UNSW MEDSOC

HOW TO SURVIVE & THRIVE IN PHASE 3

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Acknowledgements

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Foreword

This is aimed to be a supplementary guide to the official student guide covering the gaps in what is told and with many unofficial tips the faculty cannot give. This is written in 2026 and there may be changes since then. The syllabus is expected to be completely overhauled by 2029.

MEMORANDUMS

BIOMED (Yr 5 Exam Links)

- Biomed 2025
- Biomed 2024
- Biomed 2023
- Biomed 2022
- Biomed 2021
- Biomed 2020

ICE (Yr 6 Exam Links)

- 2025
- 2024
- 2023
- 2022
- 2021
- 2020

Can check here for updates for the memorandums.

Please also look at the MedSoc website and Prisma (collated UNSW Student Resources)

STRUCTURE OF PHASE 3

Teaching Period	A	B	C	D	E	F	G	H
Year 4 TP4	CTC	CTC	CTC	CTC	CTC	CTC	CTC	CTC
Year 5 STP	Med	Surg	Children's Health	O&G	Med	Surg	Primary Care	Psych
	Course Assessments/ Placement Elective Organisation White Book Path&Diagnostics - optional Ethics modules for each course - optional							
Year 5 TP1	Surg	Med	Psych	Children's Health	Surg	Med	O&G	Primary Care
Year 5 TP2	Psych	Primary Care	Med	Surg	Children's Health	O&G	Med	Surg
	Course assessments / Placement Biomed Study							
Year 5 TP3	Children's Health	O&G	Surg	Med	Psych	Primary Care	Surg	Med
Year 5 TP4	O&G	Children's Health	Critical Care	Critical Care	Primary Care	Children's Health	Psych	O&G
	White Book Path&Diagnostics - due							
Year 6 STP	Elective Placement +/- NPS Modules +/- Classie modules							
Year 6 TP1	Critical Care	Critical Care	Primary Care	Psych	O&G	Selective	Children's Health	Selective
	Course Assessments / Placement Viva Study Elective Report - due							
Year 6 TP2	Selective	Selective	O&G	Primary Care	Critical Care	Psych	Critical Care	Children's Health
	Viva / OSCE / MCQ Study Portfolio Ethics modules - due							

	NPS modules - due							
Year 6 TP3	Primary Care	Psych	Selective	Selective	Selective	Critical Care	Selectiv e	Critical Care
Year 6 TP4	PRINT							

ASSESSMENTS IN PHASE 3

Summative	Formative

• Course Assessments
  ○ Learning Plans
  ○ Case Presentations
  ○ Other Assessments
• Biomedical Sciences VIVA
• Integrated Clinical Examination
  ○ OSCE
  ○ Management VIVA
  ○ MCQ
• Portfolio Assessment
	• Procedural Skills Logbook
	  ○ O&G Skills
	  ○ Path cut-ups
	  ○ Diag lab investigations
	• Prescribing Skills Assessment
	• QUM Assignment
	• Patient Logbook
	• Ethics Modules
	• PSA Modules
	• Adequate Professionalism*
	• Attendance at Coursework**

MD Calculation

Assessment	WAM Contribution
ILP	15%
Course Grades	20%
Biomed VIVA	15%
ICE VIVA 15.5% MCQ 15.5% OSCE 19%	50%
Portfolio	Pass/Fail

Here's a WAM Calculator you can use (note: please duplicate rather than editing directly)

Course Assessments

Term	Summative	Weighting
Medicine		
	Learning Plan	70%
	Case Report	10%
	CEXs	20%

Surgery		
	Learning Plan	60%
	Case Report	20%
	CEXs	20%
Crit Care		
	Learning Plan	30%
	Case-Based Discussions (1 in ICU and 1 in ED)	40%
	Two Management Vivas	30%
	• ALS / BLS / Ventilation in Anaesthesia or simulation – bag valve mask • Mini-CEX x2 (ED) Logbook procedures	And must achieve at least 50% overall from the summative assessment tasks.
Selective		
Pass Fail learning plan for each rotation		

