

**MBBS YEAR 5  
GP ASSISTANTSHIP STUDENT GUIDE  
2022-2023**



**COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT  
(CBME)**

**BARTS AND THE LONDON SCHOOL OF MEDICINE AND  
DENTISTRY**

1. GP ASSISTANTSHIP .....	3
2. CONTACTS .....	4
3. PLACEMENT OVERVIEW .....	5
4. INTRODUCTION – WHAT IS THE ASSISTANTSHIP?.....	6
5. PREPARING FOR GP PLACEMENTS .....	8
• Welcome and Wellbeing.....	8
• Risk Reduction.....	8
• Vaccinations .....	8
• Return to Placement Online Modules.....	9
• Student Learning Needs Assessment.....	9
• Setting up Virtual Teaching for remote consultations: telephone & video.....	9
• Examples of possible virtual GP teaching formats: .....	10
• Other Support for GP Tutors.....	10
• CBME Glossary .....	110
6. LEARNING NEEDS .....	10
7. AIMS AND HIGH LEVEL COMPETENCIES FOR MBBS FINAL YEAR .....	12
8. SPECIFIC LEARNING OUTCOMES.....	12
• 8.1 .....	KNOWLEDGE
.....	12
• 8.3 .....	SKILLS
.....	14
• 8.3 .....	ATTITUDES
.....	15
9. TEACHING AND LEARNING ACTIVITIES .....	16
10. ASSESSMENT .....	18
11. EVALUATION .....	20
12. STUDENT WELLBEING RESOURCES.....	20
13. FREQUENTLY ASKED QUESTIONS.....	21
14. Appendices .....	22



## 1. GP ASSISTANTSHIP

This handbook should be used together with the Academic Regulations and the Student Guide.

It provides information specific to Barts and The London School of Medicine and Dentistry (SMD), while the Student Guide gives information common to all students of the College.

The Academic Regulations provide detailed information on all aspects of award requirements and governance.

**NOTHING IN THIS HANDBOOK OVERRIDES THE ACADEMIC REGULATIONS WHICH ALWAYS TAKE PRECEDENCE.**

The School's handbooks are available on QM+.

The Student Guide is available from the SMD Student Office; the Student Guide and Academic Regulations are also available on-line at:

[www.arcs.qmul.ac.uk](http://www.arcs.qmul.ac.uk)

The information in this handbook was correct at the time of printing. In the event of any substantial amendments to the information herein, the SMD will attempt to inform students of the changes.

The College cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this guide

## 2. CONTACTS

The Academic Unit for Community Based Medical Education

(Currently working remotely)

Dr Siobhan Cooke	Clinical Senior Lecturer (Academic Lead)	<a href="mailto:s.d.cooke@qmul.ac.uk">s.d.cooke@qmul.ac.uk</a>
Dr Meera Sood	Clinical Teaching Fellow	<a href="mailto:m.sood@qmul.ac.uk">m.sood@qmul.ac.uk</a>
Ms. Lorane Smith	Unit Administrator	<a href="mailto:l.a.smith@qmul.ac.uk">l.a.smith@qmul.ac.uk</a>

Academic Unit for Community Based Medical Education  
Institute for Health Sciences Education  
Barts and the London  
Queen Mary's School of Medicine and Dentistry  
Garrod Building,  
Turner Street,  
London E1 4AD

Please see below contact information for the Year 5 Administrator, Lorane Smith, who is available for any queries. Please contact Lorane for any problems concerning the attachment **IN THE FIRST INSTANCE.**

[l.a.smith@qmul.ac.uk](mailto:l.a.smith@qmul.ac.uk)

### 3. PLACEMENT OVERVIEW

1. *AIM OF GP ASSISTANTSHIP :*

By the end of the 8 weeks students should be **thinking and acting like a generalist**: be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.

2. WHAT TO EXPECT :

- **Intro session and induction**
- **Regular Student Surgery sessions** with feedback (3 – 4 per week): combining virtual and face-to-face patient contact
- **Backroom practice work** – Chronic Disease Reviews, Administrative work, Medication reviews and prescribing, Covid and QOF follow-up
- **Professional shadowing** – sitting in with GP or members of the MDT and assisting.
- **One GP-based Tutorial session per week** - approximately 90 to 120 mins in length
- **Working as part of the Practice Team** - attending appropriate meetings, learning from various team members
- **Self-Directed Learning sessions** (2 per week) - to allow time for assessment work and general learning
- **Central Teaching** – Attendance at 4 Core Case Tutorials, DATE, BBN, Intro and Closing Days and virtual hospital morning.

