



# Community-Based Medical Education, MBBS 2025 - 2026

GP2 Handbook for Year 2 Tutors

## Contents

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Contents	2
Introduction	3
Contacts	3
Placement Overview	3
Mapping Of Themes	3
Structure	3
The 6 Themes	4
Practice Based Learning	4
Team Based Learning (TBL): Campus Teaching	4
Simulated Role Plays with Actors: Online Teaching	4
Dates	4
Assessment	5
Remediation	5
Feedback On Module	5
GP2 Content	5
GP2 Days in More Detail	5
Practice Based Teaching	7
Promoting Health and Preventing Disease	8
The Social Determinants of Health	9
Long Term Conditions	10
Central Teaching	11
Multi Morbidity And Medical Complexity And 'What Is The Story?'	11
Ethical Dilemmas In Clinical Encounters & Digging Deeper-Recognising & Responding To Hidden Agendas	12
Medical Ethics: The 'Good Doctor' - Professionalism And Burnout And Putting First 2 Sessions Together	13
Assessment Requirements (Including Sign Off)	14
Assessment 1: Attendance	14
Assessment 2: Reflective Statement/Creative Enquiries	14
Assessment 3: Professionalism Assessment	15
GP2 Reflective Statement on Teamwork	16
Assessment Of the Reflective Piece	17
Plagiarism And Use Of Generative AI	18

## Introduction

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### Overview of GP2

GP2 is a practice, campus and online-based placement for all Year 2 students at Barts and The London School of Medicine and Dentistry.

This year, the emphasis will be on the fundamentals of general practice (generalism) which will help you understand the principles of general practice as you progress through medical school and afterwards.

GP2 will introduce you to the broader context and key components of General Practice as a specialty and give you an understanding of professional knowledge.

## Contacts

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Module Administrator for GP1 and GP2

## Placement overview

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### Mapping of themes

The themes of GP2 and learning outcomes are mapped to:

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

Teaching GP from RCGP: <https://www.rcgp.org.uk/getmedia/bd108a4b-50ce-42f0-9de4-c3083a2c8586/teaching-general-practice.pdf>

GMC Capabilities Framework: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>

GMC MLA: <https://www.gmc-uk.org/education/medical-licensing-assessment/uk-medical-schools-guide-to-the-mla/mla-content-map>

### Structure

Each student will have 6 days of GP2 with 6 themes (see below).

This teaching will be 3 days in a GP practice and 3 days on campus [half day TBL and half a day online] facilitated by GP tutors and actor facilitators.

## The 6 themes

There will be 6 themes covered (which is explained in more detail in later chapters).

1. Promoting disease and preventing disease
2. Social Determinants of Health
3. Long term conditions
4. Multi morbidity and medical complexity
5. Medical ethics in clinical encounters
6. Professionalism and burn out

## Practice based learning

Practice based learning is a great opportunity for you to be within a GP setting, meet other members of the primary care team and speak to patients. You will be in small groups within the same surgery for all 3 days.

## Team based learning (TBL): campus teaching

Team-Based Learning (TBL) is an instructional strategy designed to enhance collaborative learning and critical thinking skills among students in the medical field. It's particularly valuable in the second year of medical school when students are building on foundational knowledge and preparing for clinical rotations.

*There is further information in 'TBL section'*

## Simulated role plays with actors: online teaching

You will be split up into groups of 12-15 with a GP tutor online using Teams. In these sessions, there will be an opportunity to watch real consultations (using Virtual Primary Care), discussions with the GP tutors and practice role plays with actor facilitators.