Psychiatry		
	Learning Plan	17%
	Observations	8%
	Case Discussion	20%
	Weekly Quiz	25%
	Work Based Assessments	15%
	Management VIVA	15%
Primary Care		
	Learning Plan	45%
	Team Care Assignment	30%
	Consultation Skills Role-Play Assessment	25%

O&G		
	Learning Plan	60%
	Literature Review	10%
	Observed Patient Assessments	30%
Children's Health		
	Learning Plan	80% (40% x 2)
	Case Presentation in Student Grand Rounds	20%
	Mandatory Activities ● Adaptive tutorials on asthma and epilepsy, and resuscitation tutorial (online and practical component). ● Sign off the paediatric resuscitation session in the Phase 3 Clinical Procedural Skills Acquisition Logbook.	Pass/Fail
	Completion of at least 2 Mini-CEX at each of your 4 week placements (total of 4 during the 8 week term): (2 history, 2 exam)	Pass/Fail
	Submit the completed Paediatric Clinical Case Guide	Pass/Fail
Electives		
	Supervisor report	Pass/Fail
	Essay	Portfolio

Assessment Tips

BIOMED

We recommend you do not start studying for BioMed any later than the mid-year break. It's ok to start studying at the beginning of the year but be aware of burnout. Any later than the mid-year break and you'll be cramming.

ICE

You should **start studying for ICE at the start of 6th year**- week 1 or 2 after you get back from Elective and start your new rotation.

- VIVA: There are 500+ past cases depending on how far back you go, so make sure you start early and pace yourself
- OSCE: This can be studied more casually in the first half of the year and really worked on after the mid-year break. Remember that this is weighted higher than VIVA
- MCQ: This can be studied for a few weeks out (use the MCQ handbook)

PORTFOLIO

Collate evidence gradually throughout the Phase, but don't submit until your final term- this will mean you can submit to eMed in an organised manner (e.g. by Grad Cap) and identify things that you can leave off (markers don't usually love being drowned in paperwork) and gaps in your evidence.

- Write your portfolio essay early in your final term
- You can write and memorise your speech and practice answers after ICE

FORMATIVE ASSESSMENTS

- **Ethics Modules:** You can either do these course by course as you go, smash them all out over the summer holidays, Due before end of 6th Year TP2 (as of 2026).
- **NPS Modules:** These are most helpful to do in 6th year as they can be examined in the Pharmacology station of ICE
- **Elective Report:** This is due at the end of your first rotation of 6th year

Many of these formative assessments as well as some summative assessments will be included in your Portfolio.

TERM VIVAS

The psychiatry and ED terms will have Vivas, and GP term has an OSCE like assessment. Use 6th year VIVA notes and cases to practice for these, do not go in blind (you can find Notions with these cases on Prisma). 6th year students have a large advantage, so 5th year students should practice with them if possible. You will need to prepare for these assessments weeks in advance.

NEGOTIATED CAPABILITIES

The main purpose of Negotiated Assignments is to **demonstrate proficiency in a capability in your portfolio**. It is possible to get a P+ in a capability without having negotiated assignments, but it is a bad look for Self-Directed Learning if you don't have any. Some students choose to do one in every course, some choose to only do 2 or 3 over the Phase

PSA EXAM

You can start doing practice tests for this **after Portfolio is finished**

- It is open book
- It is formative (you don't have to pass and your grade doesn't count toward your WAM

The exam is a good chance to practice prescribing like you will be next year, and is a benchmark against other universities in Australia.

MARKING IN PHASE 3

Marking, turnaround, and accuracy/ feedback can all be **highly variable** in Phase 3. Sometimes you will put in a lot of work and get an excellent grade; sometimes you will put in a lot of work and get straight Ps. Don't be too disheartened; it happens to a lot of people.