3. ASSESSMENT

<b>Assessment item on PebblePad</b>	<b>Deadline</b>
<i>Mini Cex x 2</i>	<i>1 completed by Week 4 and 2<sup>nd</sup> completed by Week 8</i>
<i>10 x Patient feedback forms</i>	<i>5 completed by Week 4. 5 completed by Week 8</i>
<i>Midway Assessment at Week 4</i>	<i>Review of progress, 1 x mini cex, 5 x patient feedback forms. Student feedback form to be completed</i>
<i>Patient Case and Reflection</i>	<i>Completed by Week 8</i>
<i>Practice Project</i>	<i>Progress to be reviewed at Midway Review, completed by Week 8</i>
<i>Significant Event Analysis</i>	<i>Completed by Week 8</i>
<i>Assessment of Professional Attitude and Conduct Form</i>	<i>Week 8</i>
<i>Overall Tutor Assessment of Performance</i>	<i>Week 8</i>

## 4. INTRODUCTION – WHAT IS THE ASSISTANTSHIP?

Welcome to the 5th Year GP Assistantship attachment 2021-22.

### (1) The GP Assistantship:

Our overall aim is *"to help all students to become better doctors, irrespective of their current career preference or eventual career choice."* During the GP Assistantship we are stressing the importance of students **being actively involved in patient care** as members of the clinical team. We aim to ensure students are immersed in General Practice and Primary Care in all its facets and **develop independent practice** whilst learning good medicine in that context. The focus is on **THINKING AND ACTING LIKE A GENERALIST**: by the end of the 8 weeks students should be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision. We hope you will find it an interesting and stimulating experience. The General Practice placement is an integral and compulsory part of the curriculum.

### (2) Covid-19 Pandemic – adjusting to a dynamic situation

We were all caught by surprise by the immense and ongoing changes brought by Covid-19. Your GP Tutors will be aiming to involve you in as many aspects of patient contact as possible – be that remote – by telephone or video - or face to face. We will support you and the GP Tutor in these **endeavours** – via our training events, drop in sessions and [Virtual Teaching Using Remote Video Calls In Primary Care](#) website below:

<https://sites.google.com/view/cbme-videoteachingwebsite/checklists-for-tutors-and-students>

As **Student Assistants** you will prove to be very valuable in your work following up patients experiencing Covid-19 as well as patients with ill health whose care has been interrupted or delayed due to the effects of the Covid-19 pandemic on routine NHS services. You will also support chronic disease management work which was put on hold during the height of the pandemic. You will need to experience and learn about the involvement of all those working in community- based healthcare including the early discharge team, primary healthcare nursing teams, community pharmacists, home nursing and community rehabilitation.

**The supervision and role modelling your GP Tutor and their team will provide you will be essential to your preparation for practice at this challenging time**

### (3) Expectations of the GP Assistantship

What you can expect from your GP tutor (& CBME/Medical School):

- The GP Tutor will arrange an introduction and induction to the module
- The GP Tutor will conduct a Learning Needs Assessment (including risk assessment and 'we need to talk about Covid') at the start of the placement, a Midway Review at Week 5 and then an end of module Assessment at Week 8.
- You will be supported by your GP Tutor at all times through the placement
- The GP Tutor should be contactable and be present on days you are in practice (or have arranged appropriate supervision with another GP)
- The GP Tutor will aid you in passing the module and completing assessments
- CBME/Medical School will be available to contact for help and support if you or your GP Tutor needs **this** at any point throughout the module.
- CBME/Medical School will provide you and your GP Tutor with the information and materials needed for the module.

- CBME/Medical School will facilitate Central teaching (Intro Day, Closing Day, Core Cases and Hospice Day)

What the GP tutor can expect from you:

- 100% attendance
- Engagement with the module and assessments
- Professionalism
- To be informed early if there are any concerns or issues

What CBME/Medical School expects you:

- Attendance is expected to be 100% (face to face or online as appropriate), less than 90% will require remediation.
- There is an expectation that you will communicate promptly and fully with the GP Tutor and University if you are unable to attend for any reason.
- Full attendance with Central teaching – Intro Day, Closing Day, DATE/BBN, Hospice Morning and all 4 Core Cases.
- Engagement with the module and assessments
- Professionalism
- To inform the University early of any issues with the placement.



## 5. Preparing for GP Placements in the time of Covid 2021-22

### 1. WELCOME & WELLBEING

The last 2½ years – in particular the **pandemic** and **other global events**- have had a complex, and unique, impacts on us all. For you, this meant a sudden switch to online learning, a reduction in direct patient contact and tutor and peer support. For all of us there has been and continues to be a great deal of uncertainty.

We have asked your GP Tutor to do the following:

- ✓ Set aside early **time to talk to each student about your** experiences, expectations and needs.
- ✓ **Share their experiences** over the past few years
- ✓ Support you to ***SPEAK UP*** if you experience or observe situations that worry you.

### 2. RISK REDUCTION – local arrangements

We have all learned much about reducing COVID 19 transmission and risk of serious illness over the last year. We know each GP practice has developed a local approach based on specific context.

**We have asked your practice to review their local risk reduction policy and to make it clear to students before** you start placement, this should involve:

- ✓ Testing requirements if required
- ✓ PPE & mask wearing and how this communicated to staff and students
- ✓ Ventilation and flow arrangements
- ✓ Adjustments for the very few students with specific risks

### 3. VACCINATIONS

COVID-19 vaccinations remain voluntary in the UK. The medical school, in line with other institutions, is not compelling students to be vaccinated. We hope that as health care professionals you will have been vaccinated with other primary care workers where possible.

