove that adequate teaching has been delivered but certainly indicates students are able to achieve the desired results with the opportunities provided during the course.

**Response from college requested: NO**

## Student performance

Please comment, as appropriate, on:

### 2.1 Students' performance in relation to those at a similar stage on comparable courses in other institutions, where this is known to you

Comparable

Response from college requested: **NO**

### 2.2 Quality of candidates' knowledge and skills, with particular reference to those at the top, middle or bottom of the range

Similar to other institutions and adequate for this stage of the course

Response from college requested: **NO**

### 2.3 Please provide any additional comments and recommendations regarding the students' performance

Student performance overall was in line with expectations, in terms of spread and distribution of marks. Proportions of students in 2015 being awarded fail, pass, merit and distinction grades align with standard distributions. 44% merit achievement is perhaps still on the high side (especially given that some of these 'top' students have achieved merit carrying a fail in a major component), but that being said the improvement in ratios for 2015 is noted. In 2014 71% of the cohort received merit or distinction, which arguably compromised the value of the achievement, so RVC are to be commended for the improvements to standard setting which have impacted on change.

Response from college requested: **YES**

#### **COURSE DIRECTOR: Dr Anke Hendricks**

##### **Course Director Response:**

Thank you to the external examiner team for their time and expertise in scrutinising this set of assessments, and providing a detailed report with constructive comments.

These comments appear to refer to part II of the 'finals' assessment package. The 2014 results appeared to have an unusually high proportion of merits/distinction. Compared with 63% (5% distinction, 58% merit) in 2013, a total of 71% merits (62%) or distinctions (9%) in 2014 represented an unusually high figure. Indeed the 2015 results are more in line with previous years with a total of 49% of students achieved a merit (44%) or distinction (5%) in this part of the exam. The colleges strives to improve the standard setting process year on year.

Three students who achieved a merit (none who achieved a distinction) in part II did so whilst failing one component (the long answer question paper 1). Please see comments below regarding compensation between the long answer and EMQ papers

**Action Required:**

**Action Deadline:**

**Action assigned to:**

## Assessment Procedures

Please comment, as appropriate, on:

### 3.1 Assessment methods (relevance to learning objectives and curriculum)

Assessment methods are thorough and cover a wide range of topics. However, the compensation of certain parts of the assessment with other parts (with often less emphasis on independent clinical reasoning) is concerning. Last year we discussed this for Part 3, where a poor mark for the critical appraisal of a clinical research paper (Section A) could be compensated by a high mark in the elective question section B (where there was a choice of >30 questions and only one needed to be answered). A similar trend was noted this year, with regards to a wide range in performance in Section A, but a fail in this section only led to 1 failing student for Part 3, i.e. inadequate skill in critiquing a clinical research paper was often compensated by a high mark in a question related to their elective/area of interest. This 'flexibility' makes it more difficult to be confident all students achieved the 'core components' in their final year assessment. A bonafide attempt (i.e. minimal pass mark of 40% for each section) could be a compromise between the current situation and the other option of making individual elements of the course 'must pass' at 50%.

This year it was particularly noticeable in Part 2 where a significant proportion (>40) of students performed poorly (<50%) in the Long Answer Question part of the exam, but 'made up' for this in the EMQ or spot test which each contribute a third to the final mark for this exam. By giving the students choice (they are required to answer 5 out of 9 questions on the long answer paper) AND giving the opportunity to compensate poor performance (or sometimes even 'dangerous answers, regarding the risk to animals following suggested treatment/advice), leads to students passing final year with an obvious lack of clinical reasoning skills which are predominantly assessed in the long answer questions. EMQs are also aimed to assess clinical reasoning, but results indicate that giving students a set of possible answers (EMQs) appears to be much less challenging than asking the student to formulate an answer themselves (which is more akin their future career in practice) .

This year the Long Answer questions contained more equine oriented questions than previously and one could argue this will have benefitted the equine-keen student, as they could choose to answer multiple questions they felt most familiar with. We would recommend to consider assessing only 5 questions which they all need to answer. These questions should aim to cover a wide range of skills/reasoning. When following that format one can be more confident that students will all be assessed on passing the core components of the curriculum.

