BM BS Policy on moderation, verification and double-marking

1.1.1. Definition of terms

Moderation:	Inspection of the overall pattern of marks and grades across the class, and the grades given by individual markers to ensure consistency of marking.
Verification:	Grading of assessments by a second marker to check the consistency of standards and grades given by the first marker.
Double Marking:	Blind and anonymous marking of assessment by a second marker who has no knowledge of the grade given by the first marker.

1.1.2. Policy on Verification and Double Marking

The following rules on the verification of marking set out a minimum standard:

a) All assessment contributing to student progression and award will be subject to verification procedures or blind double-marking.

b) Where blind double-marking is used, all scripts will be subject to the process.

c) Verification may be substituted in place of blind double-marking, subject to the approval of the Academic Board. Approval will be on an individual component and sub-component of assessment basis and will cover specified assessment tasks.

d) Verification will be mode dependent, where mode indicates the form of assessment used.

- **Single mode of assessment**
  Where a single mode of assessment is used to arrive at the grade for the complete module, a minimum of 25% of assessments will be subject to verification. The sample must include a representative range of assessments from within each grade awarded in the assessment process.
- **Multiple modes of assessment**
  Where multiple modes of assessment (i.e. there are several sub-components of assessment) are used to arrive at the overall grade for the module, a minimum of 10% of assessments will be subject to verification for each component of assessment.

1.1.3. Mode-specific rules

<u>Essays and other equivalent written reports</u>

Verification will take the form of a second reader sampling the requisite scripts. The first marker shall indicate either on the script or on an attached proforma the rationale for the grade given in accordance with the specified marking criteria for the assessment task. This will serve as a guide to the second reader. The second reader will form a judgment based on reading the scripts concerning the appropriateness of the first marker's use of the criteria-based marking scale. Where it is the view of the second reader that the scripts are marked either: too high; too low; or inconsistently against the published criteria, a review of all scripts will be undertaken by the first marker and second reader. In the case of mis-banding (marks too high or too low), the two examiners shall seek to agree a generic re-grading. Where grades are inconsistent, the two markers shall seek to agree a mark for each script. Where the second reader agrees with the general banding of the first marker (but not the precise mark), the initial grade will stand.

<u>Single best answer/Short answer questions/multiple choice questions</u>

Verification will take the form of a second reader sampling the requisite scripts in relation to the accuracy of the recording of marks. Where discrepancies are found in any script, the entire set of scripts will be reviewed.

<u>Portfolios</u>

Verification will take the form of a second reader sampling the requisite portfolios in relation to the criteria used for determining the grade (including pass/fails). Where it is the view of the second reader that the portfolios are marked either: too high; too low; or inconsistently, a review of all portfolios will be undertaken by the first marker and second reader. In the case of mis-banding (grades too high or too low), the two examiners shall seek to agree a generic re-grading. Where grades are inconsistent, the two markers shall seek to agree a grade for each script. Where the second reader agrees with the general banding of the first marker (but not the precise grade), the initial grade will stand.

<u>Single-mode module assessment</u>

Where a module is assessed by a single assessment task, the preferred mode of verification will normally be blind double-marking of all scripts (for essays, lab reports or presentations).

1.1.4. Examination Board

In all cases, the first marker and second reader will sign a proforma confirming that verification has taken place and signalling where any re-consideration or adjustment of marks or grades was necessitated by the process. This information will be available to the External Examiner and to the Examination Board.

1.1.5. Approval of verification method

Each module will seek approval from the Curriculum Management Board for the means of verification to be used in each assessment contributing to the module.

1.1.6. Procedure for moderation, verification, and double marking in Phase 1
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Type of assessment	Guidance issues	Anonymous	1st assessment	Procedure	Internal Moderation	External Moderation
Attendance (101, 102, 103, 104, 201, 202, 203, 204)				From 1617 a register is taken at the first whole group teaching session of the day and all small group teaching. This has been done in response to student feedback Students are alerted to the number of absences recorded on a regular basis, allowing them to query records where necessary & support to be put in place		
OSCE (201)	Consistency between multiple examiners Mark scheme required	No	Observing examiner	Mark verification by module leader: marks are electronically submitted – pass mark and maximum marks double checked, 20% of candidates marks checked for all stations, 20% of stations checked for all students plus all fails. Stations observed by Academic in Charge and External Examiners.	Module Exam Board (MEB)	EE is invited to attend OSCE
Family/Patient Study Report (101, 201)	Multiple assessors Mark scheme required	Yes	Marking by approx 10 assessors	Mark verification by module leader: sample of work for each marker (top/middle/bottom marks) including borderlines and all fails (min 10%)	MEB	EE sent sample of work including fails, spread of marks approx. 10%
Portfolio of Clinical Experience (101, 201)	Guidance to multiple assessors	Yes	Marking by approx 10 assessors	Mark verification by module leader: sample of work for each marker (top/middle/bottom marks) including borderlines and all fails (min 10%)	MEB	EE sent sample of work including fails, spread of marks approx. 10%
Knowledge Test (101, 102, 103, 104, 201, 202, 203, 204) • Single best answer/Multiple Choice Questions • Short Answer Questions	n/a Marking scheme	Yes Yes	Optically-read mark sheets Team marking or primary marker(s)	Mark verification by module leader: marks are scanned – correct answers double-checked, absence report checked, item analysis and distribution checked, fail papers manually checked. Mark verification by module leader: sample of papers (top, middle and bottom of cohort) including all borderline and all fails (min 10%)	MEB	EE sent sample of work including fails, spread of marks approx. 10%

