



Quality Assurance Guidance for GP Placement Providers

**Community-Based Medical Education
(CBME), MBBS Programme, London**

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1. About this handbook

The CBME department has prepared this guidance to support our GP partners in delivering high-quality clinical placements to our undergraduate medical students. It also aims to support placement providers in meeting GMC standards linked to clinical placements.

We recognise the importance of GP placements in giving students practical experience in preparing students for clinical practice. The guidance in this handbook is intended to be used alongside module handbooks for those involved in GP placements to help with planning and delivery. It also includes important information about the Medical School's processes and policies, which placement providers may need to reference.

We recognise that for you as a placement provider, there are assurances that are required from us as a department but also as a Medical School. This is also included in this handbook for your reference.

2. Foreword from the Head of CBME

Each year the CBME team place 1000s of medical students at 100s of primary care placements, across Northeast London and beyond. Our teaching in most academic years, is enhanced by university-based teaching delivered by GP educators. The vast majority of those placements are a positive experience for tutors and students as evidenced by the high approval ratings our students give to primary care teaching and the loyalty and enthusiasm of our tutors, many of whom have taught for us for decades. However, there are problems occasionally, students raise issues about their experience on placement and tutors have concerns about students.

Our aim with this Quality Assurance Guide is to share what we have learnt in dealing with these issues; provide guidance on what practices can do to prepare for students, how to get help if you need it, how to inform us if you have a problem at the practice, how to let us know if you are concerned about a student. We want to help practices and tutors to continue to provide excellent primary care teaching.

3. Contacts List

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4. Patients' Rights

The professional learning environment is very important for students' development and patient safety. Patients should be safe, their care and experience should be good, and education and training should be valued.

Patients' rights need to be respected, and in line with GMC guidance, placement staff involved in training students should be aware of the following:

- Patients should be informed via accessible formats that students are present for learning at the site. This should also include information about their right to object to the involvement of students without prejudice to their care. CBME can provide resources to aid in supporting this.
- Where students for example are present in consulting rooms or observing treatment, specific consent should be obtained from the patient to make sure that they are comfortable having a student present. This consent should be obtained by the doctor or other registered healthcare professional responsible for the treatment.
- As part of the consent-taking process the doctor, or other healthcare professional, should explain to the patient the student will be supervised at all times and emphasise that they are part of the clinical team. Students should have the opportunity to observe this process.
- Students with appropriate clinical experience may, under supervision, be responsible for the consent process. For further information, please refer to [Decision making and consent](#). However, students should not take written consent for any procedures.
- We strongly advise the consent process to be documented in patients' notes.

5. Students Preparation for Practice

CBME Medical Student Mandatory Certifications

At initial enrolment, each student must complete a DBS check, and from that time, the students are bound by our QMUL, MBBS code of conduct, which covers attitude and professionalism. This stipulates that students must immediately inform the medical school of any breaches of the [GMC Student Fitness to Practice Guidelines](#). If any concerns arise, the module/department leads will refer to the medical school's Low-Level Professionalism Concerns Policy or Professional Capability Committee.

All students complete Basic Life Support training in the first term of Year 1 and again by the introduction week of Year 3 of their MBBS programme.

All students will be expected to complete the modules below upon starting Year 3 of their MBBS programme. They upload this onto their online platform called “PebblePad”.

- Data security and awareness: Level 1
- Equality, diversity and human rights: Level 1
- Conflict resolution: Level 1
- Infection prevention and control: Levels 1 and 2
- Safeguarding adults: Levels 1 and 2
- Safeguarding children: Levels 1 and 2

If you require confirmation of these certifications, please seek this information directly from the student via PebblePad.

Please note that students are not deemed employees of any practice they attend, and the CQC does not usually require these modules to be completed. However, we recognise the importance of this basic knowledge for them, even as temporary members of your team.

Please be mindful that lengthy practice inductions can take students away from important educational experience and patient exposure and may negatively impact on their placement experience.

6. Student Induction

The induction period is a crucial part of the programme for students to build relationships with their peers and yourself to help foster a sense of belonging.

What is belonging?

In the education setting Goodenow's (1) holistic definition of belonging is often used: “Students’ sense of being accepted, valued, included, and encouraged by others (teacher and peers) in the academic classroom setting and of feeling oneself to be an important part of the life and activity of the class. More than simple perceived liking or warmth, it also involves support and respect for personal autonomy and for the student as an individual.”

It is a multi-dimensional concept which embraces diversity and inclusion, shaped by institution-wide approaches, inclusive learning environments, educator practices and quality relationships (2).

The sense of belonging can be experienced in different forms for different people (such as cultural, social, sensory or spatial). Everyone has a setting where they can feel they belong; whilst for some students it is easily and readily attainable, others will need more support (3).

Why is it important? Student Induction

There is increasing evidence that belonging is associated with higher levels of academic motivation (4) and engagement (5), links to improved academic success and retention (6) and also positive wellbeing outcomes (7).

At QMUL we are proud to have a diverse student body and want to ensure “our teachers are equipped to meet the needs of our diverse learners and can support students to achieve their full potential”. This forms part of the QMUL 2030 Strategy (8).

Student Induction

All students should receive an introductory email before starting their clinical placement. We would suggest that where possible the placement provider aims to share timetables with students as far in advance as possible and ideally two weeks before the start of placement. We appreciate that there are likely to be changes to the timetable but feedback from students suggests that having an indicative schedule in advance of starting their placement serves as a useful tool to help in their preparation.

A more detailed example of different activities in keeping with their learning objectives and assessment requirements can be found in the module handbooks.

When preparing timetables please give consideration to the following:

- Any independent student requirements/considerations
- Formal University-based teaching activities eg SSC
- Experiential teaching opportunities
- Protected time for self-directed learning so students can consolidate their learning

The introductory email should include information based on the **CBME Template for the GP Practice Induction Checklist (Appendix 1)**. However, if it is more suitable for your organisation, this information can be explained to students upon their arrival on-site. Please ensure that any specific or local practice requirements are also included.

The **Learning Agreement (Appendix 2)** outlines the responsibilities of students, their supervisors, and the host GP practices towards one another. It emphasises the mutual roles of learners and educators in fostering a successful clinical placement that prioritises safety for all participants. While much of this will be addressed during your induction, having a written agreement between both parties is beneficial. This can be discussed during your initial 1:1 Learning Needs Assessment with the student.

The Medical School will work with placement providers to make reasonable adjustments for students with disabilities. Please consider whether your disabled access is sufficient in both staff and clinical areas. Learners who need reasonable adjustments should have the same placement opportunities as other students. Refer to Chapter 3 of the GMC's [Welcomed and valued guidance](#) - What is expected of medical education organisations and employers.

Student Data

Please, when requesting personal data from the student, obtain only what is necessary; we would not expect a request for ID such as a passport. We would ask that once students have left the placement, any unnecessary student personal data, such as telephone numbers, be deleted from your records to align with GDPR regulations.

Student use of EMIS and System 1

We would strongly encourage students, especially from Year 3 onwards, to have student access to your clinical system. Reviewing notes and starting to learn the skills of appropriate clinical documentation is important educationally.

7. The Student and the Educator

Relationships between educators and students must follow the guidance in [maintaining personal and professional boundaries](#).

