School of Medicine

FACULTY OF MEDICINE AND HEALTH

UNIVERSITY OF LEEDS

MBChB Assessment Study Guide Year 3

2025/26

Version 1: Updated July 2025

Introduction

The General Medical Council gives clear guidance regarding assessment of medical student performance and competence. Promoting Excellence: Standards for Medical Education and Training, lists the following assessment principles which the MB ChB program seeks to follow in its assessment strategy:

- Students will receive timely and accurate information about their assessments.
- All 'outcomes for graduates' will be assessed at appropriate points during the curriculum, ensuring that only students who meet these outcomes are permitted to graduate.
- Assessments will be fair, reliable, and valid.
- Assessments will be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.
- Assessments will be carried out by someone with appropriate expertise in the area being assessed, who has been appropriately selected, supported, and appraised.

The information in this document is correct at the date of publication. If it becomes necessary to amend any of the details during the academic year students will be informed.

MBChB Key Assessment Staff

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Director of Student Progression	Professor Andy Hill	A.J.Hill@leeds.ac.uk
Academic Sub Dean	Mr Dermot Burke	d.burke@leeds.ac.uk
Head of Student Support	Mrs Andrea McGoverin	a.m.mcgoverin@leeds.ac.uk
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Academic Integrity Officer	Mr Andrew Davies	A.G.Davies@leeds.ac.uk
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Information can also be found at the Assessment Pages of School of Medicine Taught Student Guide here - Assessments.

Assessment Framework

This guidance is for the Year 3 Assessment for Learning and end of year Assessments for Progression. For further information you should also refer to the year 3 Study Guide and the Integrated Core Unit (ICU) Study Guides on the VLE which include information for each ICU in more detail.

Assessment Structure

The overall assessment structure is as follows:

Campus to Clinic

1. Assessments to pass placement ICUs (in-course assessments) as evidenced by end of placement forms and review of PebblePad portfolio. These will be set by individual placements but will include:
    a. Satisfactory attendance.
    b. Demonstration of satisfactory professional behaviours.
    c. Completion of relevant placement Mini-CEX as detailed below.
    d. Completion of the appropriate number of DOPS as detailed below.
2. Satisfactory completion of the SAFER-MEDIC individual case report.
3. Satisfactory attendance at Ethics workshops and completion of relevant literature reviews.

ENQUIRE

1. Satisfactory attendance and engagement with ENQUIRE sessions.
2. Satisfactory completion of the ENQUIRE project protocol group work & the PPIE Creative Media Presentation.

