



Community-Based Medical Education MBBS 2025 - 2026

GP3 STUDENT HANDBOOK

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GP3 Contacts

Kate Scurr (Administrator) is your first port of call for any day-to-day queries regarding the GP3 placement.

GP3 Administrator:

- Kate Scurr cbme-year3@gmul.ac.uk - Unit Administrator, CBME MBBS Year 3

GP3 Unit Leads:

- Dr Dhrupadh Yerrakalva d.yerrakalva@gmul.ac.uk - Clinical Lecturer, MBBS Year 3 Unit Convenor
- Dr Agalya Ramanathan a.ramanathan@gmul.ac.uk - Clinical Senior Lecturer, MBBS Year 3 Unit Convenor

1. GP3 Placement Overview

Welcome to GP3, we hope that you enjoy your GP3 placement with our fantastic GP educators.

1.1 Aim of GP3

The purpose of the general practice placement in Year 3 is to help you develop fluency in history taking and examining patients whilst maintaining patient-centeredness and compassion. It will also develop your understanding of health equity.

You will also expand your understanding of health equity through patient contact. This aspect of the GP3 module explores the social and environmental factors that shape health, and what actions could be taken to address them. It also links to the GPCD module which you do in January.

1.2 Learning outcomes for GP3

- Meet, consult, and examine patients and receive feedback
- Develop understanding of the generalist nature of primary care, the lived experience of GPs and the kinds of patient presentations and consultations seen there.
- Explore the concept of compassionate practice, collaboratively, reflectively, and creatively.
- Cover the [GP3 presentations and conditions](#) which you will be assessed on
- Understand the social and environmental factors that shape health.

1.3 Summary of placement

Structure - a placement day is **at least 6 hours** long. Practices may design their own timetables of when students are onsite consulting with patients and when there will be group tutorials, according to the needs of the practice, patients and students. The emphasis should be on students seeing patients.

The placement activities you engage in should follow the **GP3 presentations and conditions** which you will be tested on in your summer exams. You can access [here](#) .

The **Student Learning Agreement** can be found [here](#) .

You should have an individual, **mid-placement one-to-one 'check-in'** with your Lead GP Tutor. This is an opportunity for your GP Tutor to find out how the placement is going for you, and if you have any feedback that you would like to share with them. It is also an opportunity for your GP Tutor to give you feedback, if there are any attendance, clinical or professionalism issues, so that you have a chance to improve before the end of the placement. You will also be given the opportunity to feed back to the CBME GP3 team, should there be any issues arising in your placement. The GP3 team will review these, and follow up if needed.

1.4 Assessment

There are GP3 presentations and conditions that will be tested in the Year 3 summer exams. Details can be accessed [here](#) .

GP3 LOGBOOK REQUIREMENTS (at least one of each)	SUBMISSION:
• Clinical examinations (CEX)	Throughout
• Directly observed procedures (DOPs)	Throughout
• Case-based discussion (CBD)	Throughout
• GP3 Medication Review (CPT)	Throughout
• Continuity of Care exercise	Throughout
*** Mandatory individual 'CHECK-IN' with GP Tutor - mid-placement***	
GP3 ASSESSMENTS:	
• Group-based creative enquiry presentation - on Generalism or Compassionate Practice NB: see previous student examples here	Penultimate week (to be agreed with GP tutor)
• Individual 500-word reflection (on group work/placement)	Penultimate/final week (to be agreed with GP tutor)
GP3 SIGN-OFF FORM:	
• End of Placement Assessment & Professionalism form	Final week

GP3 placement assessments - further details can be found [here](#) .

