

Postgraduate Institute of Indigenous Medicine, University of Colombo



GUIDELINES ON CONDUCT OF EXAMINATION

**POSTGRADUATE INSTITUTE OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO
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GENERAL REGULATIONS AND GUIDELINES FOR EXAMINERS

**GUIDELINES TO EXAMINERS FOR CONDUCT OF EXAMINATIONS
POSTGRADUATE INSTITUTE OF INDIGENOUS MEDICINE
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This section sets out guidelines and instructions to Examiners of Selection and MD Examinations. This is to ensure quality and high degree of acceptance by the trainees who sits for such examinations and also to prevent possible litigations. The guidelines are described under the following headings:

1. Preparation – Core Groups

1.1 Core groups for preparation of question banks

- a. In order to improve the quality of assessments, each Board of Study/Specialty Board should endeavor to build a bank of questions (True/False Multiple Choice Questions, Single Best Answer Questions, Objective Structured Clinical and Practical examinations, etc.) based on the blueprinting principle.
- b. The Board of Study/Specialty Board should appoint a Core Group of trainers and teachers for this task at the beginning of each three-year term of the Board of Study/Specialty Board, or for one year at a time, in preparation for the relevant examinations.
- c. A member of the Board of Study/Specialty Board, having experiences with the conduct of undergraduate or/and postgraduate examinations, should be appointed to the post of Core Group Coordinator. Such a person may or may not be the Chief Examiner for the relevant examination or examinations.
- d. The Core Group Coordinator shall be responsible for convening regular meetings (at least once a month or more frequently) of the Core Group, collecting questions and including them in the appropriate format in the question bank. The coordinator should report on a quarterly basis to the Chairman of the Board of Study/Specialty Board regarding attendance at Core Group meetings, and progress in building up the question bank. The Coordinator is also directly responsible for maintaining confidentiality of the question bank.
- e. Members of the Core Group are expected to attend meetings regularly, and to bring questions for discussion and to include the questions into the question bank when accepted by the members.
- f. In developing questions by members of the Core Group, allocating selected areas in the curriculum (modules) and adhering to the “Blue Printing” mechanism is recommended.
- g. The question bank shall be stored as hard copies on separate cards in sealed envelopes, or as password-protected electronic copies on a flash drive, in CDs or any other appropriate method approved by the PGIIM.
- h. Once questions have been used for an examination, the Core Group Coordinator and the Chief examiner of the said examination shall be responsible for returning the used cards to the relevant envelopes in the question bank.

2. Appointment of examiners

- a. The examiners will be recommended by the Board of Study/Specialty Board for the approval of the Board of Management and Senate. Upon Senate approval, the persons will be appointed as examiners by the Director, PGIIM.
- b. Persons to be considered as examiners should have experiences in postgraduate teaching and training in the state and/or non-state sector institutions approved by the PGIIM. He must be a qualified trainer as described in the Ordinance.
- c. Only persons qualified as an examiner described in the Ordinance, shall be appointed as examiners; “ An Examiner mean a person having five years’ experience after obtaining the Board Certification or equivalent qualifications or a person eligible for privileges of Board Certification and who shall be in active service in any University or in the Ministry of Indigenous Medicine”.
- d. However in the absence of such qualified examiners, under exceptional circumstances, examiners who do not fulfill the above requirements, but possess a postgraduate qualification such as MPhil/DM/PhD and post-qualification experience of at least five years appropriate to the level of the examination, may be considered for appointment by the Board of Study/Specialty Board and may make a request for permission from the Board of Management to appoint such examiners and for the subsequent approval of the Senate.
- e. Eligibility to be a member of the panel of local examiners will cease following resignation or retirement from active service. However, if other examiners are not available for appointment, a retired former examiner may be considered with the approval of the Board of Management on the recommendation of the relevant Board of Study.
- f. On appointment, all examiners shall be required to sign a Conflicts of Interest and Confidentiality Declaration Form.

3. Chief Examiner

- a. The Board of Study shall nominate a Chief Examiner for each examination. The Chairperson of the Board of Study will be an ex-officio member of the Board of Examiners if not already an Examiner or the Chief Examiner.
- b. Whenever possible, only examiners who have examined at a particular examination/ component of an examination (Postgraduate or Undergraduate) in the past should be nominated for appointment as the Chief examiner of the examination.

4. Examination Coordinators and Invigilators

- a. The Board of Study will nominate with the approval of the Board of Management the Coordinator or Coordinators for the clinical/practical/viva components as well as invigilators for the written papers of the examination.
- b. Examination coordinators may or may not be examiners of the relevant examination.
- c. All invigilators must be examiners of the relevant examination.

