



UNIVERSITY OF LEEDS

MBChB Assessment Study Guide

Year 4

2026/27

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1. Welcome

Introduction

The General Medical Council is clear about the assessment of medical student performance and competence. In Promoting Excellence: Standards for Medical Education and Training, the following assessment principles are listed:

- students will receive timely and accurate information about their assessments
- all the '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, and 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.

2. MBChB Key Assessment Staff

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3. Assessment Framework

This guidance is for the Year 4 Assessment for Learning and end of year Assessments for Progression. For more detail on Assessment for Learning information you should also refer to the Curriculum Study Guide for your year group which includes the Integrated Core Unit (ICU) Study Guides.

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.

3.1 Assessment Structure

The overall assessment structure is as follows:

1. Assessment for learning opportunities completed within ICUs
2. 'In-course' Assessments to pass ICUs and Year 4.
3. Assessments for progression
 - An end of year written examination
 - An end of year OSCE (Objective Structured Clinical Examination)

3.2 Calendar of Examinations

Description	Date	Consequences/Outcome
Written Examination Sequence 1	10 th June 2027	Students who do not meet the required standard to pass on sequence 1 alone will be required to sit sequence 2 of the written assessment
OSCE Sequence 1	15 th – 16 th June 2027	Students who do not meet the required standard to pass on sequence 1 alone will be required to sit the sequence 2 OSCE assessment
Written Examination Sequence 2	28 th June 2027	Students required to sit the full sequence written examination (sequence 1 and sequence 2) will be assessed by a new examination paper in sequence 2 that covers the content of year 4. Students not passing the written examination will be required to resit the year as a second and final attempt*. In the event that the student is already resitting the year as a second and final attempt, the student will be withdrawn from the course.
OSCE Sequence 2	30 th June 2027	Students required to sit the full sequence OSCE (sequence 1 and sequence 2) will be assessed on new stations in sequence 2 of the OSCE assessment that covers the content of year 4. Students not passing the OSCE will be required to resit the year as a second and final attempt*. In the event that the student is already resitting the year as a second and final attempt, the student will be withdrawn from the course.

In exceptional circumstances (e.g. with mitigating circumstances), students who have failed their first or second and final attempt may be allowed to repeat the entire year again. The status of this repeat year will be made clear on an individual basis.

4. In-Course and Placement Assessments (Assessment for Learning)

4.1 Assessment for Learning Opportunities

The emphasis is on the evaluation of students' learning and improvement of performance. Individualised feedback, either self-generated, or from peers, teachers and supervisors should encourage reflection on learning. It is acceptable to have less satisfactory feedback at the start of the year as it would be expected that performance and feedback improves with progression through Year 4. The format of the assessments is very similar to that used by doctors throughout their training.

Work-place based assessment (WBAs)

WBAs are assessments for learning (AfL) and are student led. Students should select cases and ask assessors for feedback whilst on placement. The focus of WBAs is on rich, actionable, narrative feedback that can be used to support clinical skills acquisition and to plan future WBA's. In Year 4, students will be required to regularly complete WBAs (including mini-CEX and mandatory skills DOPS) using PebblePad.

PebblePad

The PebblePad app (PebblePocket) is designed to make it easier for the students to monitor and showcase their current development in WBAs. The app acts as a portfolio to access the right level of teaching and gives students opportunities to practice individual and integrated skills. This in turn will help tutors to focus their teaching and give them confidence that they are teaching students at an appropriate level. Every completed assessment is collated in PebblePad and mapped against the year's requirement for progression.

Mandatory Skills

In Year 4, students are required to complete **all mandatory skills** i.e. make an entry for each skill where feedback is received and a detailed action plan is made, over the course of the academic year. After the completion of Year 4, students will not have the opportunity to practice specific skills again, therefore Year 4 students will be required **to evidence completion of all mandatory skills to the mandatory level of entrustability** in order to progress to Year 5. This is required even if an individual ICU is failed. All skills at the level of direct supervision or above **must be completed by an appropriate assessor**. For skills at the level of observe, students should include their own email address and name into the details section and provide an action plan and reflection based on their observation.

