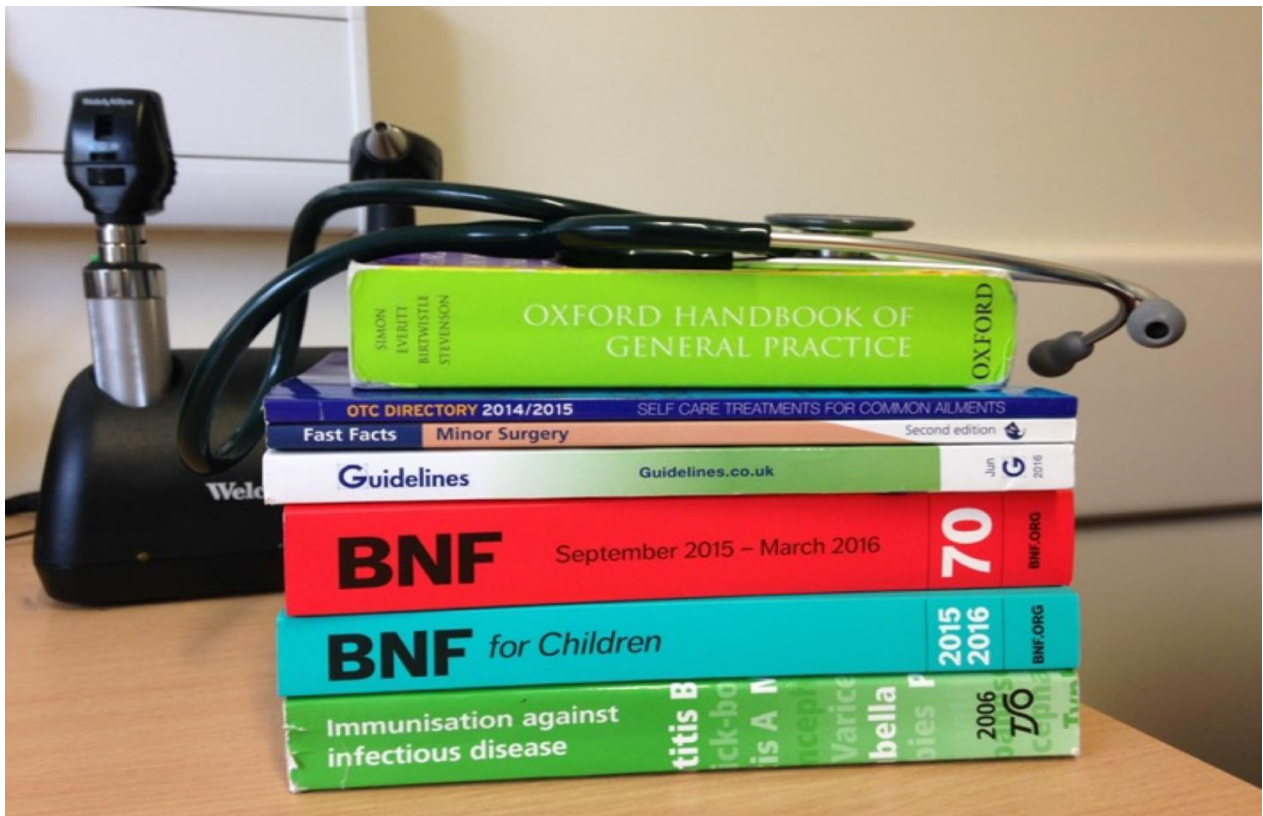




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## **GP Tutor & Student Guide: Year 4 GP 2024-25**



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## Welcome and outline of overall QUB Year 4 course

Welcome to this course, with General Practice as students' clinical 'home' through the integrated experiences of QUB's Year 4 (Y4) course. An enormous thank you to GP Tutors and host Practices. This guide aims to provide some background and detail for both Y4 students and their Practice teams. Host Practices will find further useful information in the Practice Handbook (accessible, along with many other resources, through our website <https://www.qub.ac.uk/sites/qubgp/>).

Y4 is students' second 'Immersion in Practice' Year in the QUB C25 curriculum with clinical experience built around four life cycle pillars: Child Health; Mental Health; Reproductive Health and Ageing and Health. The emphasis is on the patient in the community, in the GP Practice and in different hospital settings at all stages of life. The different Y4 pillars all have a generalist lead working alongside the specialty lead.