Mandatory Requirements

In accordance with Service Level Agreement (SLA) 25-26, we request that the Lead General Practitioner (GP) attend the annual module training (which will be remunerated). Practice staff are also welcome to attend in addition. If the Lead GP is unable to attend, an alternative practice GP Educator can be sent in their place. If this is challenging, a recording of the training will be made available (this will not be remunerated).

We ask that Lead GPs Educators, ensure all staff involved in teaching have the appropriate resources, including this QA Handbook and module handbooks. Please ensure they are aware of how to raise student concerns.

As part of the SLA,(Service-level agreement) we ask the practice to ensure that all clinicians involved in the education of QMUL students complete and keep up to date the below e-modules. The NHS equivalent is acceptable.

- EDI and Unconscious Bias Training (2 yearly)
- Safeguarding Essentials for Adults (2 yearly)
- Information Security Awareness & GDPR training (yearly)
- [Speaking Up](#) (3 yearly)

We kindly ask you to inform us of any new or ongoing investigations or practice restrictions imposed on any educator involved in teaching QMUL students by a professional body, eg GMC, NHS England, etc.

Learning Environment

The environment must be safe, welcoming and free from intimidation. Please respect the personal boundaries of all students. We strongly advise against clinicians demonstrating examinations on students. It may be acceptable for students to practice on each other, but appropriate agreement and consent must be in place.

Social Media

On placement, effective communication between GP Tutor/Practice and students is helpful in providing information and is often key to a successful placement. We request that the [GMC social media policy](#) be followed when communicating with students. If you have a practice policy, please also share it with students.

Whilst there are opportunities to engage, collaborate, and learn through social media, there are also risks. A significant risk is the blurring of social and professional boundaries through the use of social media.

The standards expected of medical professionals do not change because you are communicating through social media rather than face-to-face or through other methods of communication. When communicating privately, including using instant messaging services, one should bear in mind that messages or other communications in private groups may become public.

Social media is constantly evolving, as are societal norms and expectations. Please keep abreast of guidance changes from the GMC.

8. Placement Supervision

Named clinical supervisor (ie Lead Tutor – GP only)

A named clinical supervisor is a trainer who is responsible for overseeing a specific student's clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so. The named clinical supervisor leads on providing a review of the student's clinical or medical practice throughout placement and should be responsible for forming a summative judgement about the student's progression at the end of a placement, ie sign off. They should have a good understanding of the students' competency firsthand.

Supervision and Clinical Responsibility

GPs should be the doctors who have overall clinical responsibility for the supervision of students. They can make informed judgements on the day-to-day supervision that a student needs. This is based on the previous experience of that student and the types of tasks they may have to complete.

GP trainees can support students by providing educational and coaching opportunities, which include clinical supervision. Doctors in Foundation Year 1 (F1) and Foundation Year 2 (F2) can oversee students in carrying out simple tasks. F1 and F2 doctors should act in this limited capacity only where they are fully competent to carry out the task they observe. The overall clinical responsibility with any trainee in these circumstances should always lie with the responsible GP supervisor /Lead Tutor (who is present in the building).

Registered senior healthcare professionals (HCPs) can provide supervision to students where the GP educator has approved them to do so. The clinical responsibility for this learning depends on the task at hand, the environment and the competency of the HCP.

All those involved in supervision, coaching or overseeing students should be trained, supported and briefed to carry out this role. They should be aware of how to assess and raise concerns about a student, either pastoral or professional etc, to the Lead GP.

Schools and placement providers should empower students to give feedback to GP Placement provided on poor supervision, especially in confidence and free from any consequence.

Levels of Supervision, including documentation

It is best practice to ensure that consent (and how it was obtained) has been documented in the notes, as well as the names of the student(s) and the clinician supervising and responsible for the patient's care. If you are comfortable, you can delegate this task to the student.

Supervising clinicians should be comfortable with the student's task and the student's competencies. Module yearly mandatory training and handbooks will help with clarity of what these tasks may include according to students' progression in medical school. Please reach out to academic leads if you require any further discussion.

It is best practice to ensure that the supervising clinician speaks with or sees all the patients (involved with the students) as part of their review of the student's encounter. This means being present and accessible at all times while students are present on placement and contactable.

May help to create a template/quick code on EMIS/System One that makes this process easier.

Home Visit Policy

Visiting patients in their home environment offers an invaluable learning experience for students. Before these visits, the responsible GP supervisor must obtain consent from the patient to have students present.

We recommend a risk assessment of the activity and patient chosen. We suggest the patient chosen is clinically stable and not acutely unwell.

Please be advised of potential risks to health professionals during home visits, including:

- Visiting in dim lighting conditions
- Patients residing in high-rise apartment buildings
- Single-person visits
- Patients with a history of alcohol or drug abuse
- Patients who have previously engaged in violent behaviour in particular towards health and social care staff
- Patients experiencing acute psychiatric distress.

We suggest students in Y1 and Y2 visit in groups of 3. Y3, Y4 and Y5 students could be in a pair. There should be a designated emergency contact in case of any issues, and the administrative team should maintain a clear record of the students' locations and travel arrangements.

The responsible GP supervisor must be available for debriefing after the visit and to address any immediate concerns.

9. Chaperones and Intimate examinations

Medical students receive training during their undergraduate education to develop the clinical and communication skills necessary for providing safe, high-quality care to patients. This training enables them to conduct consultations, including intimate examinations, with proper consent. The Medical School follows the guidance set by the [General Medical Council \(GMC\)](#).

It is important to emphasise that, as students and not yet qualified doctors, the GMC guidelines differ for them. Our curriculum includes teaching about situations in which a chaperone may be necessary for examinations and procedures. However, it is essential that a GP supervisor is present when they conduct **any** intimate examinations.

Students Acting as Chaperones

Medical students can act as chaperones during intimate examinations; however, the clinical supervisor conducting the exam must determine whether the student adequately understands the examination/procedure, can fulfil this role independently and impartially. A chaperone should serve as an unbiased observer, representing the patient during the examination. A mentor or supervisor must assess this in discussion with the student. It is essential that the student has the right to accept or decline the role in accordance with their professional conduct code.

As a placement provider, please ensure that students are informed about how to obtain a chaperone and any relevant local policies, especially if they differ from the information above.

10. Contamination/Sharps Policy

Whilst on placement, students may be exposed to the blood and body fluids of those infected with blood-borne pathogens, like HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV), which poses a risk of occupationally acquired infection.

The greatest risk is posed by an injury by cutting or pricking the skin (percutaneous injuries), e.g., needlesticks and injuries from other sharp devices including I.V. cannula, winged steel needles, butterfly needles, vacuum blood collection systems, glass slides, stitch cutters, suture needles, lancets, scalpels, razors, scissors, patients teeth, etc. Broken glass that has contained/contains chemicals is viewed in the same way. The following advice also applies to spillage of blood, body fluids or chemicals on the skin, especially broken or eczematous skin, and mucous membranes of the mouth or the eye.

Please see link below for details of what to do in the event of any injury and the next steps in regards to reporting for medical students at QMUL.

[QM Sharps](#) and [Needle Stick Policy](#)

11. Covid-19 Policy

Student COVID-19 Positive Test Results

Medical students in a primary care setting should be treated like healthcare professionals if they show symptoms of respiratory disease and/or test positive for COVID-19.

