



University of
BRISTOL
Centre for Academic
Primary Care



GP5 WORKSHOP 2025/26

Veronica Boon, Lizzie Grove, Karen Pond,
Sam Walker



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Schedule of the Day		
09:00	Coffee & Registration	
09:10	Welcome, Update and Feedback	Veronica/Lizzie
10:00	Placement Concerns/Challenges	Veronica/Lizzie/Karen
10:45	Coffee & Refreshments	
11:00	Sharing best practice/top tips	Small Groups
11:30	Assessment	David Rogers
12:10	Videos; Minicex and feedback	Veronica/Lizzie
13:00	Lunch	

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Example Layout of Year 5 Academic Year

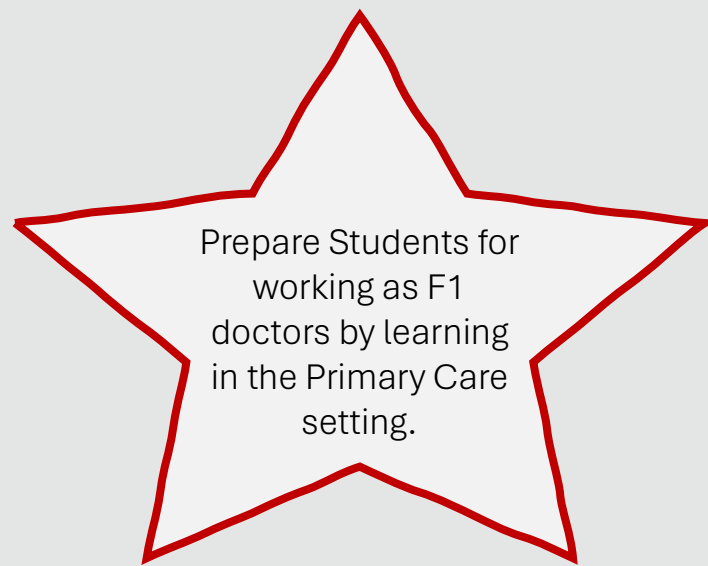
Dates	Rotations/Teaching
Aug – Oct 2025	Student Elective Period
Stream A	Ward Based Care
Stream B	Acute and Critical Care
Stream C	Primary and Community Care

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Year 5 Teaching Dates

Block	Dates
A	29th October 2025 – 9th January 2026 (Vacation 20th Dec – 4th Jan inclusive)
B	12th January – 13th March 2026
C	23rd March – 5th June 2026 (Vacation 30th Mar – 10th Apr inclusive)
PSA Exams	Main Sitting: 29th January 2026 First Resit: 23rd April 2026
Foundation Allocations	February/March 2026

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Aim of GP5

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What Do GP5 Students Want?

- **Welcoming**
 - Made to feel part of team
- **Well organised**
 - Timetabled teaching /flexibility for interests
- **GP tutor**
 - Enthusiastic, supportive, time for debrief
- **Consulting with patients**
- **Being observed**
 - Constructive feedback/ assessments
- **Clinical skills practice**
 - Complete CAPs logbook.

"We were treated as equals at the practice, and our voices were given weight—it felt lovely to become part of the team. We were given every opportunity to see complex and simple cases and refer to and book everything - I felt like a true doctor."

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What do GP5 students not like?

- Observing
- Long lunch breaks
- Not being challenged/repetitive presentations e.g. minor illness
- Not feeling supported or part of the team



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Core Elements of GP5

- 6 timetabled sessions in practice each week
 - 5 student-led surgeries
 - 1 joint surgery
 - Allocated project time over lunch (minimum 2 hours per week)
- May be delivered over 3 or 4 days
- Out of practice every Wednesday for Cluster Based Teaching



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	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery <i>09:00-12:15 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:15 including admin/patient follow up</i>	Cluster Based Teaching (CBT)	Student-led Surgery <i>09:00-12:15 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:15 including admin/patient follow up</i>
Lunch	Break <i>12:15-12:45</i> Lunchtime Activity <i>12:45-13:30</i> Project <i>13:30-14:00</i>	Lunchtime Activity <i>12:15-13:00</i>		Break <i>12:15-12:45</i> Lunchtime Activity <i>12:45-13:30</i> Project <i>13:30-14:30</i>	Project <i>12:15-13:00</i>
PM	Student-led Surgery <i>14:00-17:15 including admin/patient follow up</i>	Private study	CBT Preparation Outside the Box Project	Joint Surgery <i>14:30-17:00</i>	Private study
<p align="center">Example Timetable 4 day working week (6 scheduled sessions)</p>					

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	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
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<p align="center">Example Timetable 3 day working week (6 scheduled sessions)</p>					

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Lunch Times

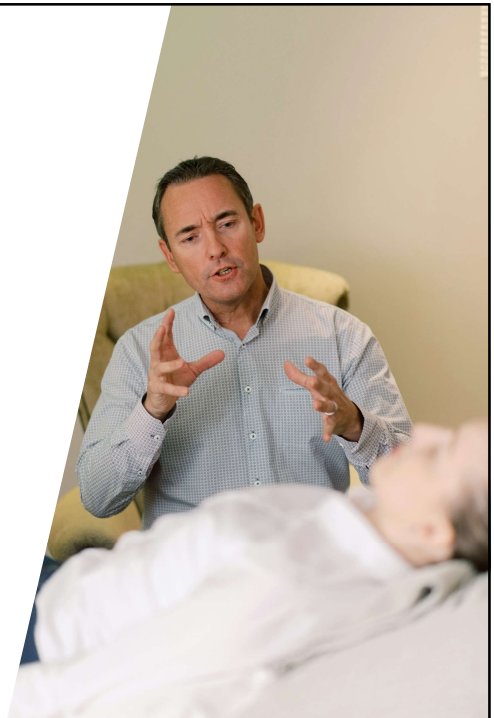
- Home visits/ Housebound reviews
- Practice meetings
- **Student project – minimum 2hrs per week**
- Assist with admin – referral letters, processing docman
- Mini HCA clinics
- Review care plans, medications reviews
- Pick off duty list
- Prepare for cluster teaching
- Teaching peers



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Student Clinics


- Start with 4-5 patients x 30-45 minute appts +/- catch-up slots
- New problems – **mixture of book on day and in advance**
- Gradually increase the number of patients/reduce length of appointment
- Minimum of 2 sessions of individual clinics
- Assist with at least one duty surgery



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Student Clinics

Time	Student	GP Tutor
09:00-09:45	Patient 1	2 x consults Block to review student's patient
09:45-10:30	Patient 2	2 x consults Block to review student's patient
10:30-11:15	Patient 3	2 x consults Block to review student's patient
11:15-12:00	Patient 4	2 x consults Block to review student's patient
12:00-12:15	Admin and patient follow up	Block for student debrief



09:00-09:30	Student reads patients notes, consults patient, records consult in draft and reviews guidelines if needed.
09:30-09:40	Student presents patient to GP tutor and discusses plan. GP tutor reviews patient. Student explains diagnosis to patient and discusses management
09:40-09:45	Student completes record keeping. Checked by GP tutor before saving in records. If time students completes admin.

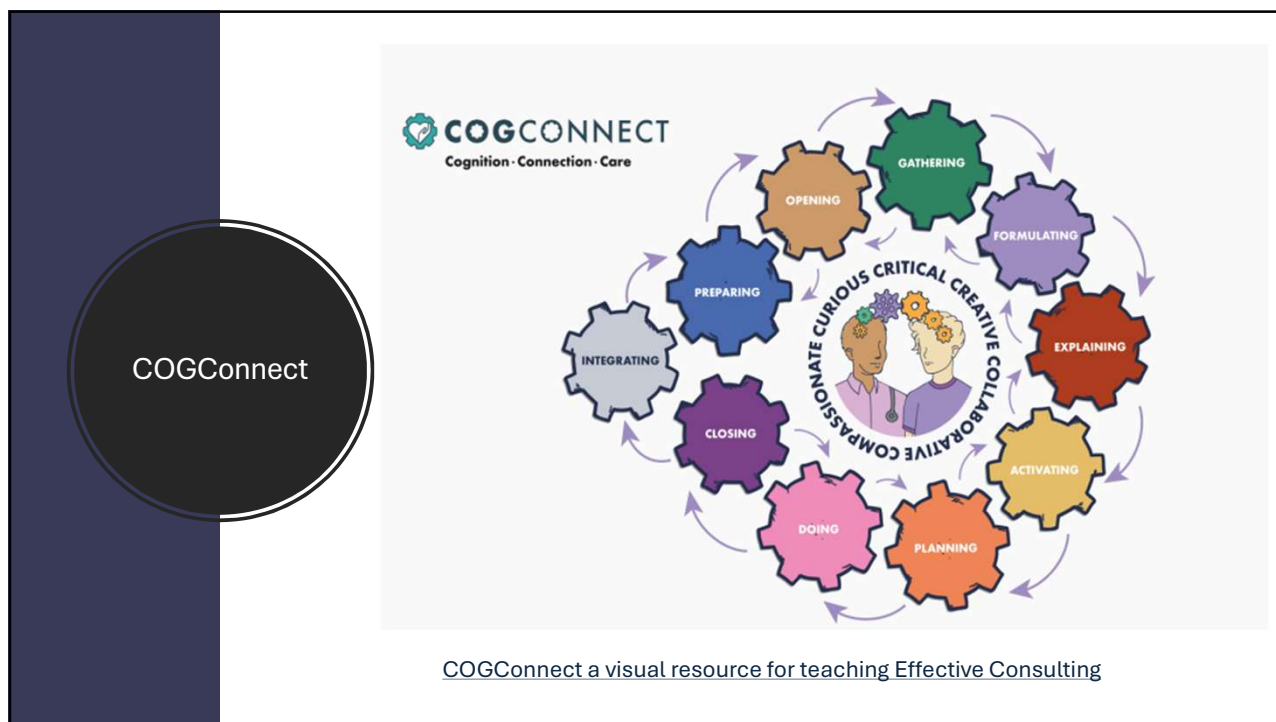
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Joint Surgery