Y4 MBChB Mandatory Skills List 2026-27	
Analgesics - Opioid Prescribing	CCC Prescribe regular and as required strong opioids for a patient with advanced disease and pain. Discuss your prescription with a doctor and ensure it is checked and signed by them. This MUST be completed during your CCC ICU. DIR < > DIR
Antenatal Assessment	GOSH Antenatal Assessment: Competently palpate pregnant abdomen to assess fetal lie, presentation, engagement, measure symphysis pubis-fundal height and plot on customised growth chart. Auscultate the fetal heart rate. This must be completed during your GOSH ICU. IDR < > INIT
Antibiotics	ACC Prescribe antibiotics under the direct supervision of a doctor or non medical prescriber for an adult patient in an acute setting. This MUST be completed by the end of your ACC placement but can be done in any earlier ICUs. DIR < > DIR
Arterial Blood Gas	ACC Perform (with the patient's verbal consent) an ABG in accordance with local trust guidelines from the radial or femoral artery and interpret the results in a clinical setting. This MUST be completed by the end of your ACC placement but can be done in any earlier ICUs IDR < > IDR

Aseptic Technique	ACC Take part in a supervised procedure using an aseptic technique as per local trust guidelines in a clinical setting. Please note any specific aspects of maintaining asepsis that you follow. This MUST be completed by the end of your ACC placement but can be done in any earlier ICUs DIR < > IDR
Bag Valve Mask Ventilation	ACC Competently use Bag Valve Mask ventilation. This skill MUST be completed during your ACC ICU and MUST be completed by an Anaesthetist. IDR < > INIT
Basic Life Support	PAEDS Through manikin simulation / teaching sessions, demonstrate you can proficiently perform Basic Life Support for a child as per the Resus Council UK algorithm. This MUST be completed during your Paeds ICU. INIT < > INIT
Bimanual Pelvic Examination	GOSH Perform a bimanual pelvic examination (with consent). This MUST be completed during your GOSH ICU. IDR < > INIT
Caesarean Section	GOSH Observe at least one caesarean section (elective or emergency). This MUST be completed during your GOSH ICU. OBS < > OBS
Developmental Assessment	PAEDS Competently perform a developmental assessment on a child (aged 0-3 years). This MUST be completed during your Paeds ICU. INIT < > INIT

Female Sexual Health History	GOSH Obtain and present a sexual health clinical history from a woman. This MUST be completed during your GOSH ICU. IDR < > INIT
Fluids	ACC Prescribe fluids under the direct supervision of a doctor or non-medical prescriber for an adult patient for 24hrs in an acute setting. This MUST be completed by the end of your ACC placement but can be done in any earlier ICUs DIR < > DIR
General Principles Of Prescribing (& BNF Use)	CCC Prescribe appropriate drug treatment (i.e. analgesics, antiemetic, anticipatory medicines) for a patient receiving palliative care or with a long-term condition (e.g. re-write a drug chart). Discuss your prescription with a doctor and ensure it is checked and signed by them. This MUST be completed by the end of your CCC placement but can be done in any earlier ICUs DIR < > DIR
Gynae History	GOSH Obtain and present a gynaecological clinical history. This must be completed during your GOSH ICU. IDR < > INIT
Intravenous Cannulation	ACC Successfully insert (with the patient's consent) an IV cannula in accordance with local trust guidelines in an adult patient who is acutely unwell. This MUST be completed by the end of your ACC placement but can be done in any earlier ICUs IDR < > INIT

Local Anaesthetic Dose Calculation	ACC Calculate a safe local anaesthetic dose for an adult in a clinical context. This must be completed during your ACC ICU DIR < > DIR
Male Sexual Health History	GOSH Obtain and present a sexual health clinical history from a man. This must be completed during your GOSH ICU. IDR < > INIT
Management Plan Formulation – Psychiatry	PSYCH For a patient with mental illness, formulate the case using a biopsychosocial model. Present in an organised and coherent way to another professional. This must be completed during your Psych ICU. IDR < > INIT
Mental State - Psych	PSYCH Assess the mental state of a patient and present to a senior clinician on placement. This must be completed during your Psych ICU IDR < > INIT
Mental State - CCC	CCC Use a recognised screening tool for a common mental health problem (e.g. depression, anxiety, cognitive impairment) in a non-psychiatric setting (e.g. primary care, hospice, oncology ward). IDR < > INIT
Nasogastric Tube Insertion And Position Confirmation	ACC Through simulated practice/classroom based teaching session (i.e RRAPID 4) demonstrate insertion of an NGT and how to check position as per clinical guidelines. This MUST be completed during your ACC ICU DIR < > DIR