- ✓ Your GP Tutor may ask you **about your vaccination status**
- ✓ All students must undertake an **online Vaccine Confidence module** focusing on individual narratives, and fact verification skills rather than assumed informational deficit.
- ✓ We have asked your GP Tutor to offer you a **Flu Vaccine** – Under government guidance **Students are designated essential workers should be treated as staff for flu and COVID-19 booster programmes**
- ✓ **Any concerns or questions - Please contact the CBME Module Lead or Administrator .**

### 4. You must remain up to date with your knowledge in Infectious diseases and Infection control: – make good use of the resources available

9. Barts and The London School of Medicine and Dentistry

All students have access to pre-placement online modules covering key topics such as: Covid-19 essential background; Infection control; Hand hygiene; PPE; Resuscitation, Self-care; Intro to video consultations

Student will find these on QMPlus learning environment

## **5. Return to Placement Online Modules**

All students should have complete a pre-placement online module covering key topics such as: Covid-19 BMJ essential background; Infection control; Hand hygiene; PPE; Resuscitation, Self-care; Intro to video consultations

## **6. Student Learning Agreement & Student learning needs assessment**

The Student Learning Agreement (separate document) lays out the responsibilities that students, their supervisors, host GP practices and the medical school have to each other. It emphasises the mutual roles of learners and teachers for a successful clinical placement, that maintains safety for all.

## **6. Setting up Virtual Teaching for remote consultations: telephone & video**

We have developed a new [CBME Virtual Teaching](#) website to enable you and your GP tutor to include to virtual teaching and remote consultation into GP placements.

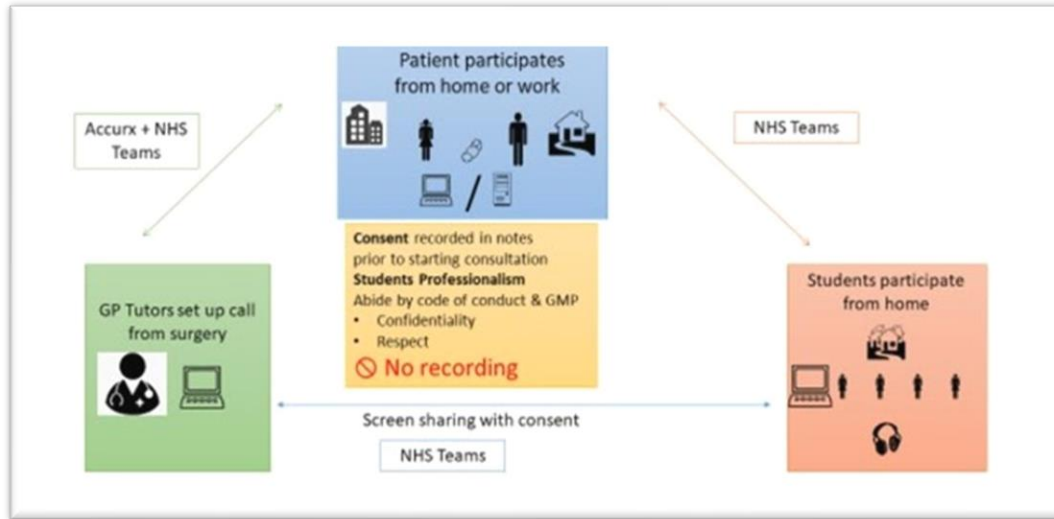
This website contains information on how to:

- Set up the [IT](#), gain [Consent](#) from patients and consider the [Confidentiality](#) issues associated with this new way of teaching and working.
- Plan and deliver virtual clinical supervision of **REAL GP CONSULTATIONS**
- Use a 3-way consultation over AccurX to allow students to 'shadow' those clinicians remotely or conduct a supervised consultation (which may be observed by peers with patient consent).
- Invite students to virtual tutorial on M/S Teams.

The application of virtual technology will vary amongst practices and will be influenced by multiple factors. By having virtual teaching as an option we hope that this will mitigate any limitations and enhance learning experience during the pandemic and a possible future lockdown.

### **Examples of possible virtual GP teaching formats:**

1. Remote consulting: Students consulting with patients via telephone/video clinics – with virtual supervision from GP tutor (3-way set up facility via Accurx)
2. Shadowing: Students observing /participating in GPs clinic using 3-way set up via Accurx facility via AccuRx.) This would all be under supervision of their GP Tutor.
3. Set up [tutorials including role-play](#) on MS teams



#### Examples of possible hybrid (virtual + F2F) GP teaching formats:

1. Student surgeries (hybrid):  
3-4 patients per clinic – Remote consultations + F2F ([3 way phone calls](#) /video calls booked + a slot for a F2F + review and supervisor).

#### Examples of possible of F2F GP teaching formats

1. F2F: Students calling in their own F2F patients if needed, after discussion with a GP about whether the patient needs to be seen in practice.
2. F2F: Other GPs in the practice triaging and calling in patients suitable for students to see.