Please note that if any new guidance is issued for healthcare professionals, especially at short notice, we will prioritise following it. See below link for up-to-date current guidance.

[UK Health Security Agency \(March 2023\) - Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result.](#)

If any concerns arise regarding a **students' specific infection/immunity risk** or staff risk, please do get in touch with academic module leads to discuss further.

If your local guidelines differ, such as requiring negative testing for all symptoms or returning after five days of symptoms, please inform the students during their orientation.

Please note that any deviations from national guidelines that you have implemented due to any specific needs of your local organisation, **may affect student attendance and completion of the placement**. Please try to address any issues by offering opportunities for making up missed time when feasible.

12. Remote Patient Consultations

Remote consultations are now embedded in routine NHS clinical practice in primary care practice. Medical students should expect to be part of remote consultations during their placements, and placement providers should ensure to accommodate this experience if applicable. If undertaken in line with the good practice guidance outlined below, they are a valuable learning experience. We especially recommend exposure in Year 4 and Year 5 as this is where these extra skills can be more educationally valuable.

Students where appropriate, should receive inductions specific to remote consultations, which should include, but not be limited to:

- Information and IT Governance and Security
- Deciding when a remote consultation is appropriate
- Getting consent in remote consultations
- Confidentiality in remote consultations
- The principles of remote prescribing refer to [Good practice in prescribing and managing medicines and devices.](#)
- Medical schools and students should consider following [MSC's guidance on students attending remote consultations.](#) Though remote patient consults by students outside the practice are discussed by the GMC in this document. **In CBME, we strongly advise that any remote patient consulting be done from within the practice environment and not from the student's home, for example.** This is from a governance and educational perspective. There are concerns arising from students having private spaces, use of secure devices etc.

Please see our website for more details.

13. Placement Assessments

To demonstrate that students have achieved the intended learning outcomes for their placement they will be expected to complete assessments using the PebblePad online platform for their placement. Please refer to the relevant module handbook for detailed information about learning outcomes and objectives.

What is PebblePad?

PebblePad is the e-portfolio system used by QMUL students to document and reflect upon their learning experiences during placements. Within the platform, students have access to various forms that have been designed to fulfil the various placements' requirements –e.g., Case Based Discussions or Clinical Examinations. Students are expected to complete these forms during their placements and attach them to their portfolios by a communicated deadline.

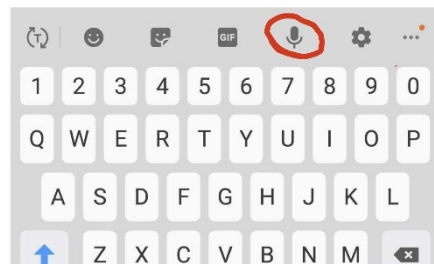
How Students Complete the Forms

To complete the required forms and assessments, students primarily use PebblePocket, a mobile app designed for easy and efficient completion. Students can download this mobile app on their phone. This allows them to access the created forms during placements even when they do not have internet. In this process, healthcare professionals play a crucial role in providing feedback and evaluation.

How can a Health Care Professional Complete a Form?

Some forms are to be completed by a healthcare professional. In these cases, healthcare professionals can be asked to assess the student's performance, provide constructive feedback or certify their attendance or completion of certain activities.

When a form requires completion by a health care professional, the student will open the form on their mobile phone and hand their device to the health care professional. The healthcare professional can then efficiently fill in the necessary fields. For longer text sections, the keyboard's option to use voice-to-text streamlines the data entry process.



After carefully reviewing the information, healthcare professionals might be asked to digitally sign the form. Once signed, the form becomes locked, ensuring its integrity and preventing further edits. An email confirmation is automatically sent to the healthcare professional, acknowledging the completed form.



End of Placement Form

Towards the end of a student's placement, students are responsible for obtaining a signed "End of Placement" form. This form typically includes an overview of their experiences, skills gained, and an assessment of their performance. As a healthcare professional, your valuable feedback is essential for this assessment. For each placement, students have received instructions regarding who is expected to complete this form.

To facilitate the process, we encourage students to schedule a meeting with their GP Lead tutor to present their e-portfolio. During the meeting, they will showcase the completed requirements, as outlined above. This provides an opportunity for you to offer constructive feedback and suggestions. Then, they will open the end of placement form, which can be completed by the health care professional either using the mobile app or a web browser. Students are encouraged to have access to a computer or tablet during this meeting, as it facilitates the sign-off process.

We strongly encourage Lead GP tutors to ensure anonymous student feedback forms (EvaSys) are also completed at this time.

Student progress

Logbook requirements for clinical placements make up the continuous in-course assessment for all years of the MBBS programme. To pass overall, students have to achieve a passing grade in each of the clinical placements by satisfactorily completing all logbook requirements.

The Medical School has an Academic Review Group (ARG) for each year of the MBBS programme. The role of the ARG is to oversee the academic progress of individual students, by reviewing students who are not attaining acceptable academic performance and providing assistance to them. Students who have failed Paper A will normally be barred from attempting the end-of-year exams.

If you have a concern about a student's attendance, performance or progress, please first discuss this with the Academic Lead for your module and if necessary, escalate this to the Head of CBME or Lead for Quality and Governance for CBME. **We encourage you to contact us as soon as possible during placement, so we can resolve any issues or concerns with minimal disruption to the students' progress.**

14. Professionalism

Student expectations

From the start of the MBBS programme students are made aware that they are joining a trusted profession and must demonstrate a high standard of behaviour at all times.

The [GMC's Achieving Good Medical Practice Oct 24](#) outlines the standards expected of medical students both inside and outside of the medical school. The medical school has a responsibility to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. In accordance with GMC requirements, medical students who do not meet the outcomes for graduates or who are not fit to practice must not be allowed to graduate with a medical degree or continue on a medical programme.

During clinical attachments, the level of professionalism exhibited by students will be assessed and consistent failure to attend scheduled sessions is regarded as a conduct issue in its own right. Candidates may be barred from the end-of-year examinations and/or referred for investigation under the Professional Capability and Fitness to Practise regulations.

How professionalism concerns are considered

A concern about a student's professional capability or fitness to practise may arise from one or more of a number of routes, including through staff interacting with students on clinical placements.

Singular, low-level professionalism concerns (for example lateness, late submission of assessments and absence from scheduled teaching sessions), that do not require referral through the formal Fitness to Practise procedure, are managed through developmental and supportive measures. This may involve support from a senior tutor within the medical school or staff working with the student on placement.

Records of low-level professionalism concerns will be kept on the student's record and persistent low-level concerns may result in referral through the Fitness to Practise regulations. More serious fitness-to-practise concerns will progress to the formal procedure usually involving a full investigation.

Please see links for [Professional Capability and Fitness to Practise Regulations](#).

How to report a professionalism concern

Whilst practice staff working with students may be in a position to support students with low-level concerns, we would still encourage staff to report these types of concerns to the CBME department, so we can investigate, take appropriate action and keep records.

Serious professionalism concerns must be reported the Medical School's governance team by emailing smd-pcc@qmul.ac.uk.

Remote Teaching

Online teaching engagement can be challenging and evaluating professionalism as a subsequence is complex. Please refer to the "Remote Teaching Guidance" (Appendix 5) for more information.