Normal Vaginal Delivery	GOSH Observe at least one normal vaginal delivery. This must be completed during your GOSH ICU. OBS < > OBS
Obstetric History	GOSH Obtain and present an obstetric clinical history. This must be completed during your GOSH ICU. IDR < > INIT
Oral Airway Management	ACC Correctly insert an oral airway in an adult. This skill must be completed during your ACC ICU IDR < > INIT
Paediatric Consultation	PAEDS Undertake and present a range of paediatric consultations in a variety of clinical settings ie A&E, wards and clinics. You should aim to clerk and present at least 4 patients. Try to make sure you cover a range of ages and presenting problems. This must be completed during your Paeds ICU. You must have at least 4 Paediatric Consultation DOPS. They MUST be cases that you have clerked and presented yourself and MUST NOT be those used for either of the Paeds MiniCEX submissions. OBS < > OBS
Physical Exam	CCC Perform a focused neurological examination, tailored to the needs of the patient, on a patient with a Long-Term Condition (including cancer). This MUST be completed by the end of your CCC placement but can be done in any earlier ICUs IDR < > INIT

Pregnancy Testing	GOSH Perform (with the patient's verbal consent) a pregnancy test with a healthcare professional present. Observe the result being communicated to the patient by a qualified member of staff. This MUST be completed by the end of your GOSH placement but can be done in any earlier ICUs IDR < > INIT
Psychiatric History	PSYCH Take a full psychiatric history including past medical, psychiatric, personal and social histories, summarise and present to a senior clinical. Present differential diagnosis. Obtain a drug/alcohol history and present to a senior clinician on placement. This must be completed during your Psych ICU. IDR < > INIT
Primary Care Management Plan Formulation	CCC Apply a local, regional or national guideline when formulating a management plan for a patient with a long term health condition in Primary Care. This MUST be completed during your CCC ICU IDR < > INIT
Speculum Examination	GOSH Perform under the direct or indirect supervision of a healthcare professional (with the patient's verbal consent) a speculum examination. This must be completed during your GOSH ICU. You must complete <u>at least 3 speculum examinations</u> and have a mandatory skills template completed for each one. IDR < > INIT
Supraglottic Airway Device	ACC Correctly insert a supraglottic airway device (i.e LMA, IGEL) in an adult. This must be completed during your ACC ICU and MUST be completed by an Anaesthetist. DIR < > DIR

MiniCEX (Consultation evaluation exercise)

MiniCEX is designed to monitor higher level competencies based on an integrated clinical scenario, rather than individual skills. Students in Year 4 are required to complete **a minimum of 15 MiniCEXs** during the academic year. Students will typically complete more than this to help determine their progress and to guide their learning. There are specific, mandatory scenarios that must be evidenced in Year 4. As you will see, there are:

- **2 mandatory MiniCEXs per ICU that must be completed in the respective ICU.** In addition, specific ICUs may suggest competencies that are useful for students to gain feedback on. Please consult the individual ICU learning portfolios for more information
- **5 mandatory pan-Year 4 MiniCEXs** that can be completed during any ICU, these must be completed by the end of rotation 4.
- Students are also encouraged to record 'open miniCEX' entries outside of the mandatory list to support learning on placement and to enable you to receive feedback.

Year 4 MiniCEX scenarios and descriptors

ICU	Scenario Title	Descriptor
Psych	Psych 1: Cognitive assessment	Perform a cognitive assessment and/or feedback your findings from a cognitive assessment.
Psych	Psych 2: Risk assessment	Perform a risk assessment on a patient considering, as a minimum, risks to self and others, and from others.
CCC	CCC 1: Primary Care - Observed Consultation in primary care	Complete an observed consultation (during a home visit, or in the GP clinic) with a patient who is living with frailty or multimorbidity. The focussed history should utilise the biopsychosocial model and explore the impact that living with a long-term condition has on their daily living (which may include work) and their family/carers.
CCC	CCC 2: Cancer/ palliative care Case presentation:	Take a history from a patient with cancer or receiving palliative care. Assess the impact of the patient's illness/ condition upon a patient's family and carers. Perform an examination if appropriate and discuss management of the patient. Justify any relevant investigations and show consideration of the multi-disciplinary approach.
GOSH	GOSH 1: First trimester pain and/ or bleeding	Assess and manage a patient with bleeding and/or pain in the first trimester or in a non-pregnant woman. The consultation must include appropriate history, examination, investigations and treatments.

