School of Medicine

FACULTY OF MEDICINE AND HEALTH

UNIVERSITY OF LEEDS

MBChB Assessment Study Guide
Year 5

2025/26

Version 1: Updated September 2025

Table of Contents

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

2. MBChB Key Assessment Staff

Title	**Name**	**Contact Details**
Head of School	Professor Mark Kearney	m.t.kearney@leeds.ac.uk
Director of MBChB	Dr Moe Thaw Oo	M.T.Oo@leeds.ac.uk
Heads of Year	Mr Chris Mannion Dr Dariush Saeedi	christopher.mannion@nhs.net D.Saeedi@leeds.ac.uk
Year 5 Assessment Lead	Dr Joanne Wright	joannawright@nhs.net
Head of MBChB Assessment	Dr Michelle Eldridge Dr Ian Clifton	m.eldridge@leeds.ac.uk i.clifton@nhs.net
Director of Student Progression	Professor Andy Hill	a.j.hill@leeds.ac.uk
Academic Sub Dean	Dr Louise Gazeley	L.Gazeley@leeds.ac.uk
Head of Student Support	Mrs Andrea McGoverin	a.m.mcgoverin@leeds.ac.uk
Chair of the Undergraduate Special Circumstances Committee	Ms Sarah Sayer	s.e.sayer@leeds.ac.uk
Academic Integrity Officer	Mr Andrew Davies	A.G.Davies@leeds.ac.uk
Year 5 Coordinator (SES)	Miss Carmin Bhadhuri	c.t.bhadhuri@leeds.ac.uk
Year 5 Inbox		y5mbchb@leeds.ac.uk
Assessment Team (SES)		medicineassessment@leeds.ac.uk

Medical School Contact Details:

School of Medicine, University of Leeds
Room 7.09, Worsley Building
Clarendon Way, Leeds, LS2 9NL
School Reception: Tel: 0113-343-4213 / Email: Medicineenquiries@leeds.ac.uk

3. Assessment Framework

This guidance is for the Year 5 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 and the Integrated Core Unit (ICU) Study Guides on the MINERVA which include information for each ICU in more detail.

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. Assessments to pass ICUs (in-course assessments)
3. Assessments for progression- Medical Licensing Assessment (MLA)

Written examination (MLA Part 1 and Part 2)
Clinical Professional Skills Assessment (CPSA)
Part 1- programmatic review
Part 2 -OSCE

3.2 Calendar of Examinations

Description	Date	Consequence of failure
Written Examination (Paper 1) **Written Examination (Paper 2)**	13th January AM 14th January AM	Students who do not meet the required standard to pass on the main exam alone will be required to sit the resit examination.
Programmatic Assessment	All Year	All students will be considered in the programmatic review. Students who do not meet the passing criteria of the programmatic review will not be eligible to undertake the OSCE examination.
OSCE	10th & 11th March	Students who do not meet the required standard to pass on the main exam alone will be required to sit the resit examination
Re-sit Written Examination (Paper 1) **Re-sit Written Examination (Paper 2)**	14th April AM 15th April AM	Students required to sit the resit exam are assessed by a new examination paper. Students not passing will be required to re-sit the year. If the student is sitting year 5 as a second and final attempt, the student will be withdrawn from the course.
Re-sit OSCE	21st May	Students required to sit the resit exam are assessed by a new OSCE Assessment. Students not passing will be required to re-sit the year. If the student is sitting year 5 as a second and final attempt, the student will be withdrawn from the course.

4. In-Course or Placement Assessment (Assessment for Learning)

4.1 Assessment for Learning Opportunities

There is a strong emphasis on learning through work on clinical placement and using sources of feedback to guide learning. This will include informal feedback in the workplace and during teaching, and from end of placement feedback.

4.2 Assessment requirements to pass ICUs

Students will undertake 6 integrated clinical placements in Year 5. At the end of each will be an end of placement assessment. This will consist of:

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.*** Case presentation in secondary care placements or an observed consultation in Primary Care.

