



GP5 Teaching Workshop 26/27

Veronica Boon, Karen Pond,
and Sam Walker

Meet the Team



Dr Veronica Boon

GP5 Academic Co Lead



Dr Karen Pond

GP5 Academic Co Lead



Dr Lizzie Grove

GP5 Academic Co Lead



Prof Trevor Thompson

Head of Primary Care Teaching



Mrs Mel Butler

Primary Care Partnerships Manager



Mr Sam Walker

GP5 Admin

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Order of the Day

09:00	Coffee & Registration	
09:10	Welcome	Veronica Boon Karen Pond
09:20	New Tutors: <i>Structure of course</i>	Returning Tutors: <i>Update and feedback</i> Veronica Boon Karen Pond
10:25	Sharing best practice	Veronica Boon Karen Pond
10:40	Coffee & Refreshments	
11:00	Fitness to Practice	Imogen Llewellyn
11:35	Mini-CEX Assessment and Feedback	Veronica Boon Karen Pond
12:30	When two becomes too many – understanding breakdowns in GP 5 pairs <i>Research project</i>	Simon Thornton
12:50	Close	Veronica Boon Karen Pond
13:00	Lunch	



New Tutors

Structure of GP5 and
Assessment

Medical School Structure

- Approximately 250-300 students per year group
- 5-year course
- FINALS at the end year 4

Year 1	4 students 13 sessions / year (observed surgery and home visits)
Year 2	4 students, 13 sessions / year Meet expert patients (brought in)
Year 3	4 students, alternate Tuesdays (2x 8-week blocks) Observe and consult
Year 4	4 students, every Wednesday 18 weeks More independence
Year 5	2 student, 9-week block