Plagiarism and Artificial Intelligence

For the latest recommendations in this area, please refer to **Appendix 3**.

15. Student Feedback

Collecting relevant and timely feedback from students on all aspects of their educational experience, and then acting upon it appropriately, is an essential component of our quality improvement processes. We use a platform called EvaSys to collect student feedback on their placement.

We encourage timely review of all student feedback upon completion of placement. We encourage all involved members to be made aware of the feedback and suggest that this is discussed in clinical meetings.

Academic Modules leads will also review all feedback and at times, will be in contact if there have been any challenging comments.

Positive feedback obtained from placement evaluations is the evidence we use for to determine our GP Educator of the Year award.

16. Equality, Diversity and Inclusion

Supporting all students

Clinical placements can be an area of particular difficulty for medical students in terms of witnessing and/or being the subject of discriminating behaviour. At QMUL EDI is embedded in our 2030 strategy and the core values of the organisation.

Below are some actions that the Medical School and placement providers can consider to improve the quality of placements for students from all backgrounds:

- Anticipate rather than react to a student's diverse needs.
- Promote an inclusive culture and fair training environment at placements where different values, beliefs and perspectives are respected.
- Make sure students are protected from discrimination, abuse or violence, as any NHS staff members would be. If students experience discrimination, there should have support available. Actions to prevent and address discrimination should be documented.
- Consider the student's culture or religious values and how to respect them in different areas of practice. For example, letting students know the dress code for surgery, whether modesty sleeves are permitted and if any quiet areas available for prayer for example.
- Remember our obligations under the Equality Act 2010. There must be no unfair discrimination on the grounds of religion or belief, age, sex or gender, marriage and civil partnership, race, sexual orientation or disability.
- Take action to actively prevent and address racial harassment.
- If the placement provider has an equality and diversity officer, students should be given their contact details.

Reasonable adjustments

The Medical School will work with placement providers to make reasonable adjustments for students with disabilities. Refer to Chapter 3 of the GMC's [Welcomed and valued guidance](#) - What is expected of medical education organisations and employers.

Please consider if your disabled access is sufficient for students in staff and clinical areas. It is beneficial to point this out to students during induction as well as areas for quiet time and/or prayer.

17. Raising Concerns

The University has a formal policy on raising concerns which can be found in **Appendix 4**. The policy is designed to support students in speaking up and raising concerns during their medical training. We appreciate that placement providers may have their own local policies for raising concerns, but we would strongly encourage you to advise students to report their concerns through the University's Report & Support tool so concerns can be logged centrally.

GMC – Raising concerns in the Medical School context

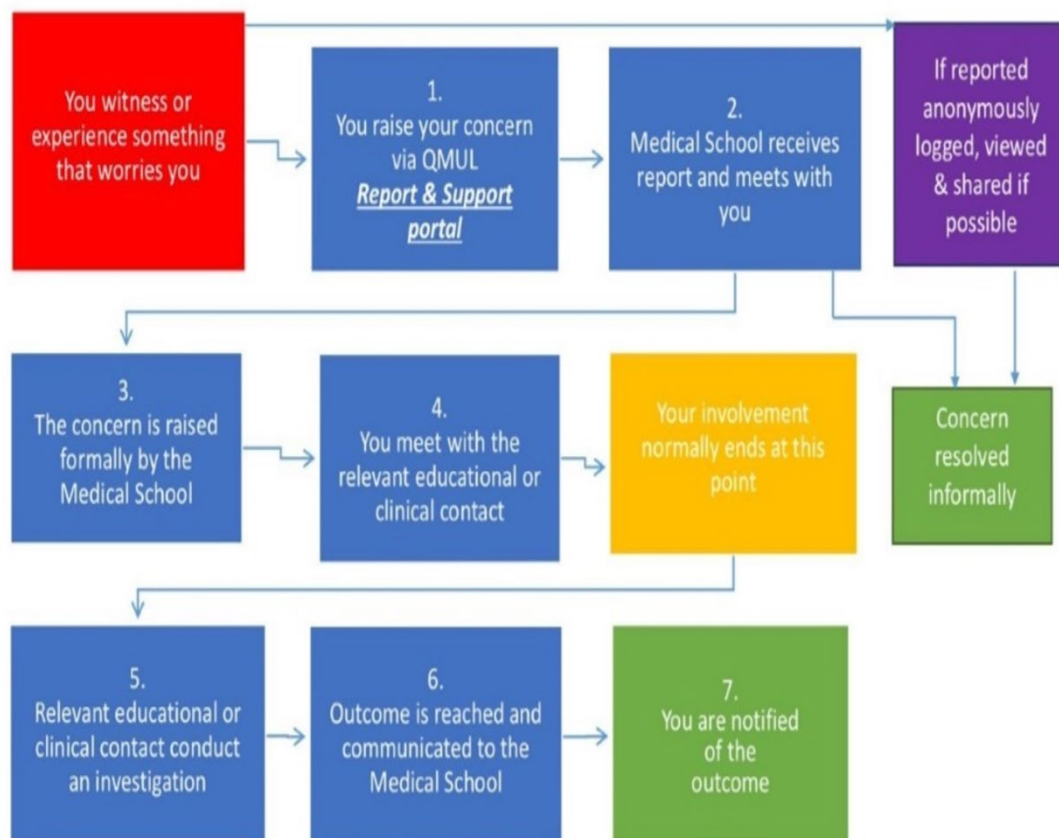
Student reporting concerns to the MBBS programme

Students' concerns can range from concerns regarding their education on placement, discrimination, and difficult professional relationships to patient safety concerns.

Please note that the students are also encouraged to bring up any concerns with their GP Tutors or Practice Staff directly, and if this is not possible or appropriate, they are advised to contact the Module Leads and Year Leads.

Where a student raises a concern about something they have witnessed whilst on placement, with their consent, we will share this with you through the most appropriate channel. This process may include an investigation of events and will be open and non-judgmental. We will work with you to determine what action is needed, if any.

See below for information given to the students regarding raising concerns.



[Report and Support Link](#)

GP Practices/Tutors Reporting Concerns

As placement providers, there may be times when you have concerns that need to be reported to us. These concerns could relate to a student, a group of students, the placement itself, CBME, or the Medical School or University.

We recommend that you first reach out to the Academic Module Leads or their designated Professional Services staff regarding any issues related to a student's pastoral care, academic performance, or professional behaviour. If this is not appropriate, you may also contact the Head of CBME, the Quality & Governance Lead for CBME, or the Head of MBBS.

Please note the Report & Support tool is also available to you as GP Educators, who may wish to report an issue with the Medical School or CBME department.

Additionally, if there are any patient concerns regarding a student that cannot be addressed through your local complaint policy and/or the portal above.