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.

Students are required to pass their case presentation, assessment of attendance and professional attributes to pass a placement - if any element is unsatisfactory the student will fail the placement. It is expected that students will complete a minimum number of skills (6 DOPS per placement) and must pass a minimum of 4 clinical placements to be permitted to progress sitting the OSCE in March.

Students who fail 2 or more placements will not be eligible to sit the end of year (OSCE) assessment. 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 more than one placement will not automatically progress to sit the end of year assessments; this will be determined on an individual basis by the year 5 team dependent on circumstances.

Students need to pass a minimum of 5 out of the 6 placements by the end of the year to be eligible to pass Campus to Clinic 5.

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 8 above. A clear plan must be put in place and communicated to the year 5 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 5 team on an individual basis.

Post Finals Assistantship (PFA)

The PFA is a **mandatory** placement to help prepare your transition to become a Foundation Doctor.

- Satisfactory completion of your PFA is a required part of the MBChB course.

The main aspects of assessment will relate to professional attributes, including attendance, teamworking, communication and attitudes to colleagues, patients and their relatives/carers and professionalism. A satisfactory completion is determined by the placement lead and must be of suitable seniority (F2 level and above).

4.3 Work-Place Based Assessment (WPBAs)

Work-place based assessment (WPBAs)

WPBAs are assessments for learning (AfL) and are student led. Students should select cases and ask assessors for feedback while on placement. The focus of WPBAs is on rich, actionable, narrative feedback that can be used to support clinical skills acquisition and to plan future WPBA's. In year 5 students will be required to complete WPBAs on a regular basis and record using PebblePad.

The PebblePad e-portfolio system and PebblePocket app are designed to make it easier for students to monitor and showcase their current development and skills acquisition whilst in clinical placement. PebblePad provides a portfolio for students to capture their clinical skills and mini-cex assessments, as well as containing guidance on safe practice limits and detailed information about which skills students need to focus on developing in year 5.

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 skills assessment is collated in PebblePad and students will map these against the year's requirement for progression.
In year 5, students are required to **complete all mandatory skills (DOPS) and Mini-cex** i.e. make an entry for each skill/mini-cex where feedback is received and a detailed action plan is made, over the course of the academic year. **It is expected that a minimum of 6 DOPS will be completed per placement (see section below).**

Year 5 students will be required **to evidence completion of all mandatory clinical skills to the minimum level of entrustment**. All skills at the level of direct supervision or above **must be completed by an assessor**. For skills at the level of observe, students can either ask an assessor to complete or can complete themselves providing a reflection and an action plan based on their observation and including their own email address and name in the assessor details

Mini-cex

Mini-cex assessments are designed to monitor higher level competencies based on an integrated clinical scenario, rather than individual skills. Students in year 5 are required to complete a minimum of 12 mini-cex's during the academic year using Pebblepad. Students will typically complete more than this to help determine their progress and to guide their learning. Please see below the specific, mandatory scenarios that must be evidenced in year 5. As you will see, the requirements are:

- **1 mandatory mini-cex per placement for patient care and clinical reasoning (6 in total)**. Clinically assess patient, interpret investigations and instigate an appropriate management plan. Complete a mini-cex entry of the integrated clinical scenario and receive feedback
- **1 specific mini-cex per placement (6 in total)**
- Students are also encouraged to record 'open mini-cex' entries outside of the mandatory list to support their learning on placement and receive feedback.

