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|  **Paediatric Critical Care Specialist Courses**  |
| External Quality Assurer Moderation Report |
| This form should be completed by the External Quality Assurer. Please type directly into the boxes provided. Forward the form to the Programme Leader and EQA group. No marks to be issued to students until this process is completed |
| **Name of External Quality Assurer** |  |
| **Hospital** |  | **Programme Title** |  |
| **Programme Leader** |  | **Assessment Submission Date** |  |
| **Assessment Type**  |  | **Markers/ Assessors** |  |
| **Total No. of Learners** |  | **No. of Assessments Reviewed** |  |

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| You must ensure that you have seen the following documentation, please indicate: |
|  | Yes | No |
| Full list of marks |  |  |
| Assessment brief |  |  |
| Marking criteria |  |  |
| Feedback sheet |  |  |

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| **Working at academic level** | **Grade** | **Total number of assessed pieces of work per band before moderation** | **Actual number of assessed pieces of work moderated per band** | **Number of grade amendments resulting in band movements up**  | **Number of grade amendments resulting in band movements down** |
| **Level 7** | **A+ (85-100%)** |  |  |  |  |
| **Level 7** | **A (70-84%)** |  |  |  |  |
| **Level 6** | **B (60-60%)** |  |  |  |  |
| **Level 6** | **C (50-59%)** |  |  |  |  |
| **Level 6** | **D (40-49%)** |  |  |  |  |
| **Refer** | **E (30-39%)** |  |  |  |  |
| **Refer** | **F ( 0-29%)** |  |  |  |  |
|  | **Total** |  |  |  |  |

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| **Comments from EQA** |
| I confirm that the moderation process has sampled a range of grades from all markers, and on the basis of the sample considered, the marking of this work: |
| Consistent cross grades/bands (please circle) | **Yes No** |
| Adheres to the assessment criteria (please circle) | **Yes No** |
| Use of marking criteria |  |
| Consistency of marking decisions |  |
| Quality and appropriateness of feedback |  |
| **For oral presentations:**Where the guidelines and instructions provided for the learners clear and appropriate? |  |
| Was there sufficient time for the assessment and effective timekeeping? |  |
| **Details of any actions taken following EQA review** |
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| **EQA reviewers electronic signature/name: ……………………………………****Date: ……………………………………….** |