GOSH	GOSH 2: Third trimester pain and/ or bleeding	Assess and manage a patient with pain or bleeding in the third trimester of pregnancy. The consultation must include appropriate history, examination, investigations and treatments.
ACC	ACC 1: ABCDE assessment of an unwell patient	Undertake a structured assessment of an unwell patient using the ABCDE approach and integration of appropriate management strategies.
ACC	ACC 2: Oxygen therapy	Undertake an evaluation of a patient to determine their oxygen therapy requirements. It is strongly advised that ABG interpretation is included in this assessment.
Paeds	Paeds 1: Clinical assessment pre-school child	A complete history, examination and management assessment for a pre-school child. The consultation must include appropriate history, examination, investigations and treatments.
Paeds	Paeds 2: Clinical assessment school aged child or adolescent	A complete history, examination and management assessment for a school aged child or adolescent The consultation must include appropriate history, examination, investigations and treatments.
Y4	Assessment and management of a patient with pain	Undertake a pain assessment and formulate a treatment plan
Y4	Assessment of mental capacity	Assess a patient's mental capacity and formulate a plan relevant to the context of the assessment.
Y4	Advanced communication skills	Undertake a consultation requiring complex communication skills. Eg via an interpreter; virtual consultations; communication with patient with cognitive impairment, disability or other relevant impairment.
Y4	Safeguarding	Undertake a safeguarding assessment of a vulnerable patient. You should recognise and identify factors that suggest patient vulnerability and suggest action.
Y4	Team working and leadership	Undertake a critique of an experience where you have observed team-working and leadership.
	Open Mini CEX	Complete a miniCEX entry of an integrated clinical scenario and receive feedback Non-mandatory but completion is encouraged for your own learning and development

Case-based discussion

Case-based discussion, similar to MiniCEX, is designed to monitor higher level competencies based on an integrated clinical scenario, rather than individual skills. The CBD MiniCEX should be selected when you wish to record feedback related to a discussion of a patient consultation when the consultation was not directly observed by a clinician.

WBA requirements

Students who fail to submit all the mandatory WBAs will not be allowed to sit the assessments for progression (see section 5.1). The deadline for completing the five pan-Year 4 MiniCEXs is Monday 19 April 2027. All of the 15 mandatory MiniCEX entries, including the five pan-Year 4 MiniCEX and all mandatory skills must be submitted by Monday 7 June 2027.

Supporting information about the pan-Year 4 MiniCEXs can be found [here](#)

If you have questions about completing these WPBA, please contact WBA@leeds.ac.uk

Further assessments for learning

ICUs offer additional assessments for learning, such as OSCE practice and written exam material. We strongly recommend that you avail yourself of such opportunities. Please consult the learning portfolio for each ICU to review the recommended learning opportunities for each placement.

Enquire Dissertation

Your Enquire Dissertation (Enquire-D) project is assessed during Year 4 by two assessments for learning which must be completed satisfactorily to pass the year. These assess different aspects of your project and will help you to identify strengths and areas for improvement and development. If significant weaknesses with your project, for whatever reason, are identified during the year the Enquire Dissertation Course Management Team will offer you additional support and guidance with the project.

4.2 Assessment requirements to pass ICUs

There are three components that must be satisfactorily achieved in order to pass each Year 4 ICU and Enquire-D. Students with outstanding components, either due to an extension or unsatisfactory completion, will be advised when they must complete the work by. Students who fail an ICU or Enquire-D will meet with the ICU manager or their deputy and will be provided with a written statement outlining the reasons for their fail.

It is vital that students who are having problems or who are struggling with course work speak to the relevant year 4 ICU manager or the Academic Sub-Dean for Year 4 to determine the most appropriate support.

(i) Attendance

Attendance is one of the key professional attributes that students are judged on throughout the MBChB Course. We expect you to attend 100% of sessions as part of a professional approach to the course, your clinical teachers and particularly patients. Details of how to report absences (planned and unplanned) can be found in the Year 4 curriculum study guide.

Unless you have pre-approved absence or are ill on the day, failure to attend all teaching sessions or clinical placement is unprofessional. This not only is disrespectful to teachers and clinicians, but most critically to patients. This behaviour will not be tolerated and will lead to failing the ICU.

Students may be subjected to detailed attendance monitoring if there are concerns about their attendance at any point during the year.

Students who fail to attend 100% of placement but have attended 80% or more will not need to undertake a recovery timetable, but they may wish to do so for learning purposes. This will require liaising with the respective ICU manager.

