



Community-Based Medical Education, MBBS 2025 – 2026

GP5 ASSISTANTSHIP HANDBOOK

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1. Introduction

1.1 Academic Regulations

This joint student and GP Tutor handbook should be used together with Academic Regulations.

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 Academic Regulations are also available online at QMPlus.

The information in this handbook was correct at the time of publishing in August 2025. In the event of any substantial amendments to the information herein, the GP5 team will inform students and tutors of the changes.

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

1.2 Who is this handbook for?

This handbook is for final year medical students on their GP5 Student Assistantship placement, and their GP Tutors in the practices that have been allocated to teach them. If GP Tutors, and practice members more widely require practice specific information (e.g. reimbursement processes) please contact the administrative team outlined below.

1.3 Key Changes for 2025/2026

Placement Structure	Four GP5 blocks, each lasting six weeks.
Induction	<p>Shorter GP induction to take place on the first Monday & Tuesday of the placement.</p> <p>At least one student supervised surgery timetabled in week one of the placement.</p> <p>Central GP5 intro morning will be on the first Wednesday of the GP block.</p>
Self-Directed Learning (SDL) & Ethical Core Cases	<p>Two half-days of SDL remain per week.</p> <p>One mandatory SDL session will take place on Wednesday mornings.</p> <p>Four Ethical Core Cases (central teaching that is organised by the medical school) will be delivered</p>

	<p>during Wednesday AM SDL session, either on 09:30 – 11:00 OR 11:00 – 12:30</p> <p>The second half-day SDL should be mutually agreed upon between the student and tutor, apart from the mid-module lecture days. The second SDL should be allocated on this day to reduce loss of placement time.</p>
Assessments and Activities:	<p>The patient case and reflection have been removed.</p> <p>Students are now required to complete two Directly Observed Clinics (DOCs): One before the midway review and one before the end of placement</p>
Extra Revision week for Block 4 Only:	<p>Attendance will be optional during the final weeks of placements in Block 4 (starting 23 February 2026).</p> <p>All logbook entries should be signed off by promptly by Wednesday 25th February.</p> <p>Students may still attend placement during this week for further clinical practice, but attendance will not be monitored.</p> <p>Please discuss and agree on the attendance for that week with students during their initial induction and follow up mid-way of the placement.</p>

2. Placement Overview

2.1 The aim of the GP Assistantship:

By the end of the 6 weeks students should be **thinking and acting like a generalist**: which means being able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision. We hope students will find it an interesting and stimulating experience, irrespective of any specific future career plans. The General Practice placement is an integral and compulsory part of the curriculum, just as Primary Care is an integral part of patient care.

2.2 What is Generalism?

‘Medical generalism is, at root, a way of thinking and acting as a health professional and, more than that, a way of looking at the world...The essential quality is that the generalist sees health and ill-health in the context of people’s wider lives, recognising and accepting wide variation in the way those lives are lived, and in the context of the whole person’ (RCGP 2013).

A Generalist approach to illness recognises the interaction between internal pathological processes (inflammation, infection, neoplasia) and host factors (Including environment, social and psychological). The RCGP/SAPC document “Learning Primary Care” considers this under three overarching themes:

Patient centred care: comprehensive care, problem lists rather than a single presenting complaint, continuity of care, taking a holistic approach, considering patient Ideas, Concerns and Expectations

Population Centred Care: including preventative care such as vaccines, screening, lifestyle measures

Efficient Primary Care: co-ordinating and working with the wider community team, effective referral pathways

More information on Generalism can be found here:

- <https://sapc.ac.uk/article/so-you-want-be-expert-medical-generalist>
- <https://www.rcgp.org.uk/representing-you/policy-areas/medical-generalism>
- https://www.rcgp.org.uk/getmedia/828af8c8-65a2-4627-9ef7-7bccd3335b6b/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.pdf

2.3 GP Assistantship and The Medical Licensing Assessment

This academic year sees the second cohort of graduating medical students nationally sitting the medical licensing assessment (MLA) as their final exams. While the written paper (the AKT) is set nationally, the CSPA (OSCE equivalent) is entrusted to medical schools to design and deliver, but with national scrutiny. The MLA has been several years in the development, with our assessment team involved at every step, and Barts students are well placed and prepared.

If you have not done so already, please familiarise yourself with the MLA guide for students.

<https://www.gmc-uk.org/education/medical-licensing-assessment/uk-students-guide-to-the-mla>

And the Content Map:

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

You will see the MLA divides learning expectations into:

Overarching themes: Readiness for Safe Practice, Managing Uncertainty & Delivering Personal Centred Care

Areas of Clinical Practice, such as mental health and surgery. Although relevant to all placements in medical training, both Managing Uncertainty & Delivering Personal Centred Care are core elements of **Generalism** that you will see experience on your GP placement.

Areas of professional knowledge, such as biomedical sciences and medical ethics and law.

Clinical and professional capabilities, such as assessing and managing risk and safeguarding vulnerable patients.

Practical skills and procedures, as set out in the [list of practical skills and procedures](#) that supplements GMC's *Outcomes for graduates* (2018).

Patient presentations, which relates to signs, symptoms, investigation results and other relevant patient-related issues typically seen by doctors in a first appointment within the UK Foundation Programme. For example, a chronic rash or breast lump.