18. Student support and well-being

We recommend contacting your module leads and administrative staff for any initial student concerns. Please be aware that the Medical School and QMUL provide a variety of support services for students, including:

- MBBS Academic Advisor Scheme – all MBBS students are allocated to an Academic Advisor who they meet with at least termly throughout the academic year. The Academic Advisor is often the first point of contact and will signpost students to relevant services.
- [IHSE Student Support Service](#) – a professional and confidential service offering pastoral and emotional support to students. This team are responsible for producing Student Support Cards and Health Passports for use by students on placement. This helps the student take responsibility for any specific needs they need to communicate to the different clinical providers. Please note the information on Health Passports is not always communicated to CBME directly, in line with student confidentiality. They can also signpost academic and/or professionalism concerns to a Senior Academic Tutor.
- [Disability & Dyslexia Support \(DDS\)](#) - a professional service that ensures disabled students receive appropriate reasonable adjustments and have access to appropriate funding streams including Disabled Students Allowance (DSA).
- [Advice & Counselling Service](#) - a professional service offering specialist advice on a range of issues including finance, sexual assault and harassment, student visas and clinical mental health and counselling support.



Important Contacts (including for emergencies, pastoral concerns and especially out-of-hours OOH)

[Student Support Services - QMUL](#)

[Faculty of Medicine Student Support Services](#) – ihse-student-support@qmul.ac.uk

[Support for Students OOH](#)

Please also remember Emergency Services eg 111/AE can be used including local AE

19. QM-Plus

QMPlus is Queen Mary's virtual learning environment used by students to access information about the MBBS programme and placements.

Access to QMPlus can be organised by requesting an 'affiliate account'. This may help with understanding the curriculum and other activities students are involved in. Please speak to our professional services team if interested.

20. Faculty Development

Queen Mary University is committed to supporting all educators who work with our students across primary and secondary care, providing opportunities for networking, further learning and professional development.

Primary Care Education Professional Development with CBME Faculty Development Team

The Faculty Development Group (FDG) within CBME provides education and training events for GP Tutors. A number of events run throughout the academic year, both online and in person:

EDUCATOR WORKSHOPS: online monthly drop-in sessions (first Wednesday of month, 1 hour, 1-2pm). The sessions will be very interactive sharing in small and large groups. Each month will have a theme and a practical focus. Previous themes have included Teaching Uncertainty and the MLA, Belonging and Inclusive Inductions.

INTRODUCTION TO TEACHING: This in-person one-day training event is open to GPs & other clinicians in the North-East London area who are new to undergraduate teaching or those who would just like an opportunity to refresh their knowledge. It will provide attendees with basic skills to prepare students in the community, covering: What makes a great teacher, Creating a great feedback environment, Induction planning. The session runs twice each academic year.

GREAT (Generalism, Reflection and Empathy in Academic Training): This in-person programme involves a 6x3 hour programme of workshops grounded in practitioner experiences. The workshops provide a deeper level of educational training, whilst keeping the course rooted in the practical space of teaching students in practice. This training is for ST3s, First Five GPs and established GPs who would like to develop as educators and those who are new to teaching medical students or who would like a detailed refresher. We prioritise participants who are in a practice that currently teaches QMUL medical students on a first come first served basis.

CBME GP ANNUAL EDUCATION DAY: This one-day on-campus event is held annually in May to showcase excellence in our GP Educator community.

For more details of the above events see our website or email CBME-Events@qmul.ac.uk

Academy of Clinical Educators

The Faculty of Medicine and Dentistry Academy of Clinical Educators has recently been established to provide this community of educators. This programme sits alongside in addition to the CBME Faculty Development programme.

See the website here [Section: Welcome to the Academy of Clinical Educators | Academy of Clinical Educators | MyQMUL](#) to learn more about what is available to you as a Queen Mary University educator. Opportunities include: an Induction for new teaching staff to the Faculty of Medicine and Dentistry (FMD).

An 'Essentials of Teaching' program, geared to both those new to teaching and those who are looking to refresh their knowledge. Courses can be selected based on the interest and need of the clinician and will range in topics such as giving feedback, managing students in difficulty, evaluating teaching, and designing your teaching.

Masterclasses in Medical Education, will also be offered, designed for more experienced educators, and will have topics such as promoting professionalism and promoting resilience in students.

21. Quality Assurance of Clinical Placements

In order to meet the GMC's standards and requirements for education and training, CBME, on behalf of the Medical School, is required to seek assurance that the quality of clinical placements meets the appropriate standards.

This includes reviewing student feedback in detail and paying close attention to providers who teach a high volume of students. We will take an individual approach, which may include regular supportive contact etc. At times, though rare, poor student feedback or "inadequate or failure ratings by the CQC" may result in the withdrawal of students from a provider.

Student feedback can sometimes though rare, raise concerns regarding patient safety and professionalism related to the practice or the tutor involved. In such cases, it may be necessary to escalate these issues to the appropriate governing bodies. We do not evaluate or investigate these concerns; however, we are required to report any potential issues to the NHS Responsible Officer and/or the GMC. We collate information from all parties with an open, non-judgmental approach and aim to work with full transparency,

22. References

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2. Allen KA, Slaten C, Hong S, Lan M, Craig H, May F, et al. Belonging in Higher Education: A Twenty Year Systematic Review. *JUTLP* [Internet]. 2024 Apr 15 [cited 2024 Sep 3];21(05). Available from: <http://open-publishing.org/journals/index.php/jutlp/article/view/767>
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Appendix 1

CBME Template for GP Practice Induction Check List – Quality Assurance

We have created this template to assist with the induction of medical students at GP practices from a Quality Assurance (QA) perspective. We recommend adapting this template to include any local specifics that are appropriate for your organisation.

Lead Administrator induction		
Name and Contact of Lead Admin and Lead GP Tutor (including best communication including for any sickness/absence etc)		
		Please Tick
Student	A review of any specific requirements/needs including any Health Passports	
Organisation	Context, patient demographics and other things to note	
	Code of Conduct eg dress code, time-keeping, chaperones, social media policy etc	
Fire	Extinguishers, Exits and Safety point	
	Fire Alarm test (day and time)	
Infection control	<u>Needle stick policy</u>	
	PPE Policy	
	COVID Policy (see above)	
Governance	IT systems access and training, Computer Logins, (including WIFI) and passwords security	
	Confidentiality Policy	
	Local raising concerns policy e.g. patient care and supervision	
Health and Safety	Staff area including storage of bags, parking etc	
	Tour of building including disabled access, toilets, quiet/prayer area, details of local amenities etc	
	Location of Emergency Equipment inc first aid	
Lead GP Tutor induction first day		
Introduction including fostering a sense of student belonging	Individual Learning Needs (1:1), Learning Objectives and Assessment	
	Inclusive introduction noting any increased needs eg health Passport	

	How to raise concerns within the organisation including safeguarding process	
Consulting with Patients	Consent Process inc. remote consultations and home visits	
	Documentation in patients notes including naming of supervising clinician/consent obtained etc	
	Chaperone Policy	
	How to keep safe - Emergency alarm (e.g. on EMIS/in consultation room)	
	How to contact tutors mid session/home visit if urgent	

Appendix 2

GP and Student Learning Agreement 2025-2026

To be signed by each student and GP Tutor at the start of the placement and copy to be retained by both parties. Student may wish to upload this onto their PebblePad.

Purpose:

The Learning Agreement 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.

The **Supervising GP Tutor** will have overall responsibility for the quality and organisation of the placement ensuring the student (s), have:

- A **Timetable** and **Induction**
- A named supervising **GP Tutor** for each day
- **Emergency contact** at the practice in case of problems
- Access to the **internet**
- Appropriate access to **patient records**, including any **local IT Governance policies**
- In **brief local policies** – eg Health & Safety, Fire, Infection control (including COVID Policy, PPE Policy and [Needle Stick Policy](#)) and Social media policy
- An **initial 1:1 learning needs assessment** and a **final meeting** where we will discuss performance and feedback from others and plan for further development
- Awareness of **how to consult** eg adequate supervision including remotely, consent, chaperone, documentation, emergency alarms and home visit policy.
- A **safe, inclusive and open learning environment** with the opportunity to discuss any problems.