Students will automatically fail the ICU if attendance falls below 80% unless a student has requested an extension (see below). If an extension is requested and approved the time can be recovered through a bespoke timetable, when this is feasible, and this must be completed by the end of the subsequent ICU. This may mean undertaking clinical placement over the weekend or during Enquire-D time. This timetable will be arranged by the respective ICU manager.

If this is not possible your case will be discussed by the Year 4 Course Management Team. The response will depend on your individual circumstances.

(ii) Professionalism

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)*

Students whose behaviour gives rise to concern will be reviewed by the ICU manager or their deputy. Examples of such concerns include (although the list is not exhaustive): minor concerns such as poor time management, inappropriate dress for clinical practice, neglect of administrative tasks, failure to accept and follow educational advice, failure to complete Student Placement Report. Major concerns include failure to engage with course requirements, breaching patient confidentiality, failure to treat patients with dignity, rudeness to colleagues, falsifying documents.

The ICU manager or deputy will meet with any student whose professional behaviour gives rise to concern. Students may be required to do additional assessments such as Multi-Source Feedback ratings if their professionalism is questioned. Any student found to have displayed major unprofessional behaviour will fail the ICU. Serious cases of unprofessional behaviour, including falsifying attendance records or signatures, may also lead to referral to the Health and Conduct Committee.

(iii) ICU specific assessments

Each ICU has clinical skills and MiniCEXs that will be assessed during your placement. You will be required to perform WBAs satisfactorily to pass the ICU. These will be recorded in PebblePad. Details of such assessments are contained in the Year 4 Study Guide and Learning Portfolios.

You should note that the 5 pan-Year 4 miniCEXs comprise an ICU in their own right. Failure to submit these assessments by the deadline of Monday 19 April 2027 will constitute an ICU fail.

4.3 Monitoring of Marking

All assessed work is subject to quality control. Marking is conducted by members of a marking panel for in-course written work (assessment for learning). A sample of work is normally marked independently by two markers to ensure comparability across markers. Where there is a significant difference in the marks awarded by two internal examiners this is resolved by a process of discussion, often moderated by the component/ICU manager.

4.4 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. 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.

4.5 Extensions

An extension to an assessment submission deadline in the light of extenuating circumstances may 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 the evidence that the School has asked for.

If an extension is granted an application for mitigation for the same cause(s) will not normally be considered. This is because the extension already represents compensation, and to apply mitigation as well would compensate a student twice.

Where students anticipate that their work may be delayed for reasons of illness or other personal problems, they should approach the ICU manager before the final date and time for submission and submit a formal [Extension request form](#), which can also be found in the Assessment folder of the Year 4 Organisation page.

Extensions will only be granted where the circumstances you put forward are deemed to be genuine and significant enough to warrant action. Each case is considering individually, but such circumstances include:

- Suffering a serious illness or injury.
- The death or critical illness of a close family member.
- Significant family crisis leading to acute stress.
- Absence arising from such things as jury service or maternity, paternity or adoption leave.

You may be asked to provide evidence to substantiate your extension request. Circumstances not normally considered grounds for extension include:

- Holidays or other planned events that could have been anticipated.
- Assignments scheduled close together.
- Misreading or misunderstanding the assignment instructions.
- Inadequate planning or time management.
- Failure, loss or theft of computer or similar equipment.
- Computer failure or printing problems.
- Consequences of paid employment.
- Exam stress or panic attacks not supported by medical evidence.

All in-course pass/fail assessments on the MBChB programme must be handed in by the stated deadline in the ICU study guide. Students unable to meet the deadline for valid reasons may apply for an extension and this must be done 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.

5. End of Year Exams (Assessment for Progression)

The Year 4 Assessments for Progression assess the knowledge, skills and attitudes gained during Year 4. There are two components: a written examination and an Objective Structured Clinical Examination (OSCE). They are competency-based assessments that are standard set using appropriate methods and evaluated as valid and reliable. Students are required to pass both the written examination and the OSCE (grade D or above) to be eligible to progress into Year 5. They are also the basis on which eligibility for MBChB with Honours is determined.

Both the OSCE and written assessments utilise sequential testing. Sequential testing involves one assessment that is split into two parts. All students will sit part 1 and students who meet the requirements of part 1 of each assessment will not be required to sit part 2. Students who do not achieve the criteria on part 1 alone will be required to take part 2 and their performance will be graded by the score across the full sequence.