1.5 Key Dates for 2025/26

GP3 Term 1 (8-weeks)

w/c: 13-Oct-25, 20-Oct-25, 27-Oct-25, 03-Nov-25, 10-Nov-25, 17-Nov-25, 24-Nov-25, 01-Dec-25

GP3 Term 2 (8 weeks)

w/c: 26-Jan-26, 02-Feb-26, 09-Feb-26, 16-Feb-26, 23-Feb-26, 02-Mar-26, 09-Mar-26, 16-Mar-26

GP3 Term 3 (8 weeks)

w/c: 13-Apr-26, 20-Apr-26, 27-Apr-26, 04-May-26, 11-May-26, 18-May-26, 25-May-26, 01-Jun-26

2. GP3 placement - content & expectations

2.1 Example timetable

The GP3 placement should take place in person, for one whole day (for between 6-8 hours) each week, between the hours of 9am and 6pm.

Timings are flexible - below is an **EXAMPLE** of how a day might run for GP3 module.

MORNING activities:

09:00 - 09:30: Welcome, preparation for the day

09:30 - 11:30: Meet patients face-to-face

- Consider how this relates to the logbook requirements
- We suggest supervised student clinics with minimum of 3-4 acute presentation or F/U each week - 30 min appointments

11:30 -12:30: Debrief, feedback & filling knowledge gaps

AFTERNOON activities:

13:30 -14:30: Tutorial

- Consider one of the [GP3 presentations or conditions](#) if time permits
- Consider role play - develop patient consultation skills if time permits

14:30 – 17:00 Broader GP activities including:

- Data interpretation session (**see [GP3 Presentations & Conditions](#)**)
- Nurse or other healthcare professional clinic:
 1. Supervised learning - e.g. assist chronic disease monitoring clinic
e.g. diabetes: take histories, review meds, check BP, dip urine, complete template
 2. Clinical skills - e.g. BP, ECG, spirometry, or to)
- Practice meetings (e.g. palliative care, MDT, clinical meetings)
- Home visit (with member of MDT e.g. coping with chronic illness) or Chronic Disease (non-acute) visits in pairs.

2.2 Inclusive Induction

You will receive a one-to-one 'inclusive induction' at the start of your GP placement. This is an opportunity for you to discuss with your tutor any specific learning needs or concerns you have about your ability to integrate and thrive in the learning environment.

This could be a short meeting of 5-10 minutes, or longer, depending on how much you would like to share with your tutor.

2.3 Student Learning Needs Assessment

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

2.4 Meeting Patients

You should meet patients face to face. Your GP tutor should gradually allow you to engage more with patients as you gain in confidence and ability.

2.5 Advice for obtaining consent from patients

When on placement, students should be aware of the consent procedures, understand their limitations, and know the appropriate supervisor requirements. Be familiar with the [GMC Intimate Examination and Chaperoning policies](#).

Please be aware that patient confidentiality is paramount and extends to any identifiable features, not just names and faces. Do not take any patient documentation or records out of the patient environment.

It is important that you are not or ever have been registered at the GP practice you have been allocated to. If this is the case, please let us know asap.

Access to patient records is for learning purposes only. Do not feel tempted to review your own records, family or friends or people in public eye, this is a serious breach of professionalism and local policy.

Be aware of [GMC Social Media](#) Guidance Policies. See this [Video](#) to explain more.

Your role in the third year is to learn with, from and for patients. The key things to remember are that patients need to know who you are and need willingly to give informed consent to help in your learning. The information that they need to enable them to give informed consent includes what will be involved, a true estimate of how long it will take and the fact that it is for your education and whether they say 'yes' or 'no' will not affect their care.

You need to explain that you have the same duty of confidentiality as other professionals, namely that you will not discuss the patient outside of the clinical team or your learning group. Most patients will be happy to help you learn. If the patient prefers that you do not examine them, thank them very politely and then move on to the next patient, they might well feel up to it next time you speak to them.

Student: 'Hello, my name is *, I am a third-year medical student attached to Dr ***. I am learning how to take a medical history, and I wondered if you could let me talk with you before you see the GP. It will take about 10 minutes, it is just for my learning, so no problem if you say no.'**

Obviously, never pressure a patient to allow you to examine them – consent is a gift from the patient and should be given freely. Also, never allow the patient to misunderstand who you are – if they say 'Yes, of course doctor,' for example, correct them 'Oh no, I'm not a doctor yet, I'm a student doctor and I'm just here to learn.' Not only is this the right and ethical thing to do, but it also stops you from getting into trouble if a patient assumes that you are qualified.

