

EXTERNAL EXAMINER'S REPORT

Name of External Examiner	M. Wilkinson
Report for Academic Year	2018/19
Study Level	Postgraduate
Programme of Study	Strategic Leadership Multi-professional Education in Healthcare SLAMEH PGCErt, PDIP & MSC
School	Centre for Professional Practice
Date of Examination Board	05/06/19
Home Institution of External Examiner	University of Birmingham / RCGP
Date of Report	06/06/19

SECTION A: QUESTIONS

1. Academic Standards

- a. **Are the standards set for the awards appropriate for qualifications at this level and in this subject? YES or NO?**

Yes

If you have stated no, please explain why below:

- b. **Are the standards of student performance comparable with similar programmes or subjects in other UK institutions with which you are familiar? YES or NO?**

Yes

If you have stated no, please explain why below:

- c. **Any other comments on the standards set by the University for its awards in the subject area concerned in comparison with those of other institutions?**

2. Assessment and Examination

- a. **Are the processes for assessment, examination and the determination of the awards sound and fairly conducted within institutional regulations and guidance? YES or NO?**

Yes

If you have stated no, please explain why below:

- b. **Any comments about the proceedings of the Board of Examiners?**

Confirmation and papers distributed by email well in advance of the meeting. Assistance given with parking and accommodation. Meeting started on time, formal agenda and quorate attendance. Time allowed for

discussion and deliberation over key issues. All members of the board encouraged to participate. No evidence of bias or adverse behaviours. Paperlight meeting using Powerpoint, used papers collected for shredding to ensure confidentiality and meet data governance standards. Very much in keeping with university regulations and external observer expectations.

SECTION B: COMMENTARY

3. Documentation provided

The University would appreciate it if you would provide more detailed comments on the adequacy of documentation provided to you by the academic school or the partner delivering the programme(s) (as relevant to the provision). NB RECOMMENDATIONS should be entered in Sections 16 and 17.

By email and in print on the day. I was provided with a full agenda, last years minutes, statistical information on the assessments and marks for students. All papers well ordered and delivered in a pack. Documentation as well presented and in good order compliant with University standards.

4. Examiners participation

The University would appreciate it if you would provide more detailed comment on your participation in the assessment process.

As an external examiner I was impressed by how my previous comments had been taken on board, discussed and resulted in some modifications in the processes as evidenced in the minutes and reported by the chair. I was treated as a valuable member of the board, given the opportunity to offer my comments and thoughts about the process and contributed to the discussion over the final marks.

5. Student Achievement

The University would appreciate it if you would provide more detailed comments on Student Achievement for use by the academic school or the partner delivering the programme(s) (as relevant to the provision). NB RECOMMENDATIONS should be entered in Sections 16 and 17.

Over the 4 years of my tenure I have noticed an improvement in student achievement during that time. This appears to be due to changes in the modules, teaching and student support. Previously many students struggled with academic writing and this is now far less apparent. The average marks for students appear to be improving over time, with a mean in the 60+% range, confirming my observations. It was very good to see in the Masters highly relevant dissertations resulting in reports submitted to the NHS thus having impact. I was also pleased to see the successful exploration and use of the grey literature. Assignments all based on real issues in healthcare with evidence of positive impact on health care and medical education. Some unsurprising observations noticed: Higher achieving students tend to reflect on their own experiences in healthcare, take a more objective stance and read the assignment and its component parts. Less well achieving students tend to simply regurgitate the literature devoid of the argument, fail to demonstrate any independent thought, are too positive or biased about their own practice and appear not to have read the assignment

properly. Proof reading continues to be an issue that students consistently let themselves down. Word count issues noted last year have been addressed.

6. Learning Outcomes

Please comment whether assessment enables achievement by students of the stated learning outcomes to be tested.

The learning outcomes and marking scheme are very clear to the students. The marks allocated are feedback to the students with specific comments justifying the grade for each component of the overall grade. Feedback is very comprehensive to students with examples quoted from the assignment to illustrate the point. Advice for further improvement is feedback to all students including the low and high achievers. High achievers encouraged to publish.

7. Marking

Please comment whether marking is undertaken rigorously and in accordance with assessment criteria.

Marking scheme is very robust, undertaken by two assessors. Comments on each component of the marking provides feedback to the student to understand the reason for the mark. Comments in plain simple English. Word count issues noted last year have been addresses with specific comments by the markers on the count.

8. Good Practice

Please note any good practice you have identified within the academic school or the partner delivering the programme(s) (as relevant to the provision) e.g. strengths or distinctive/innovative features in relation to standards and assessment processes.

Constructive feedback justifying grades to the student. Positive feedback given to students before areas for improvement Encouragement of students to explore the grey literature All projects very relevant and potentially, of high impact value All students, including high achievers, receive feedback on how to improve their performance

9. Work based learning, placements

If applicable, please comment whether students are offered appropriate opportunity to realise learning outcomes through work based learning, placement and employment links and its associated assessment.