#### What else can students take an active part in?

- **Tutorials:** This may follow any format the tutor wishes. It could be an opportunity to do a joint virtual complex care review in a patient led tutorial. Via MS Teams
- **Virtual Care Home WR** – this could be done jointly with an ANP or GP, continuity would be key and it would be ideal for students to undertake this weekly.
- **Virtual Home Visits – via AccurX.** If it is feasible for Home Visits with PPE if a GP tutor is going out to a visit.
- Involvement in MDT/SEA/Practice Meetings – via MS Teams or in person (if social distancing permits).
- Students can work with different GPs in the practice, nurses, advanced nurse practitioners, paramedics, social prescribers and pharmacists etc.

#### CBME Glossary

- **Remote consultations** are video and telephone consultations
- **Virtual teaching** - is anything that is not F2F
- **Virtual supervision** is a form of virtual teaching where student is directly involved in patient contact (remote or F2F) - where the GP tutor is supervising via technology
- **E-consultations** - are emails consultation via the web

## 6. LEARNING NEEDS

This handbook is a guide to the course. You will learn most from the direct experience of Primary Care. Try to discuss your personal learning needs with your GP Tutor, early in the attachment. A lot of the time will be spent in **one-to-one** learning between yourself and General Practitioners or other Health Workers. This teaching will to some extent be opportunistic since it will depend in a large part

on the particular patients who consult during your placement. This can be very enjoyable for both parties provided that you take every opportunity to learn by questioning and by doing.

You should use the specific learning outcomes in the student guide and other core documents from Year 5, including the practical procedures log book, to guide learning. You may find it useful to read the document “Outcomes for Graduates<sup>1</sup> and review the Medical Licensing Assessment Competencies (See Appendix 1) ”

## INTRODUCTORY TUTORIAL CHECKLIST

You may find the following check-list helpful for use during the Induction session with your GP Tutor:

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, how you can contact the Practice and Tutor if they are delayed or ill (such as mobile numbers or bypass phone lines)
  - **Learning Agreement & Learning Needs Assessment:** ensure both you and your GP Tutor have discussed responsibilities
  - **Timetable** - an outline of the schedule during the placement
  - **Assessments** – discuss what you are expected to complete, and when this should be done.
  - **Learning opportunities at the Practice** - this may include GPs with Special Interests, Protected Practice Learning times or teaching sessions, special Community Clinics, and Nursing Home ward rounds amongst others.
  - **Log Book of Practical Procedures and Clinical Skills** - go through this with your GP Tutor and agree the best approach to covering the relevant procedures and skills in Primary Care .
  - **Specific Learning Needs and Outcomes** - discuss your learning needs and consider the learning outcomes specific to this placement. This will help inform Tutorials and Self-Directed Learning time.
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## 7. AIMS

"To help all students to become better doctors, irrespective of their current career preference or eventual career choice".<sup>2</sup>

By the end of the 8 week Assistantship you should be **thinking and acting like a generalist**: be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.

We aim to provide an immersive placement in General Practice and Primary Care in all its facets, and to help you experience independent practice whilst in a safe learning environment. You should be included in the practice team and **have every opportunity to assist the team** in real patient care with training, support and supervision.

### High Level Competencies for MBBS final year

1. Can assess patients who are acutely unwell and with long-term conditions
2. Can apply appropriate practical skills together with critical thinking and professional judgement to clinical encounters with patients
3. Can demonstrate an understanding of the healthcare environment and participate adaptively in the work of the healthcare team

## 8. SPECIFIC LEARNING OUTCOMES

### 8.1 KNOWLEDGE

You will be expected to acquire clinical knowledge in areas of medicine particularly relevant to community-based practice. The following list is not exhaustive or exclusive, however can be used as a guide during the placement.

#### HEALTH PROMOTION AND ILLNESS PREVENTION

- Identify the benefits and problems of early or pre-symptomatic diagnosis.
- Understand the need to identify high risk groups in General Practice.
- Consider the importance of Health Education in Primary Care.
- Consider methods of Disease Prevention and Health Education within the Community setting including screening.

#### DATA GATHERING AND DECISION MAKING <sup>3</sup>

To acquire assessment and management strategies for the following common issues:

- Common symptoms and presentations (e.g. back pain, abdominal pain, headaches, chest pain, vaginal discharge, lethargy, dizziness)
  - Common infections (e.g. respiratory tract infections, viral illnesses of childhood, urinary tract infections)
  - Ischaemic Heart Disease, Hypertension and Heart Failure
  - Asthma and COPD
13. Barts and The London School of Medicine and Dentistry

- Depression and Anxiety
- Osteoarthritis
- Common skin conditions including Eczema and Psoriasis
- Diabetes and Thyroid Disease
- Routine Antenatal care
- Demonstrate counselling for different contraception types, and Termination of Pregnancy.
- Understand special concerns and considerations around sub-fertility and describe referral options.