Each pillar starts with a one-week introduction ('pillar week') at QUB followed by eight weeks of workplace learning. Teaching in the pillar weeks involves both relevant specialists, GPs, and other members of the healthcare team. Inter-professional and simulated learning opportunities are provided, and 'cross-pillar' teaching in areas such as oncology, radiology and fractures are woven through timetables. Students are attached (usually in pairs) to the same Practice for the entire year. They will spend two weeks in every pillar in GP, as well as a week in the Emergency Department. This offers invaluable opportunities to learn about generalist clinical practice alongside specialist experiences and will enable students to consolidate learning from earlier years.

## Course aims

General Practice comprises the practical and scholarly aspects of delivering highly effective personalised care to individuals, families, and populations in primary care and community settings.

Y4 GP aims to build upon students' time in GP within Y1-3 and prepare for further experience in Y5. The broad aims are:

- For students to understand the structure, principles and practice of GP work, and how primary care works alongside secondary care
- For students to understand patients and their illnesses within all their complexity and social and cultural contexts

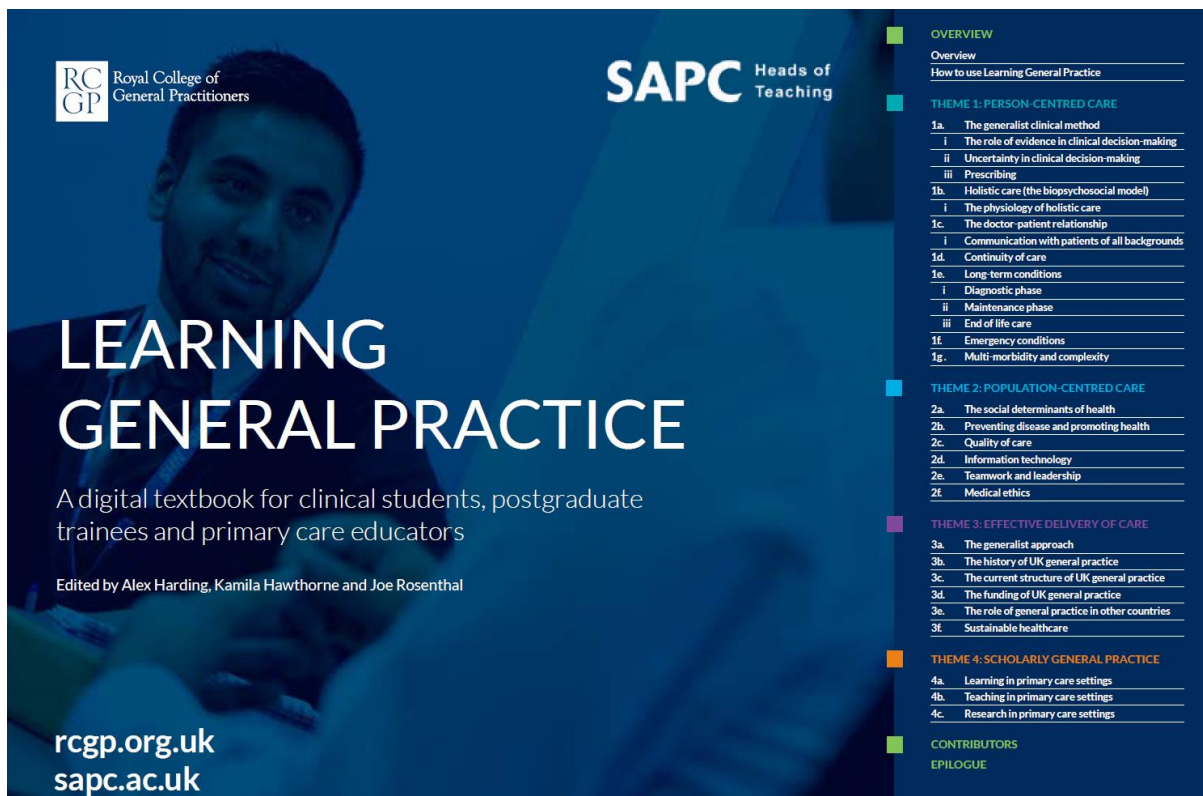
### Course learning objectives for students

Immerse yourself in practice to develop and apply knowledge and understanding around:

- Holistic care (the biopsychosocial model)
- The physiology of holistic care
- The doctor-patient relationship
- Communication with patients of all backgrounds
- Continuity of care
- Long-term conditions in
  - (i) Diagnostic phase
  - (ii) Maintenance phase
  - (iii) End of life care
- Emergency conditions
- Multi-morbidity and complexity
- The social determinants of health
- Preventing disease and promoting health
- Medical ethics
- The generalist approach.