## Dates

Group AB	Day 1	Day 2	Day 3
	14-Oct-25	11-Nov-25	13-Jan-26
	Day 4	Day 5	Day 6
	10-Feb-26	10-Mar-26	14-Apr-26
Group CD	Day 1	Day 2	Day 3
	21-Oct-25	18-Nov-25	20-Jan-26
	Day 4	Day 5	Day 6
	17-Feb-26	17-Mar-26	21-Apr-26

## Assessment

GP2 assessment is based on 3 components:

- 1) Attendance at sessions: Attendance is MANDATORY for ALL sessions, irrespective of reason / completion of absence form.
- 2) Completion of reflective task
- 3) Satisfactory professionalism outcome

## Remediation

In order for the GP2 block to be passed successfully, students will need to attend the necessary number of days of GP2 and pass the reflective essay. If this is not accomplished, there will be an opportunity to remediate. The date of this is yet to be confirmed but will be after the GP2 block is completed.

There will also be an opportunity to resubmit the essay if the student was unsuccessful.

## Feedback on module

All students are expected to provide feedback on the module (mid-point and end of module) individually and as a group respectively. This feedback is essential in providing essential changes to the teaching by giving the students a voice. Any urgent matters of concern, should be discussed with the module lead (Dr Leila Saeed or Maria Hayfron-Benjamin).

## Content

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### GP2 Days in More Detail

Below are the 6 themes of GP2, which coincides with each of the GP2 days. These themes are taken from the RCGP/SAPC document '[Learning General Practice](#)': a digital textbook for clinical students.

The themes are also mapped across 'GMC Outcomes for graduates', MLA and Generic professional capabilities framework (GMC).

Day 1 -3 will be provided via practice days

Day 4-6 will be provided via central teaching [Simulated role plays and Team Based Learning]

Each day has its own learning objectives which is covered via pre reading on QM plus, tutorials and TBL sessions respectively.

Practice Days:

1. Promoting Health and Preventing Disease
2. Social determinants of Health
3. Long Term conditions

Central Days [Team Based Learning and simulated role plays].

4. Multi Morbidity and Medical Complexity [Role play- understanding the narrative]

5. Medical Ethics in Clinical Encounters [Role play - Digging deeper 'hidden agendas']  
6. Good Doctor/Professionalism [Role play - putting session 1+2 together].

**GROUP A:**

	Dates	AM	PM
Day 1	14/10/2025	PRACTICE: Topic 1 Promoting Health and Preventing Disease	
Day 2	11/11/2025	PRACTICE: Topic 2 Social Determinants of Health	
Day 3	13/01/2026	PRACTICE: Topic 3 Long Term conditions	
Day 4	10/02/2026	RP: WHAT'S THE STORY? Understanding the narrative.	TBL: Topic 4 'Multi morbidity and medical complexity'
Day 5	10/03/2026	RP: Digging Deeper - Recognising and responding to hidden agendas	TBL: Topic 5 'Medical Ethics in clinical encounters'
Day 6	14/04/2026	RP: Putting first 2 sessions together	TBL: Topic 6 'Professionalism and Burn Out'

**GROUP B:**

	Dates	AM	PM
Day 1	14/10/2025	RP: WHAT'S THE STORY? Understanding the narrative.	TBL: Topic 4 'Multi morbidity and medical complexity'
Day 2	11/11/2025	RP: Digging Deeper - Recognising and responding to hidden agendas	TBL: Topic 5 'Medical Ethics in clinical encounters'
Day 3	13/01/2026	RP: Putting first 2 sessions together	TBL: Topic 6 'Professionalism and Burn Out'
Day 4	10/02/2026	PRACTICE: Topic 1 Promoting Health and Preventing Disease	
Day 5	10/03/2026	PRACTICE: Topic 2 Social Determinants of Health	
Day 6	14/04/2026	PRACTICE: Topic 3 Long Term conditions	

**Group C:**

	Dates	AM	PM
Day 1	21/10/2025	PRACTICE: Topic 1 'Promoting Health and Preventing Disease'	
Day 2	18/11/2025	PRACTICE: Topic 2 'Social Determinants of Health'	
Day 3	20/01/2026	PRACTICE: Topic 3 'Long Term conditions'	
Day 4	17/02/2026	RP: WHAT'S THE STORY? Understanding the narrative.	TBL: Topic 4 'Multi morbidity and medical complexity'

