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Appendix A: Active Observation

What is Active Observation?

Active observation is a structured learning activity that encourages students to observe clinical encounters with a specific focus rather than simply watching a consultation. By actively analysing different aspects of patient care, students can develop their consultation skills, clinical reasoning and understanding of professional practice.

Active observation can be particularly useful during the early stages of the placement, when students are becoming familiar with the practice, and throughout the placement when observing consultations, home visits or multidisciplinary team interactions.



Key Principle:

Observation is most valuable when students have a clear task or learning objective. Active observation encourages engagement, reflection and discussion rather than passive observation.

When Can Active Observation Be Used?

Active observation can be incorporated into a variety of learning opportunities, including:

- Joint surgeries
- Home visits
- Duty clinics
- Telephone consultations
- Multidisciplinary team meetings
- Administrative and workflow activities
- Interactions with other members of the practice team

Suggested Observation Tasks

Consultation Skills:

Focus: Communication and consultation structure. Students may observe:

- How the clinician establishes rapport
- Agenda setting
- Use of open and closed questions
- Shared decision making
- Safety-netting
- Consultation closure

Suggested reflection question:

What communication techniques were particularly effective, and why?

Clinical Reasoning:

Focus: Decision making. Students may observe:

- Information gathering
- Identification of key clinical findings
- Differential diagnosis generation
- Risk assessment
- Management planning

Suggested reflection question:

What factors appeared to influence the clinician's decision making?

Managing Complexity:

Focus: Uncertainty and complexity in primary care. Students may observe:

- Patients with multiple conditions
- Diagnostic uncertainty
- Psychosocial factors
- Risk-benefit discussions

Suggested reflection question:

How did the clinician manage uncertainty during the consultation?

Professionalism:

Focus: Professional behaviours. Students may observe:

- Teamwork
- Time management
- Documentation
- Confidentiality
- Managing difficult conversations

Suggested reflection question:

What professional behaviours contributed to effective patient care?

Population Health and Prevention:

Focus: Preventive medicine. Students may observe:

- Health promotion opportunities
- Screening discussions
- Vaccination advice
- Lifestyle interventions

Suggested reflection question:

What opportunities were identified to improve long-term health outcomes?

Observation Record Template

Date of completion	
Placement Information	
Dates	
Year group and number of students	
Comments	
Feedback from students/patients/colleagues/staff	
Reflection	
What went well? What worked? What did I enjoy?	
Challenges, practical difficulties and solutions	
Areas for improvement	
Forward Planning	
Consider; Share with practice team Specific CPD needs Planned changes for next year	

Debriefing Active Observation

Where possible, observation activities should be followed by a brief discussion with the supervising clinician.

Useful questions include:

- What did you notice?
- What surprised you?
- What clinical decisions were made and why?
- How would you approach a similar situation?
- What will you take forward into your own consultations?



Tutor Tip:

Five minutes of focused discussion after an observation exercise often provides more educational value than the observation itself.

Progression Through GP5

Active observation is most useful at the start of the placement. As students gain confidence and experience, the emphasis should gradually shift towards active participation, student-led consultations and independent decision making.

Appendix B: Student-Initiated Project Marksheet

Student Name	
Tutor Name	
Title of Project	
Brief Description	
Overall Project Rating	
Overall Comments	

	Requires improvement (RI)	Satisfactory (S)	Good (G)	Excellent (E)	Outcome	Comments
Background Is there a good reason for this project being chosen? Have they researched the root cause of the problem? Have they consulted relevant stakeholders?	No clear reason for project	Clear reason for project	Reason for project justified by research/national guidelines	Reason for project discussed in relation to local or national priorities with consultation with relevant stakeholders		
Aims Is the aim SMART? (specific, measureable, achievable, relevant to problem, time-bound)	No clear project aim	A project aim suggested	A SMART project aim suggested	A SMART project aim which has been discussed and optimised in relation to problem, population and context		
Measures and Method Is it clear how progress is measured? How was data collected? Do they follow the PDSA cycle? (Plan, do study, act)	No clear measures or methods	A measure suggested. Follows the PDSA cycle	Clear and justified measures. Follows PDSA cycle and methods appropriate for achieving stated project aim.	Clear and justified measures including social and environmental impacts. Follows PDSA cycle. Methods clear enough to be repeated.		
Results and Analysis What was achieved? Did they discuss sustainable value?	Results not clear	Discusses key finding	Clearly presented key findings relevant to specific aims. Strengths and	Strength and Limitations discussed in relation to literature. Health outcomes and social/environmental		