### Resources

The Royal College of General Practitioners (RCGP) and Society for Academic Primary Care (SAPC) (through the GP Heads of Teaching group) have created a set of teaching and learning resources that GP Tutors and students may find useful. These resources are housed on the RCGP website and can be found [here](#). The first document *Teaching General Practice* is a high-level curriculum guide, the second, *Learning General Practice*, has a wealth of helpful information and resources, structured around the Y1-5 GP courses' learning outcomes.



eBooks available through QUB QCAT may also be of interest to some students:

<https://www.qub.ac.uk/directorates/InformationServices/TheLibrary/>

1. Oxford handbook of General Practice - Chantal Simon et al.
2. General Practice at a glance - Paul Booton et al.
3. A Textbook of General Practice - edited by Anne Stephenson.

### Course structure

Students are immersed in a Practice throughout the year, returning for two weeks during each of the year's four pillars of Child Health, Reproductive Health, Ageing and Health and Mental Health. The overall eight weeks in GP (along with four weeks of Emergency Medicine – a week during each pillar) is generalist learning time to complement learning in specialist clinical settings. Students spend 9 sessions of each GP week in Practices, with the other session QUB facilitated/self-directed (we will confirm details as soon as possible as to scheduling of any QUB led sessions).

## How are students learning during GP attachment time?

Opportunities will be different in different Practices dependent on several factors. But whatever the Practice size and set up, we hope that returning to the same Practice means students can embed themselves as far as possible and become useful contributors as part of GP Practice teams. Beyond observing, participating in and progressing towards leading consultations, and some of the specifics already suggested which relate more closely to Y4 lifecycle pillars, there are a vast range of potential learning opportunities in GP. The [Learning General Practice digital textbook](#) contains all manner of suggestions. None of these are mandatory, and GP tutor colleagues (“We are all faculty” –™ Prof N Hart, June 2023) and their Practice teams will find what works best in their own Practices and doubtless come up with many things not suggested here:

- Long term condition reviews (asthma, COPD, CKD, diabetes). Work with admin to identify patients, consider setting up student ‘mini clinics’ including BP/BMI, bloods. The following week students could review blood results and recontact patient regarding any agreed plans
- Follow up calls from Out of Hours encounters
- Continuity – recontact patients encountered in previous two-week attachments (perhaps focusing on patients they’ve selected to enter as their clinical encounters within MyProgress or anyone who had a red flag referral or care needs). How has their health changed? Was this expected? Remember more than just the immediate presenting issue that could have real learning value – have they had an MI? Appendicitis? Gallbladder surgery? GP is the place to consolidate all medical/surgical learning which will set students up well for working as a Foundation Doctor – and exams!
- Case presentation review – identify selected patient(s) known to the GP with identified significant diagnosis (perhaps cancer, multiple sclerosis or other long-term condition). Students could review their records +/- contact them if suitable to see how their presentations were different and how clinical pathways and patient experiences can be so variable
- ‘Clinical skills’ clinics - observations, ECGs or bloods/ treatment room experiences

- Consider involving students in any tutorials for GP trainee(s) or enable time for GPNI webinars/PBL. Students become part of 'the team' when everyone is learning together; 'near peer learning' alongside any trainees or other medical students in the Practice has immense potential value for all learners
- Consider involving students in home visits – seeing patients in their living contexts offers unique perspectives and rich learning. There is [more detailed guidance for Practices around practicalities of home visits](#) available on our website, incorporating a reflective template that students might find useful to complete after any visit
- Identify and prepare cases for their Case Based Learning – see below section
- Time with MDT members/community-based colleagues which might include third sector organisations/healthy living centres
- Time to complete records and reflect on learning activities within MyProgress
- Asynchronous learning activities (see section 'additional online resources').

While students may be particularly attuned to areas relevant to the pillar they are rotating through, fundamentally it is exposure to the **full range of generalist practice** which stands to benefit them. General Practice is where most diagnostic and management decisions are taken regarding the care of acute and chronic medical conditions. Opportunities to learn and teach fundamental skills such as diagnostic reasoning, management of uncertainty and therapeutics are particularly rich.

