

**MBBS YEAR 5  
GP ASSISTANTSHIP GUIDE  
2024-2025**



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

**FACULTY OF MEDICINE AND DENTISTRY**

**London**

## Contents

1. GP ASSISTANTSHIP OVERVIEW.....	4
1.1 Academic Regulations .....	4
1.2 Who is this handbook for?.....	4
2. CONTACTS .....	5
3. PLACEMENT OVERVIEW.....	6
3.1 THE AIM OF THE GP ASSISTANTSHIP: .....	6
3.2 What is Generalism?.....	6
3.3 GP Assistantship and The Medical Licensing Assessment .....	7
3.4 KEY DATES for 2024/25 .....	8
3.5 STUDENT ACTIVITIES ON GP5 PLACEMENT.....	9
3.6 Expectations of the GP5 Student Assistantship.....	10
<b>3.6.2 What the GP tutor can expect from students:</b> .....	10
<b>3.6.3 What CBME/Medical School expects from students:</b> .....	10
3.7 Student Learning Agreement & Student learning needs assessment.....	11
3.8 Inclusive Induction .....	11
4. Assessment .....	11
4.1 PEBBLE PAD DEADLINES.....	11
4.2 ASSESMENT OVERVIEW .....	12
4.3 PRACTICE BASED PROJECT .....	14
4.4 PATIENT CASE AND REFLECTION ON PROFESSIONAL PRACTICE PRINCIPLES.....	14
4.5 DOCTORS AS TEACHERS AND EDUCATORS (DATE).....	15
4.6 STUDENTS RECEIVING A REFERRED GRADE.....	15
5. STUDENTS ON SPLIT PLACEMENTS.....	16
6. Adjusting to a dynamic situation .....	16
6.1. RISK REDUCTION – local arrangements .....	16
6.2. VACCINATIONS .....	17
6.3. MANDATORY TRAINING .....	17
7. LEARNING NEEDS.....	17
7.1. INTRODUCTORY TUTORIAL CHECKLIST.....	17
7.2. GENERAL LEARNING OUTCOMES.....	18
7.3 GP5 LEARNING OUTCOMES.....	18

8. PRACTICAL PROCEDURES IN GENERAL PRACTICE .....	19
9. TEACHING AND LEARNING ACTIVITIES IN PRACTICE .....	20
9.1 STUDENT SURGERIES .....	20
9.2 SELF-DIRECTED LEARNING .....	21
9.3 SMALL GROUP TUTORIALS .....	21
9.4 ASSISTANTSHIP & PROFESSIONAL SHADOWING .....	22
10. ADDITIONAL TEACHING AND LEARNING ACTIVITIES .....	22
10.1. URGENT AND UNSCHEDULED CARE .....	22
10.2. FULL DAY IN PALLIATIVE CARE .....	22
11. EVALUATION OF PRACTICE BY STUDENT .....	23
12. STUDENT RESOURCES.....	23
12.1 Academic:.....	23
12.2 Wellbeing:.....	24
13.FREQUENTLY ASKED QUESTIONS .....	25
REFERENCES.....	27
APPENDIX 1: DATE Clinical Teaching Session 2023-24 - GP Tutor Instructions .....	28
APPENDIX 2: Doctors as Teachers and Educators (DATE) Feedback Form.....	29

# **1. GP ASSISTANTSHIP OVERVIEW**

## **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.**

This Student/Tutor Guide is available online in the following places:

For Students: [London Year 5 GP Assistantship Page](#)

For Tutors: [CBME Year 5 Resources for Tutors](#)

The Academic Regulations are also available online at QMPlus.

The information in this handbook was correct at the time of publishing in August 2024. 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.

