



# Procedure for the Marking and Internal Verification of Assessments

Current Policies & Processes

January 2019

# Procedure for the Marking and Internal Verification of Assessments

## Statement of Purpose

This policy relates to the marking and internal verification procedures associated the assessment of the Industry Qualification (IQ) Level 7 Certificate in Injectables for Aesthetic Medicine, Regulation No. 601/8963/0.

SkinViva Ltd (“the Company”) implements this policy to ensure there are:

- i) effective procedures for implementing rigorous assessment practices that ensure the standard for the named award is judged and maintained at the appropriate level
- ii) transparent and equitable mechanisms for the marking and internal verification of marks

This policy seeks to:

- Define the assessment methodology.
- Identify key roles within the delivery of the programme and specify deployment responsibilities pertaining to the assessment process.
- Establish robust procedures to ensure marking reflects the assessment criteria specified within each unit, and in consideration of the intended learning outcomes.
- Embed clear processes for student/learner feedback.
- Clarify the grading criteria for both the knowledge and competency elements of the programme assignment tasks.
- Ensure internal verification considers both quantity and indicative grades across a range of marks.
- Confirm opportunities for re-assessment in cases where the assessment criteria has not been achieved by the student/learner.
- Confirm support arrangement for students/learners with individual needs requiring special adjustments.

## Scope

The IQ Certificate in Injectables for Aesthetic Medicine<sup>1</sup> is a knowledge and competence based qualification aimed at a range of medical and allied health professionals with current professional registration<sup>2</sup>. This qualification exclusively focusses upon the administration of botulinum toxin and dermal fillers<sup>3</sup>. Learners/Students will be summatively assessed through both written and ephemeral assignment tasks in order to ensure achievement of both knowledge and competency elements of the programme curriculum.

## Assessment Methodology

The assessment scheme for each unit shall comprise of IQ approved, summatively assessed elements and shall be determined with respect to the learning outcomes of that unit. Evidence supporting learner/student knowledge and competency achievement will be compiled through an internally set portfolio of evidence. The portfolio will be marked internally and quality assured by the awarding body. The portfolio structure is designed to incorporate written assignments, in the form of short answer questions (SAQs), performance within objective structured clinical examinations (OSCEs) and outcomes following assessments conducted within the clinical practice environment.

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<sup>1</sup> Registration No: 601/8963/0

<sup>2</sup> General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Dental Council (GDC), General Pharmaceutical Council (GPhC)

<sup>3</sup> Industry Qualifications *Level 7 Certificate in Injectables for Aesthetic Medicine* (2016, Regulation No. 601/8963/0. 2016)

## Short Answer Questions (SAQs)

- To ensure parity and consistency, each set of SAQs are set by the awarding body, internally marked, verified and externally reviewed by the awarding body.
- SAQs must be answered within the word limit specified (+/- 10%). Penalties will apply for essays that do not meet this criteria.
- Each SAQ carries a maximum mark of 10 and will be assessed against a pre-determined marking scheme. Achievement in **each** SAQ is required in order for the student/learner to be successful. The pass rate is explicitly set at **55%**. Students/learners will receive an indicative mark for this element in order to indicate level of achievement/progress. Indicative marks will not contribute to any award classification.
- **Re-assessment:** Students/learners who do not meet the standards set for achieving a pass in the SAQ elements of assessment will be invited to repeat the assessment. An alternative set of questions will be provided for every re-assessment. Students/learners will be invited to repeat the assessment until a pass can be achieved.
- **Re-assessment fees:** The student/learner will be liable for a re-assessment fee for each set of additional SAQs. Exemption will be granted to those students/learners who provide the **Lead Tutor** with contemporaneous evidence of mitigating circumstances (for example, a medical certificate).
- **Submission dates:** Bi-annual submission dates are set externally by the awarding body. However, internally set submission dates are offered to students/learners at key stages of the curriculum in order to provide formative feedback on progress and identify potential support needs. This will enable the assessing team to work collaboratively with students/learners in order to pro-actively identify barriers to achievement and action plan accordingly.

## Objective Structured Clinical Examinations (OSCEs)

- The company commits to providing students/learners with the resources required to undertake the relevant OSCEs as defined within the programme specification<sup>4</sup>.
- To ensure parity and consistency, OSCEs are set by the awarding body, internally marked, verified and externally reviewed by the awarding body.
- The student/learner will need to dedicate approximately 4 hours of preparation time for each OSCE.
- The student learner will have a maximum of 1 hour to complete the assessed OSCE. It is permissible for students/learners to use less than 1 hour but they must not exceed this allocated time.
- Each OSCE will be filmed and assessed against a pre-determined assessment criteria. Achievement in **each** OSCE is required in order for the student/learner to be successful. The pass rate is explicitly set at **55%**. Students/learners will receive an indicative mark for this element in order to indicate level of achievement/progress. Indicative marks will not contribute to any award classification.
- **Re-assessment:** Students/learners who do not meet the standards set for achieving a pass in the OSCE elements of assessment will be invited to repeat the assessment. Alternative assessment materials will be provided for every re-assessment. Students/learners will be invited to repeat the assessment until a pass can be achieved.