Please see the Year 5 mini-cex requirements below:

Year 5 mini-cex

Criteria	**Requirement**	**Scenario Title**
Complete 1 mini-cex per placement-at least 6 in total	Clinically assess patient, interpret investigations and instigate an appropriate management plan. Complete a mini-cex entry of the integrated clinical scenario and receive feedback.	Patient care and clinical reasoning
Complete at least 1 mini-cex	Obtain a patient's admission drug history and prescribe / withhold appropriate medication	Admission drugs
Complete at least 1 mini-cex	Undertake a VTE risk assessment, discuss with patient and under supervision prescribe appropriate VTE prophylaxis for patient	VTE prophylaxis
Complete at least 1 mini-cex	Engage with discharge planning via MDT and write discharge summary, reviewing medication,	Discharge planning

	safeguarding issues and discharge plans	
Complete at least 1 mini-cex	Review hospital discharge letter and instigate appropriate management actions with patient / GP	Review of discharge summary
Complete at least 1 mini-cex	Contact a clinical team to make either verbally or written referral for a clinical review of a patient's case	Making a referral
Complete at least 1 mini-cex	Undertake a falls assessment, discuss with patient and team and instigate appropriate pharmacological and non-pharamcological preventative management	Falls prevention/assessment

DOPS

There are 35 mandatory DOPS to be completed during year which can be found in the skills checklist on PebblePad. All skills should be completed on whilst on placement. They can be done in any order, **but a minimum of 6 new DOPS should be completed by each placement assessment point** in order to progress. This is summarised below.

The ***total*** number of DOPS completed will be reviewed at each progression point. Therefore, theoretically a student could complete all 35 DOPS in the first placement and would subsequently pass the DOPS element of each placement on this basis. We would however recommend spreading your DOPS through the year.

Please ensure that DOPS are completed at the appropriate level for sign off. If assessment is below the required level, the assessment will need to be repeated. All skills at the level of direct supervision or above **must be completed by an assessor**. Skills at the level of observe can either be completed by an assessor or can be self-certified. If self-certifying at Observe level, students should enter their own email address and name in the assessor details section. It is important to include a summary of what has been observed and provide an action plan and reflection based on this. Assessments without this may need to be completed again.

Students who have not completed the required number of DOPS by the end of placement will fail that placement, unless an extension has been granted – See section 4.6 regarding extensions.

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 and sufficient DOPS as indicated below to pass the placement.

Assessment Point	Date	Required	Total DOPS to be completed (cumulative)
Placement 1	13/10/2025	EOP form, DOPS, 2x Mini-CEX	6
Placement 2	10/11/2025	EOP form, DOPS, 2x Mini-CEX	12
Placement 3	15/12/2025	EOP form, DOPS, 2x Mini-CEX	18
Placement 4	02/02/2026	EOP form, DOPS, 2x Mini-CEX	24
Placement 5	02/03/2026	EOP form, DOPS, 2x Mini-CEX	30
Placement 6	27/04/2026	EOP form, DOPS, 2x Mini-CEX	35

4.4 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 2 internal examiners this is resolved by a process of discussion, often moderated by the component/ICU manager.

4.5 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.

4.6 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/ ASD/Heads of year, 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 5 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 circumstances. 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. Assessments for Progression

The Year 5 Assessments for Progression assess the knowledge, skills and attitudes gained during Year 5. They are competency-based assessments, with standard setting using appropriate methods and evaluated as valid and reliable.

In order to pass Year 5, students are required to pass the Medical Licensing Assessment.

This is a two-part assessment comprising of the
1) written examination (Medical School Applied Knowledge Test-MS AKT)
2) Clinical Professional Skills Assessment (CPSA) which consists of 2 parts.
Part 1 the programmatic assessment
Part 2 the OSCE.

The OSCE and MLA are also the basis on which eligibility for MBChB with Honours is determined.

Written examination- MS AKT
All students will sit the written exam which is comprised of two 100-item papers on two consecutive days in January 2026.

Clinical and professional skills: All students will be considered in the programmatic review process (Part 1 CPSA) to determine their engagement and completion with placements and workplace-based assessments (full criteria detailed below).
Work based placed assessments are mapped to Outcomes for Graduates and all need to be evidenced to pass the CPSA.

Students are required to also pass **ESREP, the PFA** and their **Elective** to fulfil the criteria for graduation.

5.1 Eligibility to sit the Assessments for Progression

The programmatic review assessment will be conducted to review students' progress and determine eligibility to sit the OSCE assessment.