### MyProgress activities during GP

Learning to be a doctor happens best in clinical environments, through observing and supported participation in authentic practice. We aim to give students time and space to learn and develop during their time in GP in Y4. Due to the vast range of presentations and conditions that are encountered (and the different set-ups/team compositions across host Practices), we have chosen not to present these in a checklist way within the MyProgress record of Clinical Learning Activities.

MyProgress is the digital platform students use to record, track and reflect on their learning. It replaces previously used Excel-based 'eLogbooks' and the uMEP portfolio. Feedback thus



far from both students and colleagues indicates that it is reasonably user-friendly and straightforward to navigate. Some resources/ Q and A around practical use of MyProgress are available on the QUBGP website. It is a student's responsibility to ensure that all required elements of MyProgress are completed, and they may prompt tutors around when and what needs completing. Practices can help students in this through identifying a named GP best placed to complete required elements. The following sections offer more detail around the various aspects of MyProgress that relate to students' time in GP through Y4.

GP Tutor Feedback Forms: one after each two-week attachment

Students will need to ask their GP tutor(s) for a preferred email address – entering this will enable tutors to access the [MyProgress platform](#), view students' progress, and complete the short GP Tutor Feedback Form at the end of each of the four two-week attachments.

Clinical Encounters: formal recording of FOUR during each two-week attachment

Encounters with patients are the core activity of GP, and, as such, students are likely be involved in hundreds of these over their medical school careers, be that through *active observation*, *more active participation* or *leading consultations*. Further explanation around what we mean by these terms is provided later in this guide.

During each two-week GP attachment **students need to record four encounters that provided learning opportunities**. These can relate to any clinical area(s); **there is no requirement for them to relate to the pillar area that they are rotating through** (though of course students may wish to align their learning in this way). Over the course of the year, students should be developing independence, progressing from active observation through to leading consultations. All clinicians (even those long qualified with extensive experience) can benefit from observing the way other clinicians consult; there is learning within observation for everyone. Saying that, students need to develop their own consulting (which they will further build on during GP time in Y5). As such, **by the time students reach their fourth two-week Y4 GP attachment (between March and May), we expect that a minimum of three of the four clinical encounters recorded in MyProgress will relate to consultations they have led**. For each clinical encounter entered in MyProgress, as well as



recording learning, we are asking students to self-rate their role in the consultation using the same 8-point Entrustable Professional Activity ('EPA') scale used across Y3-5 GP:

1. First introduction: observing only
2. Working together with supervisor: co-activity
3. Supervisor steps in as needed: direct supervision
4. Supervisor in the background: direct supervision
5. Supervisor in adjacent room and checks work at the end: indirect supervision
6. Supervisor in adjacent room and checks key aspects of work: indirect supervision
7. Supervisor at a distance but available by phone: indirect supervision
8. Fully independent consulting.

We would expect all students to have progressed beyond level 3 by the end of Y4; experiences with previous cohorts of Y4 students indicate that many students can consult at level 5. GP tutors involved with postgraduate GP training may recognise that a new ST2 trainee might very quickly progress from 1 or 2 to 5 or 6. An ST3 will likely be operating at 6 or 7 in preparation for 8 as a post CCT GP.

#### Other Pillar Specific MyProgress learning activities

Whilst students' time in practice is primarily generalist rather than 'pillar specific' learning, students will likely be particularly attuned to learning opportunities relating to the pillar they are rotating through and are likely to benefit most where learning activities align. Every student has a series of learning activities relating to each pillar to complete and record in MyProgress. While some of these are naturally going to be most suited to completion during time in the relevant hospital specialty, the whole Y4 course is built around the idea of integration of patient care across different settings. As such, students can complete various learning activities related to the different pillars across time spent in any care setting; the hospital specialty, Emergency Department or GP. **\*None of these are compulsory for students to complete during their time in GP and we recognise that opportunities will differ across different teaching Practices.\*** We provide a few examples of 'pillar specific' learning activities within MyProgress that might be achieved within GP; this is not an exhaustive list, and crucially, completion of MyProgress activities will be student driven.

Students are encouraged to be proactive in identifying any 'pillar specific' learning opportunities.

Most activities potentially amenable to completion in GP time are those that students verify themselves. Some activities across MyProgress (including Directly Observed Practical Procedures (DOPS) and some specialty-specific Workplace Based Assessments (WPBAs) such as miniCEX) require direct observation and the supervising clinician to complete a short form by means of the student handing over their device and the tutor completing a short check list with some brief feedback. Other activities require asynchronous sign off; where this is the case a student will request the email address of the supervising clinician, and the system generates an email to that individual. **No action is required if the student completed that activity;** the email advises what to do in the unlikely event that this was not the case.