- **WEEKLY - Whole session blocked**
- Observe students consulting
- Students observe you consult.
- Complete Minicex /CBDs
- Discuss complex cases
- Discuss pre-learning for CBT
- Check progress with EPAs / project
- Review placement / learning needs

Time	Activity
14:30-14:50	Students observe tutor consulting
14:50-15:10	Students observe tutor consulting
15:10-15.40	Catch up – Discuss EPA's, project, complex cases. Short break.
15.40-16.20	Student A consults (complete mini-CEX)
16:20-17:00	Student B consults (complete mini-CEX)

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COGConnect Consultation Observation Guide **Consultor's name.....**

Use this form to provide feedback for a Consultor. Not all aspects will apply, depending on the nature of the consultation.

Competence task	Score	0	1	2	3	Points of strength & Points for improvement
Preparing and opening the session						
Prepares self and consultation space and accesses medical record prior to direct patient contact.						
Introduces self, checks correct patient, builds rapport.						
Identifies the patient's main reason(s) for attending and negotiates this agenda as appropriate.						
Gathering a well-rounded impression						
Obtains biomedical perspective : presenting problem and relevant medical history including red flags, PC, HPC, PMH, AHS, DH & allergies as appropriate to presentation.						
Elicits the patient's perspective : ideas, concerns, expectations, impact and emotions (ICE).						
Elicits relevant background information : work and family situation, lifestyle factors (eg sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state.						
Conducts a focused examination of the patient.						
Gains consent, cleans hands, examines courteously and sensitively. Explains examination findings.						
Formulating						
Summarises the information gathered so far.						
Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes.						
Makes judicious choices regarding investigations, treatments and human factors (eg dealing sensitively with patient concerns).						
Explaining						
Explains appropriately, taking account of the patient's current understanding and wishes (ICE).						
Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate.						
Checks that the patient understands.						
Activating						
Affirms the patient's current self-care.						
Enables the patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing.						
Enables the patient to consider self-care, using skills of motivational interviewing, where appropriate.						
Planning						
Develops a clear management plan with the patient.						
Shares decision-making appropriately.						
Closing and housekeeping						
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands.						
Gives patient opportunity to gain clarity via questions.						
Arranges follow-up and 'safely nets' the patient with clear instructions for what to do if things do not go as expected.						
Integrating						
Writes appropriate consultation notes, referrals, etc.						
Identifies any personal learning needs.						
Identifies any personal emotional impact of the consultation.						
Generic Consulting Skills						
Posture						
Voice : pitch, rate, volume.						
Listening skills : silence, active listening, questioning techniques.						
Counselling skills : Open questions, Affirmations, Reflections (simple and advanced) and Summaries.						
Advanced skills : picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence.						
Organisation and efficiency						
Fluency, coherence, signposting the stages of the consultation.						
Keeping to time.						

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Student Initiated Project

- Schedule a minimum of 2 hours per week over lunch.
- Formative mark sheet
- Students have a handbook
- Something that interests the student and/or is beneficial for the practice
- Practice pharmacist can supervise
- ****Intro talk online 1-1.45 first Monday of placement****

"They looked at patients on long term antibiotics for acne, identifying those who needed a review. They discussed about coming off them and using alternative treatments.

It worked very well for the practice and covered one of the audits we were wanting to undertake.
The handbook was helpful in designing the project"

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Project Idea Examples - Brainstorm

- **Audits**
 - Escalating lipid lowering therapy (Inclisiran project – full dose statin, LDL > 2.6 + on for secondary prevention)
 - Coeliac monitoring
 - HRT – on correct progesterone
 - B12 to oral switch
 - CKD audit – up to date bloods, ACR, statin, USS renal – following NICE guidelines
- **Patient Leaflet/ AccuRx**
 - Sleep hygiene (new meds)
 - SGLT2 inhibitors and SICK DAY RULES
- **Quality Improvement**
 - Switching patients from SABA +/- ICS to AIR or MART
 - Increasing bowel screening uptake in patients who's first language isn't english.
 - Learning from last 20 pt. diagnosed with cancer
 - PMR – weaning steroids – now newly diagnosed get Accuryx text with weaning guidelines and 1 month f/u
 - Interviewed parents of children who were MMR non-responders
- **Teaching Session to Staff**
 - Emergency SIM scenarios
- **Third Sector**
 - Visit local primary school, talk about 'being a doctor'

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Cluster Based Teaching

- Every Wednesday
- Small groups of 4-8 students
- Aims:
 - Meet with colleagues to share experiences and learning
 - Reflect on patient cases
 - Develop advanced consultation skills
 - General Practice as a specialty and potential career option



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Cluster Based Teaching Topics & Pre-Learning

Week	Topic	Student Pre-work
1	Introduction	Find out about the practice
2	Emergency Care	Look at communication from IUC. Find out about urgent care in the practice
3	End of Life Conversations	Read about ReSPECT/lasting power of attorney. Palliative care/nursing home visits
4	Being a Doctor	Talk to GPs in your practice about their job. How do they look after their health?
5	Investigations and Results Breaking Bad News	Review results and discuss management Find a case with an abnormal result to present to group
6	Using an interpreter	Find out how interpreters are used in practice. Observe an interpreter consultation.
7	Managing Uncertainty and Complaints	Discuss with your tutor how they deal with uncertainty. Bring a case where you managed uncertainty. Discuss how complaints are managed. Attend a SEA.
8	Medical Complexity, Discharge Summaries, and Referrals	Review management of medication requests/ discharge summaries. Observe complex medication reviews. Spend time with a pharmacist. Find a complex case to present to group.
9	Outside the box project	Create 5 minute micro-teach on their project

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Out of Hours Session

- 1 four-hour session during placement for all students except Gloucestershire
- Weekday evening or weekend
- 1 session in lieu
- Aim:
 - Gain insight into how the out of hours system works
 - Gain some experience of assessing and managing acute presentations



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Prior to Placement

- Read GP5 tutor Guide
- Who is doing teaching?
- Contact Students - few weeks in advance
- Set up computer access
- Get a set of equipment read
- Let staff know to expect students and their roles/responsibilities e.g EPAs



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First Day

- Introduction to practice/Paper-work/logins/get to know local area
- 1:1 meeting
 - Review SSP (Student support plan)/Occupational Health adaptations
 - Check pronouns
 - Learning needs
 - EPAs / CAPS logbook
 - Student project
 - Timetabling
- Joint surgery
 - Mini-Cex

"Completing a MiniCex on the first day was a great way to get the ball rolling and helped me quickly assess their confidence levels and what we needed to work on throughout their placement."