Students are required to pass a minimum of 4 clinical placements to be permitted to progress to sitting the OSCE in March and a minimum of 5 out of the 6 placements by the end of the year.

If a student fails any of these assessment elements:

1. written assessments (MS AKT)
2. Part 1 CPSA–Programmatic review
3 Part 2 CPSA - OSCE

they will fail the year and will be required to repeat the year again. The status of this repeat year will be made clear on an individual basis. If a student is sitting year 5 as a second and final attempt they will be required to withdraw from the course.

5.2 Part 1 CPSA - Programmatic review

Programmatic assessment is an approach in which information from multiple and different sources is used to inform about the strengths and weaknesses of each individual student. The central goal is not to determine if one student is better than another, but whether an individual student has achieved the necessary competencies for progression, and in the context of year 5, whether a student has met the required outcomes for graduates. Throughout the year, students' progress will be monitored and competencies such as professionalism, clinical skills acquisition, attendance, engagement and general conduct will be reviewed.

Students must achieve all of the following to pass the programmatic review

- Completed the essential mandatory year 5 clinical skills WPBA and evidenced them in PebblePad. Students must evidence all mandatory clinical skills to the required minimum entrustment level.
- Whilst it would be very unusual for students to progress to Year 5 without having completed all mandatory clinical skills required for Year 4 to the required minimum entrustment level, in that event, completion of this by agreed deadline would also be required to pass programmatic review and to be able to graduate
- Completed all 12 mandatory mini-cex entries in PebblePad
- Passed a minimum of 5 clinical placements in year 5

5.3 Part 2 CPSA – OSCE

Students are required to pass a minimum of 4 clinical placements to be permitted to progress to sitting the OSCE.

The OSCE will consists of 13 active stations and 2 rest stations with 90 seconds reading time in-between each active station.

Main OSCE	Day 1 – 7 Active Stations and 1 rest station Duration 10 Minutes* Day 2 – 6 Active Stations and 1 rest station Duration 12 Minutes*	10th and 11th March
Resit OSCE	6 Active Stations and 1 rest stations Duration 12 Minutes* 7 Active Stations and 1 rest station Duration 10 Minutes* All 13 stations in one day with a short break between the 10- and 12-minute stations.	21st May

*15 minutes & 12 minutes 30 seconds for students who have additional time.

The OSCE is graded A-F. Content will include Year 5 topics, though noting that there is some overlap of years 4 and 5 topics, including aspects of acute and chronic care, mental health and “non-specialist” GOSH knowledge. The OSCE will take place face to face at The Edge. The Resit OSCE will take place at the University of Leeds Worsley Building.

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

In the OSCE simulated patients will be used. 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 patients themselves. There may be more than one assessor (e.g. trainee examiners, external examiners, senior year 5 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 60% of the stations

5.4 Written Examinations- Medical School Applied Knowledge Test (MS AKT)

https://www.medschools.ac.uk/for-students/medical-licensing-assessment/

The written examinations **will take place on campus using the online MSCAA platform (Exam Write)** as time limited face to face assessment. They will be directly invigilated. Students will receive details of the online platform and log in instructions during the academic year.

The AKT is a single exam comprised of two 100-item papers which will be sat over 2 consecutive days.

The questions are all written in the Single Best Answer (SBA) format with five answer options.

All content is aligned to the GMC's MLA content map. https://www.gmc-uk.org/-/media/documents/mla-content-map-_pdf-85707770.pdf

Should the security or delivery of the MS AKT be seriously disrupted you will have to sit the assessment on one of the subsequent national MS AKT dates. It will not be possible to provide a replacement, equivalent exam for immediate local delivery.

Main Sitting		
Paper 1	100 Single Best Answer Multiple Choice Questions. Duration: 2 Hours	13th January 2026 10am
Paper 2	100 Single Best Answer Multiple Choice Questions. Duration: 2 Hours	14th January 2026 10am
Re-sit		
Paper 1	100 Single Best Answer Multiple Choice Questions. Duration: 2 Hours	14th April 2026 10am
Paper 2	100 Single Best Answer Multiple Choice Questions. Duration: 2 Hours	15th April 2026 10am

Re-sits and number of attempts

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

One re-sit attempt is allowed within the academic year.