Biomed Exam

Features of Biomedical Sciences VIVA:

- Four stations, with 8 minutes per station and 4 questions per station (plus possible additional questions, usually to push your mark from P to P+)
- Occurs early November
- Pass mark: You must pass all four stations, and achieve a grade of 50% or more
- Supplementary exams:
    - If you fail one station, resit just that station within a week
    - If you fail two or more stations, resit whole exam early following year
    - If you fail the supplementary, resit whole exam late in the following year

Types of Stations:

1. **Anatomy:** The anatomical basis for diseases
2. **Diagnostics:** Diagnosing disease
3. **Pathology:** Pathological basis of disease
4. **Pharmacology:** Pharmacological management of disease

White Book Lab Tests:

- *Organisation:* **Depends on your clinical site**, your clin school admin will let you know
    - E.g. In Albury they just put it on out timetable during med term, at some sites you will need to call the lab and arrange the visit on your own for you and a group of students
    - Someone will show you around the lab, talk you through tests, and sign off your white book (This is usually a reg)
    - Dependent on the lab, they may not be familiar with biomed
    - Often they will just sign the spaces and leave the tests blank
- *Tips:* You can save time by picking tests that have are part of other stations, so you're not having to remember things twice
    - Use Martin Weber's online tutorials as a gauge of what kind of information they want
    - Remember you only have two minutes to give of detail +/- clinical context or indications

White Book Path Cutups:

- *Organisation*: **Depends on your clinical site**
    - Ideally you will do this in your surg term
    - Ideally you will follow a specimen from theatre to cut up
    - Realistically it is good to see a number of specimens on each visit, and you may only get one visit
    - Someone will show you through the cup-up process (usually a reg)
    - Often they will just sign the spaces and leave the tests blank
- *Tips:*
    - Again its only 2 minutes and you can overlap with other potential stations
    - If you have a non-standard specimen, they are more likely to ask about it
    - The RACP website has some great vide

Examples of Each Station:

ANATOMY:

Anatomy: A 16 year old female presents to the ED with abdominal pain that migrated from the periumbilical region to the right lower quadrant and is associated with fever, anorexia and vomiting

1. What are your provisional and differential diagnoses?
2. What is the pathogenesis of appendicitis?
3. What are the internal and surface landmarks of the appendix?
4. What is the vascular supply and venous drainage of the appendix?

DIAGNOSTICS:

1. Describe a lab test from your white book

A 28 year old sexually active female presents with dysuria, frequency, and discharge.

Results of MSU:
WBC < 10^6
Lots of epithelial cells
2 x bacteria both <10^5 ecoli + enterococcus

2. What laboratory findings would support diagnosis of a UTI?
3. What are the most common causes of a UTI?
4. How do you collect an MSU and what do you do with the Specimen?

PATHOLOGY:

1. Describe a path cut up you saw

A 62 year old female presents with worsening dyspnoea with episodes of mucopurulent sputum. She has smoked cigarettes for 40 years. She had pneumonia 3 years prior and recurrent bronchitis over the past 10 years. On examination she has dyspnoea, central cyanosis with signs of respiratory distress.

2. Explain the ABG results, what is the difference between type 1 and type 2 respiratory failure?
3. Describe the macroscopic and microscopic changes of COPD?
4. What are the main long term cardiovascular effects of this Disease?

PHARMACOLOGY:

A 44 year old male of Torres Strait Islander descent presents to his GP He has a BP of 160/90, a total cholesterol of 6.1, and a HDL cholesterol of 1.0. He smokes 20 cigarettes per day and plays football once a week.

1. Use the charts provided to calculate his absolute cardiovascular risk score
2. How are you going to treat each of his hearth issues?
3. List three antihypertensive drugs, their mechanism of action, side effects, and contraindications
4. What smoking cessation treatments are there and how do they help?

Passing Mark

Scenario 1	Scenario 2	Scenario 3
70 (P)	90 (P+)	70 (P)
70 (P)	50 (P-)	50 (P-)
30 (F)	30 (F)	50 (P-)
30 (F)	30 (F)	30 (F)
50	**55**	**50**

Important Points:

- **Find a notion with all past cases and notes - check Prisma**
- Study as part of a group
  - **Practice out loud**
  - **Practice structuring responses early on**
- Study cases- not general content
- Learn how to approach cases as well as the content for cases
- Use online resources
  - Up to Date
  - BMJ Best practise
  - Speed Pharmacology (Youtube)
  - Armando videos (anat)
  - USMLE guide (mnemonics and memory tricks)

Resources

- Biomed Case Protocols
- Mock Stations
- Faculty Mock Biomed
- Campus Mock Biomed
- Campus Days
- Moodle
  - Smartsparrow tutorial