#### Attendance

Medical School regulations mandate 100% attendance for all years. However, there will of course be mitigating circumstances for non-attendance such as illness or prospectively requested leave (e.g. to present at a conference). Students submit all prospective leave requests in advance (including for up to two days' 'discretionary leave' across each academic year) and are encouraged to clearly communicate any approved leave requests with supervising clinical teams. Further details around [attendance and absence policies](#) are available on the QUB Medical Education portal. In cases of unforeseen absence (such as sickness) it is helpful if students and host Practices have agreed a means of contact in advance so that an ill student isn't trying to update the Practice by phoning the main Practice number. A feature of the MyProgress system is attendance monitoring – daily in secondary care (and at all times for students holding Tier 4 Visas) and weekly while on GP placement. The system generates an automated email to the designated supervisor's email address. **No action is required if the student was present;** the email advises what to do in the unlikely event that this was not the case. If a Practice has any concerns about a student's attendance, please contact [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)

Potential activities within the four pillars of Y4

These are all suggestions/ideas. We fully appreciate that Practices are different and that some things will work in certain settings while other things will be more challenging.

### *Child Health*

- Examine a new-born baby - postnatal check (either new-born check or 8-week check at GP)
- Perform a general (or abbreviated) developmental assessment
- Conduct a HEEADSSS psychosocial assessment on an adolescent patient or young person.

Students are also asked to complete a minimum of fifteen paediatric histories during this pillar, which can be in any care setting. Baby clinics and attending planned sessions with health visitors +/- home visits and virtual/tele-consultations with young people are other optional learning activities that could be useful learning for students during this pillar.

### *Reproductive Health*

- Measure blood pressure on a pregnant patient
- Perform and interpret a urinary pregnancy test
- Mini-CEX: Palpation of pregnant abdomen.

Any opportunities to observe smear clinics, coils/implants/vasectomies (\*where available\*) and participate in consultations around menopause management and contraception will be hugely useful for students focused on this pillar. There is a reflective learning template in the Reproductive Health section of MyProgress that all students need to complete around a consultation which addresses contraception.

### *Ageing and Health*

- Perform and document a cognitive test such as the GPCOG or 6CIT

- Write about an ethical dilemma in an older person you encounter on clinical placement. Note that the dilemma can be about anything, and does not need to surround capacity
- Review the drug history of a complex, older patient with frailty who is on at least six drugs. This can be done by reviewing a Kardex in hospital, or the medication history in primary care. Review your findings with a doctor or pharmacist.

GPs often know their older patients very well and opportunities to consult with frail and complex older patients (including on home/nursing home visits) could be useful learning opportunities. During this pillar, students are asked to record various other activities in MyProgress, and opportunities to complete some of these could work well during GP attachment time. One example is that students are asked to describe three learning points (e.g., side effects, common interactions or contraindications) from different drug classes (including many commonly encountered in primary care such as diuretics, ACE inhibitors laxatives, opiates, NSAIDs and anticoagulants), in relation to older people. Students are asked not to simply list side effects but to describe the potential impacts on an older person.

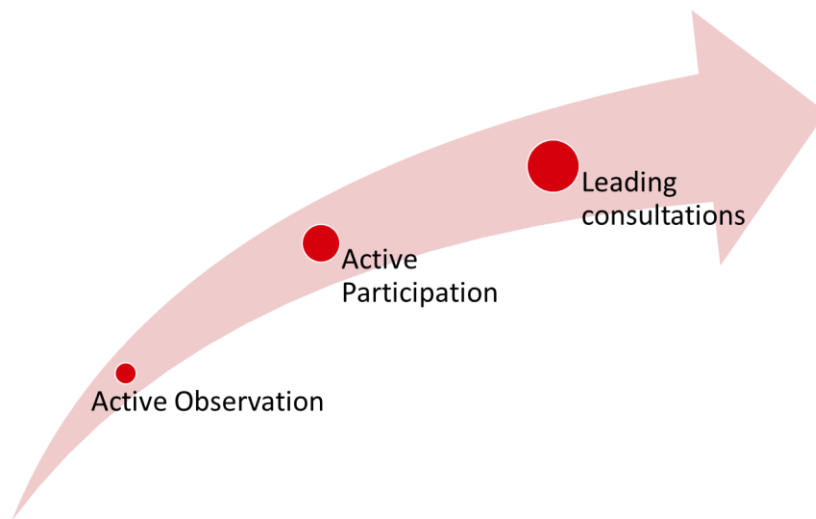
### *Mental Health*

- Discuss the indications, monitoring and potential side effects of antidepressants (students are asked to record some short notes around advice given to patients and potential benefits of patient collaboration)
- Interview a patient with one of the following presentations:
  - depression or anxiety
  - alcohol/substance misuse
  - a patient who has recently self-harmed.
 Document a brief history and mental state for each of them.