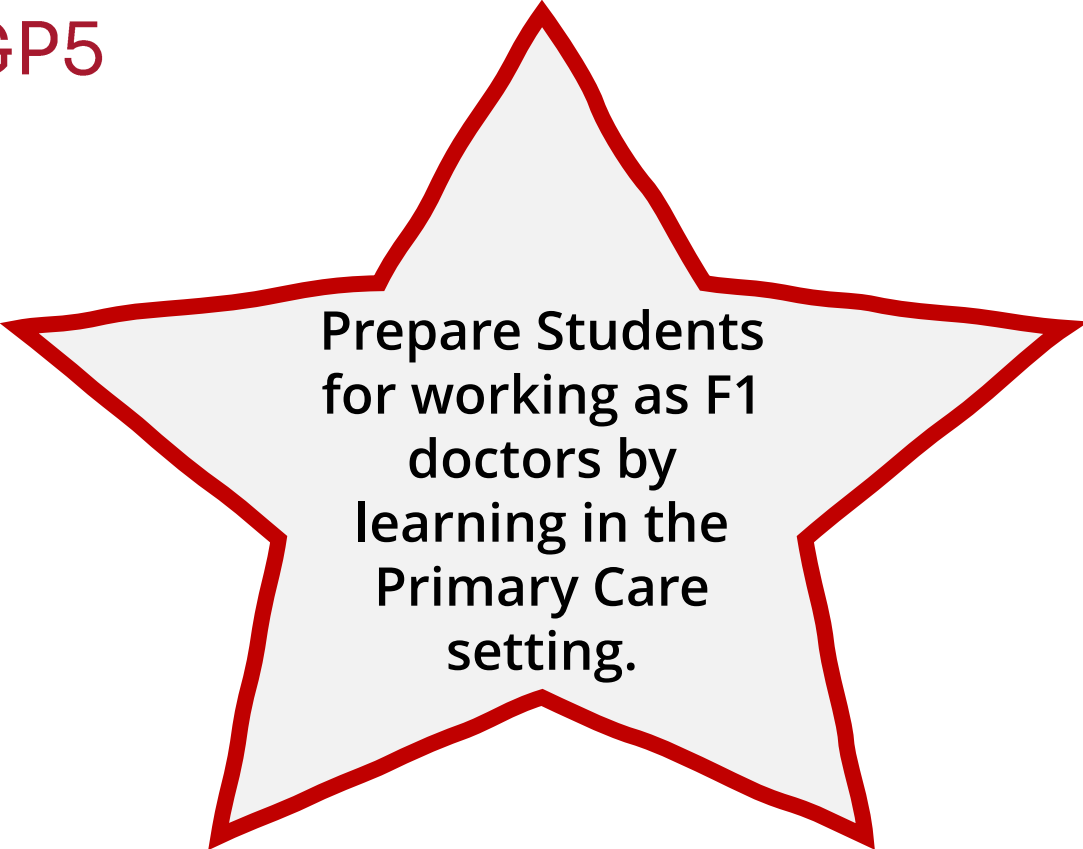
Example Layout of Year 5 Academic Year

Dates	Rotations/Teaching
Aug – Oct 2026	Student Elective Period
Stream A	Ward Based Care
Stream B	Acute and Critical Care
Stream C	Primary and Community Care

Example Layout of Year 5 Academic Year

Stream	Dates
A	3rd November 2026 – 15th January 2027 (Vacation 21st Dec – 1st Jan inclusive)
B	18th January – 19th March 2027
C	5th April – 4th June 2027
PSA Exams	Main Sitting: 28th January 2026 (TBC) First Resit: TBC
Foundation Allocations	February/March 2027

Aim of GP5



**Prepare Students
for working as F1
doctors by
learning in the
Primary Care
setting.**

What do GP5 Students Want?

- **Welcoming**
Made to feel part of team
- **Well organised**
Timetabled teaching
- **GP tutor**
Enthusiastic, supportive, time for debrief
- **Consulting with patients**
- **Being observed**
Constructive feedback/ assessments



"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."



What do Students Feedback?

Too much observing

Structure of the day

- Long lunch break
- Long days
- Not sure who is supervising
- Patients not booked in
- Waiting for supervisor to review patient
- Not feeling fully debriefed

Lack of variety of patients

Lack of joint surgeries

Want more individualised feedback

Lack of choice with project



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



4 Day Timetable Example

	Monday	Tuesday	Wednesday Out of Practice	Thursday	Friday
Morning	Student-led Surgery 09:00-12:30	Student-led Surgery 09:00-12:30	Cluster Based Teaching (CBT)	Student-led Surgery 09:00-12:30	Student-led Surgery 09:00-12:30
Lunch	Break 12:30-13:00	Lunchtime Activity 12:30-13:00		Break 12:30-13:00	Project Work 12:30-13:00
	Lunchtime Activity 13:00-13:30			Lunchtime Activity 13:00-13:30	
	Project Work 13:30-14:00			Project Work 13:30-14:30	
Afternoon	Student-led Surgery 14:00-17:30	Private Study	CBT Preparation Outside the Box Project	Joint Surgery 14:30-17:00	Private Study

3 Day Timetable Example

	Monday	Tuesday	Wednesday Out of Practice	Thursday	Friday
Morning	Student-led Surgery 09:00-12:30	Private Study	Cluster Based Teaching (CBT)	Student-led Surgery 09:00-12:30	Student-led Surgery 09:00-12:30
Lunch	Break 12:30-13:00	Private Study		Break 12:30-13:00	Break 12:30-13:00
	Lunchtime Activity 13:00-13:30			Lunchtime Activity 13:00-13:30	
	Project Work 13:30-14:00			Project Work 13:30-14:30	Project Work 13:00-14:00
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Lunchtime Activities

- 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





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**
- Minimum of 2 sessions of individual clinics
- Assist with at least one duty surgery



Student Clinics

Time	Student	GP Tutor
08:50-09:00	Check-in with tutor	Block student for check-in
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	Debrief with tutor	Block student for debrief
12:15-12:30	Admin and patient follow up	



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.