Module (102) Essay/ (203) Patient Leaflet	Grade scheme for markers	Yes	Essay setter	Mark verification by module leader: sample of work for each marker (top/middle/bottom marks) including borderlines and all fails (min 10%)	MEB	EE sent sample of work including fails, spread of marks approx. 10%
Academic Skills (102) • Numeracy Test • IT Skills Test • Essay • PowerPoint Presentation • Academic Skills Record	Grade scheme for markers Grade scheme for markers	Yes No Yes No No	Module Leader Module Team Academic Tutor Academic Tutor Academic Tutor	Mark verification: papers of failing students checked only } Mark verification: work of failing students checked only } (verified if high/low or fail)	MEB	
Student Selected Component (103, 104, 202, 203, 204) • Essay • Presentation • Laboratory Report	Grade scheme for markers Grade scheme for markers Grade scheme for markers	No No No	SSC leader SSC leader (+ students) SSC leader	Mark verification by phase leader: a sample of marked work from each of the SSC groups is checked including all fails	MEB	A selection of work is sent to EE
Module Tutorial (204) Poster Presentation	Grade scheme for markers	No	BSMS Faculty	Double marking: two examiners present at every poster presentation. Mark verification: fails and borderline candidates posters,checked at end of process	MEB	EE sent sample of work including fails, spread of marks approx. 10%
Module Tutorial Tests (103, 104)/ Case Study Assessment (202)	Multiple choice/fixed mark scheme	No	Anonymous	Mark verification by module leader: marks are scanned – correct answers double-checked, absence report checked, item analysis and distribution checked, fail papers manually checked	MEB	

1.1.7. Procedure for moderation, verification, and double marking in Phase 2

Type of assessment	Guidance issues	Anonymous	1st assessment	Procedure	Internal Moderation	External Moderation
Attendance (301, 302 & 308)		No		Mark verification: fails/near fails double-checked against registers		
Year 3 and Year 4 OSCE	Consistency between multiple examiners Mark scheme for examiners	No	Observing examiner	Mark verification by module leader: marks are electronically submitted – pass mark and maximum marks double checked, 20% of candidates marks checked for all stations, 20% of stations checked for all students plus all fails. Stations observed by Academic in Charge and External Examiners.	Phase Exam Board (PEB)	EEs invited to observe OSCE
Life Support Skills Test (301)	Consistency between multiple examiners Mark scheme for examiners	No	Observing examiner	Module leader to review mark scheme to ensure consistency between examiners. Mark verification by module leader: distinctions/fails discussed at end of process	Module Exam Board (MEB)	
Case-Based Discussion (303, 304, 306)	Guidance to multiple assessors Grade scheme for markers	No	Two examiners	Module leader to review mark scheme to ensure consistency between examiners. Double marking: two examiners present at every CbD.	MEB	EEs invited to observe CbD
Logbooks (303, 304, 306. 402, 403)		No	Module Leader	Mark verification: all logbooks reviewed re attendance and sign-off	MEB	
(302) SBM Essays and Written Examination (SAQ)	Guidance to multiple assessors	Yes	Marking by approx 20 assessors	Mark verification by module leader: sample of work for each marker (top/middle/bottom marks) plus all fails (min 10%)	MEB	EE given access to all marked essays on StudentCentral (or sent a sample of marked essays including all fails and resits). Draft of exam sent to EE for feedback. Sample of marked exams including all fails and resits reviewed by EE.

Year 3 and Year 4 Knowledge Test • Single best answer/Multiple Choice Questions	n/a	Yes	Optically-read mark sheets	Mark verification: marks are scanned – correct answers double-checked, absence report checked, item analysis and distribution checked, fail papers manually checked	PEB	EE sent draft of KT before standard setting. EE comments fed into standard setting meeting.
Research Presentation (404)	Guidance to multiple assessors Grade scheme for markers	No	Three examiners	Module leader to review mark scheme to ensure consistency between examiners.	MEB	EE invited to attend presentations
SSC Reports (307)	Guidance to multiple assessors	Yes	Marking by approx 15 assessors	By Module Leader/Team: minimum 10% sample verified plus all fails	MEB	No EE for 307
Research Project (404)	Guidance to multiple assessors	No	Two independent markers	Double marking: all reports are marked by two independent markers: if their marks differ by more than a given amount, the markers will try to agree their marks; if they cannot agree, the report will go to a third marker. Mark verification: all fails	MEB	Sample of projects reviewed by EE including all fails and resits.
Formulary (308 & 402)		No	Clinical Academic Tutors	Module leader to review mark scheme to ensure consistency between examiners.		