Conditions, which are pathophysiological diseases or clinical diagnoses typically seen by doctors in a first appointment within the UK Foundation Programme. For example, asthma and eating disorders

Areas of clinical practice

The two key "places" relevant to GP5 are General Practice and Primary health care and Palliative Care: you will have a session at St Joseph's Hospice as part of this placement and may see patients having their palliative care and end of life decision-making managed by their GP.

Practical skills and procedures

Please use the opportunity being in smaller student groups with opportunity for more one on one supervision to practice both practical procedures and clinical examinations. Please discuss with your GP tutor what signs off you have outstanding. The following procedures can be signed off in the GP practice if your tutor can make suitable arrangements. There are some procedures like ECG and venepuncture that may not be available in the majority of GP practices (**see highlighted**). Therefore, please check with your GP tutor at the start of your placement, what is achievable in the placement.

We kindly ask that all required assessments and sign-off forms are completed by the end of placement. Please ensure the lead GP5 tutor attends the training, passes on any feedback received and is solely responsible for each student's end of placement sign offs. Please note other AHP are encouraged to be involved in teaching and can sign off individual assessments if competent in said procedure etc but not end of placement signs-offs.

- Measuring body temperature
- Measuring pulse rate and blood pressure
- Measuring respiratory rate
- Trans-cutaneous monitoring of oxygen saturation
- Peak expiratory flow
- Perform direct ophthalmoscopy
- Perform otoscopy
- **Venepuncture**
- Measure capillary blood glucose
- Carry out urine multi dip stick test
- **Carry out a 3 and 12 lead ECG**
- Take and/or instruct patients how to take a swabs
- Instruct patients in the use of devices for inhaled medication

- Prepare and administer injectable (IM, SC, IV) including administering vaccines – *additional training may be needed*
- Giving information about the procedure, obtaining and recording consent, and ensuring appropriate aftercare
- Use of personal protective equipment (gloves, gowns, masks)
- Infection control in relation to procedures
- Safe disposal of clinical waste, needles and other 'sharps'

3. Student Activities

Summary of student's activities:

- **Intro session and (short) induction** to practice and placement. Induction can take place of the first Monday and Tuesday of the placement, with the University Introductory Morning on the first Wednesday. Student will be back to practice on the Thursday/Friday and should try to do one supervised clinic in this time.
- **Regular Student Surgery sessions** with feedback (3 – 4 sessions per week): Students surgeries should include a minimum of 3-4 face-to-face patient consultations, usually 30 minutes per patient. **At least 1 student surgery timetabled in the first week of placement.**
- **Directly Observed Clinics (mandatory):** Student surgeries as above but with the GP Tutor sitting in to observe the whole clinic and give feedback at the end. One should take place before the midway review and a second before the end of placement.
- **Backroom practice work (1-2 sessions per week):** Chronic Disease Reviews, Administrative work, Medication reviews and prescribing, and QOF follow-up
- **Professional shadowing:** Sitting in and assisting with GP and/or other members of the MDT (multi- disciplinary themes). This might be appropriate for the first few days of placement, but we would expect minimal shadowing after the initial induction.
- **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 half sessions per week): To allow time for assessment work and ethical core cases. Wednesday AM & another half day per week. In the weeks where there is a mid-module lecture day, the second SDL should take place on this day, to minimise loss of placement time.

3.1 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. 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. The number of patients in student surgeries should be reviewed on a regular basis and during the midway review and can be increased or decreased if needed but with a minimum of 3-4 patients per surgery. There should be one student surgery timetabled in the first week of placement.

Practices should have a reasonable proportion of face-to-face consultations in surgery sessions, and students 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 students may work in pairs. When this happens, one should consult whilst the other observes, takes notes, and gives feedback to their colleague at the end. This supports independent practice and the development of skills in giving professional feedback.

Regarding examinations, we would expect students to be able to perform simple examinations on their own if confident and if the patient consents. However, all intimate examinations should be done with direct supervision from their GP tutors. If students are not sure, they should check with their GP tutor first before carrying out any examinations or practical procedures.

The following table can be used as a guide on giving feedback.

Table 1 Steps of delivering feedback

Kelly E, Richards J, Medical education: giving feedback to doctors in training BMJ 2019;366:l4523

Educator actions in giving feedback	Rationale
Set the stage: inform the learner that feedback is planned and identify an appropriate setting with protected time	Encourages learner preparation and participation
Organise your own specific observations and commentary	Increases the effectiveness of the feedback
Clearly state, "This is feedback"	Makes the learner aware that a feedback session is starting
Ask the learner for 2-3 specific aspects of a skill or behaviour that they think they did well	Builds self-reflection skills and confidence

Reinforce the positives and challenge inaccuracies of self-assessment with specific examples	Encourages deeper self-assessment and continues the two-way conversation
Ask the learner to assess their own performance, identifying what went well and what they think needs improvement	Builds self-directed learning skills
Offer specific, responsive feedback to the learner's behaviour and performance (using examples)	Offers objective (and not subjective) review of performance
Agree on areas for focus, ongoing reflection, and development in future clinical encounters	Considers goal setting
Agree on an action plan, with specific commitments and actions for both the trainer and learner	Considers goal setting
Agree on a timeframe for implementing reflection and behavioural changes, and for a plan for review. Invite the learner to generate a plan for improvement, as opposed to providing a "to do" list	Considers goal setting
Ask the learner to summarise the "take home" points from the feedback	Reiterates and reinforces what has been covered

GP tutors should ensure that students **do not send patients home without a review being done by their supervisor**. We encourage students to be involved in consultations and observing consultations in patient's presentations which could involve child and adult safeguarding. We would expect students 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.