YEAR 6 ICE AND PORTFOLIO

Year 6 ICE and MCQ:

- VIVA: 8 x 10 minute stations
- OSCE: 8 x 12 minute stations (1 for each discipline except medicine has 2 stations)
- MCQ: 3 hr exam 140 multiple choice questions based on the AMC MCQs
- Portfolio: essay + evidence + 30 min interview (includes 7 min oral presentation)

VIVA Exams:

Surg, Med, ED, Paeds	O&G, Psych, GP	Clin Pharm
2 x 5min stations One will be from a bank of released cases (released around April)	1 x 10min station No formal releases (faculty does release psych cases as example stems for viva, but none of these questions will be examed)	1 x 10 min station Based on the NPS Modules, similar to a medicine case

VIVA Tips:

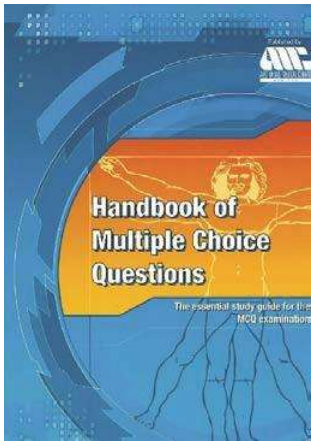
- Start studying from the start of the year (second week back after elective)
- Get in a study group + make a schedule + practice out loud
- Study for VIVAs will be the basis for OSCEs to some extent

OSCEs

- 8x 12 Minute Stations + 2 min reading time
  - 2 x Stations for Med
  - 1 x Station for Surg, Paeds, O&G, GP, ED, Psych
- May involve history, explanation of a diagnosis or treatment, counselling, physical exam, real patients, mannequins, or sims
- You decide which examination you'll be doing, so all stations require a bit of history
- Suggest Ix, Rx, and may need to interpret Ix
- Summarising may be to the patient or examiner

MCQ

- 20 Questions on each discipline
- 3 hour online exam
  - Start studying 2-3 weeks prior
  - Study based on the AMC MCQ Handbook + Memorandums
  - The RCS has three copies



PORTFOLIO

Consists of

- Portfolio Evidence (uploaded to emed)
- Portfolio Essay (1200 words on 3 capabilities)
- 30 min Interview
  - 7 min oral presentation on 3 different grad caps
  - The two examiners will follow up with questions for

clarification regarding your essay, presentation and other submitted evidence in your Portfolio.
    - The examiners will then explore the other two graduate capabilities that were not covered in the written essay or your presentation

Tips
- Gather your evidence throughout the Phase but don't submit until selective
- Write your essay at the start of selective, and your speech after exams

ELECTIVES

Organising Electives
- Very self directed
- Start planning early as some electives like Cambridge need 18 months (but don't panic if you don't)
- Have backup options
- Option of 1x 8 week placement or 2x 4 week placements
- Organised through InPlace

More Information on Electives
- The information is spread across different places
    - UNSW Medicine Program Website
    - SharePoint
    - Phase 3 Guide + Elective Course Guide
- Compulsory
    - Supervisor Report (or equivalent eg practical skills certificate for Mater Dei Hospital)
    - Reflective essay
- Optional
    - MiniCEXs
    - Logbook/ Diary

