

## ANNUAL QUALITY IMPROVEMENT REPORT 2016/17

### Appendix 3: External Examiners' report

#### BVetMed Final Year

This appendix contains Course Director's/Year Leader's responses to 2016/17 External Examiners' comments and updates to actions from External Examiners' reports from previous years (if applicable).

As Course Director/Year Leader please ensure you reflect on External Examiners' comments in the Course Review section. Please ensure that any actions to be taken in response to these comments have been recorded in your Annual Quality Improvement Report.

For support or advice please contact Ana Filipovic, Academic Quality Officer 'Standards', [afilipovic@rvc.ac.uk](mailto:afilipovic@rvc.ac.uk), 01707666938

Appendix 3 consists of:

a.	Updates to actions from previous years' reports
b.	2016/17 Collaborative Annual Report with responses from Course Director/Year Leader

a. Update to actions from 2014/15:

Report Question	External Examiners' comments & suggested actions	Course Director's response/ update in 2015/16	Update in 2016/17
3.1 Assessment methods (relevance to learning objectives and curriculum)	Introduce DOPS pilot for cohort entering rotations Feb 2016, introduce communication skills DOPS into early y3 for Sep 2016.	CMC decision (Feb 2016) to review this plan and opt for other checkpoints for student communication skills during the course; DOPS pilot not implemented.	COMPLETED
4.11 Appropriate procedures and processes have been followed	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. <b>Action Required:</b> Introduce online RP2 marking system (cohort sitting the exam in 2017) <b>Action assigned:</b> RP2 Director	Online system already used for cohort graduating in 2016, to be developed further for planned marking and feedback in batches for cohort starting rotations in 2017	COMPLETED

There were no outstanding actions from 2015/16 report!

# Collaborative Report

Exam board meeting: 15-Jun-2017

**Bachelor of Veterinary Medicine, Year 5, 2016/17**

**Lead examiner: Dr Connie Wiskin**

**Collaborating examiner(s): Professor Malcolm Cobb, Dr Philip Scott, Professor Michael Day**

## The Programme

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

### 1.1 Course content

As far as can be established, an appropriate range of modules and mixed-method activities. Examination process was scrutinised, rather than course content or teaching learning outcomes, but the two appear to align.

**Response from college requested: NO**

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

Assessment objectives were clear to learners for all components, with access to past papers and (anecdotally) practice sessions available. Transparency around questions to be asked, notably eg the OSCE, is well established, so given the students' prior knowledge of what is expected it is hard to see how any candidate could claim lack of familiarity with outcomes for that component. We did not see specific (advance published) outcomes for the written papers, but given familiarity of format from past years again outcomes should be clear to students.

**Response from college requested: NO**

### 1.3 Teaching methods

Teaching methods reflect the assessment requirements.

**Response from college requested: NO**

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

Assessment resourcing was high. All materials were easily available, with full staffing (academic, support and invigilation) witnessed on all observed examination days.

**Response from college requested: NO**

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

Further consideration, perhaps, of placement and academic tutors knowing when and how to flag a concern, to enable timely remedial intervention for issues of communication and professionalism. In particular the sort of seemingly 'low level' issues of organisation, language, paperwork submissions and punctuality that can add up to a later more serious overall problem. We would be curious about the remedial support mechanisms in place, given - eg - the poor quality of writing from some final year candidates and the existence of outstanding paperwork, even after finals.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Jill Maddison**

### **Course Director Response:**

Monitoring issues relating to communication and professionalism in relation to EMS, especially in relation to assembling appropriate paperwork, is an ongoing activity overseen by the EMS team in Registry and the Director and Deputy Director of EMS. Student tutors are notified as well when there are particular concerns. The poor quality of writing for final year candidates is an entirely different problem which is perhaps not so easily monitored or solved. We hope to be able to provide a greater level of formative feedback after the 4th year exam (which involves essay type questions on clinical and professional reasoning) but the logistic difficulties of doing this remain to be solved. We will certainly be providing examples of model answers to a greater degree than previously for the 2018 finals exams.