As a Medical Student my responsibilities are to:

- Adhere to student **professionalism** guidance, importantly the [GMC Achieving Good Medical Practice](#)
- Respect **confidentiality**, dignity and the patient's right to decline or withdraw consent to be seen by a Medical Student. **Never personally record/take photo/videos/screenshots** of any patient teaching or consultations.
- Adhering to the [GMC Social Media Policy](#).
- Prioritise **patient safety** by assessing and **minimising any risk** to patients and staff
- Follow national and local guidance on **infectious disease**
- Be **honest and open** with my supervisors about my prior performance, strengths and areas to improve and any special requirements.
- Seek and **respond to my feedback** to hone capabilities
- **Cease clinical work** if I am at my limits clinically and have no adequate supervision
- Always **identify myself** to patients, relatives, and staff and in medical records as a Medical Student
- Advise my **GP Tutor** of any absences as soon as possible and agree on how my duties will be carried out in my absence.
- Complete feedback and Student Evaluation Questions (**EvaSys**) at the end of the placement.

I confirm that I:

- am a member of a defence organisation

- understand that if I fail to comply with any of the above or act unprofessionally this may result in referral to a Senior Tutor or the Professional Capability Committee.
- I have completed the statutory e-modules below as set out by the medical school (Student Yr 3 and above)
 - BLS Training
 - Data security and awareness: Level 1
 - Equality, diversity and human rights: Level 1
 - Conflict resolution: Level 1
 - Infection prevention and control: Levels 1 and 2
 - Safeguarding adults: Levels 1 and 2
 - Safeguarding children: Levels 1 and 2

If I have **concerns** over my placement or supervision I will try to discuss with my Supervising GP Tutor in the first instance, or the CBME academic leads. I may also seek advice directly from the Head of Year or BLSA student representative at any time.

Student Name :

Student (e) Signature :

Date

GP Tutor Name :

GP Tutor (e) Signature:

Practice :

Date

Appendix 3

Plagiarism and Use of Generative AI

Plagiarism is the use or presentation of the work of another person, including another student, as your own work (or as part of your own work) without acknowledging the source. This includes submitting the work of someone else as your own, re-submitting your own previously submitted work, and extensive copying from someone else's work without proper referencing.

Copying from the Internet without acknowledging the source is also plagiarism. You may use brief quotes from the published or unpublished work of other persons, but you must always show that they are quotations by putting them inside quotation marks, giving the source (for example, in a footnote), and listing the work in the bibliography at the end of your own piece of work.

It is also plagiarism to summarise someone else's ideas or judgments without reference to the source. Following investigation, if work is deemed to be plagiarised, the student will automatically incur an outright fail. Depending on the nature and scale of the offence, severe penalties may be incurred in line with existing College policies including possible Fitness to Practice sanctions.

For full details on the School's Plagiarism Policy please refer to the MBBS Assessment & Progression Handbook.

They are able to use AI technology to support written work, however, you must ensure that it is used in a way that does not constitute plagiarism. All work submitted must be your own. AI can provide support in terms of prompting deeper reflection, structuring work, making suggestions for topics to include within a body of text, finding relevant literature etc., but should not be used to write the assignment.

QMUL have some guidance on the use of AI.

<https://www.qmul.ac.uk/library/academic-skills/student-guide-to-generative-ai/>

In 2023 the academic misconduct policy was updated to include the following text under the definition of plagiarism.

"Unauthorised or unacknowledged text manipulation which undermines the integrity of an assessment (including the use of paraphrasing so generative artificial intelligence or machine translation such that the work submitted cannot be considered wholly the student's own)."

Appendix 4

MBBS Student Raising Concern and Speaking Up Policy

Introduction

This policy sets out the process for you to raise a concern and speak up about patient safety, a peer, colleague, a medical professional, who may or may not be a member of Queen Mary University of London, or a member of staff in a placement at a Trust or Primary Care.

This policy is designed to support you in speaking up and raising concerns to the most appropriate colleagues, partners or regulators using a single portal of access, which is the QMUL Report and Support tool (<https://reportandsupport.qmul.ac.uk/>).

During your training you may witness or be involved in something going wrong with a patient's care. Patient safety is the responsibility of the whole team, which includes clinical and non-clinical members. This is why registered clinicians must take action to raise concerns and support others to raise concerns about patient safety. This also applies to everyone working in a healthcare setting, including students on clinical placements. Patient safety does not just relate to the clinical treatment patients get, it also includes raising concerns when a patient's dignity or comfort is compromised.

As future members of the clinical team you are expected to raise concerns about matters which may impact patient safety, dignity and comfort, just as you would when you are registered clinicians. As you are not yet registered clinicians you are expected to raise such concerns to the School.

For the avoidance of doubt, the School feels that if you witness or experiences something of concern in a clinical setting this may call into question patient safety or staff professionalism. If you experience or witness bullying and harassment, hate incidents or gender-based violence during a clinical placement from a peer, colleague, teacher or clinical/non-clinical team member (either directly or to your peers, colleagues or patients) you should use this Policy to report it. This is not an exhaustive list of issues so students can contact a member of staff to talk through your concern first and seek support and guidance. A list of useful contacts in the School can be found on page 3.

The School endeavours to ensure that all students feel safe when raising concerns and speaking up. The School will support you in every stage of this process, either internally or with other Queen Mary departments such as Advice & Counselling or the Disability & Dyslexia Service.

Separate to this process the Queen Mary Student Complaints Policy is for students to raise concerns about matters which affect the quality of a student's learning opportunities or student experience. Poor quality teaching should be can be reported via JISC online student survey feedback and the Staff Student Liaison Committees before it is necessary for a formal complaint to be submitted. The Queen Mary Report & Support tool should be used if a you experience or witnesses concerning behaviour such as bullying, harassment, hate incidents or gender-based discrimination in relation to any aspect of your university life.

Scope

This policy applies to you if you are registered on the following programmes:

- i. MBBS (UK and Malta), including Maxillofacial, Direct or Graduate Entry;
- ii. MSc in Physician Associate Studies;
- iii. Intercalating within Queen Mary.

If you are intercalating at an external institution you should raise concerns as per that institution's policy or process, but you are not precluded from following the steps outlined below or speaking to a member of School staff.

Process – quick step-by-step

The process is outlined in the following steps for quick reference and in the flow chart on page 4. Each stage is then explained in greater detail on pages 2-3.

1. Report your concern via Report & Support (<https://reportandsupport.qmul.ac.uk/>).
2. You will be contacted within 3 days of submitting your concern to arrange a meeting between you, your Head of Year and a member of staff from Student Academic & Pastoral Support to discuss your concern. A decision is taken with you as to next steps.
3. If the matter is to be raised with the relevant educational or clinical contact they will be notified at this point. If it is decided that the matter can be dealt with informally then the process normally ends at this point and you will be provided with feedback where possible
4. If it is decided that the matter should be referred to for action a meeting will be arranged for you to meet with the relevant educational or clinical contact. You will be supported at this meeting by members of staff from the School.