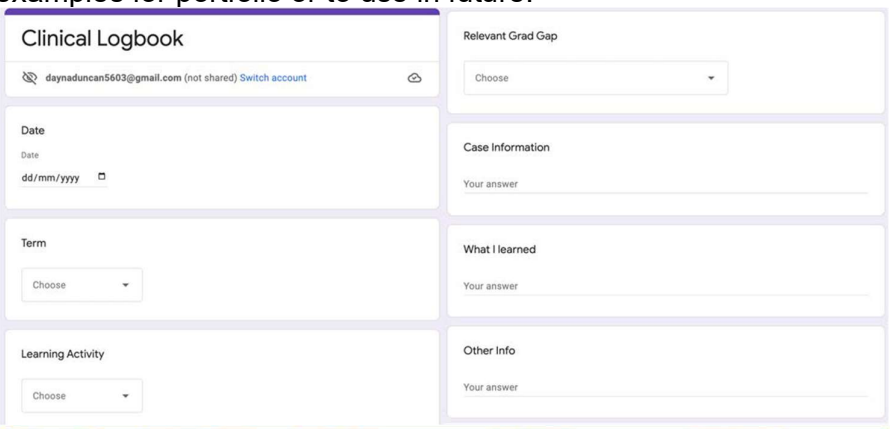
PLACEMENT INFO

Apps and Bookmarks

- eTG
  - For looking up appropriate prescriptions (esp antibiotics)
- UpToDate
  - To read in detail on conditions you're seeing
- AMH
  - To check drug doses, side effects & interactions
- MD Calc
  - For diagnostic criteria e.g. NIHSS Score for stroke or Duke's Criteria for Infective Endocarditis
- Bossnet (Albury)
  - To look
- RCH
  - For paeds, this has all the guidelines you will need
- Any other apps you like and use regularly! (e.g. opioid calculator)

Logbook

Keeping a logbook is optional across courses but it's a good idea to keep one anyway as this will come in handy when writing your portfolio. You can use a similar format to help organise relevant examples for portfolio or to use in future.



Date	Term	Location	Capability	Case Information	What I Learned	Other Information
5/7/2020	ED	ED	Patient Assessment and Management	A 68F came was BIBA following a sudden onset severe headache while sitting on the toilet, associated with vomiting and diarrhoea. The patient had a non-con CT and	This was my first patient on my first day and I was lucky to follow her from arrival to imaging to transfer via plane to Melbourne. It was fantastic to be able to see all facets and elements of this patients journey.	My Consultant ran through all of the red flags of headache as well as the imaging results, how to interpret them and management of this patient both locally and to facilitate transfer to Melbourne. In particular with transfer, we discussed lowering ICP with optimising the position and slowly lowering blood pressure
4/5/2020	ED	ED	Patient Assessment and Management	71 M presents with 9/10 chest pain radiating to L jaw, relieved with aspirin and Gtn	ECG was suggestive of pericarditis due to some ST elevation, RT depression and sloping T waves globally. I was told this is a diagnosis of exclusion, and the plan was serial ECGs and morphine. This case showed me not to jump to conclusions and about avoiding first thought bias as my mind immediately jumped to STEMI	
5/5/2020	ED	ED	Patient Assessment and Management	Mr PN is a 51M who presented to ED following multiple seizures starting 10 days before. I was familiar with this patient from his recent stay in ICU for cardiomyopathy following methadone OD. He had been put on Kepra when he first presented for seizure 10 days before at Wodonga.	This patient on discharge from his previous admission seemed to have poor understanding of the severity of his health problems. It is likely that his deterioration was a result of poor compliance of fluid restrictions and medication regime. This for me highlighted the importance of effective counselling/ communication to prevent recurrent issues.	
5/5/2020	ED	ED	Patient Assessment and Management	Mr HS is a 42 year old male who presented with a one week history of cough and chest discomfort. He had two COVID tests, both of which were negative. He has had 8 or 9 episodes of pneumonia in the past on a background of Allergic Bronchopulmonary Aspergillosis for which he uses ventolin and seretide. He's ad no fevers or headache, his chest was clear and he has a previous smoking history with heavy marijuana use more than 15 years prior. He exercises three times a weeek and is diligent with taking care of his health given his respiratory condition. He lives at home with his father and 17 year old daughter.	This patient seemed clinically very well and his chest was clear to auscultation , so I didn't feel that pneumonia was likely. Given his past experience with pneumonia and insistence on getting a CXR so he could get back to work we did one. Upon viewing he did not seem to have any consolidation appreciable by myself or the ED Reg, radiologist report cited right middle lobe infiltration possibly suggestive of early pneumonia. This showed the importance of listening to the patient and their familiarity with their own body, particularly in chronic illness.	

INTERSHIP APPLICATIONS

NSW Health applications open at the start of May for 6th years to apply for the following year. This is done via the NSW Health Careers Portal and managed through HETI. These close after one month with offers coming out 6 weeks after the application period closes. Offers **must** be accepted within 48hrs - make sure to check your emails regularly.
https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/medical-graduate-recruitment

Applications for other states close much earlier than NSW and often have a lot more requirements. Please look at these in advance if you are interested.