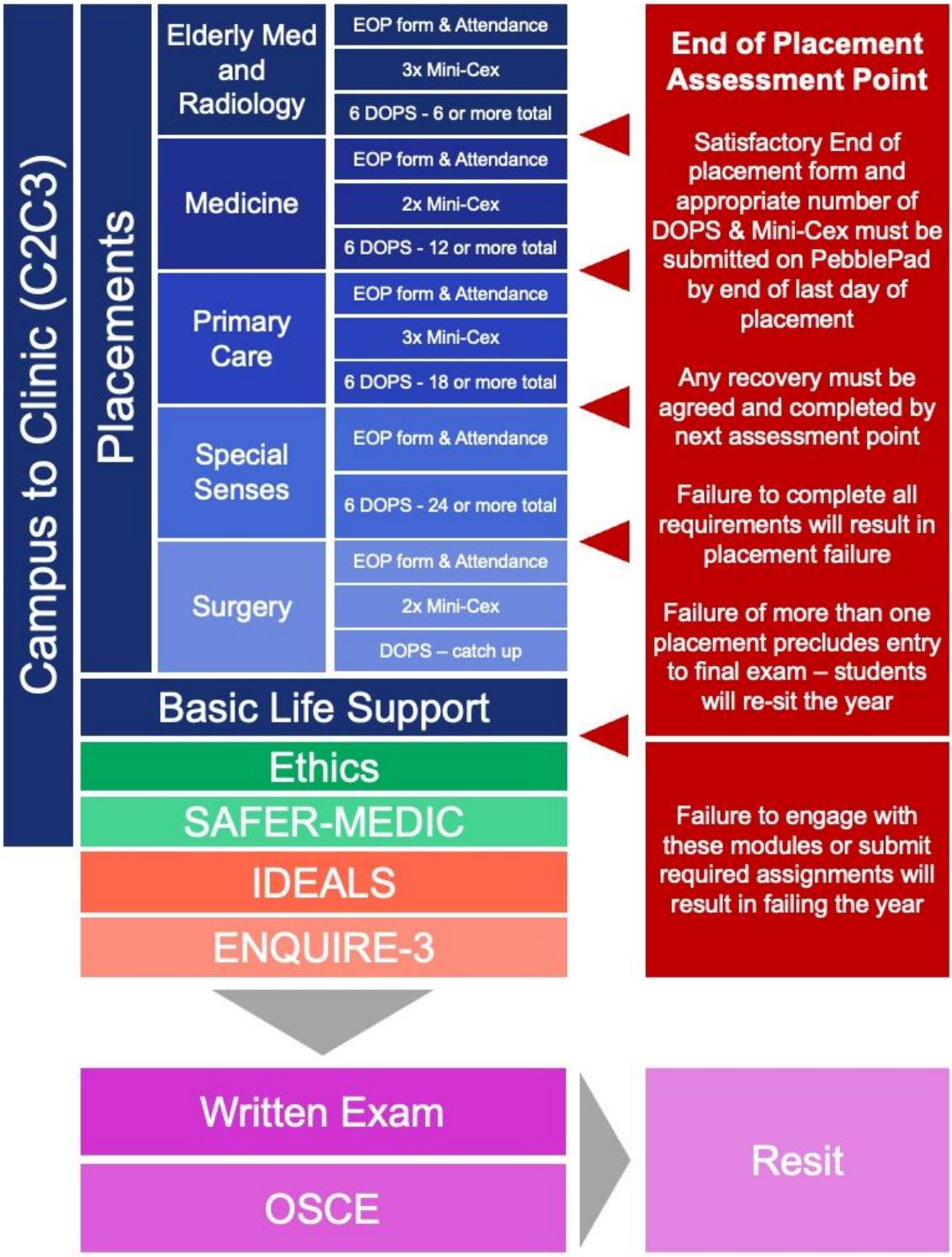
IDEALS

1. Satisfactory attendance at and engagement with IDEALS sessions.

Formal Assessments

1. An end of year written AKT (Applied Knowledge Test) examination
2. An end of year OSCE (Objective Structured Clinical Examination)

This structure is summarised in the diagram overleaf and further details of these assessments in subsequent sections. It is vital that students who are having problems or who are struggling with course work speak to the Academic Sub-Dean for Year 3 to determine the most appropriate support.



Year 3 course and assessment structure. Clinical placements will not necessarily be in this order. Students must pass campus to clinic to be eligible for the final written exams. Students must pass all components to progress. Students who fail a component will be permitted a further attempt in the resit period. Students who fail the resit without mitigation accepted will be required to leave the program.

Calendar of Examinations for 2025/26

Description	Date	Consequence of failure
Formative OSCE (FOSCE)	15th – 16th December 2025	This is important preparation for your summative clinical exams, **the marks do not count towards progression**. It is compulsory to participate.
OSCE	12th – 13th May 2026	Students who do not meet the required standard to pass on the main exam alone will sit the resit examination.
Written Examination	19th May 2026	Students who do not meet the required standard to pass on the main exam alone will sit the resit examination.
Resit OSCE	14th July 2026	Students required to sit the resit OSCE are assessed by a new OSCE assessment that covers the content of year 3. Students who do not pass the resit examination will be required to withdraw from the course.
Resit Written Examination	16th July 2026	Students required to sit the resit exam are assessed by a new examination paper that covers the content of year 3. Students who do not pass the resit examination will be required to withdraw from the course.

General Information

Attendance

The MB ChB program is a vocational course, learning by experience is a key part of this and can only be achieved through attendance on clinical placement and at arranged teaching sessions. Students should approach attendance in the same way they would in a place of work. Therefore, 100% attendance is expected unless there are legitimate reasons for absence such as illness. If students are unable to attend placement for any reason it is crucial that this is communicated to the placement provider as soon as possible. Workplace attendance is a critical component of professional behaviour, and unreported absences will be taken seriously. Absences must also be reported to the university via Minerva.

If there are circumstances in which students require planned absence from placement, these must be agreed in advance with the Academic Sub-Dean Mr Dermot Burke, d.burke@leeds.ac.uk. As much notice as possible must be given and, where agreed, students are responsible for contacting placement providers to inform them of this. More detail can be found here.

If a student misses a small amount of placement time for legitimate reasons, and this is appropriately reported, the student may still pass the placement if it is felt they have gained sufficient experience. This will be determined on an individual basis, but it should be clear that, no matter what the reasons for absence, if too much time is missed the student will not be able to pass. Where students fail due to insufficient attendance, time on placement can be recovered in agreement with the placement provider. Where recovery is required, the following steps must be followed.

1. The student completes a university extension request form, notifying the year 3 team.
2. The Year 3 team contacts the student for more information on their requirements.
3. If additional placement time is required, the student arranges this directly with the existing placement provider.
4. The student notifies the year 3 team of the location and duration of the recovery placement, and the name of the supervisor.

A clear plan must therefore be put in place and communicated to the year 3 team as soon as possible. Responsibility for arranging recovery lies with the student, if this cannot be accommodated with the original provider, students should contact the placements team for advice on potential alternatives – medicine-placements@leeds.ac.uk. Recovery must be completed **by the next placement assessment point** where this will be reviewed. Where this does not occur, the student will fail the placement. Contact about any difficulties should be made as early as possible to ensure propriate support and guidance can be offered.

Further information, along with relevant forms can be found at the MB ChB attendance and absence pages - MBChB attendance and absence pages.

Late submission of coursework

All in-course pass/fail assessments on the MBChB programme must be handed in by the stated deadline in the ICU study guide unless an extension has been agreed. Failure to do so will result in an automatic fail. Where both a paper and an electronic submission are required, both must be submitted by the deadline. Students unable to meet the deadline for valid reasons may apply for an extension and this must be submitted before the deadline. Any student not submitting by the deadline and without an agreed extension will be given a fail grade. A request for mitigation should be made if circumstances apply.

PebblePad Portfolio

The PebblePad e-portfolio system and PebblePocket app provides a system for students to capture their End of Placement forms, DOPS clinical skills and Mini-Cex assessments. These will be reviewed by the year 3 team at the end of each placement to assess satisfactory placement completion. The system is therefore pivotal to the assessment process.