#### OSPVE

The OSCE (as previously reported) was extremely well run, creating a flawlessly times and comfortable environment for candidates. The support team are to be commended. The OSCE methodology has clear relevance to veterinary practice, and it's validity is well established in the educational literature. The OSCE at RVC tests a diverse range of practical skills over a station total large enough to ensure consistency.

There is a question about the degree of usefulness at year 5 level of all of the stations. Given that only 20 items (of the very many testable) can be scrutinised here the way that content is prioritised is key. Ten score distributions for this years questions varied greatly by station, with some generating a greater mark spread (in line with expected educational norms) than others. Arguably the questions with more diverse distributions are the better discriminators. As examples both communication stations generated a distribution curve of scores, while the radiology station was passed by all but 3 students. Hand-washing technique saw 180 students receiving 35 marks. There is a question as to whether such an obvious and basic skill merits the resource of a year 5 station? This could be tested earlier in the year, eg in a clinical skills passport or practical exam? There is an opportunity to make the question choice keener, and more aligned to the integrated (and more complex) skills a practicing vet needs. Exploring integration of different skills at year 5 level is advisable, if the objective is to graduate well rounded practitioners.

As mentioned last year the specificity of the skill based tasks, in combination with the 12/20 station pass requirement, means that students do graduate with fails in both communication tasks (19 students this year). Double communication fails featured in 7 of your overall failed candidates. Communication deficiency is a good predictor of professional difficulties/complaints in future careers so passing candidates who lack this basic ability is risky. Equally candidates are passing who lack passes in very basic suturing and draping, so a bonafide attempt or means of ensuring that serious deficiency in a whole area is caught would be recommended.

The trend of integrated testing representing integrated practice in the workplace is worth considering. Integrated stations that pick up knowledge, skills and attitudes simultaneously reduce the risk of deficiency in one area being masked by compensation via unrelated stations.

Based on distribution, the strongest stations were the 2 communication stations, the paw bandage, the

microscope, IV set up, equine hoof test, and the bovine milk sample. It's interesting that these tend towards the interactive.

The examiners across the days observed were professional, student friendly, and (importantly) consistent, showing very good practice. The OSCE remains a valuable and fit for purpose assessment.

#### Spot test

The pass mark for the spot test was initially set at 52.08% (see note below) and the mean student score was initially 68.2% (see note below). Seventeen items were answered correctly by = 80% of students. Whilst there were no items that discriminated negatively, only 16 items had 33% item discrimination scores of = 0.2. Three items were identified where the less than 20% of students answered correctly (i.e. worse than chance) and these items were reviewed. Item 3 was just felt to be answered poorly by students but to be at an appropriate level for the assessment, so was left to stand. However, the two other items (13 and 36) were felt, on review, to be set at too high a level for this assessment. A discussion took place as to whether these items should be removed from the paper or standard set to zero. A decision was made to go with the former option and the overall paper metrics were re-calculated using the remaining 38 items. The new pass mark following this process was 51.45% and the mean scaled student score 70.7%. No student had their pass/fail result affected by this change, but an additional seven students received a distinction overall and an additional eight students received a merit overall for this Part II of their assessment. This is likely to have an effect on overall achievement of honours for the degree as a whole and the examinations office will review this.

The spot test has not performed as well as the EMQ and this is reflected in the Kuder Richardson 20 score of 0.466. This paper might perhaps provide a focus for development for the coming academic year in the same way that the EMQ has over the past academic year.