After this stage it is likely you will not need to be involved further.

5. Your concern will be investigated by the relevant educational or clinical contact. The School will be kept updated via the Governance Manager.
6. The School is informed of the outcome reached.
7. You are advised of the outcome.

Process – detailed guide

1. After witnessing or experiencing something which may call into question patient safety or the safety and/or wellbeing of you, your colleagues, peers or staff it is recommended you complete the Report & Support form as soon as possible (<https://reportandsupport.qmul.ac.uk/>).

You can report anonymously but it is preferable to share your contact details so that you can receive support and feedback. Your details are treated as confidential and will not be shared outside of staff involved in this process without your expressed permission. Anonymous submissions cannot usually be followed up formally but a note of the nature of the concern will be made and included in the School's regular reports to Trusts and Associate Deans so that any patterns of issues can be identified and addressed. The School may use this to inform wider preventative work to tackle prevalent issues

At any point of this you can contact a senior member of staff either based in the School (see list on page 3) or at your clinical placement (such as the Education Manager or Associate Dean).

2. Following receipt of your submission to Report and Support Submission you should be contacted, normally by the Governance Manager, within 3 days. The Governance Manager will arrange a face-to-face or online meeting, normally with your Head of Year and/or a member of staff from the Student Academic & Pastoral Support Office. At this meeting you will have the opportunity to explain the events and concerns in more detail. The relevant module lead or member of the Community Based Medical Education (CBME) Unit may also be invited, depending on whether the concern took place. At this meeting it will be determined whether the concern can be dealt with by School staff or if the concern is better reported to

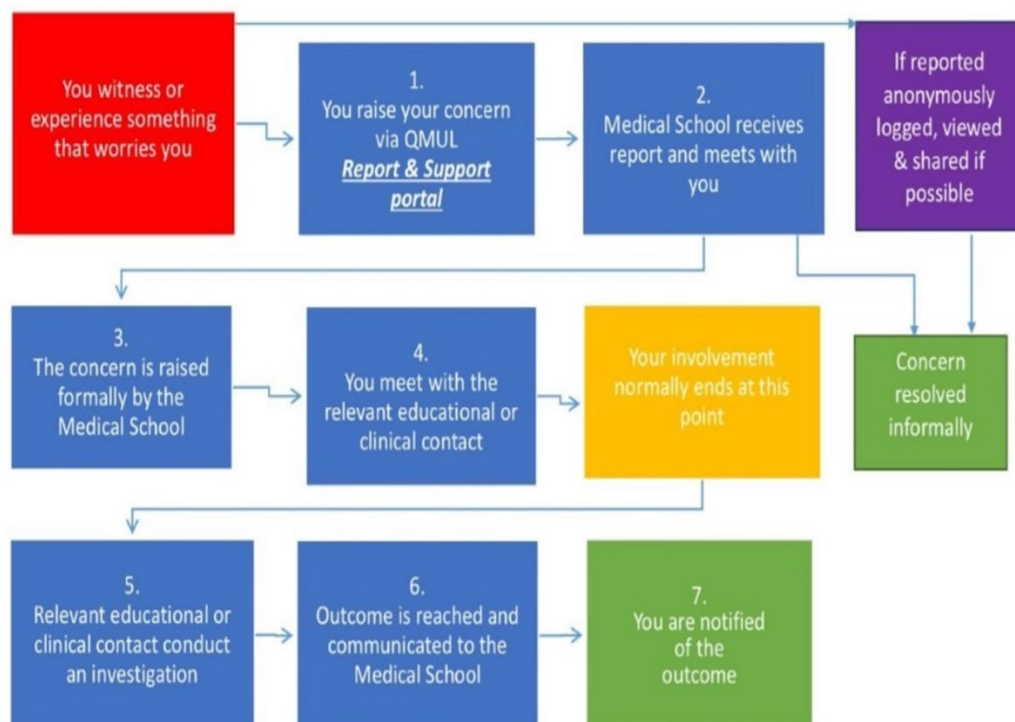
the relevant educational or clinical contact. This is normally be the Associate Dean for an NHS Trust or the Responsible Officer within NHS England for primary care placements.

If it is felt that the matter can be dealt with informally by staff or via another process (such as via the SSLCs), then the current process finishes at this point. If staff deal with the matter informally feedback will be provided, where available.

3. The School escalates the matter to the relevant educational or clinical contact.
4. A meeting with you and the relevant educational or clinical contact is arranged, normally within two weeks of your initial submission to Report and Support. You will be supported during this meeting by your Head of Year and/or a member of staff from the SAPS office. The relevant module lead or member of CBME may also be invited. The Governance Manager will oversee the process. At the meeting you should be advised of what action is likely to take place.

After this meeting it is likely that you will not need to be involved further. In more serious cases you may be asked to submit written statements. You will be supported by the School if you are required to be involved further.

5. The Governance Manager is kept informed as to the progress of any action outside of the School and is notified when any proceedings are concluded. You will be kept updated where possible and as much as you wish.
6. The Governance Manager is notified that an outcome has been reached. As the outcome will have been reached by actions external to the School it may not be possible for the School to receive the full details.
7. You will be contacted with feedback regarding the outcome or the action taken.



Appendix 5

Remote Teaching – QMUL MBBS Guidance

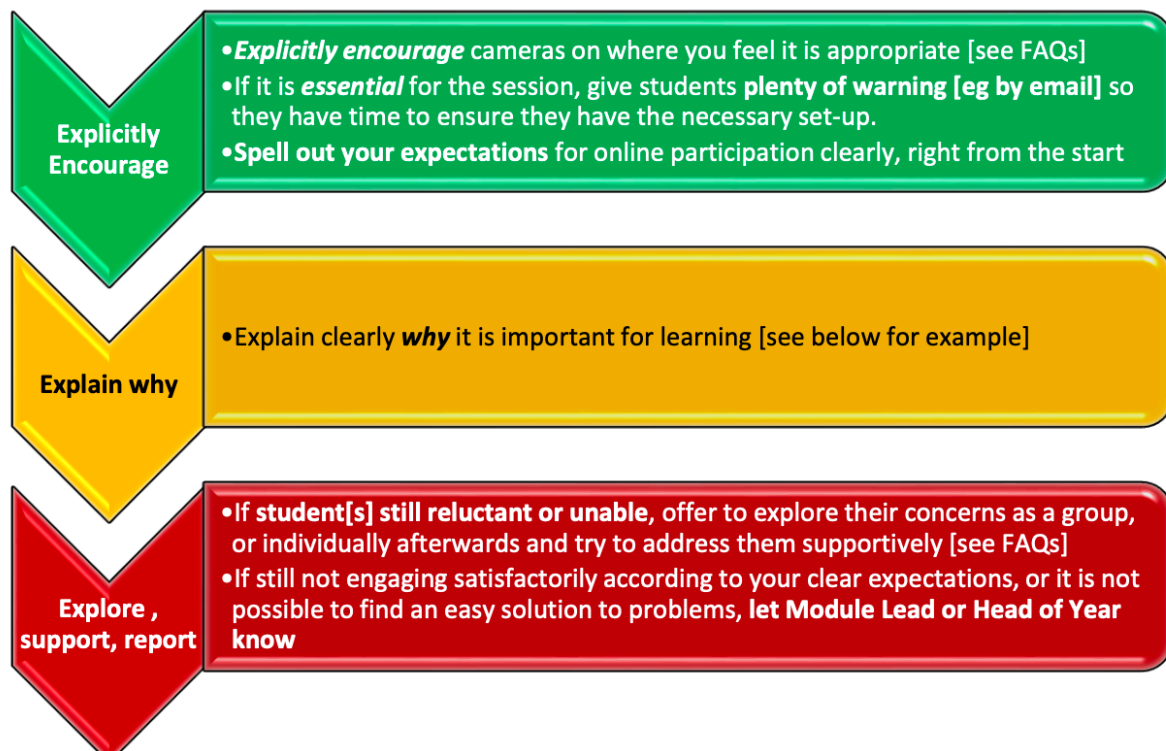
Online teaching sessions: cameras ON or OFF? Guidance and FAQs for Faculty and Students [March 2022]