Completed assessments are collated in PebblePad and students should map these against the year's requirement for progression. Full guidance on the mandatory clinical skills for year 3 can be found in the year 3 PebblePad WBA Workbook. It is critical that these assessments are completed to the required level and visible to the year 3 team at progression points. Students who fail to complete workplace-based assessments by the required dates will fail the associated placement. Failure of more than one placement results in failure of the campus to clinic component. Students failing campus to clinic will not be allowed to sit the final exam assessments for progression (see section 5.1) nor progress to year 4. This is further detailed below.

Professionalism

Development of appropriate professional behaviours is a key component of the MB ChB program. Students are expected to behave in a professional and responsible manner in accordance with the principles set out in the GMC guidance; *Outcomes for Graduates (2018), Professional behaviour and fitness to practise (2016)* and *Good Medical Practice* (2013). It is important to reflect on how conduct in the workplace impacts on colleagues and patients. Students should think about examples of good and poor behaviours which they witness and how they might emulate or avoid these in their own practice.

Evaluation of professional behaviours forms part of the end of placement assessment. Where concerns are raised, these will be investigated by the placement lead with escalation to ICU lead, year 3 team and Academic Sub Dean as deemed appropriate. Examples of such concerns include poor attendance, failure to report absences, lateness, poor time management, inappropriate attire for clinical practice, neglect of administrative tasks, failure to accept and follow educational advice, inappropriate use of electronic devices, inappropriate use of social media and failure to engage with learning activities.

The Academic Sub-Dean will meet with any student whose professional behaviour gives rise to concern. Students may be required to undertake additional assessments such as Multi-Source Feedback if their professional behaviours are questioned. Where there are serious or persistent concerns during a placement, the placement lead may determine that the student has failed on grounds of professionalism. Serious cases of unprofessional behaviour, including falsifying attendance records and assessments or breaching confidentiality may also lead to referral to the Health and Conduct Committee.

Mitigating Circumstances – Extensions and Additional Consideration

Where unexpected events occur which seriously affect a student's ability to undertake assessments, the university can offer help in the form of mitigation. Such circumstances are defined by the university as "exceptional, short term, unforeseen and unpreventable events that may have a significantly disruptive effect on your ability to revise for and take assessments". This can be in the form of an extension to coursework deadlines or additional consideration for a further first attempt. Students will usually be asked to provide evidence to support their application. Where an extension is granted, additional consideration will not normally be available for the same reason. More information along with relevant application forms can be found at the University web site here and the School of Medicine pages here.

Mitigation will only be granted where circumstances are deemed to be genuine and significant enough to warrant action. Each case is considering individually, but such circumstances include serious illness or injury, family bereavement, significant family crisis, jury service and parental or adoption leave. Circumstances not normally considered grounds for mitigation include holidays or other planned events, misunderstanding assignment instructions, loss, theft or failure of computer or similar equipment and consequences of paid employment. Separate applications must be made for individual assessments rather than a blanket application being made for the circumstance. For example, if a student is unwell during the final assessment period, they must make separate applications for mitigation for the AKT and the OSCE exams.

Extensions - Where students anticipate that submission of assessed work may be delayed for reasons outside of their control, they should inform the ICU manager **before** the final date and time for submission and submit a formal request for extension. An extension may then be granted. Where an extension has been granted, the penalty for late submission will not apply, provided that the student meets the extended deadline and provides any required evidence.

Further information about how to submit an extension can be found on the same website as above, here.

Additional Consideration – Where circumstances affect the ability of a student to prepare for or undertake an assessment, they should apply for additional consideration. These requests can be made a maximum of 5 working days after an assessment deadline. Where granted, the outcome is either removal of late penalties or a further first or second attempt depending on the student's pre-existing status. Such applications cannot overturn exam results or allow students to progress without completing required assessments.

Disability and Reasonable Adjustments

Having a recognised disability, including various chronic health conditions, should not be a barrier to a successful career in Medicine. Wherever possible, the Medical School aim to support learning for those with additional needs by putting 'reasonable adjustments' in place.

A formal assessment of need is usually required in order to identify for the school the reasonable adjustments you require. This helps ensure that a fair process is adopted by the School, in line with University requirements. Adjustments that have been made in the past for students include adjustments to assessments e.g. additional time, adjustments to placements e.g. local placements, and adjustments to individual timetables e.g. time out from the curriculum to attend healthcare or counselling appointments. ***No adjustments can be made to the standard requirements to pass an assessment.***

We would encourage students who have a disability or consider they may have a disability and who might therefore require a 'reasonable adjustment' to contact somstudentsupport@leeds.ac.uk who can advise regarding next steps, or alternatively contact the University's Disabled Students' Assessment and Support team. Students identified as having a recognised disability may be eligible for financial support to assist you in purchasing equipment to support you in your studies. This activity is co-ordinated through the University's Disabled Students' Assessment and Support team.

Further information relating to Disability and Medical Education can be found in the General Medical Councils document Welcome and Valued.

Appeals

Plagiarism

Students are reminded to read and take note of the University regulations in the exams and assessment area of the Taught Students Guidance which deals with cheating, plagiarism, fraudulent or fabricated coursework, and malpractice in University assessments. The penalties for such behaviours can be found here and have been adapted to take account of the non-modular and non-semester-based medical course but may range from failing an assessment to exclusion from the University.

Students repeating a year

Students repeating a year must submit new course work for their assessments. It is an assessment malpractice to submit work that has been submitted previously by the student as part of an assessment for a degree at the University of Leeds.