Also, to include acute and new presentation in primary care:

- Cardiac pain
- New onset Diabetes Mellitus
- Shortness of Breath
- The Unwell Child

### **MANAGING MEDICAL COMPLEXITY <sup>3</sup>**

- Enable people living with long-term conditions to improve their health
- Learning to manage multiple health problems within an individual patient
- Adopting safe and effective approaches for patients with complex needs

### **COMMUNITY ORIENTATION (Including OOH and Palliative Care)**

- Understanding the health service and their role within it
- Build relationships within the communities in which they work
- Understand the role of informal carers in the community.
- Understand the relationship between Primary Care, Secondary Care, Social Services, and the Voluntary Sector.
- Compare and contrast the differences between General Practice and Hospital based practice.

### **OUT OF HOURS CARE**

- Understand why patients access health care in an urgent manner.
- Consider the difference in the Doctor-Patient relationship in the OOHs setting, as well as the differing challenges.
- Appreciate the potential clinical risk in unsupported settings, as well as the undifferentiated presentation of illness out of hours and to understand the patient pathways in accessing healthcare out of hours.
- How access to out of hours care has changed during the Covid-19 pandemic.

### **PALLIATIVE CARE**

- Consider team working in End of Life Care.
- Identify examples of End of Life decision making.
- Explain common problems and solutions around pain control, drug choice, and drug administration including syringe drivers.
- Consider the role of Funeral Directors and support for bereaved families.
- Consider relevant details regarding rituals for death management, and legal aspects of Death Certification and cremation, including changes to death management following the Covid-19 Pandemic.

### **LEARNING AND TEACHING <sup>3</sup>**

- Continuously evaluating and improving the care provided

- Adopting a safe and scientific approach to improve quality of care
- Knowing limits and asking for help
- Supporting the education and development of colleagues

### **LEADERSHIP AND TEAMWORK <sup>3</sup>**

- Understand the role of each member of the Primary Care Team in the care of patients and their families.
- Consider the skills and responsibilities of individual team members, both within the Surgery and with continuing care at home.
- Working as an effective team member
- Coordinating a team-based approach to the care of patients
- Applying leadership skills to improve your organisation's performance

## **8.3 SKILLS**

During the GP attachment you will have a chance to observe and learn from experienced clinicians, and consider how they practice the science and art of medicine in a Primary Care context.

You will also have the opportunity to develop your own skills both in clinical areas, and in communication with patients and colleagues.

### **CLINICAL PROCEDURES**

You should refer to the Year 5 Practical Procedures and Clinical Skills Logbook which includes many of the following common techniques. A number of these are listed below;

- Examining the Eyes including fundoscopy
- Examining the Ears, Nose, and Throat including syringing ears and otoscopy
- Measuring baseline physiological observations including temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output.
- Carrying out Peak Expiratory Flow Respiratory Function Test
- Testing Urine - dipstick and pregnancy tests
- Measuring Blood Glucose on a meter
- Performing a Vaginal examination and taking a Smear Test
- Examining the Breasts
- Performing a Rectal examination
- Performing Intramuscular, Intra-dermal, and Subcutaneous injections
- Examining the Musculoskeletal system - including the back, knees, and shoulder joints
- Examining a child

You will need to manage your own risk with agreement with your GP tutors in taking part in these procedures and should wear appropriate PPE, in the light of the Covid-19 pandemic.

### **COMMUNICATION SKILLS**

Skills and techniques should include some of the following;

- Develop communication skills in remote consulting, both telephone and video consultations
- Explaining how to use devices for the treatment of Asthma
- Advising and instructing on the use of Contraceptives

- Taking an Alcohol and Smoking history
- Communication between Doctors and other Health Professionals regarding Patient Care
- Communication across the Primary and Secondary Care interface
- Discussion of follow up management with Doctors, Patients, and Carers
- Discussion of risk potential and expressing perceptions of risk

## PRESCRIBING

- Illustrate the requirements for Prescribing in General Practice
- Demonstrate the importance of, and problems with patient adherence to therapy
- Identify the clinical risks associated with poly-pharmacy and drug interactions
- Identify the role of Community Pharmacists in patient care including, medicine usage and understanding, concordance, dispensing rules, and regulations including Controlled Drugs

## 8.3 ATTITUDES

### ETHICS

#### **Fitness to practise**

- Demonstrating the attitudes and behaviours expected of a good doctor
- Managing the factors that influence performance

#### **Maintaining an ethical approach**

- Treating others fairly and with respect and acting without discrimination
- Providing care with compassion and kindness

#### **Communication and consultation**

- Establishing an effective partnership with patients
- Maintaining a continuing relationship with patients, carers and families

### MAINTAINING A HOLISTIC APPROACH

- Understand the effect of illness on the community.
- Demonstrate the importance of the family as well as the cultural, socio-economic, and psychological background on the management of patients and how they present in General Practice.
- Engage in the care of patients within the Practice.
- Appreciate that uncertainty exists in Primary Care, and consider how to minimise the risk to Patients, Carers, and the Doctor.