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Check In	Debrief	Check Out
<ul style="list-style-type: none"> • Hello and welcome • Icebreaker • Plan for the morning 	<ul style="list-style-type: none"> • How did it go? • Learning points? • Learning needs? • Plan for lunch/afternoon 	<ul style="list-style-type: none"> • How did it go today? • Concerns? • What was learned? • What sticks out? • Planning for the next day

Typical Day

3 Contact Points

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Attendance

- **Minimum requirement of 80% attendance.**
- GMC require 40 hours weekly attendance including self-directed study.
- Attendance checked centrally at end of week 3, week 6, and week 9.
- Allowable absences



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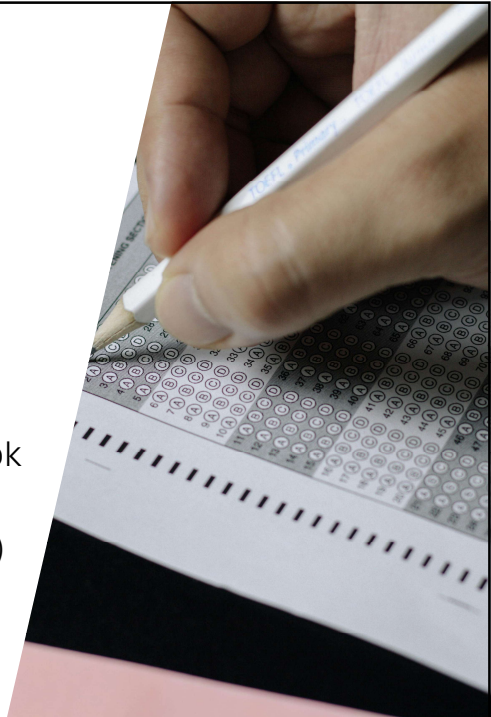
Flexible Annual Leave (FAL)

- **Maximum of 2 days from GP placement**
- 4 weeks' notice required, or leave will be unauthorised absence.
- Should not overlap with any essential teaching (sign offs, etc)
- No FAL can be approved for Cluster Based Teaching (Wednesdays)
- If more than 2 days, needs approval centrally from PHC.
- If you do approve leave, please let us know via phc-teaching@bristol.ac.uk.
- FAL is recorded on attendance forms and checked at end of placement
- **Absences: Students need to log all absences with the University, this includes FAL and sick leave.**

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Assessment

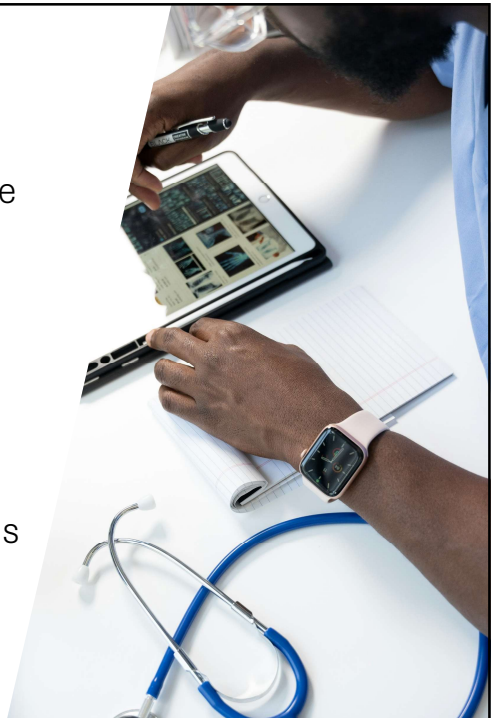
- Satisfactory Engagement
- Satisfactory Attendance (80%)
- 2 Mini-Cex (1 in block C)
- 2 CBD (1 in block C)
- 1 TAB (NOV-APR only)
- Clinical and Procedural Skills (CAPS) logbook – (ALL) **now online**
- 16 Entrustable Professional Activities (EPAs)
- Recorded on Assistantship Progress Review form



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End of Placement/APR

- Final joint surgery - Mini-CEX can demonstrate progress
- 1:1 Feedback - learning goals for next rotation/first job
- Assistantship Progress Review form (30 minutes)
- Mark/Discuss student's project if not done already
- Ask students to complete feedback form – this is how we get feedback for you!
- Complete attendance and payment form



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Placement Feedback

- We will be asking you and your students for feedback at the end of week 3, 6 and 9.
 - Opportunity to raise any concerns
- If you have any concerns, please raise them ASAP with us
 - phc-teaching@bristol.ac.uk

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Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
 - Excellent Attendance
 - Excellent performance and engagement
 - Excellent patient and colleague feedback
 - Presented outstanding project work
 - Went above and beyond what is expected



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Further Information

- Year 5 GP Teaching Guide and website
 - <https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/five/>
- Mandatory introduction presentation for students on **first Monday in practice over lunchtime (13:00-13:45)**
 - Presented via Teams
 - Stream A: 3 November 2025
 - Stream B: 12 January 2026
 - Stream C: 23 March 2026

Centre for Academic Primary Care

Year 5

i These pages are for GP teachers. If you are in practice at Bristol, please see details of our [MB ChB M](#)

In Year 5 students undertake a 9 week block placement, completing finals at the end of Year 4 and will have just completed their elective. It is an apprentice style placement as part of the Practice (PPP) course which also includes 9 weeks of placement and critical care. The main focus of the primary care placement is consulting with patients independently and practising

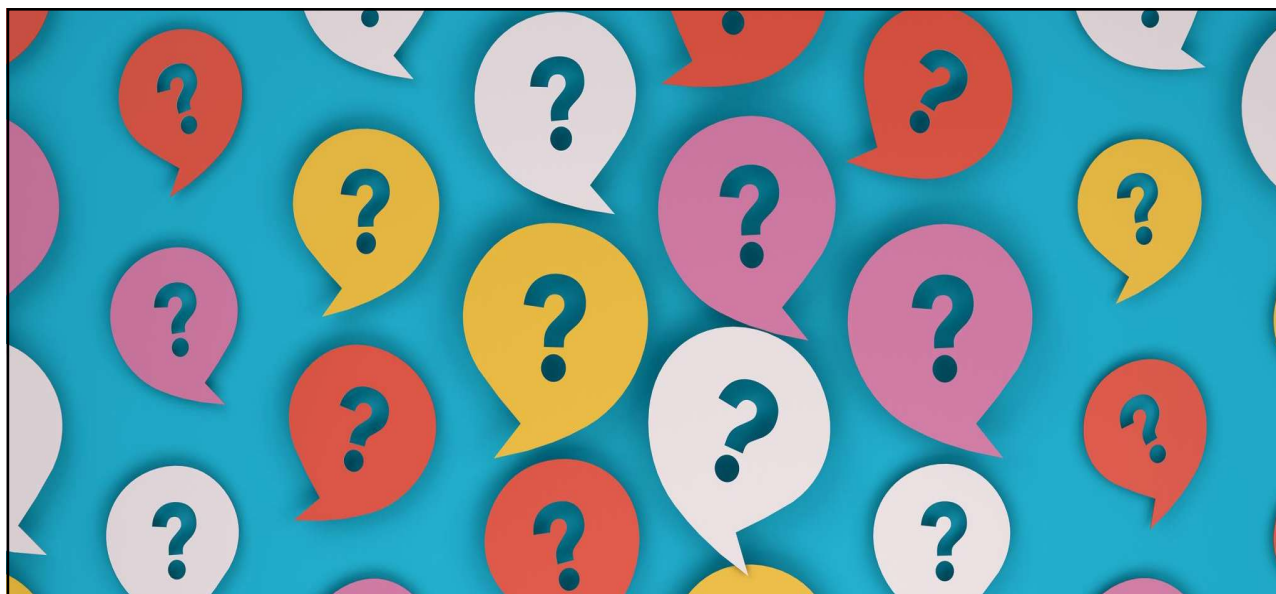
Aim of the Placement

To prepare students for working as an F1 doctor by the end of the placement.

How the placement works

Students will come in pairs for a 9 week block. They will have a Wednesday for small group teaching. There are no placements in the placement can be designed flexibly to meet the needs. The students will need to be timetabled for 6 days a week, done flexibly over 3 or 4 days. We suggest a minimum of one observed surgery each week. The students will also be in the practice.