Reflection on strengths and weaknesses			limitations discussed. Health outcomes and social/environmental and financial impacts discussed	and financial impacts robustly calculated. Publishable.		
Implications for practice and further research	No comments on implications of project	Comments on usefulness of project and implications for practice and future research	Comments critically on the usefulness of the project and implications for practice/future research. Comments on potential to embed/spread lessons from the project	Has a plan to embed/spread lessons from project. Could be used at a national level.		
Quality of Presentation	Unstructured presentation with little understanding of project and poor engagement	Well structured project, some errors or some parts unclear	Well structured, engaging presentation	Project presented at conference standard. Clear and structured, Engaging and evokes discussion		

**Tutor Tip:**

The most successful projects are usually focused, practical and achievable. Students often gain more from completing a small project well than attempting an overly ambitious piece of work.

Appendix C: Student-Initiated Project Ideas

There are so many things that you could choose to do. You may have a particular interest, or your practice may identify an area of need. Please see the [Student Project Guide](#) for more information.

In case you are still stuck for ideas here are some projects from previous years:

QI Projects

- **Cancer Care** – reviewing new cancer diagnosis over last 3 months and identifying any learning points for the practice.
- **Statins:** Identified patients who should be on statins (e/.g. CKD 3 +) and Increased statin uptake by creating a text messaging.
- **Child vaccine uptake:** Reviewed those who hadn't responded, phoned non responders to explore reasons for non-attendance. Creating an Accurx to explain the importance of childhood vaccines. Re-look if uptake has increased.



Tutor Tip:

Small quality improvement projects are often easier to complete and can produce meaningful outcomes within a nine-week placement.

Mini Audits:

- **Diabetic patients with HBA1c > 75** – have they come for their health check, how can we improve this.
- **If coded 'fragility fracture'** have they been investigated for osteoporosis/ started on bone health treatment
- **eCitalopram** – following NICE guidelines change to over 65 – are > 65 on correct dose / Had ECG
- **Antibiotic review are they following guidelines e.g. :**
 - Long term antibiotics for acne (NICE suggests only for 3/12 then review and also only with topical agent)
 - Flucloxacillin 1g QDS for cellulitis if BMI > 30
- **Review new NICE guidance**, check how relates to current practice and put new protocol in place
 - E.g. review patients > 65 on NSAIDs/DOACs but not on PPI
 - Correct DOAC dose for AF based on CrCl.
 - Is Allopurinol prescribed in Gout patients, has it been titrated

Create a Leaflet

Producing a leaflet/poster/electronic screen message for patients

- **FIT test** – Reviewed if correct coding been used when a FIT test was given and design a leaflet for patients highlighting the importance of doing a FIT test in a timely manner
- **Cholesterol** – created a patient information leaflet about alternative lipid-lowering medications and lifestyle advice for patients unable to tolerate statins.

Update Practice Website

Patient facing – link this to an AccuRx text

- Created information on less obvious signs of domestic abuse.
- Website and leaflet information on HRT

Run Education Sessions

- Asthma update - ‘Ran an education session to practice staff on new Asthma guidelines’
- Familiarity with Resus trolley – pre-questionnaire to staff, created an education video / teaching session, then post-questionnaire.

Setting up Safe Surgery to Improve Access for Migrant Population

See project guide for more details.



Key Principle:

A focused, achievable project with clear learning outcomes is usually more valuable than a large or overly ambitious project.



Tutor Tip:

Tutors should encourage students to choose projects that are realistic, relevant and achievable within the placement. The primary aim is to support learning and engagement rather than producing a large-scale piece of work.

Appendix D: Student Support Plan (SSP)

What do I need to do?

- Review any shared SSP information before the placement begins.
- Discuss any relevant adjustments with the student at the start of the placement.
- Contact the Primary Care Team if you have concerns about implementing adjustments or supporting the student during the placement.

Background information

An SSP is a confidential University document outlining reasonable adjustments to support a student's learning and participation during placement. Adjustments may include practical measures such as rest breaks or advance access to teaching materials.

If your student has an SSP, we will inform you via email before the start of the placement.

Most students with SSPs require little or no additional support during placement. However, SSPs help tutors understand and plan for any adjustments that may be needed. Where students have consented, relevant information will be shared before the placement begins.

⚠ Common Issue:

Not all students who may benefit from adjustments will have an SSP. A brief conversation with all students at the start of the placement can help identify any additional support needs.