### THE DOCTOR-PATIENT RELATIONSHIP

- Demonstrate Professional Behaviour when undertaking independent tasks.
- Value and practise good Communication Skills.
- Analyse the nature of the Doctor-Patient relationship, and how this relationship is used whilst interacting with patients.
- Appreciate how the Doctor's own views, feelings, and life experiences can influence patient care, and consider how this should be managed.
- Demonstrate the importance of making decisions in Partnership with colleagues and patients.



## 9. TEACHING AND LEARNING ACTIVITIES

You will need to experience the breadth of Primary Care Medicine, and increase your understanding of the holistic approach to care in the community. You should undertake a mixture of tasks in order to improve your communication and clinical skills.

### CENTRAL TEACHING & CORE CASES: ON-LINE

First (Intro Day) and Last (Closing Day) days of the block. The Introductory morning includes an orientation to GP placements in the new environment.

Closing day includes an ethics lecture and discussion of ethical cases on the placement.

**Core Cases: on-line fortnightly** – You are required to work through and complete clinical scenarios (including self-directed learning of Year 4 work) and applied ethics for Year 5. You will do this in self-directed time and be supported virtually by central GP tutors during week 2, 4, 5 or 7 and 8. Please discuss your core case tutorial times with your GP Tutor within the first 2 weeks of the placement. If there are any teaching clashes between your GP placement and the core case tutorials, please make sure to discuss this with your core case tutor and GP tutor early so that these can be resolved.

### STUDENT SURGERIES

During this placement you are required to see and assess patients independently and then discuss the management and prescribing needs with your GP tutor. This should include regular sessions to see 'your own' patients. The supervising GP should always make their own assessment of the patient and will need to prescribe any medication required. This experience represents independent practice in a safe setting. As a result of the move to remote consultations during the Covid-19 pandemic, we would expect that you will conduct consultations by telephone, video and face-to-face. We would expect that you would have 3-4 consultations per student surgery. We would NOT expect you to have the same number of consultations as any postgraduate doctor F1/2 or GP trainee and all consultations must have all diagnostic and management decisions agreed at the end of the consultation with the supervising GP.

Practices should have a reasonable proportion of face-to-face consultations in surgery sessions and you should take every opportunity to do face-to-face consulting to practice clinical and communication skills in preparation for becoming a Foundation doctor. On occasion you may work in pairs. When this happens, one should consult whilst the other observes, takes notes, and gives feedback to your colleague at the end. This supports independent practice and the development of skills in giving professional feedback.

We expect you to be involved in consultations and observing consultations in patients presentations which involve child and adult safeguarding. We would expect you to learn about report writing in these cases but they should not be responsible for any reports sent to external agencies. Written reports are the direct responsibility of the supervising GP and the Child Safeguarding Lead in the practice.

### SELF-DIRECTED LEARNING

You are expected to learn independently as part of their time in Primary Care, and will undertake an individual or shared project during the placement. It is appropriate for you to use self-directed study time for both the completion of assessed work, and to follow up learning from patient contact.

## **SMALL GROUP TUTORIALS**

Tutors should arrange at least one Tutorial a week for the group of students at the Practice. These should cover the breadth of Primary Care learning, and consider your learning needs. There are specific placement objectives outlined above which may provide a useful guide. Your tutorials are likely to include case based discussions from patients you have seen and the learning from the patient cases?

## **ASSISTANTSHIP & PROFESSIONAL SHADOWING**

This is a GP Assistantship and we would encourage you be involved in chronic disease management as much as possible and also develop experience of e-consulting in this area. This is particularly vital work in GP practices as chronic disease management programmes re-start following the height of the Covid-19 pandemic.

'Sitting in' is not the main aspect of this placement, some time can be spent 'sitting in' with or shadowing members of the Primary Care Team. Particularly relevant experiences include District Nursing, Community Pharmacists, Palliative Care Specialist Nurses, and Practice Nurse Clinics specialising in Chronic Disease management.

Where possible this should involve active participation, this may include you acting as flu vaccinators and or reflecting and summarising what they have learnt.

## **HALF DAY VIRTUAL MORNING IN PALLIATIVE CARE**

This session has been arranged by St Joseph's Hospice. s

It consists of a virtual half-day session facilitated by Palliative Care Specialists, and you will be informed of the date.

All students including those on self-organised GP placements will be expected to attend this session and notify the GP 5 Administrator, Lorane Smith, [l.a.smith@qmul.ac.uk](mailto:l.a.smith@qmul.ac.uk), if you are unable to attend..

## **OUT OF HOURS CARE**

We are not arranging an out of hours session for you on this GP placement. We are asking you to complete written work on the interface between Primary and Secondary Care and the lived experience of patients trying to access care out of hours. If practices are offering extended hours or are working as a GP Out of Hours HUB with the GP Tutor then GP Tutors can offer students the opportunity to attend these sessions. These sessions are optional and would not replace core GP placement teaching.

You should consider how risk is managed by Clinicians seeing patients without access to notes, without continuity of care, and without the tests available in A&E. You should complete a coordinate my care plan during the placement and discuss DNAR decisions and particularly informing all agencies involved in patient care out of hours.