There are many other learning opportunities that could be beneficial to both student and GP Practice during this pillar, for example involvement with physical health reviews of individuals with serious mental illness.

What is meant by active observation, active participation and leading consultations

What do we mean by these terms for how we would like students to think about the different ways they might be involved in a consultation?



**Box 1**

Active observation, active participation and leading the consultation

Active observation

Observation is not a passive process - it offers opportunities for active learning

Active participation

Initially students might 'hotseat' an element of a consultation – 'information gathering', or an aspect of a focused examination or be 'delegated' elements of management e.g. discussing physical activity, suggesting practical sleep hygiene strategies, drafting a referral letter, arranging and conducting a review etc.

Leading consultations

This may be with a GP in the room or in another consulting room (space dependent) –a student is leading a consultation (face-to-face or remote) if they are working through from initial information gathering/examination to formulating some kind of 'next steps' as to how the consultation might conclude. This includes moving beyond history and examination to 'the second part of the consultation' and considering management approaches.

### *Active observation*

Initially students are likely to be observing – there is lots to learn from the different ways different GPs adapt their consulting, and their potentially contrasting approaches to the same patient(s). Observing other members of GP Practice and multidisciplinary teams also offers rich learning. Observation is not necessarily a passive process - it offers opportunities for active learning: what could a symptom mean? What is prompting the person to contact the GP Practice with this issue at this time? If there are any relevant management/referral guidelines – look them up! Someone’s thyroid function test results are abnormal... what does this mean, and would the student be confident interpreting them? Students could consider taking note of all the different presentations/issues/conditions encountered through observing a surgery or time observing the work of a member of the Practice team – what would terrify them most if they had to deal with it themselves either in a patient or on an exam?

### *Active participation*

Initially students might ‘hotseat’ an element of a consultation – ‘information gathering’, or an aspect of a focused examination. This might include, for example, checking a patient’s blood pressure or other clinical observations, or being invited to make a closer examination of a rash or a skin lesion alongside a clinician. Where a pair of students might be sitting in with the same clinician, consider the different students participating in a different part of the encounter. It is also possible to consider student ‘delegation’ of elements of management in order that they are actively participating in patient care. Examples might include encouraging physical activity, suggesting practical sleep hygiene strategies, drafting referral letters, talking patients through or signposting to options around contraception/HRT. Students could call patients back or potentially bring them in to Practice if they would benefit from some time to read up on/prepare resources around any of these aspects.

### *Leading consultations*

This may be with a GP in the room or in another consulting room (space dependent) – we consider a student to be leading a consultation (which can of course be a phone consultation; it doesn’t have to be face to face) if they are working through from initial information gathering/examination to formulating some kind of ‘next steps’ as to how the

consultation might conclude. Obviously, students can't independently prescribe nor refer but as Y4 students we encourage them to move beyond history and examination to 'the second part of the consultation' and consider management approaches. 'Pre-prescribing' experience can be achieved through encouraging students to generate a prescription for a dummy patient within the Practice's computer system – this experience can be incredibly valuable. As students progress, Practices might consider pre-selecting a number of patients for students to consult with, either remotely or face to face in student clinics – appreciating that this is contingent on physical space availability.

### Case Based Learning (CBL)

During each pillar, students will participate in a formal QUB facilitated Case Based Learning (CBL) session. These are 90 minute long, Zoom delivered sessions involving approximately 20 students per session, co-facilitated by primary and secondary care clinicians. Students come prepared to discuss real cases that they have encountered in these areas (cases can come from any clinical setting). While only a small proportion of students will have their timetabled session in each of these pillars scheduled during GP attachment time, **all students must submit a clinical case (using a specially developed proforma) a week in advance of their session.** CBL runs across the QUB medical curriculum, but Y4 is the first opportunity for students to work around real (rather than pre-constructed) patient cases.