## 2. CONTACTS

The Academic Unit for Community Based Medical Education

Dr Vidya Mistry	Senior Clinical Lecturer Year 5 Unit Convenor	<a href="mailto:vidya.mistry@qmul.ac.uk">vidya.mistry@qmul.ac.uk</a>
Dr Meera Sood	Clinical Lecturer Year 5 Unit Convenor	<a href="mailto:m.sood@qmul.ac.uk">m.sood@qmul.ac.uk</a>
Dr Jenny Blythe	Senior Clinical Lecturer Community Based Medical Education	<a href="mailto:j.blythe@qmul.ac.uk">j.blythe@qmul.ac.uk</a>
Mahbuba Yasmin	Unit Administrator	<a href="mailto:m.yasmin@qmul.ac.uk">m.yasmin@qmul.ac.uk</a>

Community Based Medical Education  
Institute of Health Sciences Education  
Faculty of Medicine and Dentistry  
Garrod Building  
Turner Street  
Whitechapel  
London  
E1 2AD

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

[m.yasmin@qmul.ac.uk](mailto:m.yasmin@qmul.ac.uk)

### 3. PLACEMENT OVERVIEW

#### 3.1 THE AIM OF THE GP ASSISTANTSHIP:

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

#### 3.2 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://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/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](https://www.rcgp.org.uk/getmedia/828af8c8-65a2-4627-9ef7-7bccd3335b6b/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.pdf)

### 3.3 GP Assistantship and The Medical Licensing Assessment

This academic year sees the first 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 day 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.

## Patient presentations and Conditions

These lists are not a prescriptive as to what you will see and experience in GP5, but they are some of the most common things managed by the community teams and the lists can help guide your revision for the MLA.

### 3.4 KEY DATES for 2024/25

Each GP5 block includes 7 weeks in practice and one central teaching week. In addition, there are prescribing exams throughout the academic year.

<b>Block 1 (8 weeks) Monday 02nd September 2024 - Friday 25th October 2024</b>	
<b>Week 1: Central Teaching Week</b>	Monday 02 <sup>nd</sup> September – Friday 06 <sup>th</sup> September
<b>Week 2: Intro Day</b>	Monday 09 <sup>th</sup> September
<b>Week 2: First Day of GP Placement</b>	Tuesday 10 <sup>th</sup> September
<b>Week 4: Mid module lecture days</b>	Friday 27 <sup>th</sup> September & Monday 30 <sup>th</sup> September (student will need both days off placement to attend these lectures)
<b>Week 8: Drop-in Session</b>	Wednesday 23 <sup>rd</sup> October
<b>Block 2 (8 weeks) Monday 28<sup>th</sup> October 2024 – Friday 20<sup>th</sup> December</b>	
<b>Week 1: Central Teaching Week</b>	Monday 28 <sup>th</sup> October – Friday 01 <sup>st</sup> November
<b>Week 2: Intro Day</b>	Monday 04 <sup>th</sup> November
<b>Week 2: First Day of GP Placement</b>	Tuesday 05 <sup>th</sup> November
<b>Week 4: Mid module lecture days</b>	Monday 11 <sup>th</sup> November & Friday 22 <sup>nd</sup> November (student will need both days off placement to attend these lectures)
<b>Week 6: SPE 2 Exam</b>	Friday 06 <sup>th</sup> December (Students will need the day off placement)
<b>Week 8: Drop-in Session</b>	Wednesday 18 <sup>th</sup> December
<b>Block 3 (8 weeks) Monday 06th January 2025 – Wednesday 26<sup>th</sup> February 2025</b>	
<b>Week 1: Intro Day</b>	Monday 06 <sup>th</sup> January
<b>Week 1: First Day of GP Placement</b>	Tuesday 07 <sup>th</sup> January

<b>Week 4: PSA Exam</b>	Thursday 30 <sup>th</sup> January – Students will need the day off placement
<b>Week 5: Central Teaching Week</b>	Monday 03 <sup>rd</sup> February – Friday 07 <sup>th</sup> February
<b>Week 8: Drop-in Session</b>	Wednesday 26 <sup>th</sup> February
<b>Week 8: Revision/study days</b>	Thursday 27 <sup>th</sup> February & Friday 28 <sup>th</sup> February; Students expected to receive end of placement sign-off on Wednesday 26 <sup>th</sup> February.