2.6 Student Learning Agreement

The [Student Learning Agreement](#) (see [Appendix 1](#) for a copy of this form) 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.

2.7 Student Expectations

Your GP tutor will:

- Email you prior to placement to let you know where to come etc.
- Complete the Student Learning Agreement with your GP Tutor
- Introduce you to themselves, the practice, the team, the processes and how things work in general practice
- Do a learning needs assessment when you first attend the practice
- Do a one-to-one [inclusive induction](#) at the start of the placement
- Offer you debrief opportunities after seeing patients
- Conduct a [mid-placement individual 'one-to-one' check-in](#) with you
- Offer you feedback on your clinical, consulting, professionalism skills

2.8 Belonging (Human Dimension)

Human Dimension:

This section is a reminder of the huge importance of the human dimension on placement - i.e. the relationships between students and students, between students and their GP tutor, between students and patients. Please read below if you would like to learn more about this:

a) For student engagement and learning on placement, having a sense of belonging matters

- Posited as the key variable in whether students persist with their studies and are successful in the Higher Education Academy's ["What works?" student retention and success programme](#), sense of belonging is strongly associated with academic and social engagement while at university. <https://wonkhe.com/blogs/belonging-inclusion-and-mental-health-are-all-connected/>

b) Matterings matters - students need to feel that they matter, and are not just in the way - enhances learning, reduces burnout

- "Some of this suffering can't be avoided," she acknowledged. "You'll have a first patient who dies. There will be unexpected bad outcomes. It's unavoidable. But even in those moments, a student can be of value to the patient or their team and there are ways we can let them know they are valued. We can enhance the experiences of our students by letting them know, 'We want you to be here, you can contribute, you're in nursing and medicine because you have qualities that will make you a great nurse or doctor.'" <https://www.nursing.virginia.edu/news/mattering/>

c) Getting to know you, as GP tutor and your lived experience of practice is central to student learning

- Here are some suggestions from our GP tutors on how to build relationship at the start of placement:
<https://sites.google.com/view/educator-development/notes-and-blog/nuggets-2022-23/nuggets-7th-september-2022>

d) Building relationships across students as course mates enables learning and engagement

- When asked what would help students feel a greater sense of belonging, developing closer or more friendships was the most popular choice for all respondents (46 per cent) across all demographic categories....“Getting to know people on my course better” was a close second at 42 per cent
- ... it's key to create opportunities for peer learning and collaboration from day 1, ... through group activities and assessment – when students interact extensively through their learning, it 'naturally' forges stronger links with each other and they create a real 'community'... it works better to forge those stronger connections and friendships through the natural process of learning, rather than (only) through social interactions outside of the course. <https://wonkhe.com/blogs/belonging-inclusion-and-mental-health-are-all-connected/>

2.9 Guidance on Plagiarism and use of Generative AI

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

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

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

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

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

QMUL have some guidance on the use of AI:

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

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

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

2.10 How to raise a concern

If you observe anything concerning (especially if in regards to patient safety, or lack of safe supervision). Please inform your GP Supervisor or GP3 Unit Leads (Dr Dhrupadh Yerrakalva: d.yerrakalva@qmul.ac.uk / Dr Agalya Ramanathan a.ramanathan@qmul.ac.uk), or the Head of Year 3, or use:

QMUL Report and Support link: <https://reportandsupport.qmul.ac.uk/>

If you have concerns around quality of learning environment, please in first instance discuss with Lead GP Tutor or Practice Co-ordinator. If this is not possible, discuss with GP3 Unit Leads. Your sign-off will not be compromised, and we will seek to resolve matters swiftly and as diplomatically as possible.