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Q & A

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CONCERNS

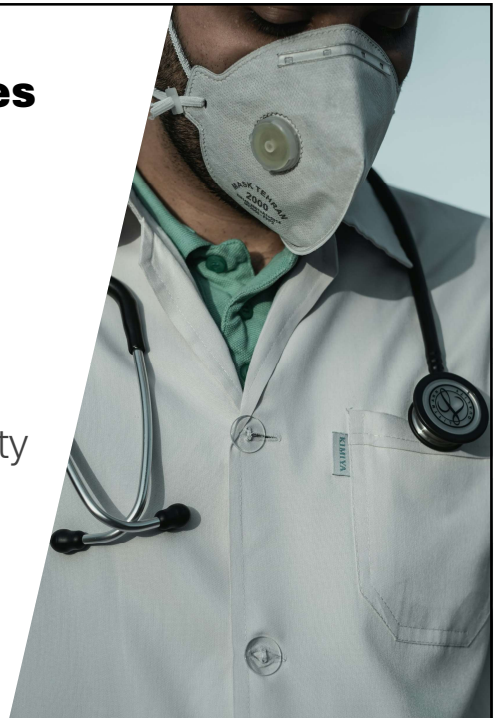


Student concerns and challenges

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Student Concerns – Key Messages

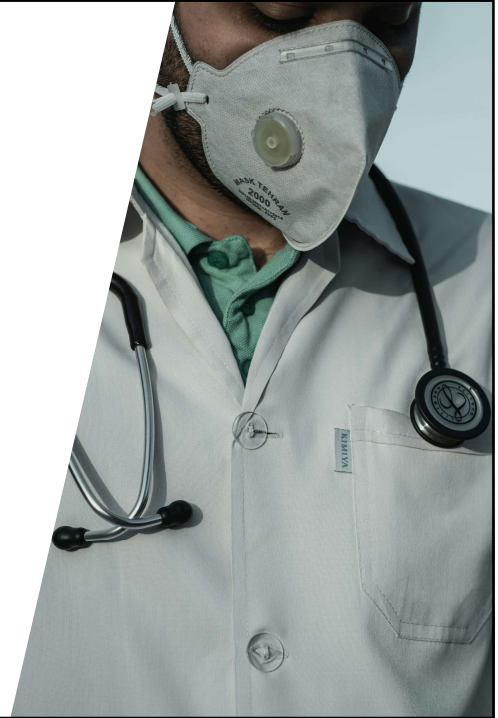
- You are an educator not a clinician
- You are a doctor but not their doctor
- Escalate concerns sooner rather than later (email PHC)
- You do not have a duty of confidentiality



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Common Areas of Concern

- Professional behaviour
- Pastoral/ health
- Knowledge
- Safety and risk



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Student support

- | | |
|----------------------------------|--------------------------|
| • GP tutor | • Programme director |
| • Academy team | • Wellbeing services |
| • CTF (clinical teaching fellow) | • Disability services |
| • Year lead / phc team | • Study support services |
| • Professional mentor | • Peers/ Galenicals |
| • Senior tutor | |



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Case 1 - Professional Behaviour

- Clinically excellent, well liked by team, keen to learn
- Mobile phone usage
- Not following procedure for reporting absences
- A few minutes late
- Problem escalated
- Thoughts?



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Email to PHC

- Check not an underlying pastoral concern
- Discuss concerns about professionalism



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Professionalism

- Mobile phone policy
- Students should follow practices procedure for reporting absence
- Lateness/ leaving early is not acceptable
- Dress in scrubs/ smartly. Plain trainers allowed
- End of placement “Are you satisfied with their level of professionalism”/ TAB
- If any concerns, raise early with us

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Student Referral Form

- A faculty level form to highlight concerns, particularly around professionalism
- The student will be asked to meet with a member of the faculty
- The first meeting is not a Fitness to Practice meeting, but this could be the start of that pathway
- Less than 2% end with formal forming
- You can find out more here: [Student Concerns](#)



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Case 2 - Knowledge

- Only taking a history!
- Poor knowledge of primary care management
- Unengaged
- Not mixing

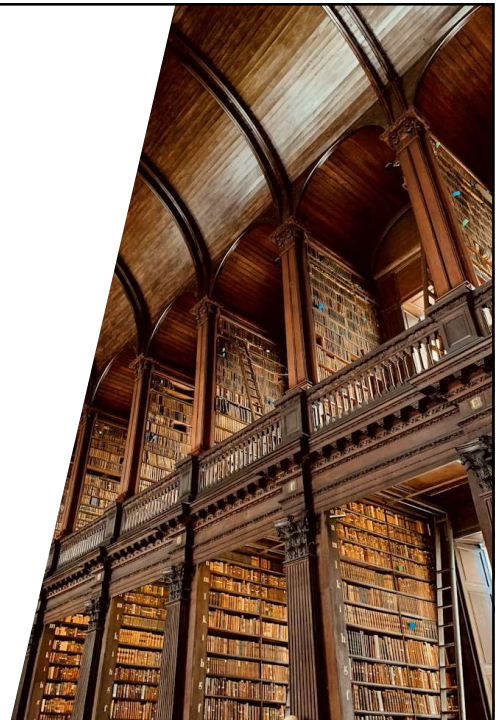
Thoughts?



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What Could be Done?

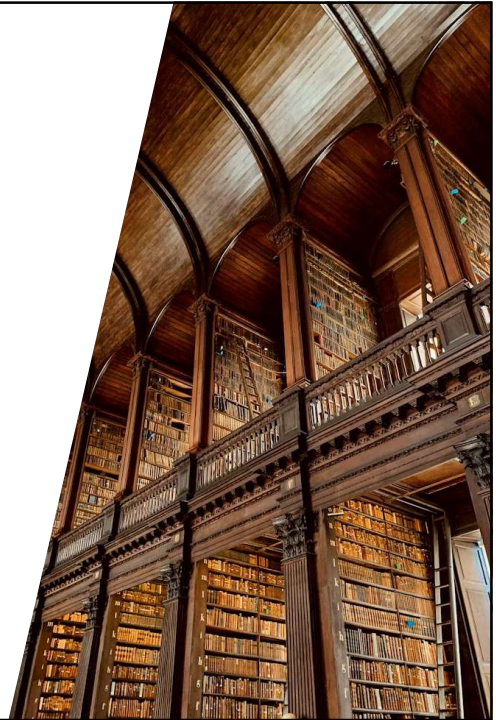
- Tutor met students and discussed concerns
- Involved another tutor
- Explained to examine, DD and plan before every presentation to GP



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What Happened Next?

- No improvement – email to PHC
- Suggestions
 - 1:1 Meetings – check in
 - Invite to practice meetings to improve integration
 - Mini Cex “ below expectations”
 - Remedial teaching in skills week
 - Review meeting, if no improvement meeting with GP5 team



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STEP Form

- The Supporting Transition and Entering Practice (STEP) process has been developed to help graduates make a smooth transition from medical school to the Foundation Programme.
- A STEP form has been developed to support this process and should be completed by all applicants who are due to start their foundation training programme.



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Case 3 – Student requests...

1. Student wants to start later and finish earlier
2. Student asks specifically for Friday off, even though they are timetabled for Mon, Tues and Fri
3. Student asked for separate clinics to peer as they are not getting on



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How to Approach

- Why is the student requesting this?
- Is there a well being concern?
- Would the content of the course be delivered if the adjustment is made ?
- How would this affect the other student?
- Could we facilitate this as a practice?
- Any issues email PHC



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Student Expectations

- 4) Student complains they are doing too much observing and not enough student led surgeries and joint surgeries
- 5) Student complains they are not getting adequate supervision



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How to Approach

- Ask the student more details
- What is their expectation
- Check the course handbook
- If unsure email PHC



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Do they need help with an illness?	For everything else consider the following..		Is this purely a professionalism concern
<p>Encourage them to seek help with any existing care teams</p> <p>Encourage them to consider seeing their GP</p> <p>Tell them about GP practices affiliated with Academy for temporary registration (Admin teams will know the practice)</p>	<ol style="list-style-type: none"> 1. Contact Wellbeing Lead or Dean to check on local services 2. Request support from medical school by completing the School Support Request Form 3. Contact Senior tutor team at med-seniortutor@bristol.ac.uk for advice or complete this form MBChB Programme support request form 4. Ask them to self refer to Wellbeing services including access to sexual violence support service 5. If seriously concerned, and urgent, can complete Wellbeing Serious Concern Form 6. If out of hours can contact security at UOB with access to senior managers +44(0)117 331 1223 7. If risk to life, call 999 	<p>Consider reminding them of services available at Uni:</p> <p>Disability Services</p> <p>Study Support, or Academic Advice</p> <p>Report a concern (harassment, bullying, racism, homophobia)</p> <p>Student finance support</p> <p>The Wellbeing services provides a single point of access/referral</p>	<ul style="list-style-type: none"> • Discuss with Dean if in the academy • Email the GP year lead if in Primary Care • Let the student know • Complete a Student Referral Form
<p>Good to know:</p> <ul style="list-style-type: none"> • If a Student Referral Form is completed, the process will automatically check with wellbeing and senior tutors to ensure appropriate support is given • Disability services can be contacted at any point through the year • If adjustments have been made on placement, they could be made permanent by completing a MBChB Programme Support Request Form • If you want information to be made available to other placement, please complete a School Support Request Form 		<p>Involve the Student</p> <p>Encourage them to make contact</p> <p>Copy the student into any emails</p> <p>Let them know what information is being shared</p> <p>For any queries please contact the Dean or senior tutor team</p>	

Support at Bristol Medical School for Placements

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Wellbeing Serious Concern form

- Do not use this form to request emergency or crisis support. Call 999 immediately or go to your nearest hospital. Campus call Security Services on 0117 3311223.
- To let the University Wellbeing Services know about serious concerns
- The Wellbeing Service will likely liaise with the school but will only give out information if they think the student/ public are in danger.
- You can find out more here: [Serious Concerns Form](#)
- Anyone can fill it in

