MB ChB Programme

YEAR 5

PRIMARY CARE HANDBOOK

For Students

2019-20

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Introduction

Welcome to the Year 5 Primary Care rotation, which forms a third of your Preparing for Professional Practice (PPP) course.

The overall aim of this rotation is to develop and prepare you for life as a Foundation Year 1 (F1) doctor by learning in the Primary Care setting.

You will attend your placement in pairs. There are no set learning themes for this placement. We recognise that you will all have different strengths and weakness at this point in your careers and, to develop, there will be certain areas on which you will want to focus. You can discuss your personal learning plan with your tutor on your first day.

We are badging this rotation as ‘Decide and Provide’ – we will look to develop your clinical decision-making skills and aim to get you to actually provide healthcare to patients, while having a senior clinician on hand to guide you, before you hit the wards.

2 years ago we increased the time spent in primary care for this rotation from 2 weeks to 3 or 4 weeks. Most students felt like this was a positive change enabling them to feel more part of the team. Some students fed back that they felt their time preparing for F1 would be better spent on the wards. I would argue that primary care offers a valuable and unique learning environment in which you will have the opportunity to see patients with a wide variety of undifferentiated acute and chronic illness. In other rotations in PPP you will need to spend a good deal of time learning the practicalities of being an F1 from recently qualified doctors. The Primary Care rotation aims to allow you to develop as an individual clinician with close mentorship from a senior experienced doctor

By the end of PPP you need to be competent at performing the duties of an F1. We would like this Primary Care rotation to allow you to become good. There is strong evidence that spending time in Primary Care in your final year prepares you for the step up to making decisions and initiating management plans. In hospital, you will usually clerk admitted patients or review inpatients where someone else has made a diagnosis and started a management plan. You will often be asked to work to pre-determined guidelines or care bundles. In Primary Care, people present with symptoms, not diagnoses. Working in this environment will develop your clinical skills so that you can add real value as the F1 doctor. We want you to question diagnoses and make your own minds up, being confident in your ability to do so. This will put you in good shape as your career progresses beyond F1 and you assume more responsibility for making decisions.

We hope you enjoy your Primary Care placement. It should allow you to polish your clinical skills, see lots of patients and make a difference to their care.
Dates of Primary Care attachments

The dates of the GP Attachments are:

A  Wednesday 8th January – Friday 31st January 2020  
B  Tuesday 4th February – Thursday 27th February 2020  
C  Monday 2nd March – Friday 27th March 2020

Teaching and Assessment at University and Academies

You will have various times where you need to be back at the Academies for certain pieces of assessment and teaching. Allowable academy absences include:

- Situational judgement test: Monday 6 January 2020  
- Prescribing safety assessment: Monday 3 February 2020  
- PSA resit (if necessary): Wednesday 13 March 2020  
- Excellence day: Friday 28 February 2020  
- Intermediate life support course: varying dates  
- Two sessions of advanced consultation skills: varying dates  
- Resit long cases: varying dates.

Elective vaccinations, academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc must be done in your own time or exceptionally may be agreed by your GP tutor but in this case, time must be made up appropriately.

Please contact your GP tutor as early as possible to inform them of any dates you will not be able to attend at the practice.

Travel to practices

We have tried to place you in pairs where at least one of you has told us that they have a car. Please try to share transport. You will be able to claim for travelling expenses for placements if they are outside the city limits of your Academy. This will be reimbursed by your Academy. Please keep your bus or train tickets and, if you are travelling by car, make a note of your mileage. If the car driver cannot claim travel expenses, it is helpful if the other student can help them with petrol costs.

Attendance

GP s put a lot of effort into planning and delivering this course and we hope that you will find it very interesting. We are aware that you have other commitments, such as planning for Long Case Exams and electives. However, we expect full attendance during the course. If attendance drops below 80% your academy administrators will be aware and you risk not being released for the elective period. Any unplanned absence must be reported on the first day of absence by completing an online form here and by emailing or phoning your GP or academy administrator when on placement. On return you need to complete a self-certification form here. If absent for more than five working days, a medical certificate is required. Further information on unplanned absence and the procedure for planned absence is available at: here.
Structure of the Rotation

There is no strict structure to the block. There are, however, key points designed to allow you to get the most out of your learning. One of the key elements is a planning tutorial, a half-way review tutorial and a final tutorial to plan your future development. In each of these we will ask your supervisor to complete a formative Mini-CEX around which to base feedback. Although designed to be used to aid your development, a ‘successfully’ completed Mini-CEX can be used as evidence for one applicable EPA.