2.11 Probity

It is important to prioritise your health and well-being. Asking for help will not result in any penalties; in fact, it is considered a sign of professionalism. Please reach out to your GP Supervisor or Academic Advisor or Year Lead, or Student Support for assistance as soon as possible:

Student Support: <https://www.qmul.ac.uk/ihse/ihse-student-support/>

Student Support can also guide you on how to submit a request for "Extenuating Circumstances" if needed.

2.12 Quality Assurance & Professionalism

An important aspect of training to become a doctor is professionalism. Understanding what this means to you, along with identifying your values and beliefs, is crucial and develops over time. While this is evolving, it is essential to consider some fundamental principles and guidelines that must be followed, especially during placements, as they are particularly important.

Some key areas are highlighted above (probity, patient interactions & how to raise a concern) but please see [GMC Achieving Good Medical Practice](#) for more information.

3. GP3 Presentations and Conditions

3.1 GP3 presentations and conditions and Single Best Answer exam 2026

General practice and primary healthcare presentations and conditions:

PRESENTATIONS:

Abdominal distension
Abnormal urinalysis
Acute abdominal pain
Bleeding from lower GI tract
Breast lump
Breast tenderness/pain
Breathlessness
Change in bowel habit
Chest pain
Chronic abdominal pain
Chronic kidney disease
Constipation
Cough
Diarrhoea
Driving advice
Fatigue
Fever
Haematuria
Haemoptysis
Hypertension
Lymphadenopathy
Nausea
Painful swollen leg
Perianal symptoms
Peripheral oedema and ankle swelling
Urinary symptoms
Weight gain
Weight loss

CONDITIONS:

Acute bronchitis
Adverse drug effects
Allergic disorder
Anaemia
Anal fissure
Arrhythmias
Asthma
Asthma COPD overlap syndrome
Cardiac failure
Chronic kidney disease
Chronic obstructive pulmonary disease
Constipation
Diabetes mellitus type 1 and 2
Diverticular disease
Essential or secondary hypertension
Gastro-oesophageal reflux disease
Haemorrhoids
Hiatus hernia
Hypothyroidism
Influenza
Irritable bowel syndrome
Ischaemic heart disease
Myocardial infarction
Obesity
Peripheral vascular disease
Pneumonia
Upper respiratory tract infection
Urinary tract infection
Varicose veins
Vasovagal syncope
Venous ulcers
Viral gastroenteritis

3.2 Data interpretation exam Summer 2026

This year there will be GP based data interpretation questions in your year 3 exams. Please take all opportunities to review blood test results, ECGs, lung function tests (e.g. spirometry). Learn to link patient symptoms and signs with data e.g. ECG showing atrial fibrillation.

- [ECGs](#)
- [Laboratory blood tests](#)

3.3 GP3 learning outcomes mapped to the MLA

All the learning outcomes for the placement have been linked to the UK Medical Licensing Assessment (MLA) – please click the link below to download this document:

[CLICK HERE to download the GP3 Learning Outcomes mapped to MLA](#)

3.4 Helpful websites – used by GPs

- www.patient.co.uk Really helpful clinician and patient information, GPs use this a lot.
- www.gpnotebook.co.uk Helpful for GP information on diagnosis and management, you need to make an account.
- <https://cks.nice.org.uk/> Primary care, best practice scenarios
- <https://www.pcds.org.uk/general-dermatology-table#general-dermatology-diagnostic-table> useful dermatology website
- <https://dermnetnz.org/> useful dermatology website

3.5 Near Peer notes: Dermatology, Psychiatry, Medically Unexplained Symptoms & MSK

Please click the link below to access notes which have been developed by your fellow medical students:

- [CLICK HERE to access the Near Peer notes](#)

3.6 GP3 Learning Activities

There are many ways in which we can construct our knowledge and learn. We have prepared learning activities which may act as a useful basis for your future revision and learning. Please see the document and video links below which outline the steps:

- [CLICK here to access the Learning Activity document on QMPlus](#)
- [CLICK here to access the Learning Activity video on QMPlus](#)

4. GP3 Assessment Requirements

- **GP3 Assessments** – submit copies on [QMPlus](#)
 - **Group-based creative enquiry presentation** (on Generalism or Compassionate Practice)
 - **Individual 500-word reflection** (on group work/placement)
- **GP3 Placement sign-off form** – submit on PebblePad
- **GP3 Logbook** – submit on PebblePad

4.1 Group-based creative enquiry presentation – on Generalism / Compassionate Practice:

Please work as a group (2's or 4's) and deliver a 5-10 minute presentation on one of the following topics on the date that your tutor confirms (usually in the penultimate week):

- 1) [Generalism](#) or 2) [Compassionate practice](#)

You may choose to consider the head, hand and heart of practice:

- a) what you have seen and experienced in general practice (hand)
- b) the literature (head)
- c) exploring your understanding through creative enquiry approaches (heart)

You may find previous examples from Year 3 students helpful: [GP3 Generalism](#) or [GP3 Compassion](#)

- The presentation can relate to individual patient encounters or the themes in general.
- You can choose any medium to best present your thoughts and findings from power-point posters to short films, photographs, prose or poetry writing etc.
- You will receive questions and feedback from the group/GP tutor.

Assessment:

- You will receive verbal feedback from the GP and the group e.g. **on content, presentation, collaboration, understanding, aesthetics, reflection, impact.**
- GP tutors will include a grade in the placement assessment form for this presentation

Grading criteria: Demonstrates understanding of generalism and compassion

- **Excellent:** Excellently executed and presented, inspiring, inviting new perspectives, should be presented at the medical school.
- **Good:** Well presented, thought provoking, interesting content, good collaboration
- **Satisfactory:** Presentation, content, teamwork could be improved.
- **Poor/Not done:** Poor presentation or presentation not done.

4.2 Individual 500-word reflection:

The group presentation must be accompanied by an individual student 500-word (+/- 10%) reflection. Your reflection should relate to your learning on the subject and reflection on the process of presenting, and your creative piece, +/- reflections on your whole GP placement. Students should submit their reflection to their GP Tutor via email (and submit centrally on QMPlus by the end of the placement).

Please see [Appendix 2](#) or click the link below to download a **self-reflection template** for you to use as a guide:

- [CLICK HERE to download a self-reflection template on QMPlus](#)

4.3 GP3 Placement Professionalism & Assessment sign-off form – on PebblePad

Your GP tutor should discuss completion of this form together with you at the end of the placement. The form focusses on your clinical approach and professionalism and is an opportunity for identifying your strengths and areas for potential development.

Professionalism

Expectations of professional behaviour during Clinical Placements:-

- Arrive on Time
- Dress appropriately to see patients
- Inform GP tutor as soon as possible if running late or unable to attend
- Inform GP tutor if you need to leave early
- Do not book any hospital based or clinical skill training on your GP day
- If you have a personal or health reason for absence, please discuss with your GP tutor beforehand.

Your GP Tutor should have also completed a one-to-one ****Mandatory Mid-placement Individual Check-In**** with you during the placement.

4.4 GP3 Logbook – on PebblePad

The following is the minimum that you need to submit to pass the placement:

- **1 x CEX** (clinical examinations - observed history or examination)
- **1 x DOPS** (directly observed procedures e.g. taking a BP)
- **1 x CBD** (case-based discussion)
- **1 x Medication Review** (CPT)
- **1 x Continuity of care exercise**

Discuss your **CEX**, **DOPS** and **CBD** with your GP tutor (or other supervising health care professional who is competent in the relevant skill) and then write-up the following for them to sign-off (via form on PebblePad):

- What was done well
- What can be improved upon.
- Agreed Action

Your **GP3 Medication Review** (please see [section 4.4](#) below for further guidance) also needs to be signed-off by your GP Tutor (via form on PebblePad).