5. External examiner

- a. Where necessary, the Board of Study/Specialty Board shall appoint an external examiner having with suitable and appropriate qualifications and experiences in postgraduate examinations.
- b. Each Board of Study/Specialty Board should have a document which clearly spells out the exact role of the external examiner in the relevant examination, e.g. whether he/she is expected to correct all essay papers; whether he/she should examine every candidate during the clinical component etc.
- c. This document should be mailed to the external examiner together with the appointment letter, and the guidelines and the format of the examination, well in advance of the examination by the Director.
- d. Where relevant, the past questions could be included in the above letter.

6. Scrutiny Board Meeting

- a. At the commencement of the Scrutiny Board meeting, the Director/Deputy Director and/or the Chief Examiner should brief all examiners, including the external examiner, about the format of the examination and the method of allocation of marks at each component of the examination and the requirements to pass the examination. The function of the results board shall also be explained at this meeting.
- b. It is the responsibility of the Chief Examiner or his/her nominee to check the accuracy of the question paper once typed and to see that all drafts are destroyed in his/her presence.
- c. Each paper should be scrutinized to ensure that the blueprinting principle is fulfilled.
- d. The marking schemes should be discussed and agreed upon at the Scrutiny Board meeting.
- e. No examiner should leave the scrutiny board meeting until the final question paper is prepared and checked.

7. Theory Papers

- a. Examiners appointed for written papers should discuss and agree on all the questions to be incorporated in the question paper.
- b. At the scrutiny board meeting, the examiners should discuss and/or confirm (if already done at core group meetings) the model answers, i.e., main points expected in the answer, minimum requirements for a “pass grade” and the allocation of marks for sections in the expected answer.
- c. Adequate time should be allocated for examiners to mark the answers independently, and in the event of a discrepancy in the marks (>15%) between the two examiners, to discuss the marks given by each examiner.

8. Multiple Choice Question Papers

- a. Examiners appointed to set the MCQ papers (including Multiple True/False and Single Best Answer) should meet in the PGIIM during the week preceding the scheduled date of the examination, to scrutinize and select the questions from the bank and/or from those sent by the External Examiner.
- b. Questions may be re-used, with some modifications required, after a period of at least two years, provided they are of suitable quality.

Postgraduate Institute of Indigenous Medicine, University of Colombo

c. The question papers should be finalized before the examination, using the selected questions as above. The master paper with the answer key should be enclosed in a sealed packet. The packet should be kept in the safe with the SAR/AR or Director/PGIIM.

d. The printing of the required copies should be done on the day of the examination or the day preceding the examination.

9. Clinical and practical examinations

a. The Board of Study/Specialty Board shall decide on the venue of the clinical/practical examination, soon after the MD examination of a particular year, to enable arrangements to be made for the examination.

b. A coordinator from the selected venue shall be appointed at the same meeting of the Board of Study.

c. Examiners appointed for practical examinations should meet as they think appropriate and select/prepare the material. It is their responsibility to keep such material in a safe custody maintaining the confidentiality under the guidance of the Chief examiner.

d. Standard arrangements for an 'out of bounds' period for undergraduate and postgraduate students around the time of the examination shall be applied.

e. The Board of Examiners should ensure that there is uniform exposure of all the candidates to the external examiner during the examination.

f. The Board of Examiners shall ensure that candidates who have undergone training under an examiner are not examined by the said examiner during the clinical, practical, and viva voce examinations.

g. Once identified, the examiners of a clinical/oral examination (including the Chief Examiner) should strive to refrain from teaching of the candidates of the said examination for at least three months prior to the examination.

h. An objective marking grid including all aspects to be tested should be utilized by each examiner during the examination to maintain uniformity and objectivity. The external examiner should be briefed about the necessity of testing these aspects during the examination.

i. This marking grid should be attached to the marks sheet of each examiner for the purpose of objective marking and shall be used in the event of a discussion prior to the results board, at the results board, and for post examination counseling

10. Timetables

a. Timetables should be prepared by the PGIIM office/Examinations Branch in concurrence with the Chief Examiner/Chairperson of Board of Study.

b. It has to be circulated under the signature of the Director at least two week before the scheduled examination.

11. Marking of theory papers

a. Marking should be based on the model which includes the tested aspects in each component of the examination n.

Postgraduate Institute of Indigenous Medicine, University of Colombo

- b. Double and independent marking of each answer by two examiners is a must.
- c. Marks should be entered in ink on the mark sheet and not in the answer script. No comments should be made in the script.
- d. The examiner must make notes which he/she thinks necessary to be discussed with the Chief Examiner/Co examiner later.
- e. The average of the two marks should be the final mark for each question.
- f. If there is a significant discrepancy of > 15% after double marking, the Chief Examiner should summon a meeting of the two examiners as soon as possible, scrutinize and discuss the marks of the two examiners and attempt to compromise to reduce the difference to 15% or less. If this is not possible, PGIIM reserves the right to refer the matter to a third examiner who will do an independent marking on the answer script. The final mark should be the average of the three sets of marks.