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MBChB Programme Support Request Form

- To let us know about difficulties the student is having
- To ask us to meet with the student and formulate a plan
- To let us know information the student wants passed on to other placements
- To ask us for help in supporting the student
- Access to any other support services
- The senior tutors will review each form, contact the referrer and let them know what we have done.
- There should be no surprises for the student in the form

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In Summary

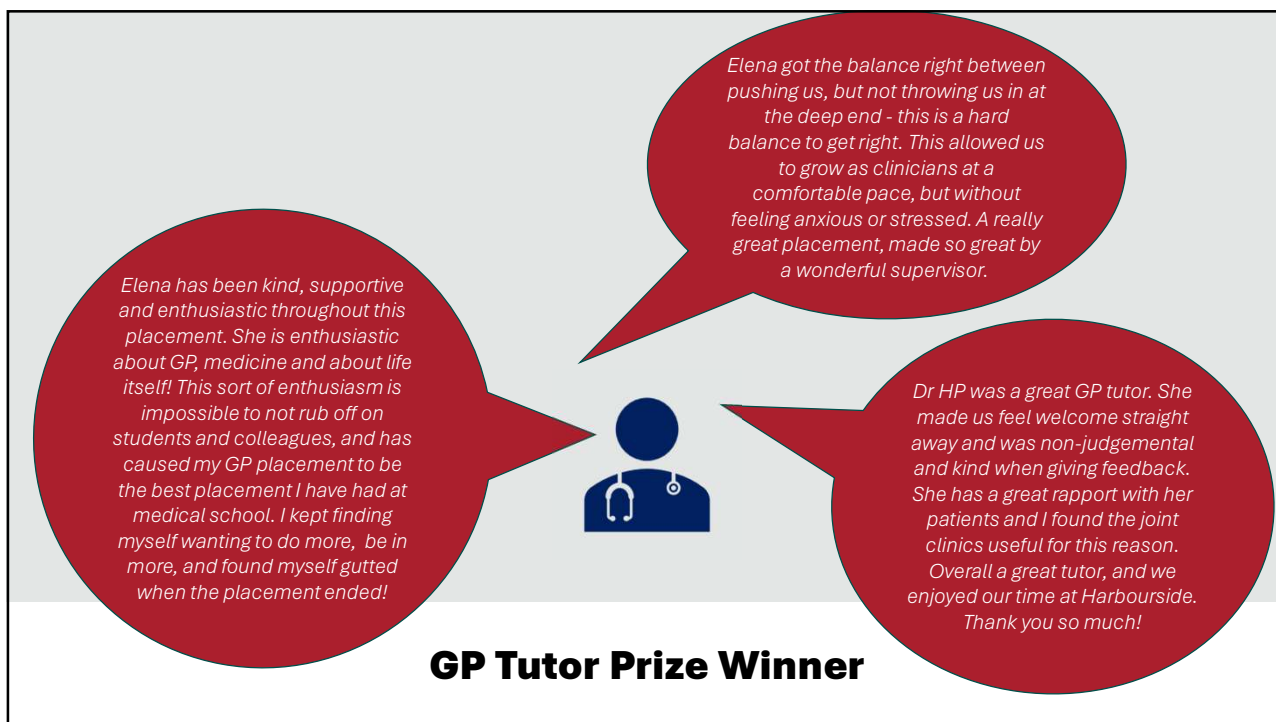
- You are an educator not a clinician
- You are a doctor but not their doctor
- There is lots of support available
- Escalate concerns early via Year 5 leads via PHC email



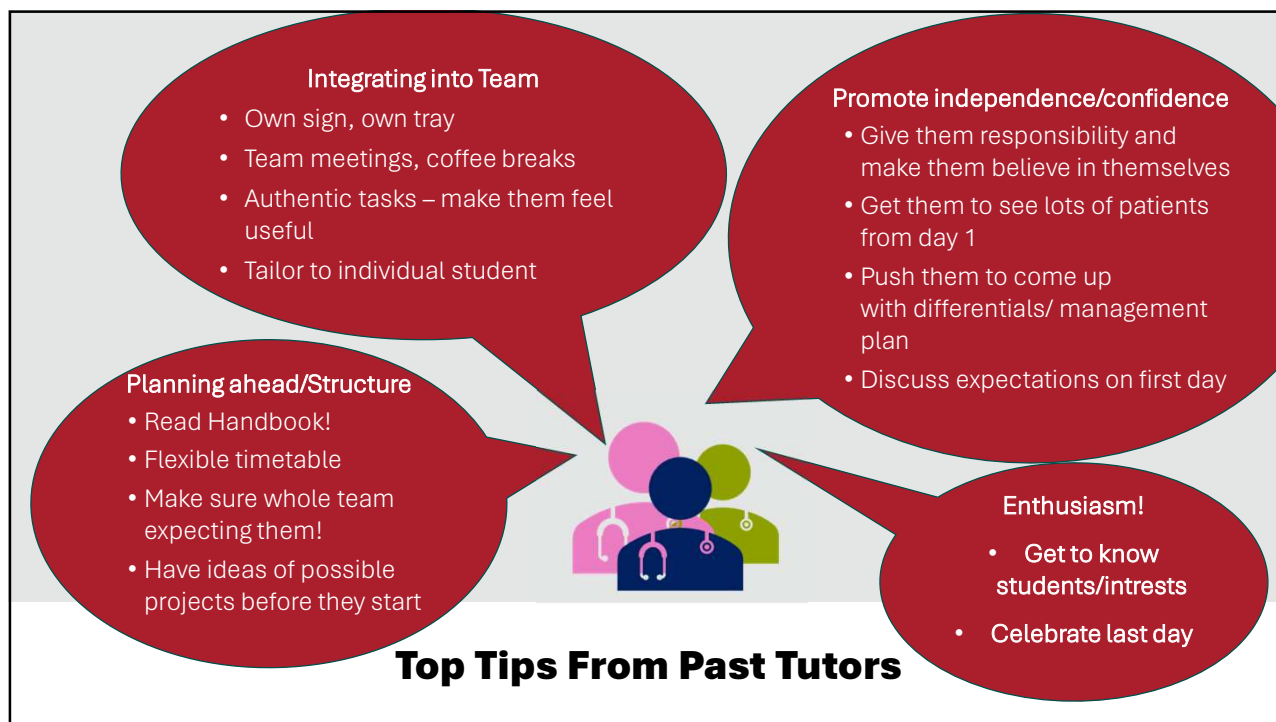
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GP ASSESSMENTS IN YEAR 5

September 2025

David Rogers

MB ChB Programme Co-Lead

David.Rogers@bristol.ac.uk

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Student Progression Document- Year 5

Eligibility to graduate depends on

- Satisfactory engagement with elective (Report deadline Mon 3 Nov)
- Satisfactory engagement with each assistantship(APR, WBAs)
- Satisfactory completion of Entrustable Professional Activities, Consultation and Procedural Skills & Team Assessment of Behaviour
- Passing the Prescribing Safety Assessment
- Not being the subject of an ongoing Fitness to Practice case

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Student Progression Document- Year 5

Eligibility to graduate depends on

- Satisfactory engagement with elective (Report deadline Mon 3 Nov)
- Satisfactory engagement with each assistantship(APR, WBAs)
- Satisfactory completion of EPA/CAPS/TAB
- Passing the Prescribing Safety Assessment
- Not being the subject of an ongoing Fitness to Practice case

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Why do we have some assessments in year 5

- They are an excellent vehicle for giving high quality **feedback** to the student.
- They give students a way of gauging if they are “on track”.
- They help students to identify holes in their knowledge and skills.
- They help students to become familiar with assessment tools that will be used repeatedly throughout their postgraduate training.