#### EMQs

For the EMQ paper the pass mark was standard set at 51.36% and the mean student mark was 68.2%. A relatively large number of items (40) were answered correctly by = 80% of students. However, only three items in the paper had negative discrimination scores and two of these were questions where > 90% of students had answered correctly overall, so the discrimination scores should be interpreted with caution as they are likely to be meaningless in the face of such high student performance. Many of the questions had individual item statistics that indicated they were adequate discriminators (based on the 33% item discrimination being = 0.2) which is an improvement on last year's sitting, especially when taken with the small numbers of negatively-discriminating items. One theme (EMQ 3; Q.11 to 15) "Clinical diagnosis of pruritic skin conditions" performed very poorly – with four out of five of the answers being answered correctly by a relatively small number of students. This may be due to a combination of students performing the questions poorly (in which case a review of teaching in this area may be warranted) and items performing poorly (all were poor discriminators and one was a weak negative discriminator).

This year's EMQ paper has performed well overall and this is reflected in the Kuder Richardson 20 score of 0.766. It is noted that the work mentioned in the RVC's response to last year's examiners' report seems to have had a very positive impact on the paper. The excellent work to improve the quality of items and build up a bank of questions with solid supporting performance data is to be commended.

#### LAQ

Mean mark was 55%, which was much lower than for the spot test and EMQs

Q1 – 178 students - most scores 52, 55, 58, 62, mean 58 (range 27-75)

Appears to be marked according to CGS; although it did not affect the marking it is unclear how a 40/20/40 proportion split relates to the 17 point CGS?

Q2 – 66 students, high marks, 68 and 75 most common marks (range 35-90)

Classic equine question, equine-keen will do well, see previous comments related to this.

Q3 – 35 students, usually 52/55, (range 27-90), very consistent marking (single marker)

Only few student choose this question, pathology has a limited cover in other parts of the exam, which therefore raises the concern that students could pass being minimally assessed on pathology. This is an issue raised at other schools as well, and may benefit further discussion at inter-school level.

Q4 – 231 students, 48-65, (range 35-75)

Fantastic clarity on where marks are awarded, comments also on why marks are awarded or not. Consistency also between markers.

Unclear if and how negative marks were awarded for NSAID/a/b trt

More marks for important elements e.g. abdominal radiography, prioritising problem list.

Q5 – 207 students, great mark distribution – very discriminating range 27-100 even distribution from 35-90!  
No marks on papers!  
Although seems to be consistent.

Q6 Students who achieved 50% of all points in the model answer would achieve 75%. This should be indicated as such in mark scheme. As, although still a challenging and valid question, a very good answer appears to be less complete than the model answer suggests.

Q7 Compared to Q6 much more stringent marking is applied, i.e. all answers provided in the mark scheme need to be achieved to get a full mark for that particular section.

Q8 There is room for improvement; additional scenario after part b) gives suggestions for part a and b (which is then worth a mark in part a (infectious disease) and part b (testing for toxoplasma, chlamydia, clostridia) which appears like providing suggestions for a correct answer.

### Part 3

Section A (critical appraisal); range 15-82%; wide spread of marks, discussion was held with staff responsible for teaching in this area and student attendance in teaching may have been responsible for the wide range of marks observed. Failing students did not understand the concept of critical appraisal, were too descriptive and not appraising the paper, or were appraising it incorrectly.

### Elective questions (Section B)

Variability in quality of marking – some have excellent commentary on answers given, compared to other papers on which no marks or comments have been made.

Some elements of questions in which students get all items from the model answer but were not given full marks! (E.G. 32d).

### Research projects

Clarity, if not already existing on format and referencing may help reduce the variety currently presented. Moderation of marks is sometimes an issue as previously mentioned, regarding the justification of the final mark. A track-changed version appeared to be submitted by one student, it appeared significant input/change to project was provided by the supervisor, highlighting the variety of support that can be given in this part of the assessment, which could affect the mark a student receives for this part of the final year assessment. In an oral defense these issues can be picked up but without it, one needs to put continued effort into a clear, equal and consistent level of support by supervisory staff. We understand the new method for submission may help achieve this, which is excellent.

**Response from college requested: YES**

### Dr R.I

DO you think we should break up this section with some new paragraphs (if this is at all possible in the format that this is submitted) to make it a bit easier to read (as we have made loads of comments)? Just a thought.