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)



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 13:00-13:45 first Tuesday 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"



Project Idea Examples

Audits

- Coeliac monitoring
- HRT – on correct progesterone
- B12 to oral switch

Patient Leaflet / AccuRx

- Sleep hygiene (new meds)

Teaching Session to Staff

- Emergency SIM scenarios

Third Sector

- Visit local primary school, talk about 'being a doctor'

Quality Improvement

- Increasing bowel screening uptake in patients who's first language isn't english.
- Learning from last 20 pt. diagnosed with cancer



Cluster Based Teaching (CBT)

- 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

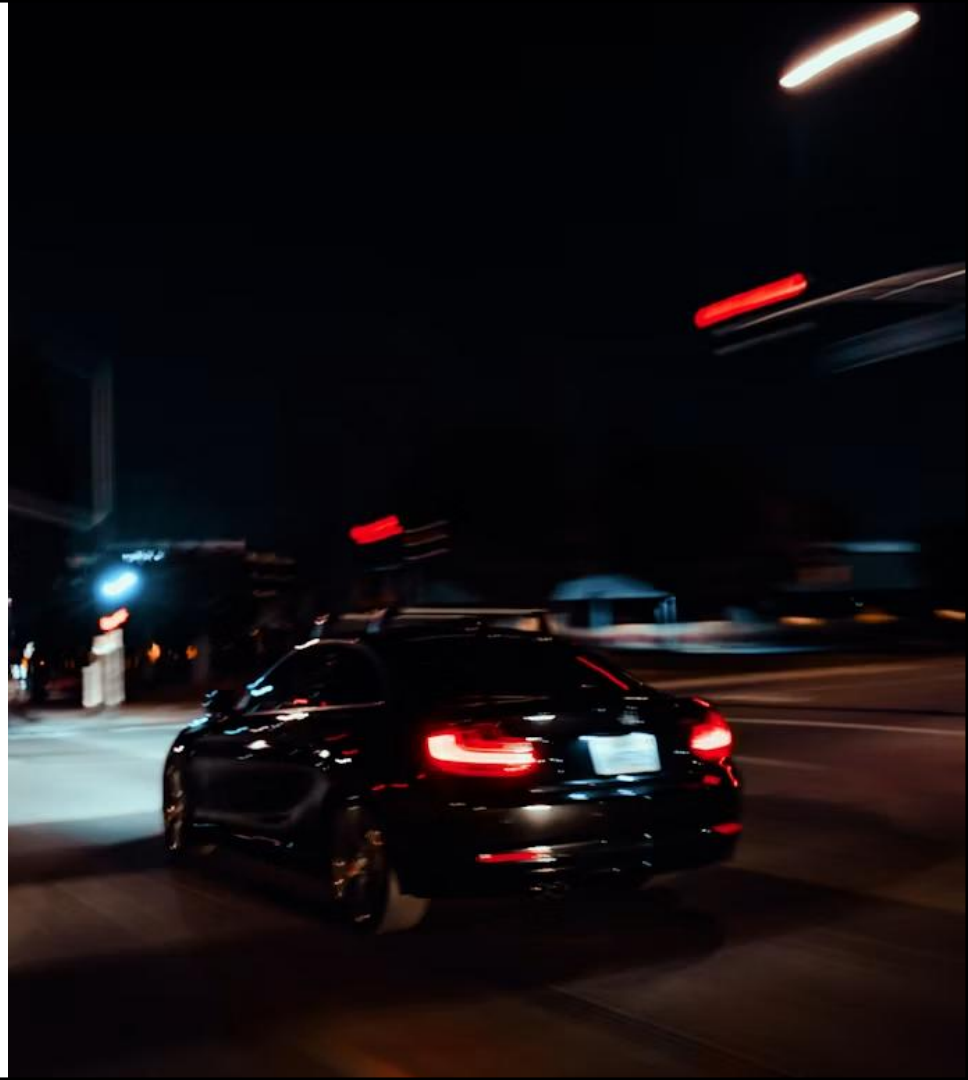


Cluster Based Teaching Topics and Pre-Learning

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	Using an interpreter	Find out how interpreters are used in practice. Observe an interpreter consultation.
6	Investigations and Results Breaking Bad News	Review results and discuss management Find a case with an abnormal result to present to group
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

Out of Hours Session (OOH)

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





Prior to Placement

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



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/PSPs
 - 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."