### **Action Required:**

### **Action Deadline:**

02-Jan-2018

### **Action assigned to:**

Jill Maddison, Dan Chan and Brian Catchpole

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

Overall feeling, as had been reported before is that RVC tend towards generosity - in terms on occasion of the standard expected and the marks awarded. This may be a symptom of the common grading scheme, however, as it lacks an obvious borderline. While the (positive) student focussed environment is duly noted, compensation remains a concern, especially given the nature of independent practice post qualification. We acknowledge that future changes are being made to address key areas such as critical reasoning and independent decision making, but continue to encourage assessment thinking at final year level to reflect 'first day of work' standards. While some submitted work is excellent, the level of performance for base line procedures and rudimentary English remains worrying in one or two cases.

#### Response from College:

We thank the externals for their comments and suggestions. The BVetMed course is currently undergoing review and as part of some restructuring, there is an opportunity to enhance our assessment processes. We take on board the comment that in the current OSCEs, students may be able to compensate for some deficiencies in more complex tasks (such as communication skills) by performing well in the more 'technical skill' stations (such as hand washing, gowning, gloving etc.). We are proposing to remove these latter type from the OSCEs and deliver these instead using a DOPs format, during the rotation phase. Students will be required to demonstrate competence in each of these specific Day One Skills and there would be no opportunity to compensate. As a consequence, this will allow us to develop more complex/multi-station OSCEs as part of the Finals exam, to better assess higher level skills, such as observation, communication and professionalism. Such complex OSCEs are currently in development and we will certainly consider the suggestions made by the external examiners in terms of integrating use of additional props, multimedia etc., where this is appropriate and feasible. We anticipate that the new style OSCEs will be implemented for the 2019 rotation cohort and look forward to working with the externals to ensure that we deliver an assessment experience, which is aligned with 'first day at work' standards.

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

Distribution is good for written papers, given the variability of topics, but had a tendency to cluster at the high end for basic procedures in the OSCE. This means candidates can compensate in learned procedure for 'non-rote' integrated tasks, eg by getting 100% in gowning (arguably a lower year basic given) while failing a station that requires diagnostic or communication skill. Several candidates passed overall on the OSCE via compensation through routine process while failing all of the stations that actually has a normal score distribution and reflected some degree of independent thinking.

Response from college requested: **YES**

#### COURSE DIRECTOR: Dr Jill Maddison

##### Course Director Response:

We entirely agree and are reviewing the OSCE set up with the aim to move some of the more "basic" stations into a DOPs format and to provide more complex stations involving communication and problem-solving. We aim that these changes will be in place for the 2019 final exams as they require modification to rotation activities to accommodate the DOPs which can only be commenced from Feb 2018

##### Action Required:

##### Action Deadline:

02-Jan-2018

##### Action assigned to:

Jill Maddison, Dan Chan, David Bolt

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

Overall fine, and reflective broadly of norms. However 2 (seemingly contradictory) provisos are that at the positive end we still have a student on merit who failed a core component, a passing research track student who failed critical appraisal, and have 12 students passing who failed both their interactive stations. The common grading scheme has limitations, as it doesn't map to the percentage score distribution in the model answers for written papers, which merits consideration.....

**Response from college requested: NO**

Please comment, as appropriate, on:

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

Mixed methodology approach seems to work well, with the proviso that some skills and knowledge currently in final year could be signed off in earlier years (3-4 to allow remediation?). The common grading scheme is not terribly intuitive. It may be that this is fixed, but a problem (looking at assessor notations of scripts) seems to be that examiners score the papers based on their expertise and knowledge of that subject and then have to retrospectively 'fit' their impressions to the 'common grading' scale. Best practice is a grading system that drives the way scores are awarded, so the current practice feels reversed and at times counter-intuitive and clunky as an exam tool.

Response from college requested: **NO**

#### COURSE DIRECTOR'S RESPONSE:

**Dr Jill Maddison** Thank you for your comments. The CGS has been amended to ensure that clinical and professional reasoning criteria are clearly aligned to the CGS descriptors. The scheme does require some practice in its use but experienced examiners at the RVC are satisfied that the descriptors work well in assessing complex questions that involve more than just regurgitating facts. We don't accept that it is counter-intuitive and do believe that it ensures that all aspects of a student's answer is considered in an appropriate context. The model answers provide clear guidance about how to use the CGS.