The change I mentioned after exam board was that this bit for the EMQ "One theme (EMQ 3; Q.11 to 15) "Clinical diagnosis of pruritic skin conditions" performed very poorly – with four out of five of the questions being answered correctly by less than 20% of students (i.e. worse than chance)." needs to be changed to "... - with four out of five of the answers being answered correctly by a relatively small number of students." as I realised afterwards that there are ten choices therefore chances is 10% so what it currently says is wrong. Sorry!

### COURSE DIRECTOR: Dr Anke Hendricks

#### Course Director Response:

The assessment strategy of the elective component is currently under review. Section A of the written part III as well as the research report assess learning outcomes related to skills in the application of scientific principles, method and knowledge to clinical practice, population medicine and research and as such aggregation of marks and arguably compensation between these components is justified. The aggregation of marks and compensation between Section A and Section B in its current form, i.e. mostly with a focus on assessing application of clinical knowledge and reasoning, is less well justified.

Our regulations do not permit change for the current cohort. Any major change in the assessment of the elective component and composition of finals part II may only be possible for students sitting the exam in 2017. There is a periodic review of the BVetMed course in Dec 2015 during which assessment of this component will also be considered.

Both, the EMQ and the long answer question papers are designed to assess clinical application of knowledge and reasoning. In this highest stake exam a choice of two different formats that assess the same outcome offer an opportunity to students to demonstrate this skill even if they find one of the formats more challenging. The EMQ format provides better sampling and higher reliability, whilst it might be argued that the long answer paper format offers higher validity in terms of the mode of communication required. It is felt that aggregation of marks and compensation between them is justified.

The balance of long answer questions was perhaps unfortunate in that equine questions appeared in two sections (section A 2 out of 5; section B 1 out of 2) of the paper, and students were able to answer 3 of the 5 questions relating to the equine species. Production of good clinical reasoning questions is a challenge, but nevertheless the aim is to have a more balanced spread in the future.

The external examiners suggested that the college might consider elimination of choice in the long answer questions. Currently students must answer five questions from a possible nine. It was suggested that there should only be five questions which all students have to answer. In taking this approach it was suggested that "one can be more confident that students will all be assessed on passing the core components of the curriculum."

In finals part II the long answer paper is the only form of assessment in which the students have any element of choice. In the other three elements of the examination; the spot test, EMQ paper and OSCE, students have no choice in the questions that they answer. We feel this variety of assessments already allows us to adequately assess students across the core components of the curriculum. Given that we wish to assess both breadth and depth in students' clinical reasoning and recognition, we feel it is important to retain at least one part of the examination in which an element of choice is available. This is to allow candidates to be able to go into greater depth in their responses in areas in which they feel more confident. It is important that the choices available allow candidates with differing areas of interest an equal opportunity to choose questions they feel able to answer. We take note of the observation that this year's questions had a disproportionate number of equine questions and will ensure a better balance of questions in this paper in future.

The OSCE part of the final exams is designed to assure a minimal level of practical day one skills overall, when students have had an opportunity to practice these, sampled from a large list of skills. The approach has thus focussed on an overall pass/fail of a sample of skills, rather than discrimination between students or performance in defined areas of practice. The college is pleased that the OSCE remain a valuable and fit for purpose assessment, and is happy to be advised to aim to design more and better stations. As more complex/integrated stations may be associated with less reliability, availability of assessors may be a bigger challenge. The assessment, as a formative pilot, of some 'lower level, basic' skills, such as hand washing, gloving & gowning, as DOPS during clinical rotations is currently considered. This would help to capture & remedy deficiencies early and may allow replacement of those OSCE stations with others in the future. Equally, a wider assessment strategy for communication skills is being considered.

Spot test: The college accepts that there is a need to review question quality based on performance metrics, to continue to review any new questions before the paper is set, and thus to continue to improve the overall quality of spot test questions in the bank. The spot test was standard set by the same team along with the EMQ, so less good performance relates perhaps more to test item quality than the standard setting process.