Your **Continuity of Care exercise** needs to be submitted to PebblePad, but does not require sign-off:

- Identify a patient with an acute exacerbation of a condition early in your GP block and follow them up on one or two further occasions during the placement (face to face, phone, review of notes) in regard to ongoing management.
- Once completed, a reflection should be written, providing a brief anonymous history of the patient and what you have learnt from the exercise.

4.5 GP3 Medication Review

- We would like you to complete **1 x** medication review in General Practice during your GP3 placement. This can be an extension of a case-based discussion. The template form for you to use is on PebblePad - please see [Appendix 3](#) for a copy of the form, for your reference).
- We would ask you to go through the medication review with your GP tutor.
- Please ask your GP Tutor to sign your review form on PebblePad, and then attach the completed form to your GP3 evidence block on PebblePad.

5. APPENDICES

Appendix 1: GP and Student Learning Agreement 2025-2026 (GP3)

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** – e.g. 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** e.g. adequate supervision including remotely, consent, chaperone, documentation, emergency alarms and home visit policy.
- A **safe, inclusive and open learning environment** with the opportunity to discuss any problems.

As a Medical Student my responsibilities are to:

- Adhere to student **professionalism** guidance, importantly the GMC Achieving Good Medical Practice
- Respect **confidentiality**, dignity and the patient's right to decline or withdraw consent to be seen by a Medical Student. **Never personally record/take photo/videos/screenshots** of any patient teaching or consultations.
- Adhering to the GMC Social Media Policy.
- Prioritise **patient safety** by assessing and **minimising any risk** to patients and staff
- Follow national and local guidance on **infectious disease**

- Be **honest and open** with my supervisors about my prior performance, strengths and areas to improve and any special requirements.
- Seek and **respond to my feedback** to hone capabilities
- **Cease clinical work** if I am at my limits clinically and have no adequate supervision
- Always **identify myself** to patients, relatives, and staff and in medical records as a Medical Student
- Advise my **GP Tutor** of any absences as soon as possible and agree on how my duties will be carried out in my absence.
- Complete feedback and Student Evaluation Questions (**EvaSys**) at the end of the placement.

I confirm that I:

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

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

Student Name :

Student (e) Signature :

Date

GP Tutor Name :

GP Tutor (e) Signature:

Practice :

Date

Appendix 2: GP3 Self-reflection template

GP3 500-word individual reflection guidance:

Your 500-word (+/- 10%) reflection should relate to your learning on the subject of your GP3 group-based assessment, a reflection on the process of presenting and your creative piece, +/- reflections on your whole GP3 placement.

Self-reflection template:

1) What happened?

Describe the experience -'what'.

2) Why was this experience important?

Did it make you feel a certain way – why?

Did it change your understanding of something? So what?

3) What will you do differently?

What actions will you take in response? Will something change in terms of your future behaviour/values? Now what?

Appendix 3: GP3 Medication Review template

Year 3 MBBS Portfolio

Note: Students should only use this form for their GP3 placement.

- **Student name:**
- **Date:**
- **GP Practice:**
- **GP Tutor:**

- **Patient's Age:**
- **M/F:**

- **Medications at presentation:**

Include the following information:

- Medication name (prescribed (generic name), over-the-counter & complementary)
- Class
- Mode of action
- Dose / Frequency Indications for this patient

Each medication should be written in a different paragraph.

- **Main source/s of information:**

E.g., the patient, GP records, EPR Drug Chart, other (name)

- **Medication issues identified for review:**

Physiological, biochemical, other test abnormalities noted.

- **Information / tests needed to guide therapy:**

- **Therapy options, including non-drug:**

- **Patient wish/priority Best option for this patient. Why?:**

- **Patient factors affecting choice, doses of drug therapy**

Describe how this patient's situation impacted on therapy choice and/or on drug changes needed. E.g., renal function/deterioration, heart failure, anaemia, frailty, cognition.

- **Tutor's comments:**
- **Tutor's signature (please use your NHS email):**

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