5.1 Eligibility to sit the Assessments for Progression

Students will lose the automatic right to sit the Year 4 Assessments for Progression in June 2027 if they:

- Fail an ICU
- Fail to complete all mandatory WBAs in Year 4
- Fail to achieve the WBAs in Year 4 to the required entrustment

Students must familiarise themselves with the requirements of each ICU to ensure understanding of the assessment requirement. Of note, as stated in section 4.1, the 5 mandatory, pan-Year 4 MiniCEX scenarios must be completed by Monday 19 April 2027. Any student who has failed to submit these assessments will fail the ICU and may not be eligible to enter the assessments for progression.

The Year 4 Course Management Team will review each individual on a case-by-case basis, taking into account previous academic performance and behaviour.

It is expected that students will make every effort to attend and pass every placement; they should not assume that they can afford to 'fail' one placement during the year. If the Course Management Team has concerns that a student is abusing the system (for example, by taking unauthorised leave during the year or failing to attend their final placement in order to revise for exams) they will be investigated for unprofessional behaviour. This may result in failing the ICU.

Students who fail two ICUs will be required to withdraw from the course. Students in this position should expect to re-sit the year in full as a second and final attempt.

5.2 Written Examinations

The summative written examination will consist of 1 paper in part 1 and 1 paper in part 2 (if required). The structure and duration of the part 1 and part 2 papers will be the same:

Paper 1	150 Single Best Answer and Clinical Image multiple Choice Questions	10 th June 2027 Time: 150 minutes
Paper 2	150 Single Best Answer and Clinical Image multiple Choice Questions	28 th June 2027 Time: 150 minutes

The content of the papers will be drawn from all five specialty ICUs (ACC, CCC, Psych, Paeds and GOSH) in Year 4.

The written examinations **will take place online but under invigilation on campus**. The exam will be time limited, and students will receive details of the online platform and log in instructions during the academic year.

5.3 OSCE

The sequence 1 OSCE will take place on 15th & 16th June 2027 and will consist of 14 stations plus rest stations, all of which will be conducted face to face on campus at The Edge Sports Centre. Stations are 8 minutes long. There are 90 seconds between stations for reading and examiner activity.

The content of the OSCE stations will be divided between the five specialty ICUs in year 4. Stations will contain components from more than one ICU and from Theme Days. Communication skills and other generic skills may be assessed at any station. The assessment of student performance will be carried out by trained examiners and, where appropriate, by the simulated or real patients themselves. There may be more than one assessor (e.g. trainee examiners, external examiners, senior Year 4 academic assessors) present at each station.

Details of a dress code will be issued prior to the OSCE. It will closely follow that issued by Leeds Teaching Hospitals Trust.

Students must achieve all of the following to pass the OSCE:

- a) the overall pass mark
- b) pass the minimum number of stations

5.4 Sequence 2 examinations

Students who do not achieve the calculated cut score for sequence 1 examinations will be required to sit sequence 2 examinations.

Sequence 2 summative written examination will be held on 28th June 2027 and will have 150 single best answer questions. The format will be the same as sequence 1 written examination.

Sequence 2 OSCE assessment will be held on the 30th June 2027 and will comprise of 10 stations plus rest stations. The format will be the same as the sequence 1 OSCE.

Students must pass both the OSCE and the written assessment to progress into Year 5.

5.5 Results and Feedback to students

Results of both the written examination and the OSCE will be published following the Undergraduate Progression Board meeting on 13th July 2027.

Students will be given feedback on their assessments within a reasonable and feasible time after the assessment. Feedback from students' OSCE performance will include total number stations passed, and narrative examiner feedback on each OSCE station.

Students are not required to remain in Leeds or to be available to return to Leeds in case of an exam fail since this is during the holiday period. All students who fail will be offered a meeting with an academic member of staff in the days following release of results but attendance is optional and we will also communicate information in other ways.

6. Assessment grades

There will be a single grade from the written exams. The following system will be used:

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

Grade D or better will be needed for progression. Grade C is what 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 are fail grades.

7. Penalties, progression and mitigation

Students are required to pass all components of Year 4 for progression into Year 5. This includes; Integrated Summative Exam, OSCE, Campus to Clinic and Enquire-D.

Students will not be allowed to carry fails in any of these areas over to subsequent academic years. **All four components must be passed to be eligible to progress into Year 5.**

Students who fail any of the four components of Year 4, will be required to re-sit the whole of Year 4 including all ICUs, Enquire-D, Integrated Summative and OSCE (irrespective of whether these had been passed before). They will take Year 4 again as a second and final attempt. If they do not fulfil the eligibility criteria to sit the Assessments for Progression, they will be required to withdraw from the programme.