How well it is working – NSS scores

*New or revised question	Percentage Agree					
	2020	2021	2022	2023	2024	2025
Response rate	72	78	80	82		72
Assessment & feedback	82	77	63	79	80	80
Marking criteria are clear in advance	87	84	61	81	83	84
Marking & assessment has been fair	87	85	65	88	92	88
Feedback on my work has been timely*	85	77	65	87	80	89
Received helpful comments on my work/ helps improve*	69	62	60	61	65	63
Allowed you to demonstrate what you have learned*	n/a	n/a	n/a	78	79	78

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What did the students say

Response Rate

Year	Responses	Cohort	%
1	125	284	44
2	69	272	25
3	182	245	74
4	220	302	73
5	187	257	73
Totals	783	1360	58%

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General Questions	All	Yr1	Yr2	Yr3	Yr4	Yr5
In the last 6 months I have been satisfied with the MBChB programme	75%	91%	81%	81%	74%	72%
I feel very positive about my future medical career	64%	68%	67%	78%	65%	49%
I am confident I will be working in the NHS in 5 years time	59%	62%	70%	73%	62%	42%
I feel well represented within the medicine I have learnt about in the course	67%	76%	77%	79%	65%	59%
I feel I belong to the community of the Bristol Medical School	64%	78%	70%	79%	61%	52%

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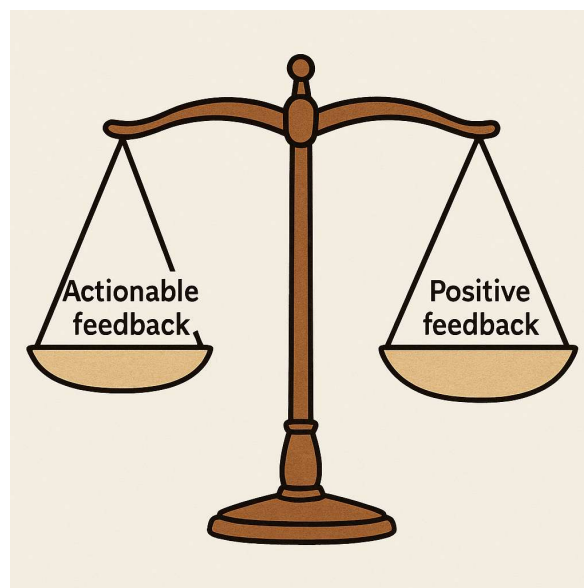
Assessments and Feedback	All	Yr1	Yr2	Yr3	Yr4	Yr5
The assessments have allowed me to demonstrate what I have learned	73%	73%	74%	77%	74%	68%
I am satisfied with the communications about assessments	84%	78%	72%	79%	89%	82%
I felt prepared for the knowledge assessments in my year (progress test/student choice projects/MLA/PSA)	66%	53%	57%	58%	66%	74%
I feel prepared for the clinical assessments in my year (WBAs/CPSA)	71%			65%	67%	82%
The marking criteria used to assess my work was clear	71%	55%	59%	65%	75%	72%
I receive assessment feedback by the deadline given on SharePoint	78%	86%	70%	84%	77%	75%
I am satisfied with the quality of feedback from clinical supervisors (GPs/CTFs and tutors)	86%	78%	75%	85%	87%	84%
I feel the marking and assessment on my course has been fair	85%	70%	72%	88%	87%	78%

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Qualitative Results of Review of Feedback

- Strong request for more actionable feedback
- Review of 200 Anonymised TAB responses
- >90% was positive feedback
- Negative feedback was often defensive
- *I have seen over 400 students in the last few years and you are the....*
- 65% of positive feedback was not actionable
- *I have no concerns*

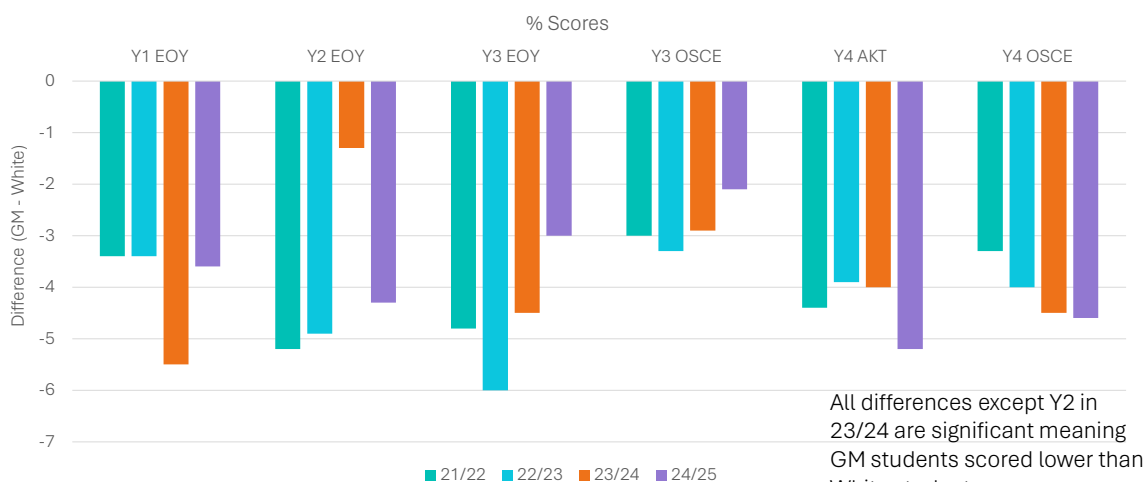
65



66

AWARD GAP - ETHNICITY

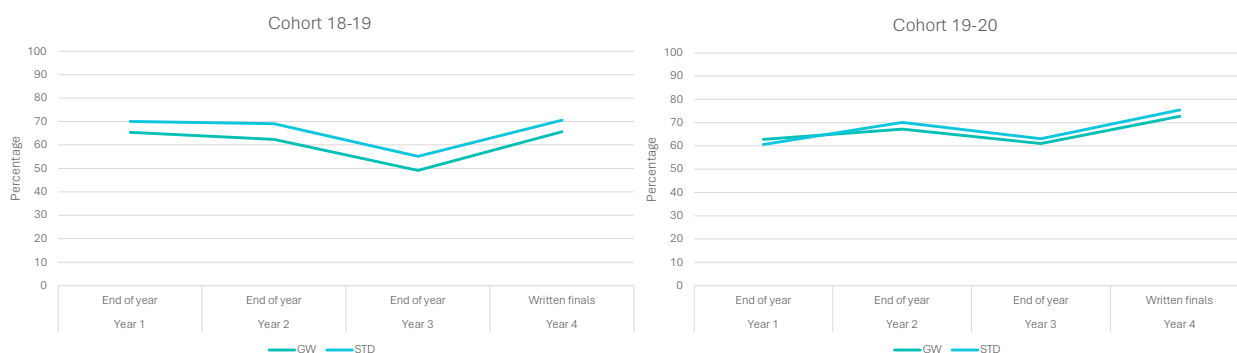
End of year exams 21/22 – 24/25



67

AWARD GAP - GATEWAY

Due to intercalation there will be some movement between cohorts



Graduated in 22/23 & 23/24 respectively – ~5% difference throughout for 18/19 cohort but no differences for 19/20 cohort. However, NO difference in P/F rate for 18/19 cohort in their finals.

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Summative Assessments in Year 5

	Assistantship 1	Assistantship 2	Assistantship 3
Mini-CEX	2	2	1
Case-based Discussion (CbD)	2	2	1
Observed Long Case	During hospital attachments		
Team Assessment of Behaviour (TAB)	November 2025 – March 2026		
Prescribing Safety Assessment (PSA)		30 Jan 202	
Entrustable Professional Activities (EPAs)	At least 28 (40% of the year total)	At least 56 (80% of the year total)	70 signed off
Clinical and Procedural Skills (CaPS) Logbook			Complete All
Assistantship Progress Review	One in each		

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Case-based Discussion (CbD)

A way of exploring student's clinical reasoning and understanding

5 domains

Clinical
Assessment

Professionalism

Clinical
Reasoning

Investigation &
Management Plan

Communication
Skills

70

Case-based Discussion (CbD)

- Step 1* Let student know when it is going to happen
- Step 2* Student selects a patient who they would like to discuss
- Step 3* Ask student to present the patient's case to you
- Step 4* Probe the depth of their knowledge and understanding
- Step 5* Clarify any areas of possible confusion
- Step 6* Identify a focus for the discussion that emerges from the case
- Step 7* Give constructive feedback
- Step 8* Suggest an action plan
- Step 9* Complete the form on the student's ePortfolio

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	Not yet performing at level expected	Performs at level expected
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings.	<input type="radio"/>	<input type="radio"/>
Clinical Reasoning Offers comprehensive differential diagnosis in relation to history and exam.	<input type="radio"/>	<input type="radio"/>
Investigation and Management Plan Discusses the rationale for the investigation and treatment, including the risks and benefits.	<input type="radio"/>	<input type="radio"/>
Professionalism Adequate medical record keeping, and discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.	<input type="radio"/>	<input type="radio"/>
Communication Skills Satisfactory presentation of the case with regards to data gathering and formulation of diagnosis.	<input type="radio"/>	<input type="radio"/>

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Global Opinion of Clinical Competence *		
Consider overall judgement, synthesis, effectiveness and efficiency.		
	Not yet performing at level expected	Performs at level expected
Global Opinion	<input type="radio"/>	<input type="radio"/>
Areas performed well: * <div></div>		
Suggestions for development: * <div></div>		
Agreed Action * Agreed action, specifically where and how work is required to address any cause for concern: <div></div>		

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Top Tips

Make it a conversation

Explore the student's clinical reasoning

If you talk about management – focus on the management that would be expected of a foundation doctor