End of Placement

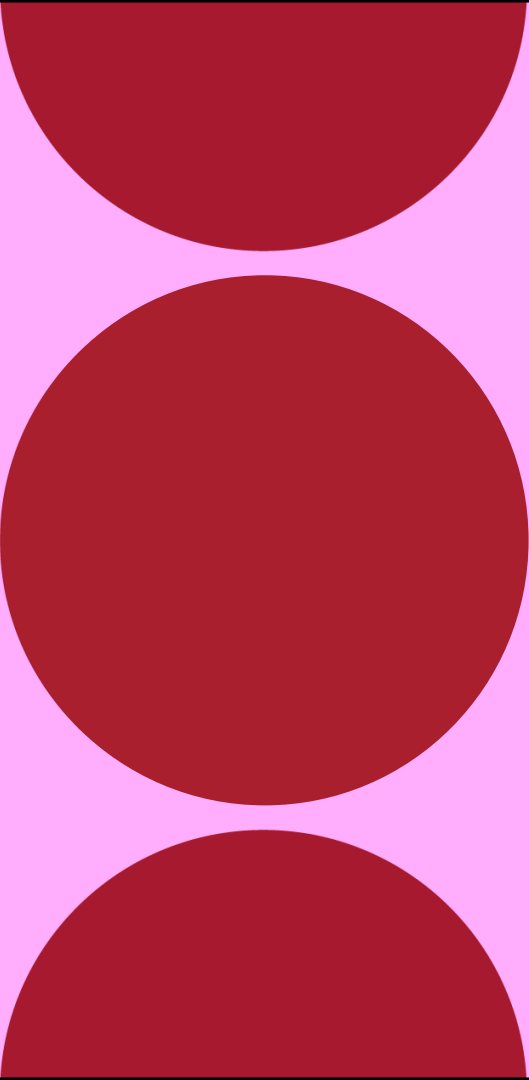
- Final joint surgery - Mini-CEX can demonstrate progress
- 1:1 Feedback - learning goals for next rotation/first job
- Assistantship Progress Review form (30 minutes)
- Mark/Discuss student's project if not done already
- Ask students to complete feedback form
- Complete attendance and payment form



Further Information

- GP5 Placement Resources available on website
 - <https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/five/>
- Mandatory introduction presentation for students on first Tuesday in practice over lunchtime (13:00-13:45) presented via Teams
 - Stream A: 3 November 2026
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Assessment

Summative Assessment 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 assistantships		
Team Assessment of Behaviour (TAB)	Nov 2026 – Mar 2027		
Prescribing Safety Assessment (PSA)		28 Jan 2027	
Entrustable Professional Activities (EPAs)	At least 28 (40% of total)	At least 56 (80% of total)	70 signed off
Practical Skills and Procedures (PSPs)			Complete all
Assistantship Progress Review	One in each		



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



CBD Mark Sheet

Assessment

Assessors please consider individual domains below and feed back according to the following anchor statements:

- **Performs at level expected** indicates the year 4 student is at least at the level of competence required for a day 1 minimally competent Foundation Programme year 1 doctor
- **Not yet performing at level expected** means that the student is not yet performing at the level of a day 1 minimally competent Foundation Programme year 1 doctor

	Not yet performing at level expected	Performs at level expected
Medical record Keeping Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.	☐	☐
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings.	☐	☐
Investigation planning Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.	☐	☐
Management planning Discusses the rationale for the treatment, including the risks and benefits.	☐	☐
Professionalism Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.	☐	☐

* Mandatory

Global Opinion of Clinical Competence

Consider overall judgement, synthesis, effectiveness and efficiency.