Plagiarism and Use of Generative AI

We are aware that some GP practices are using AI clinically, for example AI Scribe and many of these tools are imbedded in the practice computer system. While we would encourage GP tutors to show students how this technology works, we would not want students to use AI clinically in their consultations at this early stage.

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)."

3.2 Self-Directed Learning (SDL)

Students 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. GP tutors should allow students two half day SDL sessions per week, **one of which is on a Wednesday morning**, which should coincide with the ethical core case sessions. We would not expect students to attend the practice at all on a Wednesday. The second half day should be negotiated between the student and tutor. GP Tutors should ensure that the timetable should include these sessions. Note to tutors, please schedule the second SDL session on the mid module lectures days to limit students time off from the placement.

3.3 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.

3.4 Assistantship and Professional Shadowing

This is a GP Assistantship, and we would encourage students to be involved in chronic disease management as much as possible and develop experience of e-consulting in this area.

'Sitting in' is not the main aspect of this placement: some time can be spent 'sitting in' in the first week of the placement with or shadowing members of the Primary Care Team. We would not expect this to be timetabled after the first week.

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

3.5 Central Teaching

- I. **Ethical Core Case Tutorials** – Students will need to attend core case teaching sessions (90 minutes) during weeks 2, 3, 4 & 5. The sessions will take place on a Wednesday morning either from 09:30 – 11:00 or 11:00 – 12:30, your exact time will be communicated to you by the unit administrator as well as your core case tutor. You will have an SDL on Wednesday mornings, and the Ethical Core Case Tutorials will be incorporated into this.
- II. **Intro day (delivered by medical school and central tutors online)** - Half a day on the first Wednesday of the GP block.
- III. **End of Placement drop-in session (optional):** opportunity to discuss any outstanding issues with the GP5 academic team. Delivered online.
- IV. **Hospice Session:** You will have a mandatory organised session at St Joseph's Hospice; this will take place in your SSC5A block.

3.6 Additional Teaching and Learning Activities

This year, we have worked with some local providers to offer students an opportunity to experience Urgent and Unscheduled care. This includes the Urgent Treatment Centre (UTC) at the Royal London Hospital and the London Ambulance Service (LAS). We ask that the student discuss these opportunities with their GP tutor and negotiate a suitable time to attend, you should have some time in lieu if attending these opportunities. This year to increase capacity there may be shifts available at the UTC in the evenings and on weekends but this is voluntary and depending on the student's individual convenience. If students are going to attend an evening or weekend session, please ensure that you consider your personal safety and please contact the supervising GP, or module leads if any concerns.

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.

Students should consider how risk is managed by Clinicians seeing patients without access to notes, without continuity of care, and without the tests available in the Emergency Department.

3.7 Key Dates for 2025/26

Group D - Monday 01st September 2025 – Friday 10th October 2025	
First Day of placement Week 1	Monday 01 st September 2025
Intro Day Week 1	Wednesday 03 rd September 2025
Midway Review Week 3	Friday 19 th September 2025
Drop in Session Week 6	Wednesday 08 th October 2025
End of placement Week 6	Friday 10 th October 2025
Group C - Monday 13th October 2025 – Thursday 20th November 2025	
First Day of placement Week 1	Monday 13 th October 2025
Intro Day Week 1	Wednesday 15 th October 2025
Midway Review Week 3	Friday 31 st October 2025
Drop in Session Week 6	Wednesday 19 th November 2025
End of placement Week 6	Thursday 20 th November 2025
Group B - Monday 24th November 2025 – Friday 19th December 2025 (4 weeks) *Holiday*	
Resume: Monday 05th January 2026 – Friday 16th January 2026 (2 weeks)	
First Day of placement Week 1	Monday 24 th November 2025
Intro Day Week 1	Wednesday 26 th November

Midway Review Week 3	Friday 12 th December 2025
Drop in Session Week 6	Wednesday 14 th January 2026
End of placement Week 6	Friday 16 th January 2026
Group A - Monday 19th January 2026 – Friday 20th February 2026**	
First Day of placement Week 1	Monday 19 th January 2026
Intro Day Week 1	Wednesday 21 st January 2026
Midway Review Week 3	Friday 06 th February 2026
Drop in Session Week 5	Wednesday 18 th February 2026
End of placement Week 5	Wednesday 25 th February **
Private Study Weeks For all students	Monday 23 rd February 2026 – Friday 06 th March 2026

****Extra Revision Time in Block 4:**

- Attendance will be optional during the final week of the GP5 placement in Block 4 (starting 23 February 2026).
- All logbook entries should be signed off promptly by **Wednesday 25th February 2026**. **If students wish to finish on Friday 20th February, then all logbook entries should be completed by then.**
- Students may still attend placement during this week for further clinical practice, consolidation and completing placement sign-offs but attendance will not be monitored.
- Students and GP tutors should discuss and agree on expectations regarding attendance during the last week of the placement, early on in the placement so that arrangements can be made