For NSW, there are 4 pathways which are:

- Aboriginal Medical Workforce (AMW) pathway (Indigenous students - 2 year contract)
- Rural Preferential Recruitment (RPR) pathway (2 year regional contract)
- Direct Regional Allocation (DRA) pathway (some outer suburbs hospitals/regional secondments)
- Optimised Allocation (OA) pathway (2 year metro contract with possible regional secondment)

CRITERIA	NSW HEALTH PRIORITY CATEGORY					
	1	2	3	4	5	6
Aus/NZ citizen or Australian PR	Y	Y	Y	N	N	N
Graduates of NSW	Y	-	-	Y	-	-
Graduates of NZ or interstate university	-	Y	Y	-	Y	-
Year 12 in NSW	-	Y	N	-	-	-
Visa Requirement	-	-	-	Y	Y	Y
Graduates of AMC accredited campus outside Australia (UQ Ochsner and Monash Malaysia)	-	-	-	-	-	Y

You can apply via multiple pathways simultaneously with OA being the most common pathway (this is mostly filled by category 1 applicants i.e. Aus citizens graduating from a NSW uni). OA applicants rank all 15 hospital networks and are randomly allocated based on preferences. Most years there is a ‘stack’ of preferences you can follow to increase the chance of getting your 1st preference at the risk that you get a much lower preference. This works by putting the hospitals below the hospital you want in order of how popular each hospital is so it's hard for them to give you the lower preferences you put down and so they give you the first preference more likely. **Do this at your own risk!** For RNS, RPA, POW, Vinnies, St George, you have an almost 0 chance of getting these hospitals if you don’t stack. It is very regular that people get even their 13th or 14th preference out of 15 options! If you want a higher chance of staying in Sydney, you can stack for a less popular Sydney hospital (the popular ones are RNS, RPA, POW, Vinnies, St George).

Network 1	Network 2	Network 3
Royal Prince Alfred Hospital	Bankstown-Lidcombe Hospital	Concord Hospital
Dubbo Hospital	Campbelltown/Camden Hospital	Canterbury Hospital
		Broken Hill Base Hospital

Network 4	Network 5	Network 6
Liverpool Hospital	Royal North Shore Hospital	Hornsby Ku-ring-gai Hospital
Fairfield Hospital	Ryde Hospital	Mona Vale Hospital
Tweed Valley Hospital	Port Macquarie Base Hospital	Northern Beaches Hospital
		Sydney Adventist Hospital

Network 7	Network 8	Network 9
Gosford Hospital	St George and Community Health Service	Prince of Wales Hospital
Wyong Hospital	Griffith Base Hospital	Lismore Base Hospital
	Sutherland Hospital	
	Albury Wodonga Health - Albury Campus	

Network 10	Network 11	Network 12
St Vincent's Hospital	Wollongong Hospital	John Hunter Hospital
Wagga Wagga Health Service	Shellharbour Hospital	Belmont Hospital
	Shoalhaven Memorial Hospital	Calvary Mater Newcastle
		Hunter New England Mental Health
		Maitland Hospital
		Manning Base Hospital
		Tamworth Hospital

Network 13	Network 14	Network 15
Westmead Hospital	Nepean Hospital	Blacktown /Mt Druitt Hospitals
Auburn Hospital	Blue Mountains District ANZAC Memorial Hospital	Bathurst Health Service
Coffs Harbour Health Campus	Hawkesbury District Hospital	
Orange Health Service		

RPR is a merit based pathway for those interested in working at a regional site and this involves a resume, answering 10 short answer questions around why you are a good fit for regional practice, and an interview.

The AMW requires you to provide your connection to country and how you have shown commitment to improving Aboriginal Health. This requires supporting documentation such as referees, or a statutory declaration outlining how and why you identify as indigenous.

All applications require:

- Letter from graduating university
- Proof of citizen ship
- Year 12 certificate (if category 2)

These documents need to be certified by a JP or Notary Public within the last 12 months of application

RPR applicants require:

- Referees
- Resume
- **Applications need to be done for each individual site**