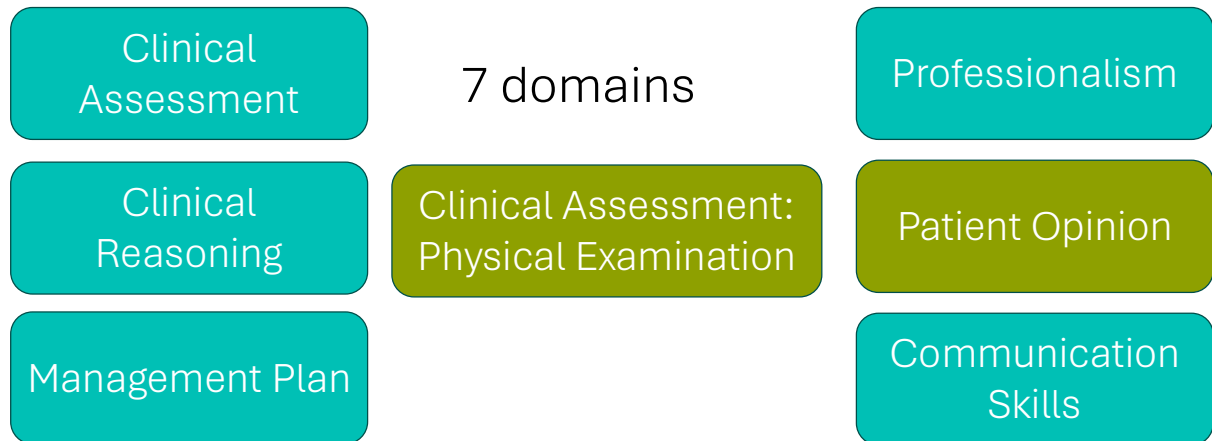
Pick the less travelled road

Follow-up on passing comments made by the student

74

Mini Clinical Evaluation eXercise (mini-CEX)

A direct observation by an assessor of a patient encounter



75

Mini-CEX

- Step 1* Agree with student that you will treat this patient encounter as a mini-CEX
- Step 2* Observe student in their interaction with the patient
- Step 3* Resume control of the patient encounter and bring it to a conclusion
- Step 4* Ask the patient for their opinion
- Step 5* Once patient has left (maybe at the end of clinic) conduct a debrief with student
- Step 6* Ask the student how they think they did
- Step 7* Give constructive feedback
- Step 8* Suggest an action plan
- Step 9* Complete the form on the student's ePortfolio

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Clinical Assessment: History *
Facilitation of history gathering, appropriate questioning to obtain an accurate focused account relating to the presenting complaint. Responds appropriately to verbal and non-verbal cues.

☐ Not yet performing at level expected
☐ Performs at level expected

Clinical Assessment: Physical Examination *
Appropriate focused examination related to the clinical problem, efficient and sensitive to patient's comfort and modesty.

☐ Not assessed
☐ Not yet performing at level expected
☐ Performs at level expected

Clinical Reasoning *
Formulates an adequate differential diagnosis in accordance with the information gathered from their clinical assessment, logically identifies most likely diagnoses considering symptoms and probabilities.

☐ Not yet performing at level expected
☐ Performs at level expected

Management Plan *
Selects and considers appropriate investigations relevant to the clinical case, can justify any studies requested considering risks, benefit, and yield. Constructs a suitable management plan, which considers the differential diagnosis and clinical setting.

☐ Not yet performing at level expected
☐ Performs at level expected

Professionalism *
Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information. Behaves in ethical manner. Recognises their limitations.

☐ Not yet performing at level expected
☐ Performs at level expected

Communication Skills *
Explores patient's perspective; jargon free; open and honest; empathic; explains rationale and agrees management plan/therapy with patient. Presents a brief summary which adequately demonstrates the key features of the case and facilitates ongoing patient care.

☐ Not yet performing at level expected
☐ Performs at level expected

Patient Opinion *
"Would you be comfortable with this student looking after you if they were a recently qualified doctor?"

☐ Not comfortable
☐ Yes I would

77

Global Opinion of Clinical Competence *
Consider overall judgement, synthesis, effectiveness and efficiency.

	Not yet performing at level expected	Performs at level expected
Global Opinion	<input type="radio"/>	<input type="radio"/>

Areas performed well: *
You may also wish to include any positive feedback from the patient.

Suggestions for development: *
You may also wish to include any developmental feedback from the patient.

Agreed Action *
Agreed action, specifically where and how work is required to address any cause for concern:

Thank you for acting as an assessor. You will be asked to enter your name and email address when this form is submitted. You will receive a link to a record of this assessment.

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Students should not ask an assessor to complete a mini-CEX when the student/patient interaction was **not** observed

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Mini-CEX and CBD what if the attempt was not quite what we expected

Students must reach the expected standard in their 1 or 2 mini-CEXs and CBDs

If they do not meet the expected standard they can have another attempt

There are no limits to the number of attempts at each mini-CEX and CbD

If students do not complete the minimum number of workplace based assessment during each assistantship, they will be invited to a meeting with a Senior Member of Staff or Academy Dean to create a Learning Agreement

80

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) are 'units of professional practice, defined as tasks or responsibilities that trainees are *entrusted* to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions'.

We have mapped the **GMC's Outcomes for Graduates** to 16 Bristol Entrustable Professional Activities.

81

Bristol's Entrustable Professional Activities

1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record
7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health

82

Bristol's Entrustable Professional Activities

9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an inter-professional team, both clinically and educationally
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management
13. Obtain informed consent for tests and/or procedures
14. Contribute to a culture of safety and improvement and recognise and respond to system failures
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 feedback)

**[modified from the American Association of Medical Colleges' core entrustable professional activities for entering Residency (2014)]*

83

Bristol's Entrustable Professional Activities

For each EPA (1-14) students need to collect 5 pieces of evidence

84

Bristol's Entrustable Professional Activities

Each piece of evidence for a single EPA should come from a different patient

One patient can be the basis of your evidence for more than one EPA providing you have interactions with that patient on different days

You can collect evidence for more than one EPA on a single day provided that each piece of evidence comes from a different patient

85

Date of Activity *

Situation *
Please enter a brief description of the environment in which this skill was signed off as competent.
You can sign up to 5 different EPAs on one form but you can only sign off each EPA once per form. If you are claiming more than one EPA on this form please describe each of the different interactions.
[Please read the EPA guidance on the MScChd Assessments area for more information.](#)

Entrustable Professional Activities
Assessors: You should select **no more than five EPAs** to sign off using this form.

	Performs at level expected at the start of FY1
1. Gather a history and perform a mental state and physical examination	<input type="radio"/>
2. Communicate clearly, sensitively, and effectively with patients and relatives verbally and by other means	<input type="radio"/>
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	<input type="radio"/>

Observer GMC Number *

Observer Position *

14 Marks

Please ensure you have selected no more than 5 EPAs from the list above.
If a student has not met the level expected of a Day 1 FY1 doctor, please do not check the EPA box or submit this form.

86

Consultation & Procedural Skills (CaPS)

23 skills expected of a newly qualified doctor,
specified by the GMC

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

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Skills in CaPS logbook (1)

	Level of Competence		
	Year 3	Year 4	Year 5
Assessment of Patient Needs			
Take & record baseline physiological observations	3	3	3
Peak expiratory flow respiratory function test	3	3	3
Direct ophthalmoscopy	2	3	3
Otoscopy	3	3	3
Diagnostic Procedures			
Take blood cultures	1	1	2
Arterial blood gas sampling	1	1	2
Venepuncture	2	3	3
Capillary blood glucose measurement	3	3	3
Urinalysis & mid-stream urine collection	3	3	3
3 and 12 lead ECG	2	2	3
Taking nose, throat & skin swabs	2	3	3

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Skills in CaPS logbook (2)

	Level of Competence		
	Year 3	Year 4	Year 5
Patient Care			
Hand washing	2	3	3
Surgical scrubbing up	-	2	2
Setting up IV infusion	1	1	2
Moving and handling techniques	3	3	3
Prescribing/giving therapy			
Instruction on use of inhaled medication	3	3	3
Administering oxygen	1	2	3
IM, SC & IV injections	2	2	2 Level 3 if helping in vaccination clinics
Making up drugs	2	2	2

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Skills in CaPS logbook (3)

	Level of Competence		
	Year 3	Year 4	Year 5
Therapeutic procedures			
Peripheral intravenous access (cannulation)	1	2	2
Blood transfusion	1	1	1
Male & female catheterisation	1	1	2
Wound care (stitching)	1	1	2
Wound care	1	1	3
Nasogastric tube placement	1	1	1
Use of local anaesthetic	1	2	3
Bristol competencies—REMOVED			
Ankle brachial pressure index	3	3	3
Management of the airway	3	4	2