The main learning activity will be seeing patients. This involves performing a complete consultation. As part of this you will develop your consultation, diagnostic and management skills. You may see patients as a pair of students, by yourself in your own surgery, when directly supervised by the GP or by yourself in settings outside of the consulting room, such as nursing homes or patients’ own homes. Each consultation will require you to present back to the GP and to have your diagnosis and management checked, allowing you many opportunities to develop succinct presentation skills and gain feedback on each case. These encounters are not ‘long cases’. They are realistic consultations for your level of training. You should be able to compete a consultation in 20-30 minutes, including discussion with the GP. In hospital, a rule of thumb is an hour per clerking, which includes all the paperwork and requesting investigations which can take some time. A consultation, in a usually well patient, should be achievable within 20-30 minutes.

In response to feedback from last year where students highlighted the opportunity to consult alone, we have introduced a suggested weekly minimum of

- 4 student led surgeries
  - consulting individually or in pairs with patients in their own room before asking you to come through to review.
- 1 joint surgery (GP tutor directly observing you consult)
  - the students consulting individually with patients whilst you and the other student observe them and give feedback

There will also be time to spend learning other aspects of clinical work. GPs see many investigation results per day and so working through these, perhaps as part of a tutorial, is a great way to rapidly develop plans to deal with abnormal results. Do you know what to do with a mildly raised ALT, for example? What about an isolated ALP rise? Are you comfortable with interpreting TSH results? We will make some suggestions as to how to structure the placement to your GP supervisors but there is flexibility in what you can do during your time. It is up to you and your supervisor to come up with a plan which works for you both.

Entrustable Professional Activities

Recognising that PPP is all about developing you as individuals, there is no set-piece summative assessment through the course. Completion of the Year 5 Workbook is, however, required to demonstrate that a range of people believe you ‘entrustable’ to perform a range of activities as an F1 doctor. Entrustable Professional Activities (EPAs) are the key components of a competent F1. They are described in more detail in your Year 5 Handbook.

Within Primary Care, there are many opportunities to perform the various tasks that can contribute to demonstrating that you are entrustable. You will be undertaking your Primary Care Care rotation either
first, second or third through PPP. As such, you will be at different stages of knowing your strengths and weaknesses. You will also be at various stages of completing your Year 5 Workbook and CAPS Log book. It is important with each rotation, including Primary Care, that you consider want you want and need to get out of the learning opportunities available and plan your rotation accordingly. Sitting down at the beginning of the rotation with your GP tutor to discuss this is, therefore, key.

For example, EPA2 “Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means.” You may have plenty of opportunities to demonstrate communication with patients in the hospital setting but many junior doctors are inexperienced at talking to relatives sensitively and within the boundaries of confidentiality. In Primary Care, patients are often accompanied by relatives and relatives often ask to be included. This can include consultations where the patient may lack capacity. This is an idea opportunity to develop such skills.

Secondly, EPA 12 “Recognise a patient requiring urgent or emergency care and initiate evaluation and management”. Clearly, Acute and Critical Care and Anaesthesia (ACCA) is the obvious place to develop these skills but you may not see certain conditions during your time there. It is quite common place to see acute conditions in Primary Care; the child with an acute abdomen, the septic patient, the patient with an exacerbation of asthma. Making the diagnosis and planning initial management is just as valid experience in this setting as in ACCA.

There may be areas that you struggle to cover in hospital. You may not have participated in quality improvement or audit work, which is one way to satisfy EPA 14 “Contribute to a culture of safety and improvement and recognise and respond to system failures.” If so, Primary Care allows you to perform a small computer-based audit, which is relatively quick to do and could be of considerable use to your practice. It is quite feasible that you could complete a full audit cycle within four weeks, which could also contribute to your CV. Of course, if you have other activities to use for EPA 14 you can employ your time on other areas that may be of more use to you, such as knowing what to do with abnormal blood results or completing your CAPS log book in the treatment room.