Appendix E: Cluster Based Teaching

During this attachment groups of 4-8 students from local practices will meet centrally in their academy/online each Wednesday similar to the VTS training programme.

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
- Develop advanced consultation skills
- 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
- Further expand on non-clinical areas to develop as a well-rounded practitioner.

✓ Action Required:

Please ask your students at the beginning of each week what their CBT session is on and if there is any preparation that is required.

Each week they need to complete some pre-learning and bring relevant cases, see outline of sessions and in-practice preparatory work in bold for each week below. In red, we have highlighted sessions that may need to be scheduled in advance.

Week	Topic	Student Pre-Learning
1	Introduction and common Primary Care consultations	• Find out about your practice demographics • Watch this video outlining the basic structure and funding of General Practices
2	Emergency care	• Find out about urgent care in your practice • Look at post-event communication from Integrated Urgent Care (IUC) • Please watch this video; introduction to integrated urgent care
3	End of life conversations	• Read about a ReSPECT form and review training modules at learning.respectprocess.org.uk. • Articles have been provided on Lasting power of attorney, place of death and DNAR discussions. • Palliative care/Nursing home visits – complete a RESPECT form
4	Being a doctor	• Talk to GPs in your practice about their job and experience of being a doctor. How do they look after their health? • Reflect on your experience of being a patient and how you look after your health
5	Using an interpreter	• Find out how results are processed in practice • If possible, review a set of results and discuss how you would deal with them • Find a patient case with abnormal results, review how they were managed and present this back to your group

6	Investigations and results/breaking bad news	• Read pre-prepared background material • Find out how interpreters are used in practice • If possible, observe a consultation using an interpreter
7	Managing uncertainty and complaints	• When reviewing patients with your tutor, discuss how they manage uncertainty • Bring details of a case where you have had to manage uncertainty • Discuss with your tutors about how complaints are managed in practice • Attend a significant events meeting if possible
8	Medical complexity, discharge summaries, and referrals	• Find a case that you have found challenging and present this to your group • Find out how your practice deals with medication requests/reviews • Spend time with a pharmacist looking at complex medication reviews if possible. • Find out how your practice deals with discharge summaries • Phone/visit a patient who has recently been discharged and speak about their experience. Reflect on the information on the discharge summary and how this could be improved.
9	Outside the Box	• Prepare 5-minute micro teach session

Appendix F: Assessment

Practical Skills and Procedures (PSPs)

What are PSPs?

PSPs are the Practical Skills and Procedures that newly qualified doctors need to be able to perform safely. They were previously referred to as CAPS. The GMC sets out PSPs as part of the outcomes expected of graduates.

For Year 5 students, the focus is on demonstrating the appropriate level of competence in the procedures relevant to their stage of training, with opportunities to practise and be assessed in clinical settings.

Levels of competence

There are three levels of competency:

1. Safe to practice in simulation
2. Safe to practice under direct supervision
3. Safe to practice under indirect supervision

Practical Skills and Procedures		Competency by end of Yr5
1a	Measuring temperature	3
1b	Measuring pulse rate, rhythm, and respiratory rate	3
1c	Measuring blood pressure	3
1d	Measuring oxygen saturation	3
1e	Measuring urine output	3
2	Measuring peak expiratory flow	3
3	Performing direct ophthalmoscopy	3
4	Clinical examination of the ears and functional hearing testing	3
5	Performing venepuncture and managing blood samples	3
6	Taking blood cultures	2
7	Obtaining arterial blood samples	2
8	Measuring capillary blood glucose	3
9a	Performing urinalysis	3
9b	Collecting a mid-stream urine sample for laboratory testing	3
9c	Performing a urine pregnancy test	3

10a	Setting up continuous cardiac monitoring with a 3-lead ECG	3
10b	Performing a 12-lead ECG	3
11a	Taking nose swabs	3
11b	Taking skin swabs	3
11c	Taking throat swabs	3
12a	Handwashing	3
12b	Donning sterile gloves	3
12c	Donning surgical PPE	2
13	Setting up an infusion	2
14	Correct techniques for 'moving and handling'	3
15	Instructing patients in the use of inhaled medication	3
16	Prescribing and administering oxygen	3
17a	Preparing medication for parenteral administration	2
17b	Performing intramuscular injection	2
17c	Performing intravenous injection	2
17d	Performing subcutaneous injection	2
18	Performing intravenous cannulation	2
19a	Consenting patients for blood transfusion	1
19b	Requesting and prescribing blood for transfusion	1
19c	Administering blood transfusions	1
20a	Performing urinary catheterisation on patients with a penis	2
20b	Performing urinary catheterisation on patients with a vagina	2
21a	Performing wound care and basic wound dressing	2
21b	Performing basic wound closure – interrupted suturing	1
22	Inserting a nasogastric tube	1
23	Administering local anaesthesia	2

Who can assess a PSP?