Day 5	17/03/2026	RP: Digging Deeper - Recognising and responding to hidden agendas	TBL: Topic 5 'Medical Ethics in clinical encounters'
Day 6	21/04/2026	RP: Putting first 2 sessions together	TBL: Topic 6 'Professionalism and Burn Out'

#### Group D:

	Dates	AM	PM
Day 1	21/10/2025	RP: WHAT'S THE STORY? Understanding the narrative.	TBL: Topic 4 'Multi morbidity and medical complexity'
Day 2	18/11/2025	RP: Digging Deeper - Recognising and responding to hidden agendas	TBL: Topic 5 'Medical Ethics in clinical encounters'
Day 3	20/01/2026	RP: Putting first 2 sessions together	TBL: Topic 6 'Professionalism and Burn Out'
Day 4	17/02/2026	PRACTICE: Topic 1 'Promoting Health and Preventing Disease'	
Day 5	17/03/2026	PRACTICE: Topic 2 'Social Determinants of Health'	
Day 6	21/04/2026	PRACTICE: Topic 3 'Long Term conditions'	

## Practice based teaching

Over the next three sections, I have given a timetable example of how to run the day [practice day 1-3]. This is only meant as a suggested template for a day and tutors are of course free to design and run their placement days however they wish to [as long as fits the theme of the day].

Here are some alternative/additional activities:

#### Patient encounters:

- Observing GPs and other healthcare professionals with guided observations
- Observe and participate in different modes of consultation – telemedicine as well as F2F
- Student-led patient interviews and clinical examinations - including opportunity for observation and GP tutor/patient feedback; patients do not need to have symptoms/signs, practicing taking consent for examinations and conducting “normal” examinations is very valuable
- Student-led or supported clinics e.g., students take lead for new patient checks or LTC checks, do initial assessment including height/weight/BMI, urine dip, BP check and checking patient's

agenda/understanding of conditions. (Some practices have set up student-led BP checks alongside their flu clinics or in the quieter lunchtime period)

- Home visits – in pairs or accompanied by GPs and other healthcare professionals e.g., visiting housebound patients for flu jabs/long term condition/palliative reviews
- Expert patients - students interview patients in pairs/small groups, promote opportunity for patient to teach as well.

Other activities:

- Tutorials for group debriefing and discussions
- Student research and presentations - perhaps around specific knowledge gaps identified
- Reviewing recent journal articles and media publications, especially to discuss current 'hot topics'
  
- Any near-peer teaching opportunities if other medical students/junior doctors on site
- Role-plays – assign roles and consider specific observation tasks for feedback and discussion
- Case-based presentations & discussions - could include navigating electronic patient records
- Interviewing members of primary care team
- OSCE-style clinical skills practice – students can practice with each other as well as patients
- Joining practice team, or wider MDT, meetings
- Community-based activities – encourage students to walk around local area to build their understanding of the local community, attend local community group meeting, any opportunities to go out with allied health professionals e.g., local district nursing team or other MDT members

Please note this list is not exhaustive. Ideally each day would include mix of activities, prioritising any patient encounters. There may be times when the not all students from the group are completing the same activity, for example if 2 students are meeting a patient onsite and another 2 students are going on a home visit.

## Promoting Health and Preventing Disease [Practice Day]

Summary of session:

This week's topic for practice based teaching will be on Promoting health and Preventing Disease [PHPD]. This is a key element of medicine and in particular general practice and primary care, where 90% of clinical contacts take place. Medicine is rapidly shifting towards a preventative approach at local, national and global level, and our learning should reflect this.