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<sup>4</sup> Ibid. Sink and working taps, PPE, consent forms, skin disinfectant, injecting equipment, botulinum toxin (real/mock vials), dermal filler (real/mock vials), hyaluronidase (real/mock vials), injectable facial manikin, digital camera (for mock pre/post treatment photography)

- **Re-assessment fees:** The student/learner will be liable for a re-assessment fee for each re-assessed OSCE. Exemption will be granted to those students/learners who provide the **Lead Tutor** with contemporaneous evidence of mitigating circumstances (for example, a medical certificate).
- **Non-attendance:** If a student/learner fails to attend a pre-arranged OSCE and cannot submit contemporaneous evidence in support of mitigating circumstances, the assessment will be awarded a mark of 0%. The student/learner will be liable for the re-assessment fees as defined above. Students/learners must commence the OSCE within 15 minutes of the pre-arranged start time. If a student/learner arrives for the examination after this time, they will not be permitted to commence the assessment and their attendance will be recorded as absent.
- Students/learners are strongly advised to consider the risk of routine traffic congestion and to allow additional travel time on the day of their allotted examination. Routine congestion will not be accepted as a mitigating circumstance in the event of non-attendance.

### Clinical Practice

- Students/learners will undertake a number of both treatment observations and administration under supervision. These are internally set, marked, and verified by the awarding body.
- In order to fulfil the assessment criteria, students/learners must observe a total of 10 treatments for each modality, as specified in the programme specification<sup>5</sup>.
- In order to fulfil the assessment criteria, students/learners must demonstrate clinical competence in the administration of 10 treatments for each modality, as specified in the programme specification<sup>6</sup>.
- The duration of each individual treatment observation/administration may vary, dependent on the needs of the patient and associated procedure.
- Treatment observations will be structured in accordance with relevant HEE<sup>7</sup> guidelines and will precede any first instance of treatment administration. Consequently, it is a pre-requisite that students/learners must complete this element prior to undertaking clinical practice involving administration.
- Students/learners will not receive an indicative mark for this element. The assessment is awarded either a Pass or Fail.
- If a student/learner fails to achieve competence in the administration element of the assessment, procedures for re-assessment will apply as per the OSCE process.

### Grading Criteria

The achievement of the final award is dependent on attainment in **all summative elements of the assessment**. For the purposes of this award, students will receive notification on a PASS/FAIL basis. There is no provision within the award for classification.

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<sup>5</sup> Industry Qualifications *Level 7 Certificate in Injectables for Aesthetic Medicine* (2016, Regulation No. 601/8963/0. 2016)

<sup>6</sup> Ibid.

<sup>7</sup> Health Education England: developing people for health and health care *PART ONE: Qualification requirements for delivery of cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery* <https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions> (HEE 2015)

## **Roles**

The requirements for individuals delivering the programme and acting as assessors in any capacity (tutors/markers or verifiers) have been pre-determined and are based upon HEE recommendations<sup>8</sup>.

### **Lead Tutor**

- Defined as the person responsible for the totality of the student/learners experience.
- Must possess a valid teaching qualification<sup>9</sup>.
- Present evidence that they have previously been responsible for the supervision of trainees (in the form of a validated testimonial).
- Hold appropriate indemnity insurance.
- Must be practicing in the modalities for which they are training.

### **Internal Tutors/Supervisors**

- A minimum of 3 years post-qualifying experience delivering the procedures for which they will be demonstrating/supervising.
- Be able to provide clinical oversight, defined by HEE as an 'approved clinician'<sup>10</sup>.
- Appropriate indemnity insurance.
- 25 hours of CPD in aesthetics within the preceding year.

### **Internal Markers**

- As per Internal Tutors/Supervisors

### **Internal Verifiers (IV)**

- As per Internal Tutors/Supervisors/Internal Markers
- An IV qualification (or be working towards one)

## **Assessment Marking**

Students/learners can expect to receive transparent and equitable marking across cohorts and the internal verification of work will be conducted according to a standardised system that promotes parity and consistency. Clear assessment requirements that are linked explicitly to unit learning outcomes will be expressly communicated to both students/learners as well as those involved in the marking and internal verification process. Verification samples will ensure that the full range of marks have been assessed and where multiple markers have been deployed, the process will ensure that samples are obtained from all markers. SkinViva will retain details of all the marks awarded, and maintain documentary evidence that the internal verification process has been adhered to. Any discrepancies between markers and verifiers will be highlighted and documented alongside the agreed action and remedy.

## **Our Commitment**

- In order to maximise the potential of our students/learners, SkinViva Ltd. will identify a dedicated member of staff who will assume the role of 'personal tutor' and will be available to assist in identifying additional learning needs and will also provide support/signpost where necessary.
- Students/learners will receive structured feedback that clearly demonstrates how the work has been assessed and judged against the given criteria.
- Feedback will include guidance as to how students/learners can improve their performance in future assignment tasks.

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<sup>8</sup> Ibid.