LAQ: See previous response regarding the balance of long answer questions. Pathology content is assessed in the year 4 exam as well as in this exam. With regard to clinical and anatomical pathology test items, we aim to review draft papers and adopt a more integrative approach to paper setting between both assessments

Q1 (and other questions): The proportions given for the different parts of a question follow guidance given to question authors, and indicate to the student the relative contribution of these parts to the overall answer in terms of time spent on answering it, and thus do not need to correspond to the marking scheme. These figures are meant to guide students so that they don't spend an inordinate amount of time on a part that does not contribute as much to the expected answer overall. This is clarified on the cover sheet to the paper.

We are pleased that the introduction of standardised, college-wide exam paper setting and marking guidance has contributed to an improvement in the consistency and transparency of marking overall, although it is recognised that there is room for improvement for some questions.

The poor performance in the Part 3 Section A (critical appraisal question) indicated that the learning outcomes were not achieved by enough students. Recently, a science investigation and integration strand has been formed to subsume all learning opportunities related to skills in the application of scientific principles, method and knowledge to clinical practice, population medicine and research. The aim is to review, better align and develop the teaching in this area to underline its relevance and increase its effectiveness.

Elective questions: We are pleased that the introduction of standardised, college-wide exam paper setting and marking guidance have gone some way towards an improvement in the consistency and transparency of marking overall, although it is recognised that there is still room for improvement for some questions. The use of the

common grading scheme for marking questions that test clinical reasoning is designed to reward not only completeness of the information or clinical conclusions solicited, but also the quality and transparency of the reasoning process that led to those conclusions. It is conceivable therefore that a 100% correct answer in term of diagnosis or therapy will not be rewarded with full marks. Better commentary in these instances will help to clarify where this is the case.

The assessment strategy of the elective component is currently under review. Any major change in the assessment of the elective component and composition of finals part II can only take effect for students sitting the exam in 2017. We will strive to further improve practice in this area for next year.

Research projects: For the cohort starting their projects in 2015 and sitting the exam in 2016, expectations of the supervisors have been revised and clearly communicated to staff and students. A new formalised system of mid-project formative feedback from supervisors to students, and two points of feedback on the supervision received by students, was also introduced and should help to ensure an equal and consistent level of support. It is however recognised that due to the very varied nature of the projects undertaken and the environment these are carried out in, there can never be absolute parity of the experience.

A new on-line system of project marking has been piloted and aims to improve the documentation of the rationale for allocated mark, and the agreed final mark if the marks of the two examiners did not agree; it is planned that this will also be rolled out for the next cohort.

There are clear guidelines in place on the acceptable format of the research report. Within the specific directives on the layout and general structure, the guidance is for the report to be in the format of a research paper being submitted to an appropriate journal in the chosen field of study. In addition to the varied nature of the project types, this may lead to some differences in format and referencing between projects. This flexibility was introduced to facilitate publication of the work.

#### **Action Required:**

- Consider 40% minimum pass mark for Part III sections A & B for the 2017 sitting;
- Consider removing elective questions from Part III for 2018 sitting (AAreg change for cohort sitting 2018)
- Aim for balanced qs species spread (exam 2016)
- Introduce DOPS pilot for cohort entering rotations Feb 2016, introduce communication skills DOPS into early y3 for Sep 2016.
- The college is pleased that its effort in improving the EMQ performance is being rewarded. The skin EMQ has been reviewed and revised, and its poor performance attributed mainly to question design (questions 1-4); teaching effectiveness in this area will also be investigated.
- Liaison for paper setting between year 4 leader & finals convenor re pathology content (2015\_16 exam rounds).
- Introduce online RP2 marking system (cohort sitting the exam in 2017).

#### **Action Deadline:**

#### **Action assigned to:**

Director of Assessment, Convenor of Finals, Rotations Leader, AH, Year 4 Leader, RP2 Director

### **3.2 Extent to which assessment procedures are rigorous**

Assessment are considered robust and rigorous

#### **OSPVE**

Consistency of scoring observed between different assessors scoring the same station over time. The standard setting is 'by station', using a plotting and regression system to establish cut off score. This seems an entirely reasonable and appropriate way of accounting for the range of (internal) difference between station tasks. However, the number of items per station could be streamlined, bringing score range between stations to closer alignment?