Doctors above level of an F2, Physician's assistants, Nurses and HCA's that are competent at performing the skill.

Mini-CEX

We would expect you to complete this assessment during your weekly Joint Clinics.

Please record all Mini-CEXs that are completed. It is normal for students to not meet expected levels initially and most will show progression over the 9 weeks. Two must be completed to a satisfactory level during the GP placement (one if in Stream C). If your student has not achieved this, you will need to document this on the APR form and let us know at phc-teaching@bristol.ac.uk.

Many tutors find it helpful to print out a [form](#) and annotate it whilst the student is consulting. If a paper form is completed this must be transferred to the electronic form in your presence.

You will also need to remember to ask the patient for their comments without the student present. I would warn the student before the consultation that you will need to do this.

Team Assessment of Behaviour (TAB)

During the first and second attachments, Students need to complete a TAB. They will need to send a ticket request (email) asking for feedback for their TAB to a range of different staff they have worked with in your practice. They need 10 responses with a maximum of 2 responses from peers. Staff will need to follow the link and complete the short form if requested to do this.

Year 5 ePortfolio & Entrustable Professional Activities (EPAs)

The Year 5 ePortfolio can be used to guide learning needs and activities during the GP attachment. It needs to be completed in order to pass the year. The online portfolio contains 16 Entrustable Professional Activities (EPAs), see Table below.

- **By the end of Block A (Nov-Jan) students need to have completed 40% (28) of their EPAs.**
- **By the end of Block B (Jan-April) students need to have completed 80% (56) of their EPAs**
- **By the 7th of May (Block C) students will need to have 5 signatures for each EPA 1-14.**

A maximum of 1 EPA can be signed off for a single activity but up to five EPAs for different activities can be signed off on the same form to save time. To try and facilitate the EPAs being signed off we have also allocated certain EPAs to their CBT sessions and ask that their CBT tutors sign some off.

- **They can be signed by any doctor above F2 level and by allied health care professionals (AHPs) when the task is relevant to their role.**
- The student should fill in the scenario information on the EPA form, and the assessor will only need to provide their name, position and GMC number. This should only take a couple of minutes.

EPA	Description	Example activities (to be reviewed by supervising GP)
1	Gather a history and perform a mental state and physical examination	-Observed consultation
2	Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	-Observed consultation -PSQ -Use of translator -Use of visual aids
3	Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	-Discussion with GP/AHP -Enable self-care -Referral/Advice letter -Documentation in notes -Assigned patient
4	Recommend and interpret common diagnostic and screening tests	-Arrange investigations for a patient – follow up results -Interpret pathology results – comment on blood results before they are filed. -Tutorial using local pathology guidelines for abnormal results or filing supervisors results -Cluster Based Teaching session
5	Prescribe appropriately and safely	Initiate prescription for patient Alter doses of medication Medication reviews Reconcile discharge summaries Mini-audits e.g. NSAIDs and PPI Cluster Based Teaching session
6	Document a clinical encounter in the patient record	-Complete electronic patient record – whilst supervisor/colleague consulting or during/at the end of an encounter -Discuss documentation during tutorials
7	Provide an oral presentation of a clinical encounter	-Present patient to supervisor -Present patient case at practice meeting
8	Form clinical questions and retrieve evidence to advance patient care and/or population health	-Assign mini-topics each day to complete after surgery -Student project -Tutorials – patient-based discussions
9	Give or receive a patient handover to transition care responsibly	-Admit patient to hospital or refer to ambulance
10	Communicate clearly and effectively with colleagues verbally and by other means	-TAB -Referral letter -Handover patient to colleague
11	Collaborate as a member of an inter-professional team, both clinically and educationally	-Work with allied health care professionals
12	Recognise a patient requiring urgent or emergency care and initiate evaluation and management	-Assess patient on duty list -Out of hours sessions

13	Obtain informed consent for tests and/or procedures	-Obtain consent for a test e.g. PSA -Obtain a consent for a procedure e.g. rectal examination, speculum and swabs -Enroll patient in practice clinical trial
14	Contribute to a culture of safety and improvement and recognize and respond to system failures	-Mini audit -Significant event reporting or meeting -Reporting relevant illnesses to public health
15	Undertake appropriate practical procedures	-CAPS logbook
16	Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.	-TAB -Cluster Based Teaching sessions