Pre sessional reading:

Students should familiarise themselves with the pre reading before attending the session:

<https://qmplus.qmul.ac.uk/course/view.php?id=27357#section-2>

Learning objectives:

By the end of this session, you should be able to:

- Understand the benefits of health promotion and disease prevention in the context of the specific patient population
- Describe methods by which we can prevent disease and promote health
- Describe and explain benefits of specific public health interventions such as targeting smoking cessation, reducing obesity and the harm caused by alcohol abuse, dietary interventions and increased physical activity



- Apply public health principles to a local population and their specific needs
- Have gained greater awareness of the global and multicultural aspects of delivering evidence-based, sustainable healthcare.

Example structure of the day:

9:30-10:30 1 hour: intro/ getting to know each other/ show around surgery/ Learning needs assessment

10:30-10:45 15 min tea break

10:45-11:45 1 hour: Introduction to topic/discussion- tutors to use PowerPoint [provided] - based on pre reading

11:45-12:45 1-hour ½ group patient/s interview – observing + ½ group activity based on PH and PD

12:45-13:45 Lunch

13:45-14:45 1 hour swap patient/s interview + ½ group activity based on PH and PD

14:45-15:00 15-minute tea break

15:00-16:00 1 hour discussion of task and sitting in with GP

16:00-16:30 30 minutes any concerns/ debrief, reminder of next session and do pre reading

Group activity:

- Set students a task i.e. think of as many promoting health campaigns in surgery
- GP can divide up - ie. Students to look into public health activities
- 2 students look at screening up take in surgery
- 2 think about DM
- 2 students think about activities happening locally to help with PH and PD

## The social determinants of health (Practice Day)

Summary of session:

This session will allow us to explore the social determinants of health, a large factor wherever you decide to work, but especially within deprived areas.

Pre-session reading:

Students should familiarise themselves with the pre reading material before attending the session:

<https://qmplus.qmul.ac.uk/course/view.php?id=27357#section-2>

Learning objectives:

By the end of this session, you should be able to:

- Start to evaluate the environmental, social, behavioural and cultural factors which influence health and disease in different populations
- Start to assess, by taking a history, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including advocacy for those who are disempowered
- Start to evaluate the determinants of health and disease and variations in healthcare delivery and medical practice from a global perspective and explain the impact that global changes may have on local health and wellbeing.

Example structure of day:

9:30-10:30 1 hour Introduction to topic/discussion- tutors to use PowerPoint [provided] - based on pre reading  
10:30-11:00 30-minute prep for speaking to patient [discuss possible questions to ask] + introduce 'Task'  
11:00-11:15 15-minute tea break  
11:15-12:15 1-hour ½ group patient/s interview as a group – ½ group activity based on SDH  
12:15-13:15 Lunch  
13:15-14:15 1 hour swap patient/s interview + ½ group activity based on SDH  
14:15-14:30 15-minute tea break  
15:00-16:00 1 hour debrief of patient/s interviews and Task  
16:00-16:30 30 minutes any concerns/ debrief, reminder of next session and do pre reading

Group Activity:

- GP to identify 3 appropriate patients from pool of patients i.e. patients requiring home visits or patients identified as being disadvantaged due to social determinants of health e.g. homeless, unable to find a job, housing issues, drug abuse etc.
- -2 students each to look at one patients records (or alternatively If data protection is a concern, phone call to patient with a relevant history and identify where the GP practice could help/signpost the patient to in working towards health equity.
- Each group presents back to peers and GP

## Long term conditions (Practice Day)

Summary of session:

Long-term conditions can significantly affect patients — impacting not only their physical and mental health, but also their work and family life. In this session, we will explore the full impact these conditions have on our patients.