Finally, one of the key things we want you to appreciate to become a good F1 is the primary/secondary care interface. Much of your work will be receiving patients from Primary Care (clerking) and sending patients to Primary Care (discharging). You may ‘learn’ how to complete a discharge summary from the incumbent F1 but how do you know that that is the best way to do it? What is the key information to include and what is waffle? When will your requests for follow up and blood tests be acted upon? What should you ask the patient to arrange for themselves and what will the GP arrange for you? Managing discharge summaries at the other end in Primary Care is just one example of how you can move beyond competent. This work would also contribute to EPA 10 “Communicate clearly and effectively with colleagues verbally and by other means.” It could also contribute to EPA 5 “Prescribe appropriately and safely” by reconciling the drugs that patients are discharged on and ensuring they are safe to continue long term.

Remember, the EPAs are a description of being an F1 doctor. There are examples of activities for each EPA in the workbook. However, if you and your supervising clinician think that something you have done contributes towards showing that you are entrustable, then it does. Put it in the book. There is no reason why the book should not be brimming with things that you have done over nearly three months of PPP!
Cluster Based Teaching

***New for this year***

For one session each week you will meet centrally in your academy with other students from local practices in groups of 4-8 with a GP facilitator.

The aims of the placement are to

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on General Practice as a speciality and potential career option

Each session has a suggested theme and outline. The aim is for this to be student-led with students deciding each week what they would like to discuss and bringing relevant cases, articles and pre-prepared presentations. Each group will be facilitated by a GP tutor who will link learning and discussion throughout the sessions to professional practice as a foundation doctor.

The sessions are run on a set day each week which varies across the academies.

- Tuesday mornings in South Bristol
- Tuesday afternoons in Yeovil
- Wednesday afternoons in North Bristol, Bath, Swindon, Gloucestershire, North Somerset
- Thursday mornings in Taunton

You will be sent more information about the location and content of your sessions separately.

Student Initiated Project

We would like you to design and run a patient-facing project in your pairs. You will have two or three planning sessions for this and a session in which to deliver it. This is not much time and so we are asking your GP teachers to perhaps make some achievable suggestions for you. The purpose of this project is for you to provide a really useful service to your patients. You know an awful lot at this stage of your training so it would be good to share that with the local population.

Some ideas of some successful projects include designing and running a minor illness education session for new mothers / fathers. Your placement is over winter and many parents do not know when to worry in the context of viral illness or which rashes are dangerous. NHS choices has some excellent examples of self-limiting rashes which can be talked through. Learning about what the signs of respiratory distress are and what is normal is really empowering for new parents and may reduce consultation rates for your practice. You could perhaps combine this service with the health visitors’ clinic; speaking to the health visitors in your area might identify common things that their patients ask about and you could tailor your project accordingly.
There may be other areas that you wish to look at. Proactively engaging patients with dementia and those who care for them is a great way to ensure that these people are not socially isolated. ‘Dementia Cafés’ are open events where everyone knows they are in a similar situation. You could perhaps ask your practice to provide tea and biscuits and you could provide support to these patients. In some areas, there are financial incentives for practices to perform face to face reviews and so this could be mutually beneficial. Do you have time to invite some third sector organisations such as Age UK or the Alzheimer’s Society along? You could then take patients out of the coffee area and spend 30mins or so doing a really thorough job of making sure these patients are well supported and have the opportunity to ask about medication side effects, depression etc.

Other ideas from last year;
• Setting up a patient participations group – CCG will meet with students to advise how to do this.
• Producing a patient information leaflet/poster/electronic screen message for patients
• Updating Self-care section on surgery website
• Running an education session for local nursing homes
• Mini audits
• Creating a paediatric eczema plan
• Look at significant events meetings/CCG report – are there any outstanding issues the students can address
• Reviewing patients who have just been discharged
• Creating a list of consented patients for student teaching

There are so many things that you could provide. You may have a particular interest or your practice may identify an area of need. There is plenty of time in the timetable for you to design and run something. If this would be better run as an evening or weekend morning event there is no problem with you taking a session off as time off in lieu of this.