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

* Mandatory

Areas performed well:

* Mandatory

Suggestions for development:

* Mandatory

Agreed Action

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

* Mandatory

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.

Your **final global opinion** will be informed by their judgement in the 5 sub-domains but there are no arithmetic rules for making this decision

Provide Feedback:

- What they did well
- Suggestions for improving their performance
- Help them identify a goal



Entrustable Professional Attitudes (EPAs)

- 16 EPAs
- Mapped to GMC outcomes or graduates
- Areas of professional practice that you 'trust' the student to perform unsupervised.
- If you don't 'trust' the student in that domain then don't sign the EPA.
- Entrustable tasks e.g. (history, communication, record keeping, prescribing etc) – throughout the year.



EPAs

1	Gather a history and perform mental state and physical exam	9	Give or receive a patient handover to transition care responsibly
2	Communicate clearly, sensitively and effectively with patients	10	Communicate clearly and effectively with colleagues
3	Prioritise a differential diagnosis following a clinical encounter	11	Collaborate with an inter-professional team
4	Recommend and interpret common diagnostic screening tests	12	Recognize a patient requiring urgent or emergency care , initiate management
5	Prescribe appropriately and safely	13	Obtain informed consent for tests and procedures
6	Document a clinical encounter in the patient record	14	Contribute to a culture of safety and improvement and recognize and respond to system failures
7	Provide an oral presentation of a clinical encounter	15	Undertake appropriate practical procedures
8	Form clinical questions and retrieve evidence to advance patient care/ or population health	16	Adhere to the GMC guidance on good medical practice



EPAs – Responding to a Request

- For each EPA students need 5 pieces of evidence (e.g. a mini-CEX, CBD, prescribing etc)
- 1 EPA / patient encounter
- Maximum of 5 EPAs can be signed off on one form but should represent 5 different patient interactions.
- We have allocated EPAs to CBT sessions
- Signed by any doctor F2 or above, or allied health professional if appropriate.



Practice Skills and Procedures (PSPs)

- Previously CAPS
- Newly qualified doctors need to be able to perform safely.
- Levels of competence:
 - 1) Safe to practice in simulation
 - 2) Safe to practice under direct supervision
 - 3) Safe to practice under indirect supervision
- Doctors above level of an F2, Nurses, and HCA's that are competent at performing the skill.



PSPs

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

Practical Skills and Procedures		Competency by end of Yr5
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

PSPs

Practical Skills and Procedures		Competency by end of Yr5
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

Practical Skills and Procedures		Competency by end of Yr5
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

Team Assessment of Behaviour (TAB)

One of the main ways of assessing student's professionalism.