### 3.5 STUDENT ACTIVITIES ON GP5 PLACEMENT

Students will undertake the following activities on their GP5 placement:

- **Intro session and induction** to practice and placement
- **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.
- **Backroom practice work** – 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).
- **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 ½ days per week) - to allow time for assessment work and general learning
- **Central Teaching Week**
  - i. Doctors As Teachers and Educators (DATE)
  - ii. Breaking Bad News (BBN)
  - iii. Hospice teaching day – Face-to-face
- **Other Central teaching**
  - I. **Core Case Tutorials** – remote, students should inform their GP5 tutors of these dates by week 2. Students will need to attend core case teaching sessions (1 ½ hours) during weeks 2, 4, 6 & 7. The sessions will take place on a Tuesday or Friday on those weeks, depending on the tutor. The Core Case tutorials are intentionally designed to minimize disruption to your placements. We do not expect students to miss a whole day of placement for these sessions. We would expect students to join the sessions from your practice location. We would also expect the Practice to provide a private space for students to join these sessions.

- II. **Intro day (delivered by medical school and central tutors online)** - Half a day on a Monday
- III. **End of Placement drop-in session (optional):** opportunity to discuss any outstanding issues with the GP5 academic team. Delivered online.

### **3.6 Expectations of the GP5 Student Assistantship**

**3.6.1 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).
- This year we are trialling an inclusive induction, for all clinical placements. (Add what this means later) 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 Day, Closing Day, Core Cases and Hospice Day)
- Wednesday afternoons are protected time for students for sports, therefore, there should be no Practice activities scheduled during this time.

Should also be permitted two additional half day SDL sessions per week. GP tutors should ensure that the timetable should include these sessions.

#### **3.6.2 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 issues

#### **3.6.3 What CBME/Medical School expects from students:**

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

- Engagement with the module and assessments
- Professionalism
- To inform the University early of any issues with the placement.

### 3.7 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 during the placement.

### 3.8 Inclusive Induction

We are sure that many of our tutors as part of the learning needs assessment will consider inclusive induction. 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](#)

## 4. 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.

### 4.1 PEBBLE PAD DEADLINES

	Group A	Group B	Group C	Group D	Group E	Group F
HA1	12pm, 26/02/25	12pm, 26/02/25	5pm, 01/11/24	5pm, 01/11/24	5pm, 03/01/25	5pm, 03/01/25
HA2	5pm, 03/01/24	5pm, 29/11/24	12pm, 26/02/25	5pm, 07/02/25	5pm, 01/11/24	5pm, 04/10/24

GP5	5pm, 01/11/24	5pm, 01/11/24	5pm, 03/01/25	5pm, 03/01/25	12pm, 26/02/25	12pm, 26/02/25
SSC5A	12pm, 25/11/24	12pm, 23/12/24	12pm, 03/02/25	12pm, 03/03/25	12pm, 30/09/24	12pm, 28/10/24
Year 5 Portfolio (All groups):	All groups must have completed all assessments for HA1, HA2 & GP5 by 12pm (midday), 26/02/25					
Practical procedures for GMC Outcomes for Graduates (All groups):	All groups must complete the practical procedures listed in the Year 5 Portfolio by 12pm (midday), 26/02/25					

## 4.2 ASSESMENT OVERVIEW

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

- Mini-Clinical Evaluation Exercise (Mini-CEX) - Two of these are required for each student during the placement. One should aim take place during the first 4 weeks, and the second should take place before Week 8. Please upload both onto Pebble Pad.
- 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 you or your tutor 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 4. This is to include a review student progress and of Pebble pad assessments. **If there are any concerns at this Midway Assessment, please contact the Year 5 team.**
- Patient Case and Reflection on Professional Practice Principles - Please see activities above.
- Practice Based Project - Please see activities above.
- 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.
- 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% (face to face or online as appropriate); more than 4 days missed will require remediation.