Fabrication

Fabrication of results, case reports, end of placement assessment forms or any other material, is regarded as an exceptionally severe offence and will always result in referral to the Health & Conduct Committee**.** Students who have fabricated documents should expect to be required to withdraw permanently from the MBChB.

Students should be aware that any offences of malpractice in assessment including, but not limited to, plagiarism, resubmission and fabrication will be reported to the GMC prior to graduation. It is not anticipated that this will, on its own, create a barrier to registration.

Monitoring of Marking

Marking of assessed in course written work is conducted by an assessment panel and is subject to quality control. A sample of work is normally marked independently by two assessors to assess consistency. Where there is a significant difference in the marks awarded by 2 internal examiners, this is resolved discussion, moderated by the component lead.

In-Course Assessment

Placement Assessment

At the end of each placement is an assessment point where student progress is evaluated. Based upon the following criteria, which must all be fulfilled, it will be determined if the student passes or fails the placement.

1. ***Meet minimum attendance requirements.*** 100% attendance is expected. If appropriate reasons for absence such as illness are evidenced to placement leads short absences may be accepted. Planned absences must be agreed in advance with placement leads and the academic sub-dean. Unsatisfactory attendance must be recovered in agreement with placement leads or constitutes failure.

2. ***Demonstrate appropriate engagement and performance on placement.*** This is recorded in the end of placement form. Depending on the placement, each student may be required to produce a specific piece of work to help assess progress. Further details should be provided at placement induction.

3. ***Demonstrate appropriate professional behaviours on placement.*** This is recorded in the end of placement form. Unsatisfactory professional behaviour cannot be recovered in placement and will constitute a failure.

4. ***Complete the relevant placement Mini-Cex assessments to the required standard.*** These are detailed below and evidenced on PebblePad.

5. ***Complete the required number of DOPS assessments to the required standard.*** These are detailed below and evidenced on PebblePad.

Where a placement is not passed at first attempt, it may be that this can be recovered with agreement from the placement provider as detailed in the attendance section above. A clear plan must be put in place and communicated to the year 3 team. Recovery must be completed by the next placement assessment point where this will be reviewed. Where this does not occur, the student will fail the placement. Fails for professional behaviour cannot be recovered and will be assessed by the year 3 team on an individual basis.

Students who fail 2 placements will not be eligible to sit the end of year assessments. They will usually be asked to withdraw from the course and retake the year in its entirety the following year. Mitigation should be submitted if relevant, as for other assessments, and will determine if this would be as a first or second and final attempt. Mitigation should be in place before the assessment point to be considered. According to university policy it can be accepted up to 5 days later where clear reasons why it could not be submitted before are given. Students who fail one placement do not automatically progress to sit the end of year assessments; this will be determined on an individual basis by the year 3 team dependent on circumstances.

Work-place based assessment (WBAs)

Students are required to document their learning on placement using WBAs contained in the PebblePad e-portfolio. These include the Mini-Cex (Mini clinical evaluation exercise) and DOPS (Direct observation of procedures)/Mandatory skills detailed below. Whilst these assessments are required for progression, the emphasis is on evaluation of learning and improvement of performance. It is important to include reflection and feedback that can be used to support development and plan future learning. The format is consistent with that used in other years of the MB ChB and very similar to that used by doctors in postgraduate training. The assessments are student initiated and led, students should seek opportunities to complete WBAs with placement supervisors and ensure feedback is completed.

Further guidance about how to complete WBAs can be found in the help & guidance section of the year 3 WBA Workbook in PebblePad and will also be available via Minerva. If you have questions about workplace based assessments, please contact WBA@leeds.ac.uk

Mini-Cex

Mini-Cex assessments are designed to evaluate higher level competencies based on an integrated clinical scenario, rather than individual skills. Students are required to complete 2 mandatory Mini-Cex assessments on a specific topic for each placement, except for special senses, as detailed below. These are assessed at the assessment point at the end of the relevant placement and must be complete and satisfactory to pass that placement. This is as a minimum, and students are encouraged to undertake additional assessments for their learning and development.

ICU	Scenario Title	Requirement
Medicine	**Med 1: Breathlessness**	Take a full history from a patient presenting with shortness of breath. Complete relevant physical examination/s of the patient. Discuss differential diagnosis and management of the patient with the supervising healthcare professional.
Medicine	**Med 2: Unwell patient**	Take a focussed history and assess an acutely unwell patient. Discuss what investigations might be required and your differential diagnoses along with your reasoning for these.
Surgery	**Surg 1: Abdo pain**	Take a full history and examine a person presenting with abdominal pain. Discuss your differential diagnosis and management plan with the clinician observing/supervising you.
Surgery	**Surg 2: Unwell patient**	Assess an acutely unwell surgical patient. Perform relevant physical examination/s where appropriate. Discuss potential investigations and your differential/working diagnosis with your assessor.
Medicine for the Elderly	**Med Eld 1: Cognitive Assessment**	Perform a detailed cognitive assessment of a patient using a MoCA or similar
Medicine for the Elderly	**Med Eld 2: Falls**	Perform an assessment of a patient presenting with falls. Take a history, perform appropriate physical examination/s and discuss a management plan.
Medicine for the Elderly	**Med Eld 3: Delirium Assessment**	Assess a patient for possible delirium using the 4AT.
Primary Care	**PC 1: Mental Health**	Take a full history from a person presenting with a mental health problem. Consider the patient's ideas, concerns and expectations and any challenging circumstances in your communication. Discuss differentials diagnosis and a management plan with your assessor.
Primary Care	**PC 2: Chronic Condition**	Take a history and examine a patient with a chronic condition. Discuss their management with your assessor.
Primary Care	**P.C.3: Advanced consultation skills**	Perform a consultation which requires you to use advanced communication skills. Examples may include a Triadic consultation, a language barrier or a patient with a learning disability.

