
--	--	--	--

Collaborative Report

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

Student score range (performance) was comparative to standards elsewhere in the UK, in terms of observed practice (at the examinations) and subsequent numeric score distribution. We consider the performance adequate for this stage of training.

Response from college requested: **NO**

the top, middle or bottom of the range

Again, similar to the standard of other institutions, and broadly comparable to performance in past years at RVC. Modest differences are most likely accounted for by (arguably inevitable) cohort variance.

Response from college requested: **NO**

2.3 Please provide any additional comments and recommendations regarding the

Performance overall aligned with expectations. Last year's report highlighted the awards of merit and distinction being disproportionately high; in particular the finding that 44% achieved "merit" but with numbers of those "top" students carrying fails in major components. Although apparent ease of compensation for a deficit in a core field still merits scrutiny, we were pleased to note this academic period that the pass-merit-distinction categories were a (healthier) balance of 1:47:174 (student numbers for distinction:merit:pass) for Part II and 9:115:113 for Part III. This preserves the credibility and value of a distinction, and seems a better reflection of cohort ability than previously.

YES

Thank you for this positive comment. The A&A regulations for finals have been amended by the most recent Course Management Committee to implement a 40% threshold for all sections of the examination in 2017-18 and onwards [Jill Maddison, Nov 2016]

Assessment Procedures

Please comment, as appropriate, on:

3.1 Assessment methods (relevance to learning objectives and curriculum)

We include comments on questions in this section:

EMQ PAPER

Overall this paper seems to have performed well. The pass mark was set at 53.71% which is in keeping with previous years. Two hundred and forty candidates sat the paper and 5.4% of them failed. The KR20 value for this paper is 0.775, indicating that it has performed as expected.

Twenty-five of the questions had discrimination scores of < 0.1 . However, most of these were questions that were answered correctly by the majority (i.e. $> 50\%$) of students and this goes

The image is insufficient to allow student to distinguish between different species.
Remove question from paper as it is not possible to select the correct answer. AGREED

20 C (8%)

40% answered E

39% answered B

Given the spread of answer options this was possibly just a difficult question. No action required.

29 E (10%)

64% answered D

It is not clear but this is possibly also just a difficult question. No action required.

31 B (11%)

46% answered D

This is probably just a difficult question and answers are spread out. The image is not of as high quality as many of the others. No action required.

EMQ 17 had a gender change for the hamster mid-question, but it was felt the principle of

LAQ3 – incontinent dog – again, very clear how marks have been awarded in each case. This was generally poorly done, but each section of the question seems very fair, and marking is appropriate. Mean mark 46.6, range 15 – 68.

LAQ4 – lame horse - clear on scripts how marks are assigned, only done by 49 of the candidates – I suspect the equine keen students. As a consequence, performance is very good, mean mark is 64.3, range 35 – 90, only 2 of the failing students attempted this

The 50% pass score (internally standard set by station) and 50% threshold work well. The frequency of achievement of “100” on some of the more basic skills stations merits consideration in terms of the OSCEs value as a discriminatory measure.

BVETMED FINALS CONVENOR:

It is accepted that in its current format the OSCE exam always includes a heterogeneous mix of stations, including simple/robotic manual tasks (e.g. gowning/gloving, draping), technical tasks (e.g. radiography, use of microscope) and more complex integrated tasks, principally communications. It is the opinion of the Finals Convenor that it would be preferable to move assessment of simple/robotic manual tasks from Finals Pt2 to Pt1, and this suggestion has been made to the Course Director and VP (Teaching). It would be more efficient and better educationally if the OSCE were more focussed on integrated tasks. [Chris Lamb, Nov 2016]

As expected, and in line with the characteristics of any OSCE, score averages and distributions varied between stations. The communication tasks (Q1 & 18) and the tests where the student had to use deductions and/or reasoning (e.g. Q8 dermatology) achieved the most differentiation statistically. Qs 4, 5, 12, 14 had more score clustering; as expected. It was noticed that students performed well this year with the Farrier. Station suggestions are included later in this report [from PS] under 'other' observations.