The majority (all?) of the assignments are work based learning assignments taking their own experience and observations and relating this to their course work and literature. This appears to work well and has more relevance to the student. In the PGCert some students appear not to totally comprehend the meaning of collaborative care especially outside of their practices i.e. across the NHS – this may reflect a rather narrow view of the world (working only within a small GP practice) and some thought could be given to a shadowing day or gaining experience outside of the practice.

10. Employer/work-related engagement

Please comment if applicable whether there is effective employer/work-related engagement and contribution in the curriculum to support the students' learning experience or if steps might be taken to enhance this.

Excellent. Largely the students are engaged in medical education employed by Health Education England who support the course and encourage and fund participation. The end product of the programme is to produce high quality educators for the future NHS workforce. One tuning and revision is apparent throughout the course.

11. Academic Study and Work-based learning

If applicable please comment on whether there is effective integration between academic study and work-based learning to enable students to have the opportunity to experience a holistic programme.

No concerns. Previously students found the academic study daunting as they were some distance from graduation. Better preparation, teaching methods and student support is apparent. It has been helpful to submit component parts of the PGCert across the year so issue with students identified much earlier in the year.

12. Professional Body Requirements

If applicable please comment on any issues relating to the programme(s) that are raised by specific PSRB requirements.

No concerns.

13. External Examiner - not first year

If this is not your first year as external examiner, please comment on the extent to which comments raised in your previous reports have been considered and acted upon by the School/Partner Provider.

14. External Examiner - First Year

If this is your first year as an External Examiner for the University of Kent, please comment on the University's briefing arrangements for new examiners

15. External Examiner - Final Year

If this is your final year as an External Examiner for the University of Kent, please provide an overview of your term of office.

During my 4 years of tenure I have been welcomed and supported as a valuable member of the team. I have tried to offer an external objective view point and have been impressed by how my comments have been taken on board with a number of changes to the programme. I have also been impressed by the high standards and achievement of students with real impacts on NHS care. It is noted that this jewel in the Health Education England crown continues to be supported and funded despite huge cost pressures on the NHS.

SECTION C: RECOMMENDATIONS

16. Do you have any recommendations to the School or the Partner Provider (including in particular, any steps which might be taken to enhance the experience of the students, the assessment process or the proceedings of the Board of Examiners)? If so, please elaborate.

Only minor points this year as everything was so positive but I would like the academic school to consider: (1) Identification of assessors on the marking schedules. I presume the assessors should have a specific ID number? The external assessor is asked to enter this information on their submissions along

with the student ID. Is this not good practice and would avoid issues with markers with similar names. (2) Shaping of feedback – This applies to the summary of feedback. For a minority of assessors there is a tendency to list all the negative points giving an overall negative feedback to a student who has passed. The better assessors give the good points first, then a few (prioritised) points for improvement.

17. Do you have any recommendations to the University as a whole? If so, please outline them e.g. in relation to aspects of institutional policy

18. Any Other Matters

SECTION D: RESPONSES

19. Departmental Response

Dear Dr Wilkinson Re: External Examiner's Report – PG Certificate in Strategic Leadership and Multi-professional Education in Healthcare – written in consultation with HEEKSS. Many thanks once again for another positive External Examiner's (EE) report regarding the PG Certificate in Strategic Leadership and Multi-professional Education in Healthcare. As this is the end of your 4 year tenure as EE, it was reassuring to note in section 5 that you have seen consistent improvement in the standard of work produced, and that you felt your feedback in previous years had been acted on. It was particularly gratifying to hear that as EE you felt the masters' projects demonstrated benefit for patients –consistent with the ultimate aim of the course. In section 8 you mentioned that all students receive both positive and developmental feedback, regardless of their attainment level. It was encouraging to know that students appeared less daunted by academic writing than in earlier cohorts, and that you felt this represented improvement in the teaching and support offered by the HEE KSS team. Your thoughtful recommendations for improvement in section 16 are welcomed, in particular the use of unique identifiers for markers and students, and efforts to ensure better balance in all feedback. Both of these will be enacted in the next cohort, and are sincerely welcomed suggestions. Your comments in section 15 are of value to the HEE KSS team – particularly noting the importance of this course at a time of unprecedented pressure on NHS resources, and reinforce their resolve to preserve this course as a requirement for GP educators into the future. Since the inception of the course, your comments are unfailingly constructive, enabling the programme to grow from strength to strength. Both the HEE KSS team and the University would wish to extend heartfelt thanks for the guidance you have provided, and wish you a well-deserved long and happy retirement. D P Reed Head of CPP

If the School response has been rejected by the Faculties Support Office, the reason for that rejection is:

20. University Response