Mid Module Lecture Days

Mandatory lecture days arranged by the medical school. Note to GP tutor's please schedule an SDL session on these dates so students can attend lecture days:

- Friday 26th September & Monday 29th September
- Monday 10th November & Friday 21st November

PSA Masterclasses

Each masterclass is non-compulsory, repeated and recorded, students attend at the discretion of their placement Trust or teaching lead. (Friday afternoons, 3 – 5pm)

These are the provisional dates & still TBC for now:

- Masterclass 1: Week 6 (Friday 12th Sept)
- Masterclass 1 (Repeat - Online only): Week 9 (Friday 3rd Oct)
- Masterclass 2: Week 12 (Friday 24th Oct)
- Masterclass 2 (Repeat - Online only): Week 14 (Friday 7th Nov)
- Masterclass 3: Week 15 (Friday 14th Nov)
- Masterclass 3 (Repeat - Online only): Week 19 (Friday 12th December)
- Masterclass 4: Week 23 (Friday 9th Jan)
- Masterclass 4 (Repeat - Online only): Week 24 (Friday 16th Jan)

QMUL Safe Prescribing Exams:

Students will need the day off from placement to attend the exam

- SPE 1 - Friday 29th August 2025
- SPE 2 - Friday 5th December 2025
- SPE 3 - Friday 9th January 2026 (Resit/Contingency date for those who miss either of the first two sittings)

PSA (Prescribing Safety Assessment):

Students will need the day off from placement to attend the exam

- Thursday 29th January 2026

Portfolio submission deadline: 12pm, Wednesday 25th February 2026

4. Expectations of the GP5 Student Assistantship

4.1 What students can expect from their 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 at the start of the placement).
- An inclusive induction, for all clinical placements. (see section on inclusive induction) You will be always supported by your GP Tutor 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 morning, Ethical Core Cases and Hospice session)
- Wednesday afternoons are protected time for students for sports, therefore, there should be no Practice activities scheduled during this time.
- Students are permitted two half day SDL sessions per week. One will be set on a Wednesday AM (and will incorporate the Ethical Core Case Tutorial). The second half-day should be mutually agreed upon between the student and tutor.* see above regarding mid-module lecture days.
- GP tutors should ensure that the timetable should include these sessions. GP Tutors should ensure that there are only 2 half day SDL sessions (including NOT on top of the Wednesday morning) allocated per week.

4.2 What the GP tutor can expect from students:

- 100% attendance
- Engagement with the module and assessments
- Professionalism
- To be informed early if there are any concerns or students need any reasonable adjustments to be made

4.3 What CBME/Medical School expects from students:

- Attendance is expected to be 100% (face to face or online as appropriate), **less than 90% attendance will require remediation**. This will be decided on a case by case basis with module leads with a final decision made by Head of Year 5.
- 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 morning, Hospice session and all 4 Ethical Core Cases.
- Engagement with the module and assessments
- Professionalism
- To inform the University early of any issues with the placement.

4.4 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. The student agreement will be available on Pebble Pad, students should share this document via their device. See appendix for copy.

As part of the introductory meeting, it is essential that a **student learning needs assessment** should be carried out in order to form the basis of the learning of the placement. We would encourage that the learning needs assessment is revisited regularly during the placement and during the mid-way review.

4.5 Inclusive Induction

We are sure that many of our tutors as part of the learning needs assessment will consider inclusive induction. This is at least 10-15 min 1:1 sessions with each student. There are some resources below if tutors need further guidance.

- [Inclusive Induction Handbook](#)
- [Increasing student sense of belonging in GP Placements](#)
- [Reverse mentoring to increase learner inclusion in GP Placements](#)

5. Learning Needs

This handbook is a guide to the course. Students will learn most from the direct experience of Primary Care. Students should discuss their personal learning needs with their GP Tutor, early on in the attachment. A lot of the time will be spent in one-to-one learning between students 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 the placement. This can be very enjoyable for both parties provided that students take every opportunity to learn by questioning and by doing.

Student and tutors should use the specific learning outcomes in the student guide and other core documents from Year 5, including the practical procedures logbook, to guide learning. Students and tutors may find it useful to read the document Outcomes for Graduates (GMC, 2018) and review the Medical Licensing Assessment Content Map and GMC Practical Procedures (outlined in a previous section).

5.1 Introductory Tutorial Checklist

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

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, how students 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 students and tutors have discussed responsibilities
- **Timetable** - an outline of the schedule during the placement.
- **Assessments** - what students 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.
- **Pebble pad** – This is the new electronic platform for the assessment logbook, please go through the required assessments with your student and agree the best approach to covering the relevant procedures and skills during the Placement.
- **Specific Learning Needs and Outcomes** - discuss the students learning needs and consider the learning outcomes specific to this placement, including practical procedure sign offs. This will help inform Tutorials and Self-Directed Learning time.