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 (greater than 4 days missed). 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 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 4 and 2 <sup>nd</sup> completed by Week 8
5 x Patient feedback forms	Completed by week 8
Midway Assessment at Week 4	<p><b>Ensure the student has done some assessment items to discuss in this midway assessment.</b></p> <p>Review of progress to consider:</p> <ul style="list-style-type: none"> <li>• Highlights (and Lowlights if any) of the placement so far</li> <li>• Review what still needs completing in the placement</li> <li>• Review absences for any reason</li> <li>• Review the patient feedback forms completed, and any assessment items done so far</li> </ul>
	<ul style="list-style-type: none"> <li>• Discuss how the student is doing and get feedback on next steps, including aspects of professionalism</li> <li>• Remind the student to complete the midway review on Pebble pad</li> <li>• Review the end of placement sign off form and agree when this will be done in the final week.</li> </ul>
Patient Case and Reflection	Completed by Week 8
Practice Project	Progress to be reviewed at Midway Review, completed by Week 8

Significant Event Analysis	Completed by Week 8
Assessment of Professional Attitude and Conduct Form	Week 8
Overall Tutor Assessment of Performance	Week 8

### 4.3 PRACTICE BASED PROJECT

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

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

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

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

This task consists of a reflective case write-up followed by a discussion between yourself and your GP Tutor about the issues raised. Both aspects of the task are important and contribute towards the assessment. The write-up should be now more than 1000 words long, including a short case summary of no more than 300 words. The patient chosen should have complex needs such as Palliative Care, or a high risk of admission. You must show reflection on two of the GMC "**Duties of a Good Doctor**" criteria.

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

#### 4.5 DOCTORS AS TEACHERS AND EDUCATORS (DATE)

**As a new requirement of DATE from last 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.** 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 assessment forms.

#### 4.6 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.

#### 4.7 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.

## 5. STUDENTS ON SPLIT PLACEMENTS

Some students have chosen to split their placement between two Practices. This provides the opportunity to compare General Practice between two different Practice populations. This an option we support and encourage for this block.

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

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

## 6. Adjusting to a dynamic situation

Although the initial Covid pandemic is over, there may be, other similar emergency situations in terms of impact on placements. If a situation arises, further guidance will be forwarded by the GP5 team in regard to expectations.

Further considerations:

### 6.1. RISK REDUCTION – local arrangements

We know each GP practice has developed a local approach based on specific context.

**Please review your local risk reduction policy and make it clear to students before they start placements, this should involve:**

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

## 6.2. VACCINATIONS

The medical school, in line with other institutions, is not compelling students to be vaccinated. We hope that as health care professional's students will have been vaccinated with other primary care workers where possible.

Your GP Tutor may ask for your vaccination status

**Any concerns or questions - Please contact the CBME Module Lead or Administrator.**

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

## 6.3. MANDATORY TRAINING

At initial enrolment, each student must complete a DBS check, and since that time students have been bound by our Code of Conduct for medical students which covers attitude and professionalism and requires students to immediately inform the medical school of any activity that falls outside its guidelines.

All students complete BLS training in year 1 or 2 of their MBBS programme.

## 7. LEARNING NEEDS

This handbook is a guide to the course. You will learn most from the direct experience of Primary Care. Try to discuss your personal learning needs with your GP Tutor, early in the attachment. A lot of the time will be spent in one-to-one learning between yourself and General Practitioners or other Health Workers. This teaching will to some extent be opportunistic since it will depend in a large part on the particular patients who consult during your placement. This can be very enjoyable for both parties provided that you take every opportunity to learn by questioning and by doing.

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. You 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).