<https://www.coordinatemycare.co.uk/>

## **PRACTICE BASED PROJECT**

You will be expected to work in pairs during the placement on a short Practice Based Project (if you are placed individually in a Practice you should work on their own). The subject and type of project can vary but should be related to an area of Primary Care where a team approach to care is needed. We would encourage you to focus on aspects of leadership, or teaching within the practice.

A topic for the project should be agreed with the GP Tutor, and you are encouraged to develop your own ideas, whilst considering the needs of the Practice. There is no set type of project, and options include a quality improvement project, audit, a patient survey, a leaflet, or a poster. The GP Tutor will assess and grade the project at the end of the placement. You should be given the opportunity to present their project to the practice team.

We hope that the project will provide an opportunity for you to learn, as well as allowing the Practice to positively impact patient care. **The practice project can also be submitted for the North East London Faculty RCGP prize. If students would like to submit their project for this prize, they should contact the Prizes Coordinator, Stephanie Wigg, [s.wigg@qmul.ac.uk](mailto:s.wigg@qmul.ac.uk) or Dr Siobhan Cooke, [s.d.cooke@qmul.ac.uk](mailto:s.d.cooke@qmul.ac.uk)**

## **PATIENT CASE AND REFLECTION ON PROFESSIONAL PRACTICE PRINCIPLES**

This task consists of a reflective case write-up followed by a discussion between yourself and your GP Tutor about the issues raised. Both aspects of the task are important and contribute towards the assessment. The write-up should be now more than 1000 words long, including a short case summary of no more than 300 words.

The patient chosen should have complex needs such as Palliative Care, or a high risk of admission. You must show reflection on two of the GMC "**Duties of a Good Doctor**" criteria.

**At least one of these principles should be either "Relationship with Patients" or "Working with colleagues"**. Once the cases have been marked Tutors should arrange for the learning outcomes to be shared and discussed in a group session, to encourage peer review and learning.

## **10. ASSESSMENT**

There will be **COMPULSORY ASSESSMENTS** throughout the placement, and grades will be assigned by the GP Tutor after consultation with others in the Practice who have been involved in teaching.

A full summary of all assessments required for this placement is shown below;

- Mini-Clinical Evaluation Exercise (Mini-CEX) - Two of these are required for each student during the placement. One should take place during Week 1, and the second should take place before Week 8. PLEASE NOTE: grades for the Mini-CEXs DO NOT need to be uploaded on to the online assessment form, or submitted to the Medical College. After the assessment a copy should be given to the student for their records.
- Patient Feedback Forms – 10 patient feedback forms to be completed through the placement. 5 should be completed by week 4 and feedback should be reviewed by the GP tutor at the midway assessment. The remaining 5 forms are to be completed by the end of the placement and reviewed as part of the sign off. The patient feedback forms will be available on QM+ you are able to print off the forms, email them to patients or use the google docs link to text it to patients.

- We would like GP Tutors to undertake a 'Midway Assessment' at Week 5. This is to include a review of 1 x MiniCEX and the 5 returned Patient Feedback Forms (as above). This assessment can be used as a check point to review the students log book and to discuss with the student how the placement is going. If there are any concerns at this Midway Assessment they can be discussed with the Year 5 CBME team. You will be asked to complete a mandatory JOT feedback form for your placement so far this will be available on pebblepad.
- Patient Case and Reflection on Professional Practice Principles - Please see activities above.
- Practice Based Project in pairs - Please see activities above.
- Significant Event Analysis – write up and discussion in SEA team meeting. SEA template is available on QM Plus but you are welcome to use the standard template used by your practices.
- Assessment of Professional Attitude and Conduct - Online Form to be submitted by the GP Tutor at the end of the Placement.
- Overall Assessment of Performance - Online Form to be submitted by the GP Tutor at the end of the Placement.
- Please note it is your responsibility to ensure that they have completed all the assessments with the GP tutor on Pebblepad by the last day of the placement.

The overall grades will range from **Commended, Pass, and Referred**. The latter should be awarded if attendance has been unsatisfactory without an appropriate reason, or if poor performance warrants it.

Significant periods of absence will be notified to the Unit Convenor and may lead to you repeating the block and refused entry to Finals or Graduation.

### **STUDENTS RECEIVING A REFERRED GRADE:**

If you receive a Referred grade (considered to have particular difficulties needing support) you will be asked to meet with the Unit Convenor for a further discussion.

### **STUDENTS ON SPLIT PLACEMENTS**

Some of you have chosen to split your placement between two Practices. This provides the opportunity to compare General Practice between two different Practice populations and demographics, and is an option we support and encourage for this block.

The learning outcomes and activities are the same for you, and the assessments are equivalent. Specific requirements for two three-week placements are shown below;

- One Mini-CEX should be completed in each placement.
- The Patient Case and Reflection on Professional Practice Principles should be completed during the second placement.
- The Practice Based Project should span both placements and should focus on an aspect that compares the two Practices.
- Significant Event Analysis – write up and discussion in SEA team meeting during either placement.
- Patient feedback by the end of the second placement.
- An Assessment of Professional Attitude and Conduct Form should be submitted by each Practice.
- A separate Overall Assessment Form should be submitted by each Practice, this will be the case for split placements as well.