5.2 General Learning Outcomes

Learning outcomes for the GP5 placement consider both the Medical Licensing Assessment overarching themes of:

- Readiness for Safe Practice
- Managing Uncertainty
- Delivering Personal Centred Care

5.3 GP5 Learning Outcomes

The specific learning outcomes for the GP5 placement as follows:

- Assess, in a structured way, a patient who presents acutely unwell in the primary care setting, developing a management plan at a level appropriate for a newly qualified foundation year (FY) doctor and communicate this to the patient, relatives, and the healthcare team.
- Assess a patient with a long-term condition and/or complex needs in the primary care setting, applying clinical knowledge to the management of the patient and contributing to their planned care at a level appropriate for a newly qualified FY doctor.
- Demonstrate the (minimum) required practical skills in the primary care setting under the appropriate entrusted level of supervision as defined in outcomes for graduated practical skills and procedures: <https://www.gmc-uk.org/education/standards-guidance-and->

[curricula/standards-and-outcomes/outcomes-for-graduates/outcomes-for-graduates---practical-skills-and-procedures](#)

- Demonstrate safe practice in medicines management in the primary care setting, including the review of patient prescribing regimes, operating within systems of safe working within the primary care setting and the effective written communication of medicines management to colleagues.
- Demonstrate a structured approach to managing medical emergencies in the primary care setting, including the recognition of the sick patient and the safe transfer of care to secondary care colleagues in the context appropriate to a newly qualified FY doctor
- Demonstrate structured management of patients in pain and at the end of life in community and hospice settings, including the assessment of pain and the recognition that a patient is in the final days of life.
- Recognize patient capacity, consent, and confidentiality in their care of patients and know how this applies to clinical situations in primary care including action taken to safeguard vulnerable patients
- Demonstrate safe use of written communication, IT, and sensitive data in the primary care setting, including the keeping of contemporaneous medical notes and preparation of discharge summaries
- Demonstrate effective working within a multi-professional and multi-disciplinary team in the primary care setting, at the level of a FY doctor including the safe presentation, handover and referral of patients and the prioritisation of tasks
- Judge the complexity of health and social care needs in primary care, managing multimorbidity, dealing with uncertainty and prioritising tasks
- Apply the principles of patient safety in the primary care setting, recognition of risk and principles of risk management, clinical audit, and quality improvement.
- Utilize equality, diversity, and inclusiveness principles in interactions with patients, their advocates and healthcare professionals and the wider population in the context of community settings
- Recognise the role of doctors in contributing to management and leadership of the health system in community settings, and as architects for future developments
- Appraise relevant social determinants of health and address psychosocial factors influencing patient health and healthcare utilization through empathetic and culturally sensitive care.
- Apply skills in health promotion and disease prevention, including counselling patients on lifestyle modifications, vaccinations, and screening protocols.
- Practice self-care together with maintenance of personal physical and mental well being
- Show an ability to direct their own learning in the context of the community workplace, including reflective practice and the gathering of evidence that demonstrates they have acquired the necessary competencies of the course.

6. 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.

The assessment platform is called Pebble Pad. This is student-led, and all assessment forms will be completed on this. GP Tutors do not require a log on, forms can be completed with the students.

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

- Mini-Clinical Evaluation Exercise (Mini-CEX) - 2 of these are required for each student during the placement. One should take place during the first 3 weeks, and the second should take place before Week 6. Please upload both onto Pebble Pad.
- Directly Observed Clinics - 2 of these are required for each student during the placement. One should take place during the first 3 weeks, and the second should take place before Week 6.
- Patient Feedback Forms – a minimum of 5 patient feedback forms to be completed through the placement. The patient feedback forms will be available on QM+ and Pebble Pad. Please ensure there has been discussion between the student and tutors regarding the feedback. There may be occasions where students and tutors feel that more feedback forms are required for learning, reflection and developmental purposes.
- We would like GP Tutors to undertake a 'Midway Assessment' at Week 3. This is to include a review student progress and of Pebble pad assessments. Students and Tutors should have a sit down meeting to complete the review. **If there are any concerns at this Midway Assessment, please contact the Year 5 team.**
- Practice Based Project
- Significant Event Analysis – write up and discuss in SEA team meeting. SEA template is available on QM Plus and Pebble Pad, but students are welcome to use the standard template used by their practices. It is unlikely that a student would be directly involved in a Significant Event during their time at the practice and would expect the GP tutor to signpost students to a recent practice significant event which would be appropriate to write up. Students will most be likely attending one practice/clinical meeting during their placement where Significant Events are discussed and may choose to write up one of these significant event.
- Assessment of Professional Attitude and Conduct - Pebble Pad form to be submitted by the GP Tutor at the end of the Placement.
- Overall Assessment of Performance – Pebble pad form to be submitted by the GP Tutor at the end of the Placement.
- The overall grades will range from **Commended, Pass, and Referred**. A Referred mark should be awarded if attendance has not reached the minimum requirement, or if any concerns regarding performance. Attendance is expected to be 100%.

Significant periods of absence need to be notified to the Unit Convenor as soon as possible and may lead to the student repeating the block and refused entry to Finals or Graduation. Please let the Unit Convenor know as soon as possible about any student issues and particularly attendance on the placement, **Poor attendance may be a sign that a student is struggling and needs support.** It is important to let the unit convenor know as soon as possible about any attendance issues or

other student issues so that these can be addressed early. In this way, both the student and the GP tutor can be supported directly and in a timely way.