Pre-session reading:

Students should familiarise themselves with the pre -reading before attending the session:

<https://qmplplus.qmul.ac.uk/course/view.php?id=27357#section-2>

Learning objectives:

By the end of this session, you should be able to;

- Students' awareness of LTC
- Debate the impact of LTC on patients' life
- Students to think about different LTC within the community
- Students to look at different roles of HCP involved in patients with LTC

Example structure of the day:

9:30-10:30 1 hour Introduction to topic/discussion- tutors to use PowerPoint [provided] - based on pre reading  
10:30-11:00 30-minute prep for speaking to patient [discuss possible questions to ask] + introduce 'Task'  
11:00-11:15 15-minute tea break

11:15-12:15 1-hour ½ group patient/s interview as a group – ½ group activity based on LTC

12:15-13:15 Lunch

13:15-14:15 1 hour swap patient/s interview + ½ group activity based on LTC

14:15-14:30 15-minute tea break

15:00-16:00 1 hour debrief of patient/s interviews and Task

16:00-16:30 30 minutes any concerns/ debrief

16:30-17:00 \*last session\* Protected time to complete placement feedback

#### Group activity

- Focus on COPD, hypertension and Osteoarthritis (or any of the other LTCs mentioned in powerpoint)
- 2 students each to look at COPD, HTN and OA respectively
- Answer Helmans six questions for each condition and consider what difficulties these patients may face long term and how you might intervene- you can use NICE CKS to facilitate this
- Each group presents back to peers and GP

## Central Teaching

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Central teaching is made up of:

- 1) Simulated role plays online: introducing students to simulated role plays and a chance to practice communication skills
- 2) Team based learning

## Multi morbidity and medical complexity and 'What is the story?'

Team Based Learning: Multi morbidity and medical complexity

Multi morbidity is the norm for most GP consultations now, as we have a higher proportion of elderly patients with multiple conditions living longer. These numbers are increasing and is largely connected to health and economic deprivation.

The learning from this session you have used/will use in the GP practice, as well as with simulated patients as we explore more about the impact of multiple conditions on patients.

Pre-sessional reading:

Students should familiarise themselves with the pre reading material before attending the session:

<https://qmplus.qmul.ac.uk/course/view.php?id=27357>

#### Learning Objectives

1. Understand the concept of multi-morbidity:
2. Recognise medical complexity:
  - Define medical complexity and its various dimensions (e.g., medical, social, psychological).

- Identify factors that contribute to medical complexity, such as age, socioeconomic status, and healthcare access.

3. Comprehend the challenges in managing multi-morbid patients:

- Identify the potential complications and interactions between co-existing medical conditions.
- Describe the impact of polypharmacy in multi-morbidity management.
- Understand the role of healthcare system and provider factors in managing medical complexity.

4. Strengthen communication and teamwork skills:

- Understand the importance of interdisciplinary teamwork in managing medical complexity.

5. Engage in self-directed learning and continuous improvement:

#### Mixture of teaching:

Central teaching will consist of a half-day session involving role plays with simulated actors, along with opportunities to discuss video consultations using Virtual Primary Care (VPC) and participate in Team-Based Learning (TBL) activities. All sessions will be facilitated by GP tutors.

Online: What is the story: Understanding the narrative

See individual student handouts on Teams

## Ethical dilemmas in clinical encounters and digging deeper - recognising and responding to hidden agendas

Team Based Learning: Medical Ethics in clinical encounters

This week's topic offers an opportunity to explore the many ethical decisions GPs face in daily practice. You'll take part in case-based discussions and have the chance to explore challenging scenarios with your peers, all supported by dedicated GP tutors.

Pre-session reading:

Students should familiarise themselves with the pre reading material before attending the session:

<https://qmplus.qmul.ac.uk/course/view.php?id=27357>

Learning objectives:

- Define the four fundamental principles of medical ethics: non-maleficence, beneficence, autonomy and justice.
- Describe the four fundamental principles of medical ethics: non-maleficence, beneficence, autonomy and justice.
- Define the following terms: Capacity, Consent and Confidentiality.
- Engage in groups to analyse ethical cases to develop ethical reasoning skills.
- Discuss strategies for resolving ethical conflicts in a collaborative manner.
- Emphasise the role of effective communication in addressing ethical issues with patients, families, and colleagues.