Students passing the assessments at the second attempt will have their grade capped at Grade D.

Students who fail any of the Year 4 components Integrated Summative Exam, OSCE, Campus to Clinic or Enquire-D on their second and final attempt will be required to withdraw from the programme.

In exceptional circumstances (e.g. with mitigating circumstances), students who have failed on their second and final attempt may be allowed to repeat the entire year again. The status of this repeat year will be made clear on an individual basis.

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 can be found at the University web site [here](#) and the School of Medicine pages [here](#).

Application forms can be found at the following link - [Mitigation and Extensions](#).

Mitigation will only be granted where circumstances are deemed to be genuine and significant enough to warrant action. Each case is considered 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 is [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 nor allow students to progress without completing required assessments.

8. Attendance and time management

Attendance is one of the key professional attributes that students are judged on throughout the MBChB Course. We expect you to attend 100% of sessions as part of a professional approach to the course, your clinical teachers and particularly patients.

You should refer to the Curriculum Study Guide on Minerva for information on the attendance policy and recording absences: (Insert link). Guidance can also be found at: <https://www.medicine.leeds.ac.uk/mbchb/attendance/>

It is your responsibility to attend all work sessions and lectures, to do the work conscientiously, and to prepare and hand in work on time. Time-management is one of the skills you are expected to acquire and it is your responsibility to work to these deadlines.

9. Disability and Reasonable Adjustments

Having a recognised disability (the definition of which includes various chronic health conditions) should not be considered a barrier to a successful career in Medicine. The Medical School aims to facilitate your learning through ensuring that any 'reasonable adjustments' required for you are put 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 all assessments by meeting all criteria necessary to do so.***

It is noteworthy that if you are identified as having a recognised disability you 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 <http://students.leeds.ac.uk/#Support-and-wellbeing>.

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](#).

10. Plagiarism and Malpractice

Students are reminded to read and take note of the University regulations in [academic integrity](#). Further information specific to the Medical School can be found [here](#). Academic malpractice is taken very seriously by the Medical School and the University as a whole. Penalties range from failing an assessment to being excluded from the University depending on circumstances.

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 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.

11. Appeals

Students have the right to appeal against a result in a university assessment or disciplinary decision. Before raising a formal appeal, students should attempt to resolve the issue within the School of Medicine. Concerns should initially be discussed with personal tutors and the Year 4 team. The formal appeals procedure is available [here](#). Students considering submitting an appeal are advised to approach the [Leeds University Union Help and Support Services](#) for assistance in this.

12. Recognition of Excellence

12.1 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 & Enquire Dissertation 5

Students must achieve a grade A or B in ALL the above assessments to be eligible for Honours. No concessions will be made if a student does not achieve a grade A or B in any of the above assessments.

12.2 Prize and Award Information

Kullavanijaya Prize

This prize was established through a gift to the University made in 1986 by Associate Professor Pinit Kullavanijaya MB ChB, Leeds 1965, Assistant Director of Chulalongkorn University Hospital, Bangkok. This prize is to the value of £250 and is awarded to the student who achieves the highest overall mark in the Paediatric and Gynaecology, Obstetrics, and Sexual Health components of the year 4 OSCE.

Paul Fitton Year 4 OSCE Prize

This prize was instituted in memory of Edward Paul Fitton, MB, ChB, FFARCS, clinical lecturer in the Department of Anaesthesia, to encourage the study of anaesthesia by undergraduate medical students. This prize is to the value of £75 and is awarded to the student with the highest overall mark in the Acute and Critical Care (ACC) component of the year 4 OSCE.

Paul Fitton Year 4 Integrated Examination Prize

This prize was instituted in memory of Edward Paul Fitton, MB, ChB, FFARCS, clinical lecturer in the Department of Anaesthesia, to encourage the study of anaesthesia by undergraduate medical students. This prize is to the value of £75 and is awarded to the student with the highest overall mark in the year 4 written examination.

Hardwick Prize for Year 4 OSCE

This prize was instituted in memory of Dr Robert George Hardwick an active member of the Council of Leeds School of Medicine from 1861-1864. This prize is to the value of £250 and is awarded to the student with the highest overall mark in the year 4 OSCE.