DOPS/Mandatory Skills

There are 25 mandatory DOPS to be completed during year 3 which can be found in the study guide and the skills checklist on PebblePad. One of these is Basic Life Support which students will be assigned an appointment to complete with the clinical skills team. The remaining 24 should be completed on placement. These can be done in any order, but a minimum of **6 new DOPS should be completed by each placement assessment point** in the first 4 placements to progress.

The ***total*** number of DOPS completed will be reviewed at each progression point. Therefore, a student could complete all 24 in the first placement and subsequently pass each placement on this basis. We would however recommend spreading your DOPS through the year. Whilst any of the assessments can be completed on any placement below is a table which indicates where you might find it easiest to help you plan your studies.

Group	Title	Min level	Max level	Special Senses	Surgery	Primary Care	Medicine	Med Elderly
Infection Prevention	ASEPTIC TECHNIQUE	DIR	IDR	x	x		x	x
Infection Prevention	THEATRE SCRUB	DIR	IDR	x	x			
Diagnostic Procedures	NEWS 2 SCORING SYSTEM	IDR	INIT		x		x	x
Diagnostic Procedures	VENEPUNCTURE	DIR	IND		x	x	x	x
Diagnostic Procedures	INTIMATE EXAMINATION	OBS	DIR		x	x	x	x
Diagnostic Procedures	ARTERIAL BLOOD GAS	OBS	DIR		x		x	x
Diagnostic Procedures	ECG	DIR	IDR			x	x	x
Diagnostic Procedures	OTOSCOPY	DIR	IDR	x		x		
Diagnostic Procedures	FUNDOSCOPY	DIR	IDR	x		x		
Diagnostic Procedures	OBTAINING SWABS	DIR	IDR		x		x	x
Therapeutic Procedures	INTRAVENOUS CANNULATION	DIR	IDR		x		x	x
Therapeutic Procedures	URINARY CATHETERISATION	OBS	DIR		x		x	x
Therapeutic Procedures	WOUND CLOSURE	DIR	DIR	x	x			
Therapeutic Procedures	BASIC LIFE SUPPORT	DIR	DIR	Clinical Skills				
Inofrmation Retrieval and Handling	RECORD-KEEPING	DIR	DIR		x	x	x	x
Inofrmation Retrieval and Handling	HANDOVER	DIR	DIR		x		x	x
Inofrmation Retrieval and Handling	INFORMED CONSENT	DIR	IDR	x	x		x	x
Medicines Management	GENERAL PRINCIPLES OF PRESCRIBING (& BNF USE)	DIR	DIR	x	x	x	x	x
Medicines Management	ADMInISTRATION OF EYE DROPS	DIR	DIR	x		x		
Medicines Management	OXYGEN	DIR	DIR		x		x	x
Medicines Management	FLUIDS	DIR	DIR		x		x	x
Medicines Management	ANALGESICS	DIR	DIR		x	x	x	x
Medicines Management	IV ANTIBIOTICS	DIR	DIR		x		x	x
Clinical Management	SENIOR ESCALATION	DIR	DIR		x		x	x
Professionalism	Moving and Handling	DIR	DIR	x	x		x	x

Please ensure that DOPS/Mandatory Skills are completed at the appropriate level for sign off. If assessment is below the required level, this does not count towards the target, and the assessment will need to be repeated. **All skills must be completed by an assessor**.

Students who have not completed the required number of DOPS at the progression point will fail that placement. They will have until the next progression point to recover this, but will need to submit an extension request to be eligible for this additional time.

Placement assessment points

At the end of each placement there will be an assessment point. Students must have submitted the required end of placement forms, the relevant Mini-Cex assessments (either 2 or 3 depending on the placement, there are none for special senses) and sufficient DOPS as indicated below to pass the placement.

Assessment Point	Date	Required	Total DOPS to be completed
Placement 1	21/10/2025	EOP form, DOPS, Mini-CEX	6
Placement 2	25/11/2025	EOP form, DOPS, Mini-CEX	12
Placement 3	10/02/2026	EOP form, DOPS, Mini-CEX	18
Placement 4	17/03/2026	EOP form, DOPS, Mini-CEX	24
Placement 5	05/05/2026	EOP form, Mini-CEX	25 (incl BLS)

The final DOPS progression assessment will be at the end of the <u>fourth</u> placement when all 24 DOPS should be complete. If any DOPS remain outstanding at this point, they will need to be caught up in the last placement or the student will fail campus to clinic and will not be eligible for the summative exams. The intention of the catch up in placement 5 is to allow completion of any specific DOPS it is difficult to complete in previous placements. Examples include surgical scrub or suturing for students with surgery in the last placement. Please do not rely on this time otherwise and **submit an extension request for placement 4 assessment if this time will be required.**

SAFER MEDIC

During each placement, students will work in small groups to produce a group case presentation using the SAFER-MEDIC framework focused on a patient they have seen. These will be presented to the SAFER-MEDIC tutorial group with individual and group feedback given by the tutors. Though these are formative, students are required to attend and engage. Students who fail to do so without an appropriate reason may fail this component. Formal assessment is by submission of an individual written case report, using the same framework. The hand-in date for this is 3rd **April, 2026.** It will be assessed as a non-graded pass/fail.