1.1.8. Procedure for moderation, verification, and double marking in Phase 3

There are 20 components of assessment in Phase 3.

Type of assessment	Guidance issues	Anonymous	1st assessment	Procedure	Internal Moderation	External Moderation
Cases in Depth (504)	Guidance to multiple assessors	No	Marking by approx 12 assessors	Mark verification by module leader: sample of work for each marker plus all fails (min 10%)	MEB	EE sent sample of work
Knowledge Test • Single best answer/Multiple Choice Questions	n/a	Yes	Optically-read mark sheets	Mark verification: marks are scanned – correct answers double-checked, absence report checked, item analysis and distribution checked, fail papers manually checked	Year 5 PEB	EE sent draft of KT before standard setting. EE comments fed into standard setting meeting.
OSCE	Consistency between multiple examiners Mark scheme required	No	Observing examiner	Mark verification by module leader: marks are scanned – pass mark and maximum marks double checked, 20% of candidates marks checked for all stations, 20% of stations checked for all students plus all fails. Stations observed by Academic in Charge and External Examiners.	Year 5 PEB	EEs invited to observe OSCE.
Portfolio	Guidance to multiple assessors	No	Marking by approx 4 assessors	Mark verification: all portfolios checked	Year 5 PEB	
Speciality Sign-Off Reports (504)	n/a	No	n/a	Module Leader / Team to review; any fails taken to MEB for discussion	MEB	
Preparation for Practice and Elective Sign-Off Reports	n/a	No	n/a	Module Leader / Team to review; any fails taken to PEB for discussion	Year 5 PEB	

Year 1				
Clinical Practice 1	Family Study Essay	Clinical Skills Assignments	Attendance	
Foundations of Health and Disease	Knowledge Test	Module Essay	Academic Skills Development	Attendance
Heart, Lungs and Blood	Knowledge Test	Module Tutorial Tests	Student Selected Component	Attendance
Nutrition, Metabolism and Excretion	Knowledge Test	Module Tutorial Tests	Student Selected Component	Attendance
Year 2				
Clinical Practice 2	OSCE	Patient Study Essay	Clinical Skills Assignments	Attendance
Neuroscience and Behaviour	Knowledge Test	Case Studies Assessment	Student Selected Component	Attendance
Reproduction and Endocrinology	Knowledge Test	Patient Information Leaflet	Student Selected Component	Attendance
Musculoskeletal and Immune Systems	Knowledge Test	Poster presentation	Student Selected Component	Attendance
Year 3				
Clinical Foundation Course	Attendance	Life Saving Skills Test		
Scientific Basis of Medicine	Coursework Essays x 3	Written exam	Attendance	
Clinical Rotations x 3	Case-Based Discussion x 4	Logbook x 3		
Student Selected Components	SSC Assessment x 2	Attendance		
Clinical Pharmacology and Therapeutics	Attendance	Smart Drug Formulary	Practical Prescribing	IPE
Year 3 integrated exams	OSCE (16 stations)	Knowledge Test (SBA)		
Year 4				
Specialist Rotations	Logbook x 8	Smart Drug Formulary	TAB	Practical Prescribing
General Practice & Public Health Medicine	Logbook			
Individual Research Project	Project Report	Presentation		
Year 4 integrated exams	OSCE (14 stations)	Knowledge Test (SBA)		
Year 5				
Clinical Attachments	Case in Depth x 6	Specialty Sign Off report x 6	ILS assessment	
Finals	OSCE (16 stations)	Knowledge Test		
Year 5 Portfolio	Professional Diary	Clinical Skills Log		
Preparation for Practice	Shadowing sign-off	Attendance		
Elective	Supervisor sign-off	Student report		

Case-based Discussion – a time-limited oral presentation of a case you have seen on placement to a panel of examiners. The presentation must cover history and examination findings, discussion of differential diagnoses and the management plan. The presentation will include time for questioning / discussion from the examiners.

Case in Depth – a formal structured written report on a case you have seen on placement,. The Case in Depth covers the history, examination, investigations undergone and treatment of the patient and focuses on the clinical decision making and evidence base for treatment alongside the ethical and communication issues of the case.

Specialty Sign-Off Report – at the end of each placement you will be assessed by your supervisor on the following areas: attendance, involvement with team and team activities and professionalism whilst on placement.

OSCEs – (Observed Structured Clinical Examinatinos0 are practical examinations which test clinical skills. During an OSCE students are observed in a series of 'stations'; scenarios based on activities that would take place in a clinical setting such as taking a patient's medical history, examining patients or interpreting scans / test results or even a combination of these activities. Some OSCE stations will use real patients or actors playing patients.

Knowledge Test – a time-limited examination which may be single best answer (SBA) or short answer (SAQ).