Nine candidates passed the OSCE overall carrying fails on both the public interaction stations, including some low scores (student P1466 28.9% and 43.5%). Numbers of students had low scores on these stations, while achieving (perhaps unsurprisingly) 100% for washing their hands.

:

We are reviewing the OSCEs and have recently appointed a specific Director of OSCEs to facilitate this. [Jill Maddison, Nov 2016]

The running of the OSCE, as usual, was exemplary. A warm, student-friendly, humane environment was created, with attention to timing and detail that others could undoubtedly learn from. The approach was efficient, clear, wellw scores (studen

around feedback consideration needs to be given to how summary discussions (a consolidated feedback picture relating to the end, awarded grade) may be given to candidates. We appreciate that in the 'real world' (and at some viva panels) academics have different perspectives on what comprises research quality, and acknowledge that the electronic reporting system for comments has limitations once individual examiner scores/comments have been entered, but students might still (reasonably) find it difficult to reconcile very different views (eg feedback relating to scores of 35 and 65 for the same project) without being party to an overall summary. For EE review purposes something more than "We agreed on 52" would be helpful where grades are polarised.

:

[Jill Maddison,

across the board. My understanding is that Elective-based Part B questions will be removed from Finals and replaced by end-of-

3.4 Standard of marking

Marking standards were consistent between markers, and the double marking process (where applicable) was commendable. Some differences between markers were observed

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

We did not observe any key changes from last year, other than noting the (welcome) rotation of simulated patients between stations mid-

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:**

The issue of compensation and the need for a minimum acceptable standard (or required component approach) on all core clinical components has been raised 3 years running. we would welcome this being considered in terms of Part II/III and the OSCE.

YES

:

This has now been addressed by introduction of the 40% threshold. Apologies it has taken so long. [Jill Maddison, Nov 2016]

4.2 An acceptable response has been made**Yes****Additional comments, particularly if your answer was no:**

In relation to clearer linking of candidate answers provided to scores awarded, while there remains some variation in quality/clarity of comments we have noticed an encouraging

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:

Overall yes, aside from the case highlighted of one candidate (albeit rare) passing with merit carrying a significant fail (29%) in the Spot Test.

YES

Previously commented on - 40% threshold has been introduced [Jill Maddison, Nov 2016]

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:

As expected; with improvements from previous years in terms of range distribution (better reflecting educational norms).

Response from college requested: NO

4.9 I have received enough support to carry out my role

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:

Again, excellent, as orally presented at the Exam Board.

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:

The content of final year OSCEs is usually not so clearly positioned ahead of the test, to avoid the phenomenon of students focussing the majority of their endeavours on practicing and 'passing' relatively easily predicted components. Less certainty, and a higher level of challenge, could encourage a more rounded approach to revision, and enhance understanding of what professional expectations are. As examples sheep body condition scoring could be covered earlier on in Animal Husbandry, or a more diverse sheep range could be included. PS has sent example questions to WM, including ultrasound (well tolerated) and scenarios where knowledge from one species, anatomy familiarity, or field, could be extrapolated to a new scenario. This is more reflective of practice. The suggestions also include cadaver specimens, use of video to encourage 'live' interpretations of observations, etc. As a thought, sharing of stations between institutions could diversify and benefit all?

YES

Thank you for these excellent suggestions. The new Director of OSCEs will be exploring all options [Jill Maddison, Nov 2016]

5.2 External Examiner comments: For College information only (Responses to External Examiners are to add any comments that you wish to remain confidential, if any)

No, comfortable with full transparency.

Response from college requested: **NO**

Collaborative Report

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

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

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

Assessment Procedures

Please comment, as appropriate, on:

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

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

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

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

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

rewarded. The skin EMQ has been reviewed and revised, and its poor performance

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

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 co7 13.74 0.8

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 item69 303.29 0.72 39.36 reW*ntQQq234.41 293.33 69.38

Action assigned to:

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:

4.6 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 whenQq82.824 575.62 1(

4.11 Appropriate procedures and processes have been followed

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