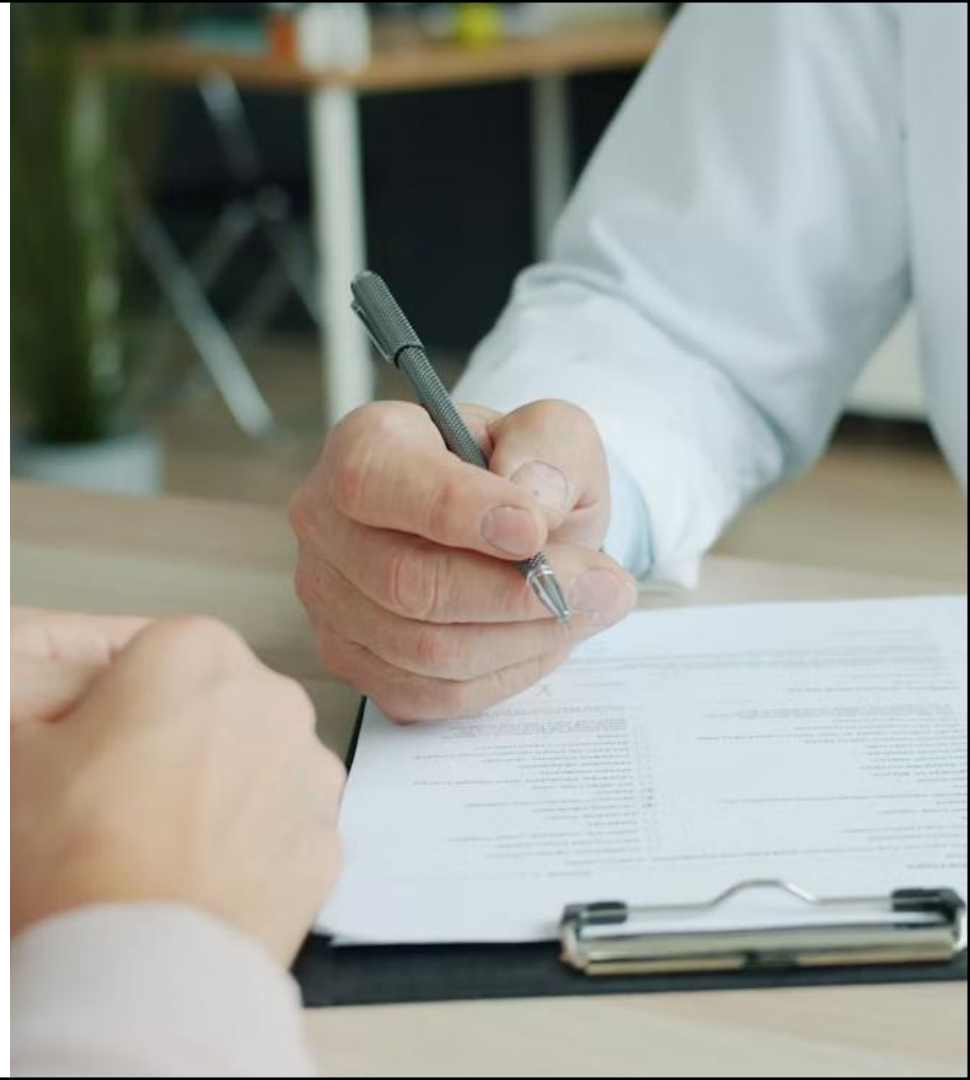
Multisource feedback =

Self-Assessment

+

Response from variety of health professionals and peers

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



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)
4. Feedback

Assistantship Progress Review

Final Sign Off for CAPS and EPAs *

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 [MBChB 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?

[]



Key Take Home Messages

1. Importance of the 1:1 meeting on the first day
 - Get to know student/interests
 - Set expectations - professionalism
2. 5 student led surgeries, 1 joint surgery, 2hrs of project time each week
3. Push the student to produce a differential and management plan before presenting to you
4. Gradually increase the complexity of patients (considering how you timetable a mix of both acute and more chronic presentations)
5. Make sure all supervisors including allied health are aware of EPAs/PSP sign-offs.
6. Give actionable feedback - complete Minicex and CBD at time of doing so you can remember feedback and discussions
7. Look at Cluster Based Teaching topics and required pre-learning and consider this in timetabling



**Returning
Tutors**

Update and Feedback

What Will We Cover?

- Teaching dates and placement information
- Changes 26/27
- Feedback 25/26
- Sharing best practice
 - First Day
 - Structure of day
 - Student led surgeries
 - Joint Surgeries
 - Project
 - Assessments

****Mini-CEX and student concerns will be covered later****



Teaching Dates

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2026/27 Changes

- No Flexible Annual Leave
 - All leave must now be approved centrally
 - Apart from PSA should have 100% attendance
- Clinical and Procedural Skills (CaPS) are now Practical Skills and Procedures (PSPs)
- Order of Cluster Based Teaching sessions



Cluster Based Teaching Topics and 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
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What do GP5 Students Want?