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9494

Team Assessment of Behaviour (TAB)

One of the main ways of assessing student's professionalism

Multisource Feedback =

Self-Assessment

+

Responses from variety of health professionals & peers

Each year they need a larger number of responses 10 in year 5

95

Team Assessment of Behaviour (TAB)

Maintaining trust/
professional
relationships with
patients

Verbal communication
skills

Team working/ working
with colleagues

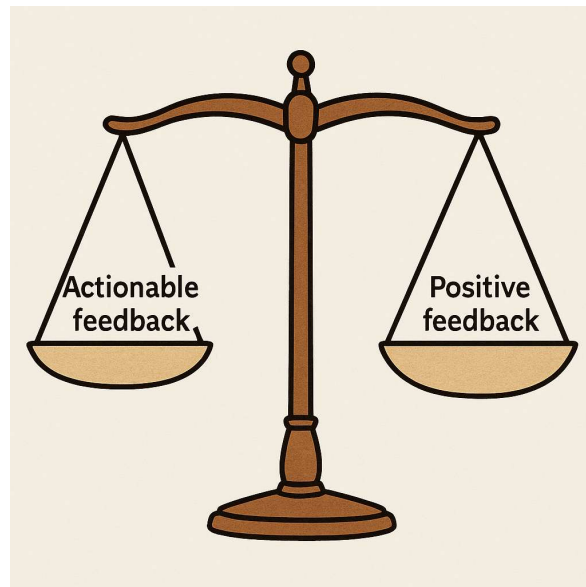
Accessibility

No
concern

Some
concern

Major
concern

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Assistantship Progress Review

Assistantship Progress *

To successfully complete the assistantship, each student should review the following with their GP Tutor. The weekly Clinical Learning Journal, CAPS log and EPA log are accessible from the student's ePortfolio.

[The Year 5 Student Progression Requirements document can be found on the MBChB Sharepoint site](#)

EPAs: Students should:

- > complete at least 28 (40% of total required) items of evidence across EPAs 1-14 by the end of their first assistantship,
- > complete at least 56 (80% of total required) items of evidence across EPA 1-14 by the end of their second assistantship,
- > complete 70 (100% of total required) items of evidence (five items for each EPA 1-14) by the mid-point of their third assistantship.

MinCEX: 2 x completions in Assistantship 1 and 2, 1 x completion in Assistantship 3

CbD: 2 x completions in Assistantship 1 and 2, 1 x completion in Assistantship 3

CaPS: sufficient progress in completion of all skills this year to the required level by the end of Year 5

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Assistantship Progress Review

If you answer 'No' to any of the questions below you will be asked to provide further details in a free text area below, as this will lead to a supportive meeting with the student, Academy and Year Leads to arrange appropriate remediation.

By completing this recommendation you confirm that to the best of your knowledge the information on this form is correct and reflects evidence provided by the student.

1. Is the Clinical Learning Journal (weekly log) complete for this assistantship?

Yes No

2. At this point of the year, is there evidence of sufficient completion of:

Entrustable Professional Activities (EPAs)

MiniCEX and CbDs and

Consultation & Procedural Skills (CaPS)

Yes No

3. Are you satisfied with the student's level of professionalism?

Yes No

Feedback *

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Assistantship Progress Review

Final Sign Off for CAPS and EPAs¹

Please check your response **carefully**, and respond with 'not applicable' if this is *not* yet the student's final review of the year.

Refer to the guidance on the [MRCChB Assessments area for Year 5](#) for CaPS and EPA requirements.

1. End of Year Sign Off: Is the student's CaPS record fully signed off and complete?
Not Applicable / Not Complete / Complete
2. End of Year Sign Off: Is the student's EPA log complete?
Not Applicable / Not Complete / Complete

Tutor Handover

Tutors: Please use this space to provide general comments, feedback and a suggested plan of action.

e.g. CaPS skills or generic consultation skills to work on, timekeeping, attendance etc.

Students: please discuss this with your Tutor at your next placement.

[]

Student Handover

Students: Reflect on your experience of this current placement. Consider what went well, as well as challenges and difficulties you faced. How can you be better supported at your next placement? Would a student support plan or a meeting with your Senior Tutor would be beneficial?

Is there anything you would like to note here to bring forward into your next placement?

[]

100

The END - Thankyou



101

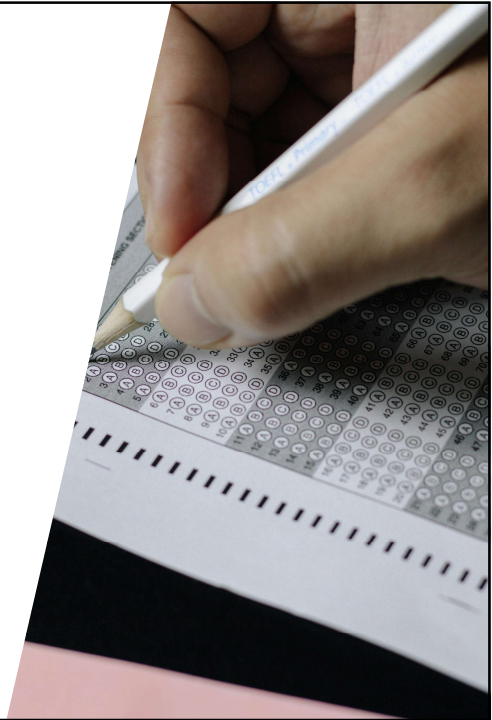
MINI- CEX WORKED EXAMPLE



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Mini-CEX

- 2 / placement (except block C)
 - "At satisfactory level for FY1"
 - Don't be afraid to mark as unsatisfactory
 - Students can do more
- Importance is **clear, personalised feedback**
- If ongoing concerns then please let us know (phc-teaching@bristol.ac.uk)



103

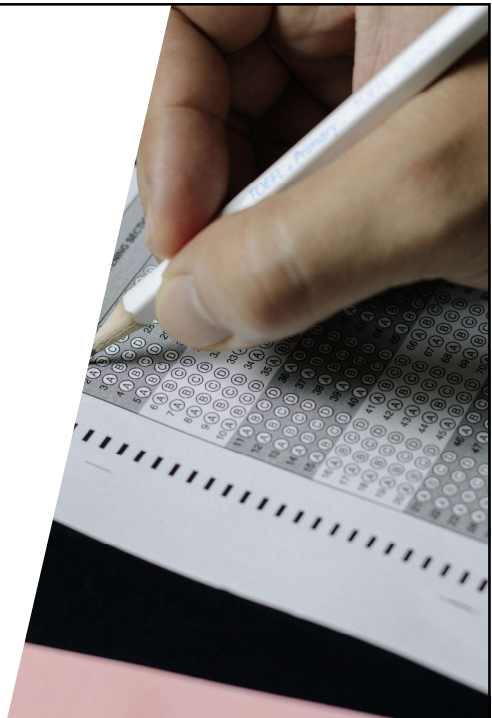
Mini-CEX worked Example

Activity:

- ✓ Have mini-CEX form Infront of you
- ✓ Watch this 10-minute real consultation
- ✓ Please mark the student as you would
- ✓ Think about what feedback you would give to the student

(you might want to document examples)

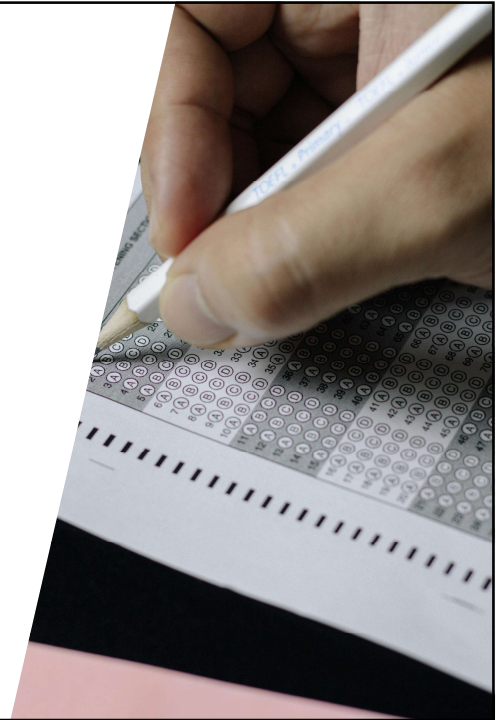
[Mini-CEX video](#)



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Mini-CEX worked Example

- How did you rate the student?
 - Satisfactory or Unsatisfactory
- Why did you choose this rating?



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Mini-CEX Feedback

In pairs:

- One of you have the role of tutor
- One be the student
- Please practice giving feedback on the mini-CEX
 - Consider using Cog-connect
 - Observed examples
 - What can the student do for next time?



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