Appendix G: Student Documentation in Notes

The UKCCC has the following advice when students document their consultations in the notes:

1. Include the full name, identity and supervisor of all students consulting and that patient has consented to student consultation e.g. Jo Kahn and Jessie Ball, 5th year medical students supervised by Dr Lang. Patient consented to student consultation.
2. The student should discuss and review their documentation with their supervisor before saving their entry in the medical notes
3. Some GPs may also want to add their own separate entry and summary of the consultation

In addition, we advise:

1. The GP Tutor should corroborate any abnormal clinical findings e.g. heart murmur
2. If the student's examination findings differ from the GP Tutor's we suggest that you re-examine the patient together to come to a consensus e.g. if the student did not hear crackles on the chest but the GP tutor did, the GP tutor asks the student to listen again
3. We advise making student notes visible to patients i.e. not to remove online visibility. This is to avoid confusion e.g. the patient wondering why they consulted with a student but there was not anything written by them in their notes. It is also to give authenticity to medical student consultations as part of their learning and as valued members of the team. We do however appreciate that different GP Practices may have different views on this and in this case the Practice Policy would take precedence.

Appendix H: Top Tips from Previous GP Tutors

Over the years, GP tutors have shared practical suggestions that have helped them deliver successful placements and maximise learning opportunities for students. The tips below are drawn from feedback from previous tutors and are intended as a helpful guide rather than a prescriptive approach.



Key Principle:

The most successful placements are those where the student feels like part of the team. They get regular opportunities to consult independently, receive feedback and gradually increase their responsibility throughout the attachment.

Before the Placement

- ✓ Contact students before the placement starts. A brief introductory email can help clarify expectations, identify planned absences and address any practical issues before the first day.
- ✓ Arrange IT access and consulting rooms in advance wherever possible. Nothing slows down the first week more than students being unable to access clinical systems.
- ✓ Share the teaching sessions across two or three clinicians. Students benefit from exposure to different consulting styles and areas of expertise.

First Day

- ✓ Invest time in the learning needs analysis. Understanding students' confidence levels, interests and development areas early helps tailor the placement more effectively.
- ✓ Use the first joint surgery to model how you approach consultations and clinical reasoning rather than focusing solely on the clinical content.
- ✓ Set clear expectations from the start regarding attendance, assessments, project work and professional behaviour.

Student-Led Surgeries

- ✓ Start with simpler patients and gradually increase complexity as students become more confident.
- ✓ Allow sufficient time for feedback and discussion after consultations. The debrief is often where most learning takes place.
- ✓ Encourage students to commit to a differential diagnosis and management plan before presenting the case.

⚠ Common Issue:

Students may become dependent on frequent prompts or reassurance. Encourage them to make decisions and explain their reasoning before offering guidance.

Assessments

- ✓ Schedule Mini-CEXs and CBDs early in the placement rather than leaving them until the final few weeks.
- ✓ Remind students to request EPA and CaPS sign-offs soon after relevant clinical encounters.
- ✓ Use workplace-based assessments as opportunities for coaching and feedback, not just sign-off activities.

Common Issue:

Assessment requests can build up towards the end of the placement if students delay completing them.

Student Support

- ✓ Check in regularly with students, even if everything appears to be going well. Small concerns are often easier to address early.
- ✓ Remember that not all students requiring support will have an SSP. A simple conversation can often identify adjustments that would help them learn more effectively.

Project Work

- ✓ Help students choose projects that are realistic and achievable within the placement.
- ✓ A well-completed small project usually provides more learning than an ambitious project that cannot be finished.
- ✓ Encourage students to select a topic that genuinely interests them or is relevant to the practice.

When Things Don't Go to Plan

- ✓ Contact the Primary Care Team early if concerns arise. Early discussions often prevent small issues becoming larger problems.
- ✓ If you are unexpectedly unavailable, identify alternative supervisors wherever possible and communicate changes to students promptly.

Escalation Required:

If you have concerns about a student's academic performance, professionalism, attendance, wellbeing or fitness to practise, please contact the Primary Care Team as early as possible.

Key Principle:

By the end of the placement, students should be working towards the level expected of a day-one Foundation Doctor: thinking independently, managing uncertainty, recognising their limitations and seeking supervision appropriately.