Poor attendance or any other student concerns must be discussed with the student as soon as possible and again during the midway review, so that students have a chance to improve their performance. Tutors should give students specific examples on where they can improve. If a GP tutor raises any concerns during the midway review, we would expect them to contact the module leads as soon as possible, so that additional support can be provided to both the student and the GP tutor.

The table below summarises the assessment components required.

Assessment item on Pebble Pad	Deadline
2 x Mini Cex	1 completed by Week 3 and second completed by Week 6
2 x Directly Observed Clinics	1 completed by Week 3 and second completed by Week 6
5 x Patient feedback forms	Completed by week 6
Midway Assessment at Week 3	<p>Ensure the student has done some assessment items to discuss in this midway assessment.</p> <p>Review of progress to consider:</p> <ul style="list-style-type: none"> • Highlights (and Lowlights if any) of the placement so far • Review what still needs completing in the placement • Review absences for any reason • Review the patient feedback forms completed, and any assessment items done so far • Discussion and feedback from 1 x directly observed clinic and 1 x mini cex
	<ul style="list-style-type: none"> • Discuss how the student is doing and get feedback on next steps, including aspects of professionalism • Remind the student to complete the midway review on Pebble pad • Review the end of placement sign off form and agree when this will be done in the final week.
Practice Project	Progress to be reviewed at Midway Review, completed by Week 6
Significant Event Analysis	Completed by Week 6
Assessment of Professional Attitude and Conduct Form	Week 6

Overall Tutor Assessment of Performance	Week 6
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6.1 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.

6.2 Royal College of General Practitioners (RCGP) North-East London Faculty Prize

You are all eligible for the Year 5 GP Prize which involves submitting your Practice Based Project for consideration. We would encourage you all to do this as it would be good to showcase this work. You can submit your project either individually or as a pair. The total value of the GP Prize is £200 for each successful student. If a pair of students are successful, they will each receive £200. If a single student is successful, they will receive a total of £200.

In order to submit your project please email it to Mahbuba Yasmin: cbme-year5@qmul.ac.uk be sure to include a prize essay front sheet. Also, a simple 'statement of equal contribution' declaration, have completed the project as a pair, to confirm that you have both contributed to the work. These documents are available on [QMPLUS](#). We have also added the winning project titles on QMPlus from 22/23, 23/24 & 25/26 for your reference.

The winning student or pair of students will be presented with the Prize at the RCGP North East London Faculty Annual Gala Dinner, date to be confirmed (most likely November 2026, RCGP Headquarters, Euston). The deadline for submissions is at the end of your teaching year, early March 2026, exact date TBC.

Submissions centrally are made for Prize consideration only and will be judged by a panel of Academics and Community Tutors.

Please note that you do not need to submit your Project to complete your placement. Your project is marked by your own GP Tutor for this purpose.

We hope you consider submitting your projects!

6.3 Doctors As Teachers and Educators (DATE)

As a requirement of DATE, students are being asked to plan and deliver a 10-to-15-minute teaching session (or longer if preferred) during the GP Assistantship placement. Please note that although the DATE teaching session is a required Year 5 task which we encourage students to carry out during the GP5 block, it is NOT a requirement of GP5 itself. The assessment will be done on Pebble pad. See Appendix 1-2 for further information including feedback forms. Students please signpost the feedback form to your GP tutor, which can be printed out at the surgery before the teaching session. For more information please contact Dr Mike Page: m.page@qmul.ac.uk.

6.4 Pebble Pad Deadlines

	Group A	Group B	Group C	Group D
HA1	5pm, Friday 17 th October	5pm, Friday 28 th November	5pm, Friday 23 rd January	12pm, Wednesday 25 th February
HA2	5pm, Friday 23 rd January	12pm, Wednesday 25 th February	5pm, Friday 17 th October	5pm, Friday 28 th November
GP5	12pm, Wednesday 25 th February	5pm, Friday 23 rd January	5pm, Friday 28 th November	5pm, Friday 17 th October
SSC5A	12pm, Monday 24 th November	12pm Monday 13 th October	12pm, Monday 2 nd March	12pm, Monday 19 th January
Year 5 Portfolio (All groups):	All groups must have completed all assessments for HA1, HA2 & GP5 by Wednesday 25 th February, 12pm			
Practical procedures for GMC Outcomes for Graduates (All groups):	All groups must complete the practical procedures listed in the Year 5 Portfolio by Wednesday 25 th February, 12pm			

7. Overall Placement Grades

Commended:

- Completed all formative assessments and goes above and beyond to reflect to an excellent standard.
- Excellent knowledge base and communication skills.
- Engages with all primary care tasks to an excellent standard.
- Inspires confidence in patients and colleagues.
- Seen as an asset to the practice.

Pass:

- Formative assessments completed and reflected to a satisfactory standard.
- Competent in skills and attitudes to begin work as a FY1.
- Satisfactory engagement with practice activities.
- Is safe with patients.

Referred:

- Poor engagement with the formative assessments without extenuating circumstances.
- Requires significant improvement with clinical and communication skills.
- Inadequate knowledge base Lacks insight on own abilities.
- Concerns regarding patient safety.

7.1 Students receiving a referred grade

We ask tutors that give students a Referred grade (and consider them to have particular difficulties needing support), that they **MUST** have comments with specific examples outlining the concerns included in the assessment sheet for the placement. **It is essential for GP tutors to flag any concerns early on so that students have a chance to improve, such as in the midway review.** These students will be asked to meet with the Unit Convenor for a further discussion. The final decision regarding passing or failing the placement will be made by the module leads.