- **Welcoming**
Made to feel part of team
- **Well organised**
- **GP tutor**
Enthusiastic, supportive, time for debrief
- **Consulting with patients**
- **Being observed**
Constructive feedback/ assessments
- **Clinical skills practice**
- **Personalised** – Flexibility for interests



"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."



What do Students Feedback?

Too much observing

Structure of the day

- Long lunch break
- Long days
- Not sure who is supervising
- Patients not booked in
- Waiting for supervisor to review patient
- Not feeling fully debriefed

Lack of variety of patients

Lack of joint surgeries

Want more individualised feedback

Lack of choice with project

Sharing Best Practice

First Day

Structure of the Day

Student Clinics

Joint Clinics

Project

Assessment

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/PSPs
 - Student project
 - Timetabling
- Joint surgery:
 - Mini-CEX



"Completing a Mini-CEX 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."



First Day: Top Tips

- Send advance info document – do you have one?
- Make sure whole team expecting students
- Have pictures/names up in practice ready
- Take them for a walk around local area and coffee ? Scavenger hunt
- Normalise Mini-cex on first day – feedback tool
- Get to know students' interests
- Set expectations about attendance/professionalism - communication
- Discuss project ideas early/have some ideas ready

Structure of the Day - What works well?

	Monday	Tuesday	Wednesday Out of Practice	Thursday	Friday
Morning	Student-led Surgery 09:00-12:30	Private Study	Cluster Based Teaching (CBT)	Student-led Surgery 09:00-12:30	Student-led Surgery 09:00-12:30
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	Project Work 13:30-14:00			Project Work 13:30-14:30	Project Work 13:00-14:00
Afternoon	Student-led Surgery 14:00-17:30	Private Study	CBT Preparation Outside the Box Project	Joint Surgery 14:30-17:00	Student-led Surgery 14:00-17:30

Structure of the Day: Top Tips

- Flexibility
 - Tailor to interests
- Include in coffee and lunch breaks
- Lunch time activities
 - Project
 - Home visits
 - Meetings
 - Signing off PSPs
 - Pre-work for CBT

Student Clinics – 5 a week

Time	Student	GP Tutor
08:50-09:00	Check-in with tutor	Block student for check-in
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	Debrief with tutor	Block student for debrief
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09:40-09:45	Student completes record keeping. Checked by GP tutor before saving in records. If time students completes admin.

Student Surgeries: Top Tips

- Start from week 1
- Named supervisor
 - Check-in and DEBRIEF
- Share supervisor fact sheet with all GP supervisors
- Patient selection
 - ? Triaged – have laminated wipe clean sheet to put wish list of patients
 - Pre-bookable and on the day for variety
- Follow-up slots
- Push them for differentials and management
- Get them to do own admin
- Can adapt for student interests
 - Teaching medical students/allied health
 - GPSI clinics
 - Chronic disease clinics
 - Primary care management meetings

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)



Joint Surgeries: Top Tips

- F/u complex patients
- Demonstrate consultation skills – get students to do a Minicex on you and feedback
- 4 patients maximum
- Teach me
- Signpost feedback
- ? Tutorials
 - ? With GP trainees
 - Filing labs, documents
 - Script queries
 - Referral letters
 - Discharge summaries

Project Ideas

Audits

- Escalating lipid lowering therapy
- Coeliac monitoring
- HRT – on correct progesterone
- B12 to oral switch
- Frailty search and medicine optimisation

Patient Leaflet / AccuRx

- Sleep hygiene (new meds)
- SGLT2 inhibitors and SICK DAY RULES

Teaching Session to Staff

- Emergency SIM scenarios

Third Sector

- Visit local primary school, talk about 'being a doctor'