Students that fail SAFER-MEDIC will be required to submit a further case report during the re-sit period. Further details of the requirements of the case report will be available on Minerva.

Ethics

There are 3 ethics workshops through the year. Students are expected to attend all these sessions. Absence for other academic commitments, sporting engagements, work or social commitments is not permitted. Students who fail to attend a workshop without a reasonable excuse will be required to undertake remedial work in the form of an essay on the missed session, in addition to the literature review. Students who fail to attend two workshops, for any reason, will be required to undertake remedial work in the form of an essay on one of the missed sessions, in addition to the literature review, after the workshops have been completed.

Assessment is by attendance, evidence of having completed set preparatory work, and submission of a satisfactory literature review for each of these. Students whose literature reviews do not meet the required standard will be required to revise and resubmit their work. It this is not completed within the specified timeframe this will be deemed a fail. Students whose remedial work is not of a satisfactory standard will be required to submit work during the summer resit period.

Students who are unable to attend a session due to illness or personal emergency must inform the Year 3 MBChB Team as soon as possible y3mbchb@leeds.ac.uk All absences must be self-certified.

Communication and Consultations Skills

Assessment of Communication and Consultation Skills simulated patient sessions is by attendance, engagement and appropriate performance during those sessions. Students who do not attend or are deemed to require extra help in this area will be referred for an additional Communication and Consultation Skills Masterclass.

ENQUIRE 3

Assessment of ENQUIRE3 includes attendance and engagement all relevant lectures and tutorials, during which guidance will be provided on the completion of module formal assessment. Poor attendance may result in penalties to this final assessment and will place students at risk of failing this component of ENQUIRE3. The formal module assessment comprises: a Project Protocol, which includes an ethics screening form, completed by groups of four students, finalising work undertaken during Tutorials and SDL sessions in the same groups; and a PPIE Creative Media Presentation completed as part of peer- education in mixed Year 2 & 3 groups. Specific details of this assessed work will be given by the ENQUIRE team during the preceding sessions.

IDEALS

Assessment of the IDEALS ICU for year 3 comprises satisfactory attendance and professional behaviour during sessions. 100% attendance is expected. In the case of approved or logged absence, individual hand-in dates will be set for substitute work if sessions are missed.

If students fail to attend or to engage with teaching, without logging authorised or unplanned absence, or concerns are raised regarding professional behaviour, this will result in a meeting with the course manager. Individual circumstances will be considered and may result in either submission of catch-up work or failure of the ICU. If students fail the ICU, they will be required to compete re-sit work during the summer resit period.

End of Year Exams

The end of Year 3 Summative Assessments test the knowledge, skills and behaviours gained during Year 3. There are two components: a written Applied Knowledge Test (AKT) and an Objective Structured Clinical Examination (OSCE). Students are required to pass both components (grade D or above), alongside the in-course assessments, to progress to Year 4. These assessments are also the basis on which eligibility for MBChB with Honours is determined.

Where sickness or other circumstances prevent students sitting the main exams, an application for mitigation should be submitted. Where this is accepted, the student would usually be eligible to attend the resit exam as a first attempt. Where mitigation is not applied for or not accepted the student will be deemed to have failed that assessment and a score of 0 awarded.

There is one opportunity for resit exams. Where students have not met the criteria for progression following the resit but remain eligible for a further attempt due to mitigation having been accepted, they will be required to resit the entire year. In this circumstance **all components will need to be completed**, not only those which were failed at previous attempt.

Eligibility for Summative Assessments

To be automatically eligible for the end of year summative assessments, students must first pass the campus to clinic component as detailed above. Specifically, students must pass all placements including completion of required Mini-CEX and DOPS. Students who fail one placement may be allowed to sit the assessments and progress to year 4 if successful. this will be assessed on a case-by-case basis. Those failing more than one placement will not be eligible and will be required to re-sit the year as a second attempt.

Assessment grades

There will be a single grade awarded for the final exams as follows:

A (excellent)
B (good)
C (pass)
D (bare pass)
E (bare fail)
F (fail)

Grade D or better is required for progression. Grade C is expected of the average student and signifies a good level of performance. Grades A and B contribute to the Honours points system. Grades E and F constitute a fail. Students passing the assessments at the second attempt will have their grade capped at Grade D.

Written Examination

The written examination consists of a main paper and resit paper held on campus in a university computer cluster and completed electronically. There is no provision for remote completion of these exams. The pass mark is determined using recognised techniques after the exam is completed and therefore cannot be stated before the exam.

Main Paper	120 Single Best Answer Multiple Choice Questions	19th May 2026 3 hours
Resit paper	120 Single Best Answer Multiple Choice Questions	16th July 2026 3 hours

Students who do not achieve the passing standard for the main sitting will be required to sit the resit paper.

OSCE

The OSCE will be held in person on campus. The main OSCE is held over 2 days and the resit in a single day with a short break between the 8 and 12-minute stations. Details of dress code will be issued prior to the exam and will closely follow that of by Leeds Teaching Hospitals Trust. Assessment of student performance will be carried out by trained examiners according to a defined marking protocol. Alongside clinical skills and knowledge, communication and other generic skills may be assessed at any station. There may be more than one assessor present at each station. An assessment of performance is also recorded by the simulated or real patients but is currently only used for student feedback. Students receiving consistently poor marks from the patients may be referred for additional communication skills support.