Mixture of teaching:

Central teaching will consist of a half-day session involving role plays with simulated actors, along with opportunities to discuss video consultations using Virtual Primary Care (VPC) and participate in Team-Based Learning (TBL) activities. All sessions will be facilitated by GP tutors.

Online: Digging deeper- recognising and responding to hidden agendas

See individual handouts for further information

## Medical ethics: The 'Good Doctor' - professionalism and burnout and Putting first 2 sessions together

Team Based Learning: Medical Ethics - The Good doctor.

In this session we delve into the importance of self care and prevention of burn out as a doctor [and a student].

Pre-sessional reading:

Students should familiarise themselves with the pre reading material before attending the session:

<https://qmplus.qmul.ac.uk/course/view.php?id=27357>

Learning objectives for session:

- Debate with reasons what it means to be a Good Doctor, with reference to GMC Good Medical Practice
- Describe influences on your professional identity as a doctor
- Describe current threats to professionalism
- Be familiar with the case of Dr Bawa Garba and what this teaches us about good doctoring
- Explain why compassionate self-care is vital for doctors
- Describe what burnout is, and recognise the signs in yourself and others
- Reflect on your own approaches to maintaining wellbeing, now and throughout your career
- Make reasoned judgements on relevant professionalism issues relating to self-care, patient care and working with others

Mixture of teaching:

Central teaching will consist of a half-day session involving role plays with simulated actors, along with opportunities to discuss video consultations using Virtual Primary Care (VPC) and participate in Team-Based Learning (TBL) activities. All sessions will be facilitated by GP tutors.

Online: Putting session 1+2 together

See individual handouts for further information.

## Assessment Requirements (including Sign Off)

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GP2 assessment is based on 3 components:

- 1) Attendance at sessions: Attendance is MANDATORY for ALL sessions, irrespective of reason / completion of absence form.
- 2) Completion of reflective task
- 3) Satisfactory professionalism outcome

### Assessment 1: Attendance

The medical school are aware that students and GP tutors can become unwell.

The process for students to notify absence is as follows:

- 1) Fill out a self-certifying illness form
- 2) Notify your GP tutor/TBL tutor

Tutors: If you are not able to do a session for the students, please arrange cover as soon as possible. If this is not possible, please let the student know (this may be via messaging or email) as soon as **possible**.

### Assessment 2: Reflective statement/creative enquiry

#### What is reflective writing?

Reflection is a key skill for all healthcare professionals and learning how to develop reflective practice is an essential part of medical education. Creative enquiry has been found to extend reflection and understanding and engage the student voice and perspective [see Appendix 4].

Reflective writing holds significant importance for second-year medical students as it serves as a valuable tool for enhancing their learning, self-awareness, and professional development. This form of writing involves the exploration of personal experiences, thoughts, emotions, and insights related to clinical encounters, patient interactions, and medical practice. Below we have summarised some areas that it incorporates:

**Critical Thinking and Decision-Making:** Reflective writing encourages students to analyse and evaluate their experiences. This process cultivates critical thinking skills, enabling students to assess the effectiveness of their decisions and discussions. By reflecting on cases and interactions, medical students can identify areas for improvement and make more informed decisions in future situations.

**Clinical Skill Development:** Through reflection, students can identify gaps in their clinical skills and knowledge. By examining their experiences, they can recognise which skills were effectively applied and which need further development. This self-awareness allows students to focus their learning efforts on specific areas that require improvement, leading to enhanced clinical competence.

**Empathy and Patient-Centered Care:** Reflective writing encourages students to delve into their emotions and perspectives during patient interactions. This introspection fosters empathy and a deeper understanding of the patient's experience, leading to more patient-centered care. Developing strong interpersonal skills is essential for effective communication and building trust with patients.