If you fail the resit and do not meet the passing criteria you will not be able to graduate and will be required to re-sit the year.

If you are taking the year as a 2nd and final attempt, you will be required to withdraw from the course.

Students who are unable to sit Paper 1 and/or 2 due to illness will be required to submit medical evidence for mitigating circumstances.

If mitigating circumstances are supported then that attempt will not count towards a students permitted number of valid attempts.

Students will normally be entitled to no more than four valid attempts.

5.5 Results and Feedback to students

Students will be given feedback on their assessments within a reasonable and feasible time after the assessment.

Feedback includes details of your OSCE performance including stations passed, performance in individual stations in relation to the year cohort and narrative examiner feedback on each OSCE station.

Students who do not meet the criteria to graduate will meet with senior academic staff the day following release of the results to explain the outcome and implications, followed by more detailed examination performance feedback and support and guidance from the start of the resit year.

For written summative papers students will receive a grade and breakdown of performance according to question topics via the MSCAA Exam Write Platform.

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. The OSCE assessment will be graded A-E If a student taking the year as a second and final attempt grades will be capped at Grade D.

7. Penalties and progression

Students are required to pass all progression assessments in order to graduate.

If a student taking the year as a second and final attempt and they fail any of the assessments for progression, then they will be required to withdraw from the programme.

In exceptional circumstances (e.g. 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. However, if it is a resit year (carrying a fail) then this will be their final attempt and the assessments for progression must be passed at the first attempt.

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. There is no rule allowing a proportion of unauthorised absence before a student's attendance is deemed unsatisfactory.

You should refer to the Campus to Clinic Study Guide on MINERVA for information on the attendance policy and recording absences. 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 an assessment.***

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 the school's designated MBChB Disability Officer, Steph Briggs (s.x.briggs@leeds.ac.uk) or (medstudentsupport@leeds.ac.uk) who can advise regarding next steps, or alternatively contact the University's Disabled Students' Assessment and Support team http://students.leeds.ac.uk/#Support-and-wellbeing.

Further information relating to Disability and Medical Education can be found in the General Medical Councils Gateways guidance this available at http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp.

10. Plagiarism and Malpractice

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. This range of penalties has been adapted to take account of the non-modular and non-semesterised medical course which can be found on the Schools own website link and include 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.

11. Appeals

Students have the right to appeal against a result in a University assessment/examination. Before entering the formal appeals process you should attempt to resolve the issue within the School. You should raise your concerns with your personal tutor and/or the Head of School. Please refer to the Code of Practice on Assessment for further information.

The formal appeals procedure is available at:
http://www.leeds.ac.uk/secretariat/student_cases.html.

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 & ESREP 5

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

12.2 Prize and Award Information

- **Masser Prize -** (best performance in the Final MB written papers)
- **Hardwick Prize -** (best performance in the final MB OSCE)
- **William Hey Medal -** (best overall performance in OSCE & written papers for a student due to graduate MBChB with Honours)
- **McGill Prize -** (best overall performance in OSCE & written papers for a student due to graduate MBChB without Honours)
- **Garland Prize -** (best ESREP project with a neurology focus)
- **James and Mabel Gaunt Prize -** *(best ESREP project with a paediatrics focus)*
- **Hillman Clinical Medicine Prize -** (best ESREP project with a Clinical Medicine focus)
- **Hillman Therapeutics Prize -** (best ESREP project with a Therapeutics focus) - 2 prizes awarded for 2 projects
- **John Sinson Prize -** (best ESREP project with a palliative care focus) - 1 prize shared between a pair of students)
- **Professor Michael Green Prize for Medical Ethics -** (combined Year 4 and 5 prize - for the best presentation of an ethical case analysis)
- **Excellence in Clinical Practice Award**

  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.

13. Appendices

I. 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

II. 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.

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
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