### Additional online resources

Beyond their formalised pillar week teaching, students are provided with a range of online learning resources on the QUB Medical Education Portal. Tutors do not require access to this Portal, though you can [register for access](#) should you wish. The already mentioned Learning General Practice digital textbook is a helpful resource for both students and staff.

Student learning is supported by other key online resources:

### *Virtual Primary Care (VPC)*

This [VPC](#) collaboration across UK medical schools, offering access to authentic GP consultation videos recorded as part of the 'GP Behind Closed Doors' series. Several of the



QUBGP team were involved in reviewing the consultations and preparing supporting educational materials. Consultations can be searched by 'domain' of Learning General Practice, or by presentation or condition. All students will have access. If any GP colleagues would like access to this resource, please get in touch with [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) providing your .hscni email address (unfortunately the system will not grant access to any other personal emails).

### *Capsule*

[Capsule](#) is a case-based online resource, again produced as a collaboration across UK medical schools. Students have access to a vast range of cases and quizzes with feedback and further links – with the material pitched at a great level for them. There are around 40 GP cases (some relatively short, others which might take students 45-60 minutes to work through.) While some students may elect to work through the cases in their own **self-directed way**, they are likely to maximise learning through covering cases that they have had limited exposure to or following on from a specific consultation.

### *Speaking Clinically*

This resource contains over 900 authentic patient video clips of people talking about a range of conditions. Most [Speaking Clinically](#) videos are just 1-3 minutes long, and it's fair to say they do have a secondary care orientation. While this could never replace authentic patient contact in GP, it is nonetheless another resource.

If you would like personal access to Capsule and/or Speaking Clinically, we can try to facilitate personalised logins etc. Please email [medicaled@qub.ac.uk](mailto:medicaled@qub.ac.uk) explaining that you are a GP tutor, and we will try to make the necessary arrangements.

### *Assessment (MLA and Progress Testing)*

From 2025 onwards, all medical students graduating from UK universities need to pass a national exam – the Medical Licensing Assessment (MLA). This entry requirement for inclusion on the medical register by the General Medical Council incorporates both written and practical components. QUB Y4 students sit their MLA Applied Knowledge Test (AKT) –

‘written finals’ at the end of Y4/start of Y5. This comprises 200 Single Best Answer (SBA) questions, with around 40% of these questions set in a primary care context. GP offers the ideal opportunity to meet with a wide range of patients across their lifecycles and contextualise and consolidate learning from Y1-3. Medicine and surgery aren’t ‘over’ after Y3 and during time in GP students will encounter patients who experience all the symptoms and conditions which they have learned about so far – and many more things never encountered in textbooks or lectures! The [Content Map for the MLA](#) includes A-Z lists of clinical presentations and conditions that graduating medical students are expected to apply their knowledge around. All of these could be encountered in GP! Anyone wishing to know more about the MLA can find lots of resources (including example questions) on the [Medical School Council’s Assessment Alliance website](#), and in the ‘assessment’ section on our QUBGP website.

QUB Y4 students are familiar with AKT style questions from Progress Testing (computer delivered Single Best Answer written examinations) which they sit through Y1-4 of the QUB C25 curriculum. The format and standard of the questions is aligned with the MLA AKT. More information on Progress Testing for anyone interested is available through the [QUB Medical Education Portal](#) – all GP tutors can access this once registered. Students are aware how they are performing in relation to their peers in their Progress Tests; they also have feedback enabling them to see areas of relative strength/weakness. It may be constructive for students and their GP tutors to have a conversation around their Progress Test performance to date towards the start of Y4 and identify any areas that they may benefit from focusing on.

Y4 students will all sit two Progress Tests through the academic year 2024/25 prior to their MLA – they will all be out of Practice/clinical placements on these single dates, and are due back in Practice from the Tuesday of these weeks:

**Monday 11 Nov 2024**

**Monday 17 Feb 2025**

A very small number of students (who have either missed one of the above dates through illness or have not yet reached the threshold to sit the national AKT) will need to sit a further Progress Test, likely in late April 2025.

## Practicalities

We ask students to ensure they've contacted your Practice before their initial arrival to make day one arrangements. We often get feedback from students delighted that they are addressed by name when they first arrive in GP; this can make a massive difference.

## Reminder about dates

**All students timetabled to start their first pillar on GP attachment will start in Practice**

**Weds 28 Aug 2024.** What would have been the first clinical attachment day of this first pillar falls on a Bank Holiday (Mon 26 Aug). Most students have their base hospital/trust hospital inductions on Tues 27 Aug, and we wanted to ensure that pairs of students have their Day 1 in Practice together.