<sup>9</sup> This can include GP training roles, a PGCE/PGCAP or a 'teach the teacher' course

<sup>10</sup> Those able to provide clinical oversight and prescribe where relevant

- Students/learners who submit unit assessments in stages will receive both formative and summative feedback in a timely manner, thus promoting opportunities for improvement in subsequent assessments, thereby reducing the need for re-assessment and potential attrition.
- Formative assessment will support student/learner development and will be used to monitor ongoing progress and identify student/learner needs throughout the duration of the programme. This may take the form of informal feedback on development or additional reading/study tasks.
- The marking criteria for each assignment will be provided to the student/learner in advance of the submission date to ensure clarity and understanding of the task.
- Internal markers/assessors and internal verifiers will receive guidance regarding attainment levels and indicative grading in relation to both the assessment criteria and associated learning outcomes.

### **Internal Verification**

- Internal verification will be carried out in relation to the following;
  - a. All assessments that have failed to reach the minimum pass standard. This includes all SAQ and OSCEs that fall below 55% and clinical practice assessments that are deemed to have failed the required standard of competence.
  - b. All assessments that have been awarded in excess of 75%.
  - c. At least 2 clinical practice assessments or 10% (whichever is the greater) from the total from each marker involved in the assessment of clinical competence. This applies to each individual unit.
  - d. A random sample to the total of 10% of the remaining assessments within each unit.
  - e. Where the marker or internal verifier is new to the role, this sample should be increased to 20% in the first instance in order to promote standardisation and early identification of inconsistencies.
  - f. The IV must document the details of each marker and the marks awarded.
  - g. The IV should identify areas of good practice, as well as any anomalies in relation to both feedback and marks, and record these in writing.
  - h. The IV should discuss any anomalies or inconsistencies with the relevant marker in a timely manner and document an agreed remedy.
  - i. If the IV and marker are unable to reach a mutually agreed remedy, the IV must contact the Lead Tutor to arrange for the assignment to be marked by another internal assessor/marker.
  - j. If marks are amended, these should be clearly documented with a rationale and explicitly recorded alongside the record of discussion.
  - k. The IV is responsible for liaising with markers to ensure they receive feedback from the verification process. This should occur at set intervals throughout the programme.
  - l. The IV will report the findings of internal verification to the Lead Tutor.
  - m. The Lead Tutor will identify any training needs following verification and action accordingly.

### **Support for Students/learners who disclose a Disability**

SkinViva Ltd. is compliant with the requirements set out in the Equality Act 2010 and is fully committed to providing an inclusive learning environment for all students/learners. The following guidelines aim to minimise the impact of the student's/learner's impairment or health

condition on learning and assessment performance. A 'Disabled Student' is any student/learner who discloses a disability within the current definition<sup>11</sup>.

S1 (ss.(a)(b)) of the Equality Act 2010 states that a person has a disability if they have a *“physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”*

Students/learners are encouraged to disclose a disability at the earliest opportunity if they require learning support to enable them to engage fully and satisfactorily with the programme and related assessments. In order to provide appropriate support, disclosure will require the following;

- a written statement or report from a registered medical practitioner.
- a post-16 diagnostic report provided by a chartered, educational psychologist, or an individual qualified in assessing students with specific learning difficulties.
- If a student's/learner's disability is not known at the time and is therefore disclosed during the programme, the student should be encouraged to submit a mitigating circumstances claim in respect of past performance in assessment tasks. This can be taken into consideration and applied retrospectively.
- The student is responsible for communicating any changes in their condition/impairment by informing the Lead Tutor at the earliest opportunity.

### **Procedure following disclosure**

- The Lead Tutor should be made aware of any disability disclosure and should meet with the student/learner at the earliest opportunity in order to establish appropriate support mechanisms (where applicable).
- The Lead Tutor is responsible for ensuring that key roles within the programme are notified (on a need to know basis) of any relevant information pertaining to a student's/learner's disability.
- The Lead Tutor is responsible for ensuring that relevant support plans are implemented and reviewed as appropriate.

### **Reasonable Adjustments**

The Equality Act 2010 makes provision for disabled students by way of 'reasonable adjustments'<sup>12</sup>.

- The Lead Tutor is responsible for ensuring that any reasonable adjustments that need to be put in place to support learning and assessment needs are clearly documented. The document should also list the students' responsibilities.
- Examples of reasonable adjustments may include, but are not limited to;
  - i) Additional time to complete OSCEs
  - ii) Additional time to complete clinical practice assessments
  - iii) Flexible exam conditions to include rest breaks
  - iv) Flexible exam schedules
  - v) Alternative formats for reading (font/colour etc..)
- When adjustments to assessment conditions have been made, no further adjustment should be made by the assessor/marker or internal verifier.
- Students/learners should be supported to undertake the same assessments as others undertaking the course. Reasonable adjustments should be made in consideration of

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<sup>11</sup> Outlined in the Disability Discrimination Act 2005 within the provisions of the Equality Act 2010

<sup>12</sup> S20 (ss 1-20) Duty to make adjustments

the effect the student's disability will have on the assessment conditions, and not the content or method.

**Monitoring and review of this policy**

The Directors shall be responsible for reviewing this policy annually and more frequently when changes are made in legislation to ensure that it meets legal requirements and best practice.

To be reviewed January 2021