## 11. EVALUATION

The process of evaluation is vital to help develop teaching activities, and the learning experience.

During the final session, **before being assessed by the Tutor you should complete an Online Evaluation Form**. The URL will be emailed to both the Practice contact and to you a few days before the end of the placement. If you are on split placements you should complete the whole form twice, once for each placement these are available on pepplepad.

The information provided by these anonymous forms is entered on to our database. Practice-specific needs are then generated and emailed to the Practice a few weeks after the end of placement once your grades have been received and logged. This helps guide teaching activities in the future and we value and act on your feedback.

More general evaluation reports are sent to Practices at the end of the Academic Year providing a general overview of feedback from the year.

At Medical School level, the evaluation results also inform the development of the module, and the continuous improvement of the Undergraduate Primary Care experience.

## 12. STUDENT WELLBEING RESOURCES

IHSE Student Support  
[smd-student-support@qmul.ac.uk](mailto:smd-student-support@qmul.ac.uk)

BMA Counselling Service  
<https://www.bma.org.uk/advice-and-support/your-wellbeing#wellbeing-support-services>

Practitioner Health Programme  
<https://www.practitionerhealth.nhs.uk/trainee-doctor-and-dentist-s-support-ser>

You Ok Doc?  
<https://youokaydoc.org.uk/>

## 13. FREQUENTLY ASKED QUESTIONS

### **Where are the assessment forms?**

These are under the assessment section on the GP Assistantship section of QMPlus and on Pebblepad.

### **Is the Patient Case and Reflection Task marked centrally like previous SSCs?**

No. The Patient Case and Reflection Task is marked by the GP Tutor. A discussion between the Student and the Tutor about the Professional Principles outlined in the case also contributes to the overall grade.

### **Are the Mini-CEXs marked?**

Yes. They are marked by the GP Tutor however the marks are not uploaded onto the central online system. Students are expected to complete two Mini-CEXs during the placement; one during Week 1, and one before Week 8 (or one Mini-CEX per placement if you are doing a split placement).

### **Can I see patients on my own?**

Yes, indeed this is expected. You should be able to see and manage a lot of the problems that present in a safe and supervised manner. You should always check the management you're your supervising GP before the patient leaves. The GP Tutor remains clinically responsible for the patient so will decide how independently you can work safely. You are not able to legally issue prescriptions but can either write 'shadow' prescriptions, or prepare a prescription for a qualified doctor to sign. This practice in writing prescriptions is important practice for the Prescribing Safety Assessment early in 2023 and for your future work as Foundation doctors.

### **Can I take time off for other activities?**

Time off is subject to the normal College Policies. This includes attendance at Academic Conferences, religious requirements, and other special leave requests. These policies are available from QMPlus and the Student Office. CBME will inform GP Tutors about the few exceptional days that you may have to miss due to central exams or teaching (e.g. SJT, PSA).

### **Who should I inform when unwell?**

In no circumstances should you attend if unwell and if you have symptoms of COVID-19 you must arrange a test and isolate according to the guidance current at the time. Please see the Student Learning Agreement for more information.

Make sure you know how to contact key people at your Practice out of normal opening hours if needed. Either take your GP Tutors mobile numbers for yourself or the Practice Manager, or the 'bypass' number for the Practice. If you are ill you are expected to inform whoever is supervising you at the Practice as soon as possible, and to keep them informed of how long you are likely to be away. You will also need to follow the usual process of keeping the Student Office informed through Tom Schindler at t.schindler@qmul.ac.uk.

Should you sustain a needle stick injury whilst on placement in the Community, you are advised to access emergency treatment via local services. If there are no clear guidelines then you should attend your nearest A&E as soon as possible for assessment and treatment. Please also contact

the CBME Admin Team urgently, who will direct you to Occupational Medicine at Mile End for follow up.

### **Where are the plenary days held? Is there a timetable?**

The 'Intro Day' and the 'Closing Day' will be held virtually, online. You will be sent links on QM Plus. Timetables for these days are shared on QMPlus.

The virtual 'Intro Day' will provide an orientation to GP placements run by Dr Cooke and Dr Sood and should finish by 4pm.

The 'Closing Day' begins with an Ethics Lecture at 10am followed by break out groups. The morning usually ends by 1pm

### **What are the details for the Online Core Cases?**

You will complete 4 clinical scenarios every two weeks over the 8-week placement in order to discuss applied ethics and professionalism from Year 5. Every two weeks you will have a virtual group tutorial with your central GP tutor to discuss the issues around the case.

## REFERENCES

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1. General Medical Council. Tomorrow's doctors. Outcomes and standards for undergraduate medical education. London: General Medical Council; 2009. Available from: [http://www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors\\_2009.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp)

General Medical Council (2018). Outcomes for graduates. London: GMC

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>

## Appendix

1. <https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map>