The complexity of the overall Y4 timetable is such that on clinical day one of pillars 2,3 and 4 (Mon 28 Oct, Mon 13 Jan and Tues 18 March) all students rotating through three of the four pillars (Child Health, Reproductive Health and Mental Health) attend their designated hospital site for specialty specific induction/teaching – even if they are timetabled in GP for the first two weeks. Students in GP during their Ageing and Health pillar should attend their Practice on these dates. We aim to be as clear as possible: **when we notify your Practices of student names and contact details, we will give exact dates (including day of the week) that they are starting.**

## Timetabling

Practices might find it helpful to construct a timetable of activities across the two-week placements. This allows students to structure their attachment and learning. Students appreciate and really benefit from an induction, welcome and orientation to the Practice.

The below is simply an example (with actual times agreed at Practice level) as we realise that there are many factors at play in different Practices as to what works when.

Week 1	Morning	Afternoon
Mon	Induction/orientation	Observing with GP x
Tues	GP x	Treatment room
Weds	With General Practice Pharmacist	QUB facilitated session (not in Practice)
Thurs	GP x	(nursing) Home visits
Fri	GP x/OOH follow up calls	VPC/My Progress review
Week 2	Morning	Afternoon
Mon	GP x	LTC clinic/continuity calls
Tues	Treatment room	GP x
Weds	With district nurse	QUB facilitated session (not in Practice)
Thurs	GP x (student 'mini surgery')	Baby clinic
Fri	GP x (student 'mini surgery')	CBL session/MyProgress review

## Induction

Here are some areas that we recommend Practices cover during induction:

	✓ Done
Introduction to key staff members, specify who the main tutor is (including preferred email(s) for MyProgress) and a tour of the premises	
Brief overview of Practice: population size, computer system, appointment system	
Show where students can leave their coat, bag and belongings	
Facilities such as the toilets and any area for breaks/storing food etc	
Any important safety issues e.g., fire escape routes, personal safety alarms/alarm button	
Clarity around contact – what is the best phone/email address for students to use if they can't come in due to illness?	
Any student special circumstances / disabilities that are relevant for the GP tutor (and Practice) to know about	
Any practice specific protocols around clinical clothing (any preference for scrubs or 'normal clothes?')	
Computer system: allow some time to get used to the clinical system and explain what is expected when they write clinical notes – if possible unique student GP computer system logins encouraging ownership and transparency	

Advice around access to WiFi so that students can support their learning using own devices where possible. BSO WiFi access should be possible for most Practices	
Where/how students can record details of and organise reviews by themselves or by the team (inc shredding)	
Remind them of the importance of confidentiality- students follow <a href="#">GMC GMP guidance</a> for students	
Check their familiarity with ECR and ENCOMPASS including issues around confidentiality, GDPR and the vital importance of only accessing information relevant to patient care; never their own/known individuals' records.	
Discuss what they are hoping to get out of the placement (personal development needs) and what compulsory elements are involved and how they are hoping to achieve them	
Go over expected professional behaviours like introducing themselves by name and role to the patient, kindness, respect and courtesy, teamwork etc. (see <a href="#">Good Medical Practice (GMP) for medical students</a> )	
Detail procedures and policies important for the placement including home visit guidance, consent and chaperone policy (see portal), child and adult safeguarding etc	
<p>Reiterate that patients appreciate:</p> <ul style="list-style-type: none"> <li>• that students add value to the care patients receive e.g. by having delegated tasks like following patients up after a test or consult</li> <li>• when students are transparent about their knowledge gaps</li> <li>• when students listen attentively</li> <li>• being involved in teaching by sharing their lived experiences</li> <li>• being advised in advance when they are seeing a student</li> <li>• being involved in the feedback process to help their learning</li> </ul>	

*And finally...*

Please don't hesitate to contact us (at [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) or [helen.reid@qub.ac.uk](mailto:helen.reid@qub.ac.uk) ) if you encounter any challenges or with any suggestions for developing and improving the course. This was a new course in 2023/24. We will be learning together, aiming to improve and develop it further for 2025/26; we would appreciate your ideas for development.

Many thanks again for helping to nurture and shape tomorrow's doctors and our future colleagues.

A handwritten signature in black ink that reads "Helen Reid". The signature is written in a cursive style with a small dot above the 'i' in Reid.

Professor Helen Reid

Academic Lead for Y4