Main OSCE	Day 1 – 8 Active Stations and 2 rest stations Day 2 – 5 Active Stations and 1 rest station	8 minutes 12 minutes	12th & 13th, May 2026.
Resit OSCE	8 Active Stations and 2 rest stations 5 Active Stations and 1 rest station	8 minutes 12 minutes	14th July 2026.

To pass the OSCE students must achieve the overall pass mark **and** pass the defined number of stations. The mark and number of stations required is determined after the exam is completed using recognised techniques,and therefore cannot be stated before the exam.

Students who fail to reach the overall pass mark will be awarded an ‘F’. Students who reach the pass mark but do not pass the required number of stations will be awarded an ’E’. In both these circumstances students will be deemed to have failed the OSCE.

Results and Feedback

Results of both the written exam and the OSCE will be published on Thursday 4th June. **No results will be available before these dates under any circumstances.** Written exam feedback includes a breakdown of results by topic, given as percentages. Feedback from students' OSCE performance will include stations passed, performance in individual stations and narrative examiner feedback on each OSCE station.

Results of both the written exam and the OSCE re-sits will be published on later than Thursday 23rd July. **No re-sit results will be available before these dates under any circumstances.**

Recognition of Excellence

Honours Policy

The MBChB degree is not classified. The assessment process aims to ensure that every medical graduate has reached the standard required to become a new doctor. The need to recognise exceptional performance is also important and the award of MBChB Points towards Honours will be awarded for achievement in the following assessments

Year 1 Integrated Summative
Year 2 Integrated Summative
Year 3 Integrated Summative & Year 3 OSCE
Year 4 Integrated Summative & Year 4 OSCE
Year 5 Integrated Summative & Year 5 OSCE & ESREP 5

Students must achieve a grade A or B in ALL the above assessments to be eligible for Honours.

Prizes and Awards

Written examination - The William McAdam Prize (£100) for best overall performance is awarded following the written exam, and is presented to the student with the highest score in the exam.

OSCE examination - The William McAdam Prize (£100) for best clinical performance is awarded following the OSCE and is presented to the student with the highest score in the exam. The Tomlin Prize (£50) is presented to the student with the second highest score in the exam.

SAFER MEDIC written case report - Several prizes are available to the best written case report on a particular theme. Five Ingram prizes (£50 each) will be awarded to the five best case reports that concentrate on a topic related to Special Senses. The Rowell prize (£30) will be awarded to the best case report that concentrates on a topic related to Dermatology. The Srinivasan prize (2 x £100) will be awarded to the best case reports that concentrates on a topic related to Elderly Care. The RCGP (West Yorks) prize (£200) will be awarded to the best case report that concentrates on a topic related to Primary Care

Ethics - The Leeds and District Medicolegal Society prize (£200) is awarded to the best two ethics essays in Year 3. The prize money will be split between the two award winners; either 2 x £100 or 1 x £125 and 1 x £75. Students will be invited to submit work in semester 2.

Placements - The Excellence in Clinical Practice Award is to be awarded to all students receiving three or more Commendations on placement in any one year. Students receiving this award will receive a certificate and a letter of commendation from the Director of Student Education. No monetary value is associated with this award.

Appendices

Grade Descriptors

	Description of clinical encounter	Commentary	Reflection
Excellent	An excellent, comprehensive description of the clinical encounter that keeps the reader's interest. All the core and peripheral issues including patient and family views are included. Detailed, relevant examination clearly presented. Extensive list of differential diagnoses and investigations considered and clearly justified by history and clinical findings. Conclusions are comprehensive and show good awareness of the multi-disciplinary approach.	Faultless. Extensive integration of concepts. Outstanding breadth and depth. Demonstrates original / critical thinking Good use of relevant references and draws on supplementary reading. Exceptional presentation and use of illustrative material	Very well presented reflection demonstrating professional and mature grasp of all the main issues. Demonstrates how this case will impact on future practice in a profound way
Good	A well presented description of the clinical encounter that is logically structured and flows well. Thorough history including the patient's views Relevant examination findings reported. Differential diagnoses and investigations and well considered. Conclusions are appropriate and show knowledge of the multi-disciplinary approach	Well presented High level of factual accuracy and mostly relevant Good evidence of understanding and integration of concepts. Comprehensive coverage and depth. Relevant references and supplementary reading Good use of illustrative material.	Well presented reflection on key issues demonstrating professional and mature approach. Consideration of how the encounter will improve future practice
Pass	A clear description of the clinical encounter Key areas/facts included but superficial detail in parts. Some discussion of the patient's views Some minor errors and / or omissions. Appropriate differential diagnoses and investigations from history and clinical findings with some justification Conclusions are appropriate but limited	Clearly presented and structured. Sound understanding of key concepts, generally relevant. Largely limited to core ICU references. Appropriate use of illustrative material.	Clearly presented reflection that identifies at least some of the key issues and relevance to practice