12. Marking - Clinical/ Practical Examinations

- a. At the end of examinations, signed and sealed marks/notes should be handed over to the Senior Assistant Registrar/Examinations or to a nominee after the end of each session.
- b. Examiners are not allowed to take away mark sheets or marking books or rough paper from the examination venue. All remaining candidates' and examiners' notes (rough papers) should be destroyed
- c. When candidates are marked by two or more independent examiners, the agreed optimum mark for each clinical case/OSPE/OSCE completed by the candidate should be agreed upon immediately after the candidate has been examined. The marks shall be entered in ink in the marks sheet.
- d. The examiners should not communicate with candidates just prior to the examination or immediately after the examination.

13. Handing and collection of answer scripts

- a. The sealed packet of answer scripts should be handed over by the examination invigilator/coordinator to the SAR/AR PGIIM.
- b. It is the responsibility of the examiner to collect the packet of answer scripts from the SAR/AR, mark them and return the paper packet to him/her with the marks sheets under sealed cover as soon as possible. These notes should be sealed and handed over with the mark sheets.
- c. Incident report forms (if any) duly signed by the Chief Examiner should be handed over to the SAR/Examinations.

14. Attendance of candidates

- a. It is the responsibility of the Invigilator to mark attendance of candidates in the sheet.
- b. The signature/Index number to be recorded in the attendance sheet.

Postgraduate Institute of Indigenous Medicine, University of Colombo

The attendance sheet should be signed by the invigilator and returned to the SAR/AR immediately following the examination.

15. Entry of marks

- a. Entry of marks is the sole responsibility of the examiners and should be done carefully.
- b. Marks should be entered in ink in the relevant mark sheets.
- c. The final mark should be calculated to the full integer and decimal places rounded off accordingly.
- d. It is the responsibility of the Chief Examiner to ensure that all entries have been done accurately before the Pre-result/Result Board

16. Review of marks

- a. After item analysis of the MCQ paper has been carried out, if the pass level of the candidates is very low, the Chief Examiner may consider reviewing the questions. The Board of Examiners may then decide on removal of certain questions or items. This should be done before entry of marks to the final mark sheet.
- b. The allocated marks for each candidate in the theory paper or OSCE/OSPE/Practical components (not the clinical case) should be checked and reviewed if the marks of candidates are very low. This is expected to be done only by the examiners who have participated in the relevant section/component of the examination before the results board.
- c. The Chief Examiner (in consultation with the External Examiner or Director PGIM) should provide guidance or direction where necessary.

17. Cross checking computer printout

- a. The entry of marks in mark sheets to the computer (Excel Sheet) should be done by the Chief Examiner and SAR/AR.
- b. Ensure that appropriate headings are given to all columns in the mark sheet
- c. The Chief Examiner with the External Examiner should check computer printouts of such marks, against the raw marks in all mark sheets before the result board/

18. Results Board Meeting

- a. This Meeting will be chaired by the Director. In the event the Director is not available, the Chairperson/Board of Study or the Chief Examiner should preside at this meeting.
- b. All examiners of every component of the examination should be present.
- c. After the final mark sheet with agreed marks for each component of the examination are tabulated, at the result board, only the entered marks should be checked with the marks in the hard copies. All examiners should carefully go through the mark sheets given to them to ensure the absence of mathematical errors.
- d. The performance of individual candidates should not be discussed.

- e. The mark/marks should not be discussed or changed at the result board.
- f. All decisions at the results board meeting must be based on the Senate approved Examination Rules and Regulations and/or the Prospectus.
- g. The final result sheet must be signed by all examiners present.

19. Examination Report

- a. The Chief Examiner should present a report to the Director/PGIIM on completion of the examination with the comments and observations (strengths and weaknesses) of the examination.
- b. The External Examiner shall submit a separate report about the examination to the Director/PGIIM within four weeks of completion of the examination with the comments and observations (strengths and weaknesses) of the examination.

20. Counselling for failed candidates (giving feedback)

- a. The Board of Study should appoint one or more members of the Board of Examiners to counsel failed candidates.
- b. Failed candidates should be counselled within two weeks of release of examination results.
- c. Counsellors should inform candidates of their performance overall and the performance in separate sections/components (but not specific subcomponents), using the terms 'outstanding', 'very good', 'good', 'clear pass', 'pass', 'bare fail', 'clear fail', or 'bad fail'.
- d. Counsellors should not divulge the marks obtained by any candidate at the relevant examinations.

20. Problems encountered at examinations

- a. The Chief Examiner should report immediately any problem that arises at the examination, to the Director (verbally or writing) and discussed.
- b. If an examiner or invigilator fails to comply with accepted examination practices or conducts in an unethical manner, such instances should be reported in writing by the Chief examiner, other examiners, PGIM Examination staff, any candidate or Chairperson of BOS, to the Director.
- c. In such instances, the Director shall obtain relevant information and take appropriate action in consultation with the Board of Management if and when appropriate.