### 3.2 Extent to which assessment procedures are rigorous

All processes adhered to. Double and dip sample marking in place, as is possible and expedient. Post-hoc review of standards set would be appropriate, the spot test for example had a pass mark of 52%, the average was in excess of 70%, with more than half the questions the students' mean score is in excess of 80%, which suggests the pass mark is incorrect. Of course given the compensation between the elements of part II, this becomes less of an issue. Consider standard setting each question, rather than the paper.

Response from college requested: **NO**

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

The Year 5 assessment is consistent with the Framework for Higher Education Qualifications in England, Wales and Northern Ireland, in meeting prescribed descriptors for Bachelors Level 6.

Response from college requested: **NO**

### 3.4 Standard of marking

Broadly consistent. Some discrepancy noted such as 'tick counting' on long answer that was hard to reconcile to the grading schemes on both model answer and common grading scheme, but overall Ok for written component. OSCE scoring was consistent (inter-rater and intra-rater) from significant live observation and paper provisions.

Response from college requested: **NO**

**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.

However, conversation was had about difficulty signing off fail (and potentially profession exit) results without knowledge of the student, ie if the candidate is a long term 'problem' student or if this is a one off exam glitch. This may well be beyond the remit of external examiners, but it was discussed. The balance between obvious first need to ensure patient safety and offer student support (in cases of genuine welfare need) is important.

**Response from college requested: NO**

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

As previously, the OSCE is so well set up and run (all credit) that it has potential to be more reflective of 'first day at work' (valid) content. Ideas relating to - linked -clinical reasoning are welcome, eg joined stations that follow up history taking with management, or use video cases to encourage clinical reasoning. We would encourage RVC to think about signing off basic clinical skills (gowning, gloving etc) earlier on to preserve final year resource for tasks more reflective of prepare in for Independent working. This has been reported for several years now, and remains a key topic for change. Consider a more valid assessment of clinical competence assessed in the workplace in final year.

**Response from college requested: YES**

**COURSE DIRECTOR: Dr Jill Maddison**

**Course Director Response:**

Yes - we entirely agree. Responded to in 2.2

**Action Required:**

**Action Deadline:**

**Action assigned to:**

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

Variance between relevance and clinical components of written papers, elective and LAQs.

**Response from college requested: NO**



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

**No**

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

While change is coming to overall format, outstanding OSCE, common grading scheme and compensation concerns have not been fully addressed. In the last 4 years changes are rotation of simulated patients, removal of 'answers' on brief for the communication station, and improved consistency and transparency of marking (via written notations) on LAQs/elective questions.

**Response from college requested: NO**

#### **COURSE DIRECTOR'S RESPONSE: Dr Jill Maddison**

We are addressing the OSCE by modifying some of them to DOPS. We are going to provide greater guidance re the CGS (see item 3.1), and the disagreement around compensation remain.

### 4.2 An acceptable response has been made

**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:**

Excellent provision of papers.

**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:**

Welcome, open invitation. Useful discussion about future options.

**Response from college requested: NO**

**4.6 Candidates were considered impartially and fairly**

**Yes**

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

**Response from college requested: NO**

**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:**

Although standard setting will need careful attention in relation to switch to a 4-question final. We recommend minimum pass (say 40%) for each component, and review of grading scheme.

**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**

**Yes**

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

**Response from college requested: NO**

**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:

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

Consider a more valid assessment of student day one competences, assessed in the work place.

**Response from college requested: NO**

**5.2 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**

**COURSE DIRECTOR: Dr Jill Maddison**

**Course Director Response:**

Thank you so much for commitment to your roles as external examiners, your attention to detail and your insight and wisdom. We are committed to providing a finals examination process that appropriately, fairly and robustly assesses Day One competencies and the preparedness of our students for their first day in practice. Your feedback and guidance have been much valued and we look forward to your overview of the new finals structure in 2018 (written papers) and 2019 (OSCEs)