### 7.1. INTRODUCTORY TUTORIAL CHECKLIST

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

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, how 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 you and students 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. This will help inform Tutorials and Self-Directed Learning time.

## 7.2. 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

## 7.3 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.

## **8. PRACTICAL PROCEDURES IN GENERAL PRACTICE**

Many practical procedures, as outlined in the GMC document references, are aligned, although not exclusive, to experiences in general practice. Please see Pebble pad, share the information with the GP Tutor in terms of sign-off, and use the opportunities in General Practice to gain as much experience in undertaking the relevant practical procedures as much as possible

## 9. TEACHING AND LEARNING ACTIVITIES IN PRACTICE

### 9.1 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.

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.

It can be useful for students to establish a structured approach to giving feedback to peers. The following table may be used as a guide for this.

**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.

## 9.2 SELF-DIRECTED LEARNING

You are expected to learn independently as part of their time in Primary Care and will undertake an individual or shared project during the placement. It is appropriate for you to use self-directed study time for both the completion of assessed work, and to follow up learning from patient contact. GP tutors should allow students two half day SDL sessions per week and should ensure that the timetable should include these sessions.

## 9.3 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?

## **9.4 ASSISTANTSHIP & 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’ with or shadowing members of the Primary Care Team. Particularly relevant experiences include District Nursing, Community Pharmacists, Palliative Care Specialist Nurses, and Practice Nurse Clinics specialising in Chronic Disease management.

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

## **10. ADDITIONAL TEACHING AND LEARNING ACTIVITIES**

### **10.1. URGENT AND UNSCHEDULED CARE**

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. 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.

### **10.2. FULL DAY IN PALLIATIVE CARE**

This teaching day takes place in the central teaching week, and it is mandatory for students. Resources and further information about the hospice day can be found on QM Plus under the **hospice** section on the GP5 Assistantship page. This session has been arranged by St Joseph's Hospice, Mare Street, London E8 4SA.

## 11. 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**. The URL will be emailed to both the Practice contact and each student a few days before the end of the placement. Students on split placements should complete the whole form twice, once for each four or five-week 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.

## 12. STUDENT RESOURCES

### 12.1 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-aaaae-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


## 12.2 Wellbeing:

**Student Support** [ihse-student-support@qmul.ac.uk](mailto:ihse-student-support@qmul.ac.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](#)

### **13.FREQUENTLY ASKED QUESTIONS**

**Where are the assessment forms?** These are under the assessment section on the GP Assistantship section of QMPlus.

**Is the Patient Case and Reflection Task marked centrally like previous SSCs (Student Selected Components)?**

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

**Are the Mini-CEXs marked?**

Yes. They are marked by the GP Tutor. 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.

Make sure your student knows how to contact key people at your Practice out of normal opening hours if needed. Either give them mobile numbers for yourself 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 you 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](mailto: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 Day' 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 virtual 'Intro Day' 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.

## REFERENCES

- General Medical Council (2018). Outcomes for graduates. [online] www.gmc-uk.org. Available at:  
<https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates/outcomes-for-graduatesoutcomes/outcomes-for-graduates/outcomes-for-graduates>.
- General Medical Council (2021.). MLA content map. [online] Available at:  
<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 2023-24 - 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
<b>Preparation and setting</b>	e.g. creates an appropriate environment; checks that resources are available/working in advance; uses resources appropriately.	
<b>Introduction</b>	E.g. introduces self and topic; establishes prior learning; sets learning outcomes.	
<b>Structure of session</b>	E.g. teaching session has a clear beginning, middle and end; natural progression and logical development of ideas/contents; summarises key points at conclusion.	
<b>Knowledge and ability to answer questions</b>	E.g. understands topic matter; answers questions clearly; aware of own limitations.	
<b>Interaction with group</b>	E.g. engages with students; facilitates group participation; maintains students' attention and manages time effectively.	