Scattergood Prize in Obstetrics and Gynaecology

This prize was instituted in memory of Thomas Scattergood, MRCS, the first Dean of the medical department in the Yorkshire College. The prize is to the value of £100 and is awarded to the student with the highest overall score in the Gynaecology, Obstetrics, and Sexual Health (GOSH) components of the year 4 OSCE.

Professor Michael Green Prize for Medical Ethics

Combined Year 4 and 5 prize - for the best presentation of an ethical case analysis. Students will be invited to submit an abstract and, if this is accepted as suitable, then invited to give a presentation to an ethicist and a clinician involved in the medical ethics strand, plus one clinician from the Leeds and District Medico-Legal Society (LDMS). The prize is to the value of £200 to be awarded by LDMS.

Leeds and York Partnerships Foundation Trust Psychiatry Prize

Students with an excellent psychiatry case report can apply to present at the end of each rotation. Prize awarded to best presentation. Awarded five times per year and paid by the LYPFT Trust. 5 x £50 per year.

13. Appendices

I. Approved Format of written work and referencing

All written work submitted for ICU Assessments must be in the format described in the specific assessment brief.

Referencing:

Students should use the Leeds 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>

II. Frequently Asked Questions

Do I have to pass both the OSCE and written papers to progress to Year 5?

Yes. The two components: written papers and the Objective Structured Clinical Examination (OSCE) are independent and students are required to pass both in order to progress to Year 5.

Can I carry marks between the OSCE and written papers?

No. The written examinations and OSCE are independent examinations and marks cannot be carried between the two.

Do I need to pass a certain number of OSCE stations to pass the OSCE?

Yes. In order to pass the OSCE you must achieve the overall pass mark, but in addition you must pass a minimum number of total stations.

What if I get a 'red card' in the OSCE?

There are no red cards or "killer stations" in the Year 4 OSCE; that is there are no stations that have to be passed in order to pass the OSCE.

Following the Year 4 OSCE you will be provided with feedback on your performance at each station. This may include outstanding performance or practice that raises serious clinical concern. It is hoped that you will be able to use the feedback to improve your clinical practice.

Will we be tested on knowledge and skills from previous years?

The Year 4 assessments for progression assess the specialist knowledge and skills gained during the year. They assess competence in a range of domains such as communication skills, clinical assessment skills and data interpretation gained during different ICUs and theme days e.g. teenage pregnancy. You may be tested on applied knowledge from previous years in an appropriate context for example, the physiology of labour, the interpretation of lung function tests.

What assessments do I need to complete to pass an ICU?

Each of the five Year 4 specialty ICUs have the following assessments in common which must be completed to the required level to pass the ICU:

- Attendance
- Assessment of professionalism
- ICU specific mandatory assessments (e.g. clinical skills and MiniCEX)

The five pan-Year 4 MiniCEXs are an independent ICU. These five assessments must be completed by Monday 19 April 2027 to avoid an ICU fail.

How many WPBA should I be completing per placement?

You must complete a minimum of 15 mandatory MiniCEX scenarios and all mandatory DOPs during Year 4. Each ICU has 2 mandatory MiniCEX scenarios that must be completed during the placement. You are also recommended to complete one of the pna-Year 4 MiniCEXs per ICU.

You are encouraged to submit multiple WPBA entries outside of the mandatory lists to support your learning, these should cover a range of different competencies and skills. Individual ICUs may suggest competencies that are useful for students to gain feedback on in addition to the compulsory WPBAs. You may want to choose areas of clinical practice that you feel weak in as the focus of WBPAs to gain feedback and see how you could improve. We know that students who engage robustly with WPBA completion and use them to aid their learning do better in the end of year assessments for progression.

III. 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
AKI	Acute kidney injury
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
CBT	Cognitive Behavioural Therapy
CKD	Chronic kidney disease
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
HbA1c	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
LMWH	Low molecular weight heparin
MAU	Medical Admissions Unit
MCV	Mean Cell Volume
MDI	Metered dose inhaler
mmHg	Millimetres of Mercury (for blood pressure only)
MRC	Medical Research Council
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
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
O ₂	Oxygen
PET	Positron emission tomography
Plt	Platelet count
RBC	Red Blood Cell Count
RR	Respiratory rate
SpO ₂	Oxygen saturation (in %)
STI	Sexually transmitted infection
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
UTI	Urinary tract infection
VTE	Venous thromboembolism
WBC	White Blood Cell Count
WHO	World Health Organisation