**Ethical and Moral Development:** Medical practice often involves complex ethical dilemmas. Reflective writing provides a platform for students to explore and dissect these ethical challenges, helping them develop a strong

moral compass. Engaging in thoughtful reflection can aid in making ethically sound decisions while considering the best interests of the patient.

**Self-Assessment and Self-Regulation:** Writing reflections allows students to assess their progress and growth over time. They can track their learning journey, identify areas of strength, and set goals for improvement. Regular reflection promotes self-regulation, motivating students to take proactive steps to enhance their knowledge and skills.

**Professional Identity:** Medical education is not only about acquiring medical knowledge but also about developing a professional identity. Reflective writing enables students to explore their evolving roles as medical practitioners, helping them understand the responsibilities, values, and expectations associated with the profession.

**Communication Skills:** Effective communication is integral to medical practice. Reflective writing hones students' ability to articulate their thoughts and experiences clearly and concisely. This skill is transferable to patient communication, interprofessional collaboration, and academic discussions.

**Resilience and Coping Strategies:** Medical training can be emotionally demanding. Reflective writing provides an outlet for processing challenging experiences, managing stress, and building resilience. By acknowledging and addressing emotions through writing, students can develop healthy coping mechanisms and maintain their well-being.

**Lifelong Learning:** Reflective writing cultivates a habit of lifelong learning. As medical knowledge and practices evolve, physicians must adapt and update their skills. The practice of reflection fosters a mindset of continuous improvement and learning throughout a medical career.

Incorporating reflective writing into your learning as a second year medical student can significantly contribute to your holistic development as future healthcare professionals. By engaging in this introspective process, students not only enhance their clinical competencies but also develop the emotional intelligence and professionalism necessary for a successful and fulfilling medical career.

### Assessment 3: Professionalism assessment

At the end of the GP2 block, all practice tutors will be asked to complete a 'professionalism' form which captures any concerns. Professionalism is a very broad topic, but the general themes that the central tutors will be asked to comment on include:

- 1) **Interaction-** Did the student interact with the other students? Did they provide feedback to their colleagues? Did they interact with the tutor?
- 2) **Punctual** - Were they late on numerous occasions without a valid reason? Did they notify you of their absence/lateness?
- 3) **Attitude-** showing respect to fellow colleagues and patients.

Here is the form that tutors will complete for each student:

[Professionalism and conduct](#)

## GP2 Reflective Statement on Teamwork

### Introduction:

So far in your GP2 block, you have worked as a team both online [analysing consultations and providing feedback to each other], in person during TBL [Team based learning] and within the GP practice.

\*The amount of time spent in each area may vary depending on whether you are A, B, C or D- but should not influence your ability to reflect\*

These team working skills are essential for when you are a junior doctor working on the wards or GP practice, both directly and indirectly affecting patients. These benefits include (however not exhaustive):

- To allow effective and safe management of patients: working together with colleagues and patients for the best patient care i.e. Calling the cardiologist for advice regarding a patient's ECG.
- Conflict resolution: having the skills to work with others to resolve conflict in an effective manner, i.e. You are the GP in an MDT meeting and one of the allied health professionals disagrees with your plan.
- To reduce medical errors: working together to ask questions and clarify i.e. You have been asked to prescribe a medication you are not familiar with, leading to asking the pharmacist for advice.
- Better communication in emergencies, i.e. you are a medical student taking part in a cardiac arrest and have been asked to perform CPR. This involves following instructions from the 'cardiac arrest team'.
- Better communication amongst team members means reduced stress and improved job satisfaction.

The [GMC](#) highlights the importance of communication partnership and teamwork in its Good Medical Practice document. Alongside this, Royal College of Physicians also highlight the importance of teamwork, in the follow document: [Improving teams in healthcare](#).

### Purpose of the task:

- This is an opportunity for you to reflect on your team working skills during your GP2 block [in whichever context you wish to choose, i.e. within GP surgery, and/or online, and/or TBL] to understand your role in a team and identify areas to improve on.