#### **Response from college requested: YES**

We will review the number of items per station.

### 3.3 Consistency of the level of assessment with the Framework for Higher Education Qualifications (FHEQ)

The assessment of final year appears to be very student-centred with choices to both answer and avoid certain questions to enable to achieve their best performance. This is excellent from their perspective in particular, but one needs to consider the effect this has on staff having to supply a multitude of questions of which by far not all get used. When only two or three students sit part of the assessment it is difficult to relate their performance to other students having answered a question in a completely different area, which makes the assessment process less rigorous, and may also give an opportunity for students to pass with a serious knowledge deficit in a particular area where they do qualify for (particularly less prominent fields such as meat inspection, veterinary public health).

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

#### **Course Director Response:**

The review of the assessment of the electives component and its removal from Part 3 of the exam, and careful attention to balance of question topics in Part 2 will greatly reduce these issues (see previous comments).

**Action Required:**

**Action Deadline:**

**Action assigned to:**

### 3.4 Standard of marking

Marking in general was consistent within and between markers. There were occasions where some markers appeared to be more lenient than others, or were more lenient or stringent than the actual model answer, however this did not appear to affect overall performance. It was noted that these small differences predominantly occurred when the model answer was unclear about the level of information and interpretation that was expected from a pass, merit, distinction student. Where these minor discrepancies occurred they will have benefitted the borderline student.

Legibility of handwriting was poor in many and brilliant in some of the sampled papers, however this did not appear to effect the standard of marking, for which markers should be commended. Electronic assessment is likely to significantly reduce the time markers have to spend on assessing the Long Answer and Elective questions; with the increasing number of students this may be worth considering.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

#### **Course Director Response:**

We are pleased that the introduction of standardised, college-wide marking guidance has gone some way towards an improvement in the consistency and transparency of marking overall, although it is recognised that there is still room for improvement. We currently have no plans for electronic examinations.

It's recognized that the quality of model answers is variable but we will circulate examples of good practice.

**Action Required:**

**Action Deadline:**

**Action assigned to:**

Exams Office



**3.5 In your view, are the procedures for assessment and the determination of awards sound and fairly conducted? (e.g. Briefing, Exam administration, marking arrangements, Board of Examiners, participation by External Examiners)**

Yes

**Response from college requested: NO**

**3.6 Opinion on changes to the assessment procedures from previous years in which you have examined**

Significant improvement of the assessment quality of EMQs in Part 2

**Response from college requested: NO**

**3.7 Please provide any additional comments and recommendations regarding the procedures**

As always we were impressed by the excellent organisation and availability of material for external examiners.

As highlighted above, there appears to be wide range of topics assessed, however by giving the option to choose you can get away with not knowing any pathology. A solution may be to include more pathology in Long Answer Questions, or perhaps consider an OSPVE station in this area (this could take any form, such as a structured or open viva)?

During future visits it would be valuable for the external examiners to meet and talk to a group of final year students.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

**Course Director Response:**

See previous response regarding the balance of long answer questions. Pathology content is assessed in the year 4 exam as well as in this exam. With regard to clinical and anatomical pathology test items, we aim to review draft papers and adopt a more integrative approach to paper setting between both assessments.

**Action Required:**

We will investigate the possibility of External Examiners meeting a group of students.

**Action Deadline:**

**Action assigned to:**

Exams Office & Academic Quality Officer 'Standards'

## General Statements

### 4.1 Comments I have made in previous years have been addressed to my satisfaction

**No**

**Additional comments, particularly if your answer was no:**

Comments relating to an appropriate model answer were implemented by some but not others. This makes consistent marking and external review of marks much more difficult. In addition, when required to provide student feedback it would be helpful to provide a model answer from which they can understand what they had to achieve to receive a distinction/merit level answer. We are aware this is an ongoing process, and have certainly seen improvement, but it is currently not consistent in the long answer and elective questions.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

**Course Director Response:**

We are pleased that the introduction of standardised, college-wide marking guidance has gone some way towards an improvement in the consistency and transparency of marking overall, although it is recognised that there is still room for improvement. Please see previous comments.