7.2 Remediation

In some cases, some students may need to complete a remediation placement. This is typically required after the final exams and takes place at a designated GP practice assigned by the CBME team. The exact duration of the remediation placement is determined on an individual basis, following a thorough discussion with the Head of Year 5. Some of the factors influencing the length of the placement includes, the length of time the student has missed out of their GP placement, the student's specific learning needs and the areas requiring improvement.

If remediation is necessary, students will receive guidance on the objectives to focus on, as well as any additional support or resources available to help ensure successful completion of the placement.

8. Evaluation of Practice by Student

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 the student should complete an Online Evaluation Form (EvaSys)**. The details will be emailed to both the Practice contact and each student a few days before the end of the placement.

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

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

9. Student Resources

9.1 Academic

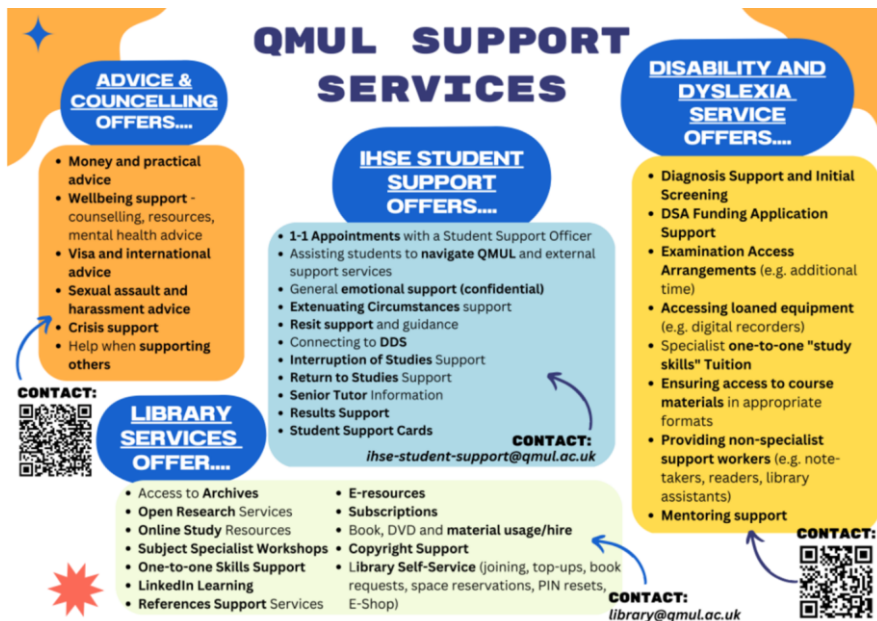
Signing up to nbmedical.com and/or redwhale.co.uk for their frequent free bulletins and blogs on GP clinical issues.

Virtual Primary Care resource: MSC Virtual Primary Care | Home (medicalschoollscouncil.org.uk): access to 150 real-life diverse GP consultations from across the UK mapped to GP learning outcomes. BMJ (British Medical Journal) Podcast for GPs: “Deep Breath in”

RCGP SAPC Learning General Practice document: <https://www.rcgp.org.uk/getmedia/074af536-aaae-4eef-95cb-63ee18e96fda/learning-general-practice.pdf>

Further Reading: A Fortunate Woman by Polly Morland and Fighting for the soul of General Practice by R Shah and Jens Foel: both books of vignettes and reflections from recent real-life General Practice experiences

9.2 Wellbeing



- Student Support Email:
ihse-student-support@qmul.ac.uk
- IHSE Student Support Service website:
<https://www.qmul.ac.uk/ihse/ihse-student-support/>
- Occupational Health:
qmulstudents@ohworks.co.uk
- BMA (British Medical Association) Counselling Service:
<https://www.bma.org.uk/advice-and-support/your-wellbeing#wellbeing-support-services>
- Practitioner Health Programme
<https://www.practitionerhealth.nhs.uk/>
- You Ok Doc?
<https://youokaydoc.org.uk/>
- Freedom to Speak Up/Report + Support
[CBME Raising Concerns - \(Quality Assurance\) v6Jun24.docx](#)

10. Frequently Asked Questions

Where are the assessment forms?

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

Are the Mini-CEXs marked?

Yes. They are marked by the GP Tutor. Students are expected to complete two Mini-CEXs during the placement, both to be uploaded onto Pebble pad.

Can students see patients on their own?

Yes, indeed this is expected. Students should be able to see and manage a lot of the problems that present in a safe and supervised manner. They should always check the management with their supervising GP before the patient leaves. The GP Tutor remains clinically responsible for the patient so you will decide how independently students can work safely. Students 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 for Final Year students who will be taking their Prescribing Safety Assessment and for their 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 students may have to miss due to central exams (e.g. PSA).

Who should I inform when unwell?

In no circumstances should students attend if unwell. Please see the Student Learning Agreement for more information.

Tutors should make sure their student knows how to contact key people at the Practice out of normal opening hours if needed. Either give them mobile numbers for the lead GP tutor or the Practice Manager, or the 'bypass' number for the Practice. If a student is ill, they are expected to inform whoever is supervising them at the Practice as soon as possible, and to keep tutors informed of how long they are likely to be away. They will also need to follow the usual process of keeping the Student Office informed through Tom Schindler at t.schindler@qmul.ac.uk.