You can also choose to undertake your project with a local third sector organisation. You can ask your tutor for ideas or if you have a particular interest you can approach an organisation directly. If there is a social prescribing lead attached to your practice they will also be a good source of information. Please see this link for ideas for third sector organisations in each academy.

You, or the organisation, may have ideas for a small project that you could undertake but your project could simply be spending time with an organisation, finding out more about what it does and highlighting this to staff and patient in your practice through an education evening, poster or leaflet.

Bursaries

If you complete an interesting/topical audit or QIP please consider presenting this at the National RCGP conference.

There are a couple of bursaries available to students to attend conferences– please see links below

https://www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries/

Out of Hours

We are really keen to get you involved in the Out of Hours (OOH) setting. There are more ‘out of hours’ in the week than there are ‘in hours’ yet there is very little exposure to this setting for you in the curriculum currently. In Year 5 we are working to address this.

Devon Doctors (Somerset), Medvivo (Wiltshire) and Care UK (Gloucester) are all offering students sessions for various evenings over the PPP block. You will be informed if you have been allocated to one of these sessions. If you have, you will need to inform your GP supervisor which session you have booked and you will be given a session off in lieu for this. If you cannot make this session you will need to arrange a swap with another student.

OOH is an interface between primary and secondary care – you will clerk patients as an F1 received from the OOH setting and when discharging patients will often advise them to phone 111 should they have any problems out of hours. Do you know anything about the service? We have asked that the OOH supervisors get you to see some patients and get feedback about your management of urgent problems. There are often opportunities to see patients in ‘base’ but also go out and do home visits in the liveried car which is full of kit and emergency drugs. You will be contacted directly about this opportunity and a further handbook is available specific to the area in which you are working.

Your in-hours GP teacher may or may not work in the OOH setting. If they do, ask to go along with them. You can take a session off in lieu of your day time placement for a session worked in OOH.
An example template of how week 1 could be structured.
Expected Learning

We are aiming to keep the learning opportunities flexible and opportunistic and not prescribing that certain topics be taught. That said, there are areas of learning that we would expect to come naturally from seeing patients and being in Primary Care due to the nature of the work. You should bear these in mind as you see patients and work through your rotation.

Multimorbidity is a huge issue that is recognised as being a major feature of modern medicine. The NICE guidance on multimorbidity is a key document outlining the relevant issues (NG56 2016). Part of managing multimorbidity successfully is applying single-condition guidance judiciously. This is achieved by identifying your patient’s goals, giving them options and making shared decisions. Multimorbidity usually affects patients life-long, and a major aim of care is to give patients the knowledge and resources to manage their own conditions. Giving patients options, rather than doing the ‘correct’ thing as described in a guideline, is a tricky skill no matter your level of training. We would like you to start practising it now. It is a way of maximising patient and doctor satisfaction. It is also a way of demonstrating entrustability for the latter part of EPA 3 “Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient”.

Prescribing is another key skill which can be developed in Primary Care. 80% of all prescriptions are generated from Primary Care and GPs are often responsible for monitoring the effects of drugs started in hospital. You will be sitting the Prescribing Safety Assessment during PPP and Primary Care is a good setting to revise for this and putting the skills to real world use. The computer will usually flag up helpful and sometimes not so helpful warnings about potential interactions and allergies – navigating these can be helpful. There is perhaps more onus on negotiating prescribing with patients in Primary Care than in hospital. Patients have to go to a pharmacy, often pay for the drug and may read the leaflet that comes with it. It could be argued that they must be more invested in the decision to take the drug than the unwell patient receiving IV antibiotics, for example. It is important then that you have a good appreciation of the intended benefit and likely, or rare but serious, side effects of a drug and can explain this in the consultation.