**Action Required:**

**Action Deadline:**

**Action assigned to:**

### 4.2 An acceptable response has been made

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

### 4.3 I approved the papers for the Examination

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.4 I was able to scrutinise an adequate sample of students' work and marks to enable me to carry out my duties**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.5 I attended the meeting of the Board of Examiners held to approve the results of the Examination**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.6 Candidates were considered impartially and fairly**

**Yes**

**Additional comments, particularly if your answer was no:**

All external examiners would recommend to anonymize all exam results until approved by exam board, this to avoid potential influence of knowing who the student, as this may affect a decision. It is acknowledged that having this information during the exam board meeting encourages staff to attend, and this attendance is important and very constructive for further development of the assessment however the potential influence of knowing a student needs to be considered. An alternative would be to anonymize up to exam board, so at least until then the exams office and others are not aware of individual student performance.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

**Course Director Response:**

We consider the risk of marks being influenced most prominent when work is marked, consequently academics marking students work are presented with candidate numbers only, effectively anonymizing the work. The exams office have no influence over any marks awarded, so we see no reason at present for us to change our process.

**Action Required:**

- Anonymize all exam data for internal and external review purposes, until review at exam board.

**Action Deadline:**

**Action assigned to:**

Exams office

**4.7 The standards set for the awards are appropriate for qualifications at this level, in this subject**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.8 The standards of student performance are comparable with similar programmes or subjects in other UK institutions with which I am familiar**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.9 I have received enough support to carry out my role**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.10 I have received sufficient information to carry out my role (where information was insufficient, please give details)**

**Yes**

**Additional comments, particularly if your answer was no:**

**Response from college requested: NO**

**4.11 Appropriate procedures and processes have been followed**

**No**

**Additional comments, particularly if your answer was no:**

On occasions the process for marking scripts was not followed in according recommended guidelines. Although the guidelines are clear and provided by the exams office, some markers failed to document where and why marks are awarded. This became particularly important in the research projects where 2 internal examiners initially provided wide ranging marks and then had to agree on a final mark. Although external examiners scrutinized these projects and were in agreement with the final mark provided for all of them, a clear justification by the 2 internal examiners was not provided on all occasions. We don't envisage these justifications to become lengthy paragraphs but a few sentences describing the discussion held with a justification for the final mark would be helpful for student feedback when required. There were some excellent examples of how this was done in a complete and succinct manner.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Anke Hendricks**

**Course Director Response:**

A new on-line system of project marking has been piloted and aims to improve the documentation of the rationale for allocated mark, and the agreed final mark if the marks of the two examiners did not agree; it is planned that this will also be rolled out for the next cohort.

**Action Required:**

Introduce online RP2 marking system (cohort sitting the exam in 2017)

**Action Deadline:**

**Action assigned to:**

RP2 Director

4.12 The processes for assessment and the determination of awards are sound

Yes

Additional comments, particularly if your answer was no:

Response from college requested: NO

## Completion

**If you have identified any areas of good practice, please comment more fully here. We may use information provided in our annual external examining report:**

**Do you have any suggestions for improvements based on experience at other institutes? We may use information provided in our annual external examining report:**

Compliments to the very efficient exams team - who supported the whole assessment process well, but particularly supported students and external examiners, enabling them to perform to the best of their ability. In the case of the external examining team, this made it possible for us to review all material in a timely and constructive fashion. Materials we had access to in advance (e.g. papers) were very well presented, and the overall experience felt professional, courteous and welcoming.

**Response from college requested: NO**

**COURSE DIRECTOR: Dr Anke Hendricks**

**Course Director Response:**

The course leadership wishes to add their compliments to the exams team.

**Action Required:**

**Action Deadline:**

**Action assigned to:**

**External Examiner comments: For College information only (Responses to External Examiners are published on the College's website. Please only use this box to add any comments that you wish to remain confidential, if any)**

**Response from college requested: NO**