Bare pass	Structured but difficult to follow in places Some key areas/facts missing but sufficient information to indicate a rudimentary understanding of the encounter Limited reference to patient and family views Differential diagnoses and investigations are superficial Conclusions are superficial and/or some inaccuracies	Difficult to understand in places Expression difficult to follow in parts and / or grammatical errors. Incomplete coverage of topic. Some important information missing and/or inaccuracies Reasoning limited Scant coverage of core ICU material. Overreliance on illustrative material	Brief or superficial reflection Demonstrates some grasp of key issues Minimal discussion of impact on practice
Bare fail	Poor structure that does not flow well Several key areas/facts missing or some lack of understanding of the encounter Differential diagnoses and investigations are superficial and not justified Conclusions not justified or inaccuracies	Poor expression and / or low level structure and grammar (may be in note form or over reliance on bullet points). Several inaccuracies Some isolated pieces of correct information but superficial Poor reasoning Limited coverage of core ICU material Unhelpful use of illustrative material	Poorly presented or superficial reflection Demonstrates limited grasp of key issues Minimal discussion of impact on practice
Poor fail	Unstructured /disorganised / difficult to follow Poor understanding of the encounter demonstrated. Inadequate history, with important areas missing or large amounts of irrelevant information. Inadequate or absent examination. Inappropriate or poorly justified differential diagnoses / investigations from history and clinical findings. Conclusions inappropriate or inaccurate May breech patient confidentiality	Little structure and / or dreadful expression Poor spelling, grammar and punctuation. Little or no relevance to clinical encounter Numerous inaccuracies May be evidence of unsafe or dangerous ideas or practices Lack of understanding of key concepts Minimal or poor referencing and poor use of illustrative material Plagiarism	No or minimal reflection Demonstrates unprofessional attitudes or immature grasp of key issues

Approved Format of written work and referencing

All written work submitted for ICU Assessments must be in the approved format (summarised below). Work that is submitted in other styles or formats will not be acceptable and will be returned.

- Font: **Arial** only. Type size: 11 or 12 point (excluding headings and titles)
- Line spacing: 1.5 or double
- Title page: This must include: Student ID number, Title of the work, ICU title, Date of Submission, Word Count, Supervisor or Tutor
- Headings: These should be used and clearly marked.
- Abbreviations: Only standard or recognised abbreviations may be used. These must be written in full when used for the first time in a submitted piece of work.
- Numbers must be typed in full up to nine or if starting a sentence. Numbers over 10 should be given in figures
- References: students should use the official University of Leeds version of the Harvard referencing style. Guidance on how to include citations within the text and how to reference different types of material is available at http://library.leeds.ac.uk/skills-referencing. Marking of all submitted coursework will be informed by this guidance.
- Page numbers must be used
- Plagiarism declarations: a School of Medicine course work submission sheet must be securely attached to all written work submitted in paper format.
- Binding: All work of more than one page must be bound or stapled. Loose leaf work will not be accepted. Paper-clipped documents or loose leaf documents in envelopes or wallets are not acceptable.

Abbreviations

Students are expected to know and understand the commonly used abbreviations below. They are not expected to know normal values (these will be given in written questions if required).

AIDS	Acquired Immune Deficiency Syndrome
AMTS	Abbreviated Mental Test Score
ASA	American Society of Anaesthesiologists
'AVPU'	Alert, voice, pain, unconscious
BD	Bis die; twice a day
BMI	Body Mass Index
BNF	British National Formulary
BNP	Brain natriuretic peptide
BP	Blood Pressure
bpm	Beats per minute (for pulse only)
C1-6, T1-12, L1-6	Spinal cord/column levels
Ca^{2+}	Calcium
COPD	Chronic Obstructive Pulmonary Disease
CO_2	Carbon Dioxide
Creat	Creatinine
CRP	C-reactive Protein
CT	Computerised Tomography
CTG	Cardiotocograph
CVP	Central venous pressure
DVT	Deep Vein Thrombosis
ECG	Electrocardiogram
ECT	Electro-convulsive Therapy
ED	Emergency Department
EEG	Electroencephalograph
eGFR	Glomerular Filtration Rate
ESR	Erythrocyte Sedimentation Rate
FBC	Full Blood Count
FEV	Forced Expiratory Volume
FSH	Follicle Stimulating Hormone
FVC	Forced Vital Capacity
GCS	Glasgow Coma Scale
GUM	Genitourinary Medicine
$HBA1_c$	Glycated Haemoglobin
HCG (or hCG)	Human Chorionic Gonadotrophin
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IM	Intramuscular
IV	Intravenous
IVF	In vitro Fertilisation
K	Potassium
LDH	Lactate Dehydrogenase
LFT	Liver Function Tests
LH	Luteinising Hormone
MAU	Medical Admissions Unit

MCV	Mean Cell Volume
mmHg	Millimetres of Mercury (for blood pressure only)
MRI	Magnetic Resonance Imaging
MSU	Mid-Stream Urine
Na	Sodium
NAAT	Nucleic acid amplification test
NEWS	National Early Warning System
NHS	National Health Service
NICE	National Institute of Clinical Excellence
P	Pulse
PCR	Polymerase chain reaction
PEFR	Peak Expiratory Flow Rate
PRN	Pro re nata; as needed
PSA	Prostatic Specific Antigen
QDS	Quater in die; four times a day
O_2	Oxygen
Plt	Platelet count
RBC	Red Blood Cell Count
RR	Respiratory rate
SpO_2	Oxygen saturation (in %)
T_4	Thyroxine
TDS	ter die sumendus; three times a day
TIA	Transient Ischaemic Attack
TFT	Thyroid Function Tests
TSH	Thyroid Stimulating Hormone
U&E	Urea and Electrolytes
Ur	Urea
USS	Ultrasound Scan
WBC	White Blood Cell Count