### The task:

Options:

1. 250–500-word reflective statement on how your TBL/online team worked together to complete a task during GP2 or
2. Creative enquiry – produce a creative piece (poem, drawing, painting) + 250-word piece on how your TBL/online team worked together to complete a task during GP2.

*Leniency is +/- 10% of the word count.*

Consider:

1. What: What have you learnt about *your* teamwork skills? Consider how did your team deal with communication, decision-making, and any challenges?
2. Why: Why are team working skills important for your role in the medical profession?

### Submission details:

Please submit your pieces to [QM Plus](#) (under the General Practice 2 drop down) before the deadline for your group as below. If you have any issues with uploading, please contact Francesca Langridge [cbme-earlyyears@qmul.ac.uk](mailto:cbme-earlyyears@qmul.ac.uk).

Late submissions will incur penalties

Non submission / inadequate remediation task work may mean the student will forfeit the first sit of the Year 2 exams and will sit in August as a second sit.



Deadline:

Below is further information regarding reflective task:

Please note these dates are subject to change before Oct 2024 - All edits of dates will be emailed out.

Introduce assignment	Day 3 of GP2: AB 13/01/2026 CD 20/01/2026
Deadline to submit	Day 5 of GP2 AB 10/3/2026 CD 17/3/2026
Marking deadline	2 weeks after submission AB 24/3/2026 CD 31/3/2026

### Assessment of the reflective piece

The reflective piece will be assessed and graded by one of the GP2 central/GP tutors.

GP tutors will be asked to submit these marks to the QMUL CBME team and provide both the marks and feedback, written and/or verbal, directly to the students as well.

Mark scheme:

#### Guidance for grading the reflective pieces

	Merit	Pass	Fail
Impact	The work moves/engages you. It stays with you/ opens new doors & new perspectives	There were some interesting insights and perspectives that made you think but could have been explored further.	Themes/ideas addressed superficially.
Reflection	Insightful reflection - focussed on 'key issues/ideas,' explored from different perspectives, context and emotions are considered.	Mix of descriptive account with some reflection e.g., the student considers their emotions, looks at the perspective of others, or identifies 'key issues/ideas,' but this could be expanded.	Descriptive account – narrative account of what happened, with little or no reflection.
Aesthetics (If creative enquiry piece included)	Excellent use of chosen medium powerfully conveying the content, assisting the audience in engaging with the message.	Some originality. Reasonable effort and use of chosen medium.	Little original thought, little effort, not effective use of medium chosen, not conveying the content well.

#### Feedback to students:

It is paramount to students learning that they received feedback, whether this is verbally or written.

Feedback could include:

Points of excellence

Points for improvement - could include questions/prompts to encourage continued reflection

General comments

Consent: Students are asked to confirm whether they give consent for their reflective pieces to be shared, to either include their details or anonymously, for a QMUL creative enquiry website that is being designed to showcase creative enquiry work by QMUL students from all year groups.

See Appendix 4 for further information and links.

## Plagiarism and use of Generative AI

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Taken from MedSoc/GP1 handbook produced by Dr Shabana Bharmal

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's else's as your own work, re-submitting your own previously submitted work, and extensive copying from someone's 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 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's else's ideas or judgements without references 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, more severe penalties may be incurred in line with existing College policies. For full details on the School's Plagiarism Policy, please refer to the MBBS Assessment and Progression Handbook.

You are able to use AI technology to support your 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](#) and there is a [module on QMPlus](#) with practice support on how and when to use AI, we recommended working through.

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 software, generative artificial intelligence or machine translation such that the work submitted cannot be considered wholly the student's own]"

Students will be asked to complete a probity statement written below prior to submission of work:

'I certify that this assignment represents my own work. I have not used any unauthorised or unacknowledged assistance or sources in completing it including free to commercial systems or services offered on the internet'

Community-Based Medical Education, MBBS Programme

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