The Primary/Secondary Care Interface is important to understand. To work effectively the health service needs Primary and Secondary Care to work synergistically. As mentioned above, you will be working directly at this interface. You should be aware of the pressures facing hospitals and GPs and what each can reasonably expect of each other. You should also be aware of the effects on patients of moving between the two settings. If you think a review by a GP/a blood test/a dressing change within a week of discharge is essential, will the patient be able to book this at your surgery? What about other surgeries? Does the ward need to help with this by booking the appointment? What about the patient who presents to ED ‘because they were told to by their GP?’ How can their care be made simpler for them and the hospital doctors? How does Primary Care communicate effectively with Secondary Care? Talk to your GP (they have worked in hospital too), perhaps admit patients seen in urgent surgery yourself, talk to patients about their experiences.

Academy Tutorials. Primary Care will deliver two of the Academy Tutorials. One of these will be on Advanced Consultation Skills, including telephone consultations and breaking bad news. The latter you may well have to do during your F1 placements so a refresher should be timely. The other tutorial will focus on becoming the patient and looking after doctors who are patients. A GMC survey in 2015 found that 8.6% of medical students had either a physical or mental health disability and a Student BMJ survey found that 30% of responding medical students had experienced or received treatment for a mental health condition while at medical school (Student BMJ DOI 10.1136/ij5967).

Assessment

Links to the relevant assessment forms are at the end of this handbook
Mini-CEX
You are expected to fill entries in your Year 5 Workbook against the EPAs and one of these contributing tasks should be a Mini-CEX completed within Primary Care. We suggest that, instead of doing one, that you do three through the block as a guide to your learning. Your first tutorial should have you consult a patient while the supervising GP records the encounter on a Mini-CEX form. This is then used for the two of you to plan the rotation based on any strengths or areas of improvement identified. A second Mini-CEX can then be completed roughly half way through the block to assess progress and maximise the gain from the second half of the rotation. Finally, a Mini-CEX can be completed in the last week to allow you to see how you have developed and plan goals for the rest of PPP or indeed for you F1 year. Only one is compulsory, but you will likely find them a useful tool around which to base your development. All of them, or one of them could be included in the Workbook depending upon how you feel about them and their outcome. In Primary Care, your Mini-CEXs should assess a complete consultation. The choice of which EPA to put them against should be made in conjunction with your GP teacher.

A Mini-CEX consultation should take not less than 10 and not more than 20 minutes for you to complete with the patient – good time management comes from having a good structure to your consultation and prioritising areas appropriately.

Cased Based Discussions (CBDs)
You will naturally discuss many patients with the GP during your time. There is no requirement to complete a CBD during your Primary Care rotation. Should you wish to complete one to use as evidence against an EPA you may.

Team Assessment of Behaviour (TAB)
You will complete a TAB throughout Year 5; details are in your Year 5 Handbook. Your Primary Care rotation should contribute three responses to your TAB overall.

Patient Satisfaction Questionnaire (PSQ)
GP registrars find feedback directly from patients very helpful in developing their skills. You should aim to complete a small PSQ of five patients during your time in Primary Care. The questionnaire is included as an appendix in this and your supervisor’s handbook. It can be photocopied or printed from the electronic version of this document.

It should be handed to patients booked for your surgeries when they arrive by the reception staff. A box should be provided in the waiting room into which patients can drop the completed forms. These should then be collated by the practice staff and the results discussed with you in your final feedback session with the GP.

Feedback
Feedback should be a continual process and you should get lots of it during your placement. There are some set-piece events though, including the end of rotation ‘feedback’ tutorial. It is important for you to provide feedback on your experiences of the block. Although at student level you are asked for lots of feedback, it will become apparent when you are delivering your own teaching how valued and important it is. There will be a chance for you to feedback directly to you GP supervisor, but you are also strongly encouraged to complete the rotation feedback online. You should complete this while your colleague is in with the GP supervisor during the final tutorial. As mentioned above, this rotation is developing and so your opinion really will count towards shaping the curriculum for your colleagues coming through.
Primary Care Staff Contacts

If you encounter problems with your GP placement, please contact the GP lead or the administrator for your academy, details in the table below.

**Element Organiser**
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Links to useful documents

Assessments information for students and staff for Year 5 contains useful information.