Should a student sustain a needle stick injury whilst on placement in the Community, they are advised to access emergency treatment via local services. If there are no clear guidelines, then they should attend your nearest ED as soon as possible for assessment and treatment. Please also contact the CBME Admin Team urgently, who will direct them to Occupational Medicine at Mile End for follow up.

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

The 'Intro Morning' and the end of placement 'Drop-in Session' will be held online. Students will be sent links on QM Plus so that they are able to attend these. Timetables for these days are shared on QM Plus.

The online 'Intro Morning' will provide an orientation to GP placements by the GP5 module leads.

The end of placement 'Drop-in Session' will be a one-hour optional session for students on the last Wednesday of the GP block to ask questions or give feedback.

11. REFERENCES

- General Medical Council (2018). Outcomes for graduates. [online] www.gmc-uk.org. Available at:
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<https://www.gmc-uk.org/education/medical-licensing-assessment/mla>
- Fraser, R C. (1992) Clinical Method: A General Practice Approach. Second Edition, Butterworth-Heinemann, UK
- RCGP (2019). GP curriculum. [online] www.rcgp.org.uk. Available at:
<https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum>
- Kelly E, Richards J, Medical education: giving feedback to doctors in training BMJ 2019;366:l4523
[Medical education: giving feedback to doctors in training | The BMJ](#)

Appendix 1: DATE Clinical Teaching Session 2025-26 - GP Tutor Instructions

Dear GP5 tutors,

In Year 5 of their MBBS, students must complete a module called 'Doctors as Teachers and Educators' (DATE), the scope of which is to introduce them to basic principles of good teaching practice and help lay a foundation for them to build sound teaching skills for their future careers as FY doctors. The DATE module therefore gives students the opportunity to present learning material to a chosen group of learners, according to learner needs and available resources, to receive constructive feedback on performance and to evaluate their teaching practice.

As a requirement of DATE this year, students are being asked to plan and deliver a 10-to-15-minute teaching session (or longer if preferred) during the GP Assistantship placement. Students have a choice with regards to topic and participants but should ideally discuss this with you beforehand. We particularly encourage near-peer teaching of medical students in earlier years if this is feasible, but they may teach any learners, including (for example) other members of the MDT or patients.

Please note that although the DATE teaching session is a required Year 5 task which we encourage students to carry out during the GP5 block, it is NOT a requirement of GP5 itself. This means that the DATE teaching session does not constitute part of the GP5 assessment, nor does it impact its final outcome. In fact, DATE has its own Pebble Pad page that is independent of the GP5 portfolio.

Please ensure that students submit their lesson plan (a hard copy or email) before delivering their teaching session and that a soft copy of the lesson plan is attached to the DATE feedback form on Pebble pad before signing off the task. You are **not** required to grade the lesson plan.

You are asked to type in your feedback on the student's teaching session by filling in the DATE feedback form on Pebble pad, during or after the session. If you prefer, you may opt to jot down written feedback on a printable version of the DATE feedback form first, before inputting your feedback in Pebble pad.

In this case, please ask your students to provide you with the printable DATE Feedback Form, which they can download from the DATE Pebble pad page, before the teaching session begins.

(The printable version of the DATE feedback form can also be found here – in Appendix 2)

Please give the student constructive feedback on the teaching session according to the headings delineated in the DATE feedback form. Under each heading of the feedback form, please consider and comment (in particular) on what went well in the lesson and (if necessary) what aspects of it could have been improved.

At the end of the student teaching session, we encourage you to have a brief 5-to-10-minute discussion of your feedback with the students.

Students are subsequently expected to write a short reflection of no more than 250 words about their teaching session, where they consider feedback received from their tutor and any learners that were present, regarding their teaching session.

Appendix 2: Doctors as Teachers and Educators (DATE) Feedback Form

Student's Name:

Date of Teaching Session:

Brief Description of Session (e.g. location, allocation time for session, topic, number, and background of learners):

Question area	Examples of Positive indicators	Strengths and/or Areas of Development
Preparation and setting	e.g. creates an appropriate environment; checks that resources are available/working in advance; uses resources appropriately.	
Introduction	E.g. introduces self and topic; establishes prior learning; sets learning outcomes.	
Structure of session	E.g. teaching session has a clear beginning, middle and end; natural progression and logical development of ideas/contents; summarises key points at conclusion.	
Knowledge and ability to answer questions	E.g. understands topic matter; answers questions clearly; aware of own limitations.	
Interaction with group	E.g. engages with students; facilitates group participation; maintains students' attention and manages time effectively.	

Appendix 3: 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, or the CBME academic leads Dr Vidya Mistry or Dr Meera Sood (via Mahbuba Yasmin). I may also seek advice directly from the Final Year Lead, Dr Sushma Saksena, or a BLSA student representative at any time.

Student Name:

Student (e) Signature:

GP Tutor Name:

GP Tutor (e) Signature:

Practice:

MBBS Programme,

Institute of Health Sciences, Queen Marys University of London

1st Floor, Garrod Building

Turner Street, Whitechapel, London

E1 2AD