Summary

As much of our teaching has migrated online [via Zoom, MS Teams or Blackboard Collaborate], there has been considerable debate in higher education about whether we should be *insisting* on students turning their cameras on during “live” teaching sessions (Leung, H. 2021; Castelli, F. 2021). In the medical school, and in the Trusts, faculty have reported that students are often reluctant to turn their cameras on.

This can be extremely frustrating and disheartening for teachers [staring at a blank screen], and makes

It impossible to gauge students’ engagement and understanding. For some sessions, for example those focusing on clinical communication, the absence of non-verbal cues is a major barrier to learning. On the other hand, *insisting* on “cameras on” at all times can cause “Zoom fatigue” and hinder learning; is not necessary or practical for some sorts of sessions [eg lectures when sharing slides]; and doesn’t take account of the host of possible reasons why students may be reluctant or unable to turn their camera on [see FAQs below]. At worst, some have suggested it could risk escalating “digital inequities”, or challenge the psychological wellbeing of some students. So whilst we wouldn’t advise *mandating* “cameras on” at all times, we don’t want “cameras off” to become the norm. Bearing all this in mind, we suggest the following pragmatic approach:



Further Guidance and FAQs

Spell out explicitly your expectations for engagement in online sessions from the very start, or even before the session. Expectations, including camera use, will vary according to the type of session and your preferences as tutor. For example:

Cameras on throughout	Eg Communication skills learning with role play; or for small group discussions; or when an expert patient/service user/guest speaker is taking part
Cameras on at certain points	Eg. During exercises in interactive seminar, introducing ourselves at start, workshop or interactive segment of lecture, breakout groups [students may feel more comfortable with that]
Cameras off	Eg Lecture to a large group of students where interaction is primarily through the chat function or polling etc.
Microphones muted/unmuted	Usually muted as default, unmuted when invited to speak
Hands-up icon	If student wants to speak
Use chat to post queries or discussion points	To encourage alternative ways to interact, especially in large groups. “Shy” students can feel much more comfortable participating on chat.
Participation in interactive quizzes/mentimeter/collaborative documents etc	Encourage alternative ways to engage, using a variety of interactive tools
Participation levels - in chat or discussion	Eg small groups, interactive lecture. Everyone to contribute to discussion? Or at least one post in chat; or answer quizzes? If none, or not to your expectations, discuss possible reasons with student afterwards as you might in-person, and consider how to support and/or possibly report to med school if no obvious solutions

Explain the reasoning behind these expectations.

For example: “I’m asking you to turn your cameras on because…”

- There is evidence that teaching is more effective when the teacher can see non-verbal cues of learners – can check understanding, and engagement
- It’s vital in building tutor-student and student-student relationships, just as in face-to-face sessions
- Establishing it as the norm encourages everyone to do it
- For communication skills – we know non-verbal communication is such a huge part

of communication, and you cannot learn about that aspect without cameras on

Explore and address openly possible reasons student[s] may have for not turning cameras on, for example:

Reason	Suggestion/support
"I am worried about people seeing the background – my bedroom for example"	<p>Bear in mind that some students may not have access to a private space, and they might be reluctant to share their personal surroundings. They may also be anxious about tutors making comments or judgements, however well intended, about their home environment.</p> <p>Consider: Staged background/virtual background/or simply background against a wall. Avoid making comments about students' background environments</p>
"I am worried about people seeing other family members/my dog etc walking through the background"	<p>Encourage students to let family members/flatmates know if online; and try to find a private space if possible.</p> <p>Again, some students may not be able to find a private space, or may struggle to persuade family members/housemates to give them privacy during online teaching.</p>
"I don't have a camera" or "My wi-fi connection is extremely poor"	<p>With adequate warning, students should be able to source a working camera and sort out their connection. If they say they don't have the resources or for some reason are struggling with this, please ask them to contact Student Support as there may be help available; there are also hardship funds available through the Medical School if necessary</p>
"Having my camera on distracts from the tutor and is disrespectful".	<p>Explain why you don't feel this way. Sometimes all that's needed is for students' assumptions to be corrected explicitly</p>
"I get distracted by my classmates' video images"	<p>Check if tool allows for "speaker view", only showing the person speaking.</p> <p>Blackboard Collaborate: you have the option of viewing fellow participants in Gallery, Speaker, or Tiled views. You can also toggle between an enlarged view of shared content and participants' cameras. To enlarge a participant's</p>

	<p>camera, hover your cursor over their image to reveal an arrow; click that arrow to enlarge their image and minimise the shared content, or vice versa.</p> <p>MS Teams: you can switch views between the in-room camera and the screen share (e.g. slides) by clicking between the presenter and shared item. Be careful when exploring other view option in MS Teams has many options will impact the view for all participants, not just your own.</p> <p>Zoom: You can select side-by-side mode to have the screen share (e.g. lecture slides) and the in-room camera stream showing side-by-side on your screen. You can also switch between the screen share and the speaker view. These options are available in the view menu</p>
"I get distracted by my own image"	Check if software allows to not show yourself . Or can stick a sticky note over the self-video .
"I am worried about people seeing me in my pyjamas/eating food etc"	<p>Encourage students to dress presentably and appropriately for online sessions, as they would if coming in for teaching.</p> <p>Students shouldn't be eating food during online teaching sessions, or engaging in other distracting activities while camera and mic turned off. Build in suitable breaks for this.</p> <p>Think how to build in active learning into your session to maintain concentration and engagement – polling, collaborative exercise, breakout exercises, chat comments, quizzes etc</p>

References

Castelli, F. R., & Sarvary, M. A. (2021). Why students do not turn on their video cameras during online classes and an equitable and inclusive plan to encourage them to do so. *Ecology and Evolution*, 11(8), 3565-3576.

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Leung, H. T. T., Bruce, H., & Korszun, A. (2021). To see or not to see: Should medical educators require students to turn on cameras in online teaching. *Medical Teacher*, 43(9), 1099.

https://cfrps.unistra.fr/fileadmin/uploads/websites/cfrps/Analyse_d_articles/2021_juin_ML.pdf

QM Academy: Guidance for Students on Mixed Mode Education.

<https://www.qmul.ac.uk/queenmaryacademy/media/qm-academy/MME-Student-Guidance.pdf>

Developed by:

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