

# **Open University Validation Partnerships**

# **External Examiner report template**

An electronic copy of this report should be sent to:

ouvp-external-examiners@open.ac.uk

**Or**, a <u>signed</u> hard copy sent to:

The Director, OUVP, The Open University, Walton Hall, Milton Keynes, MK7 6AA, United Kingdom.

You should also submit a copy of this report to the institution.

## **Section A: General information**

Institution:	Education For Health
Programme:	BSC (Hons)/DipHE in Long Term Conditions
Subject examined:	Diabetes, Asthma, COPD, Personalised care of LTC Modules
Name of examiner:	Julie Reynolds
Address:	College of Health and Social Care, University of Derby, Kedleston Road, Derby, DE22 1GB
E-mail:	j.reynolds@derby.ac.uk
Current year of	1/12/2014

### appointment

# Section B: External examiner's report

The reporting structure of this section is intended to help draw out issues which may require attention by the Institution or the University. It should not be seen as limiting in any way the range of issues which may be addressed or the level of detail given. The report will be considered as part of the annual evaluation process and, as such, external examiners are encouraged to be as frank and open as possible, but avoiding wherever possible references to individual staff or students. External examiners' attention is also drawn to 'The Guide for external examiners of OU validated awards', which should be forwarded by partner institutions to their external examiners.

## Please comment as appropriate on:

 The range of assessed material and information provided by the institution on which your report is based to include confirmation that sufficient evidence was received to enable your role to be fulfilled.

At each board materials are provided for all modules and programmes being considered. These are comprehensive and support the information provided within turnitin. In addition materials are now projected for the board attendees to consider, which makes for greater transparency and is environmentally considerate.

At recent boards there has been the addition of tables, which allow for a clear comparison of module pass rates and student requests for EEC's. This allows all present to view patterns, improvements and responses and I feel this is an example of very good practice and a credit to the team's commitment to transparency, honesty and programme development.

The boards are always very well organised and the team work hard to prepare the documentation for external moderation.

2. Whether the standards set are appropriate for the award, or award element, by reference to any agreed subject benchmarks, qualifications framework, programme specification or other relevant information.

From the information provided it is clear that the awards offered reflect the descriptors identified within the marking grids and those set by the Open University (the documentation for which is provided at each assessment board). Where necessary the awards reflect the requirements of the professional bodies (NMC).

There is evidence that the team are responding to the national requirements of primary care in the development of their new modules e.g. frailty. This is in keeping with the NHS 5 year review, which has a focus upon development of the workforce to meet ever increasing demands on service provision within primary care.

3. The quality of students' work, their knowledge and skills (both general and subject-specific) in relation to their peers on comparable programmes elsewhere.

There are students who are able to demonstrate their knowledge and offer a critical appraisal of the evidence in relation to their clinical practice and the requirements of the

module. Students who fail to meet these requirements receive lower marks or are referred. The markers comments and suggestions reflect both outcomes and are very instructive. Generally I feel that the results and outcomes of all the modules and programmes are in keeping with other institutions and the quality of students work.

## 4. The strengths and weaknesses of the students

There can be a tendency for the student to become descriptive when considering a case study or reflecting upon their clinical practice, this is certainly seen within other institutions. However, reflection on clinical practice is required in health care and guidance from the markers, which is of a high standard, is useful in developing criticality.

# 5. The quality of teaching and learning, as indicated by student performance

As discussed in previous reports and in section 1 of this report, an indicator of student performance is provided at each assessment board which offers a level of transparency. Learning on-line can be a challenge to many students and is something that is clearly reflected in many institutions. However, guidance, support and feedback are something that appears strongly advocated by the team at Education for Health.

What is evident is the level of detailed feedback that is offered to the students, this appears to indicate the knowledge of the markers, which is significant within their expert field. The student's response to this is also referred to in sections 3 and 4.

## 6. The quality of the curriculum, course materials and learning resources

The team have developed new modules such as Frailty levels 5 and 6, Dementia levels 5 and 6 and Obesity levels 5 and 6. These directly address issues within practice and are a useful and insightful addition to the suite of modules currently on offer (see additional comments within section 2).

### 7. The quality and fairness of the assessments, in particular their:

#### (i) design and structure

Please also see section 3 and 4 in relation to reflection, description and applicability to clinical development, in relation to knowledge and skill. I think the design of the modules address current issues in primary care and relates theoretical underpinning to clinical relevance.

### (ii) relation to stated objectives and learning outcomes of the programme

The modules utilise descriptors that are relevant for the academic level being studied. The assessment boards have also allowed for an opportunity for the externals and the module leads to discuss the learning outcomes and the general requirements of the modules, which has always been a very helpful exercise.

(iii) marking to include comments on whether marking scheme / grading criteria has been consistently applied

There has always been evidence to support the use of a grading scheme. In addition turnitin has provided evidence of feedback to the students within the text, which offers additional clarity.

8. Where the programme has specific work-related learning outcomes (e.g. Apprenticeships and Foundation Degrees) please comment on the assessment and

achievement of these outcomes, including employers' involvement where relevant.

#### N/A

9. The administration of the assessments, operation of examination boards, briefing of external examiners, access of external examiners to essential materials, etc.

I have always received timely correspondence and very helpful support and I have been really impressed with the professionalism and standard that Education for Health place on their assessment boards.

10. Have all the issues identified in your previous report been addressed by the institution?

YES/NO – please delete as appropriate

If no, please comment

#### 11.

Please confirm that the assessment and standards set for the programme as a whole, including all its pathways, modules or individual courses are consistent and appropriate, and that the processes for assessment and determination of awards are fair, reliable and transparent across the provision.

(For those with responsibility across the whole programme or for chief external examiners – if in doubt please check with the appointing institution)

#### N/A

### 12. Any other comments

This is my final report for Education for Health, following an additional few months whilst a new external was found, who is now in place.

The team are constantly working to make sure that their programme is responsive to the national needs within primary care. Much continues to change within primary care and there are opportunities for the team to create new learning resources and modules, which may address public health issues and possibly family planning etc. They are an excellent team who are committed to maintaining high standards within their modules and I wish them every success in the future.

Please ensure that you sign and date below, if sending a hard copy of this report

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Signed:	Harold.				
Date:	3/8/2019				