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

Student Project: Top Tips

- Decide early and regular check-ins
- Get students to read handbook
- Get students to present in clinical meeting
- Formative but marksheet can be helpful for expectations and feedback
- You can see student project handbook on main website

Summative Assessment 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 assistantships		
Team Assessment of Behaviour (TAB)	Nov 2026 – Mar 2027		
Prescribing Safety Assessment (PSA)		28 Jan 2027	
Entrustable Professional Activities (EPAs)	At least 28 (40% of total)	At least 56 (80% of total)	70 signed off
Practical Skills and Procedures (PSPs)			Complete all
Assistantship Progress Review	One in each		

Practice Skills and Procedures (PSPs)

- Newly qualified doctors need to be able to perform safely.
- Previously referred to as CAPs.
- Levels of competence:
 - 1) Safe to practice in simulation
 - 2) Safe to practice under direct supervision
 - 3) Safe to practice under indirect supervision
- Doctors above level of an F2, Physician's assistances, Nurses, and HCA's that are competent at performing the skill.



PSPs

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

Practical Skills and Procedures		Competency by end of Yr5
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

PSPs

Practical Skills and Procedures		Competency by end of Yr5
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

Practical Skills and Procedures		Competency by end of Yr5
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

CBD

- Must be planned – allow 20 minutes
- Get student to present case
- Probe Understanding
 - Why did you request xxx?
- Clarify any confusion/Check any missing details
 - What did you find difficult about this case?
- Identify a focus to explore
 - How did you reach your diagnosis?
 - How would explain this diagnosis to the patient?
- Give constructive feedback
- Agree action plan

Assessment: Top Tips

- Check what EPAs/PSPs students need to complete on first day
- Give all supervisors assessment sign off information
- Get students to request at the end of each day
- Minicex and CBD must be planned – allow 20 minutes
 - Main focus is feedback



Key Take Home Messages

1. Importance of the 1:1 meeting on the first day
 - Get to know student/interests
 - Set expectations - professionalism - need to sign off for this at end of block
2. 5 student led surgeries, 1 joint surgery, 2hrs of project time each week. Start week 1!
3. Push the student to produce a differential and management plan before presenting to you
4. Gradually increase the complexity of patients (considering how you timetable a mix of both acute and more chronic presentations)
5. Have adequate blocks for review and debrief - signpost feedback!
6. Make sure all supervisors including allied health are aware of EPAs/PSP sign-offs.
7. Give actionable feedback - complete Minicex and CBD at time of doing so you can remember feedback and discussions
8. Look at Cluster Based Teaching topics and required pre-learning and consider this in timetabling
9. Have some project ideas ready

GP Tutor Prize Winner Feedback

Freddie has been incredibly supportive as we reach the end of our medical school training. He provides wonderful opportunities for us to consult with a wide variety of patients and to see the vast array of presentations. I feel able to ask him any question about clinical practice, medicine as a career, and symptom management, with the absolute faith that my questions will be answered honestly and kindly. His humour and gentle approach in both consultations with patients and tutorials have really made me wake up each day looking forward to GP placement in a way that I haven't in other practices/with other specialties.

Freddie seemed to genuinely care about our lives, careers, and wellbeing going forward; he has been great as we've been managing the uncertainty of moving to new places and receiving details about our Foundation Year placements in drips and drabs, and talking to him about this provided great comfort and ease of mind.

Freddie created a wonderful environment for our tutorials. We often hold these outside which has been great to break up the clinic day. He provided the space to have a brilliant discursive nature and gives us the opportunity each week to give a short presentation on an area of medicine which interests us. I have really benefitted from this as it has improved my presentation skills which will be a big bonus for the future, and it has been great to learn from my GP partner's passions as well.



Top Tips From Past Tutors

Integrating into Team

- Own sign, own tray
- Team meetings, coffee breaks
- Authentic tasks – make them feel useful
- Tailor to individual student

Planning ahead/Structure

- *Read Handbook!*
- *Flexible timetable*
- *Make sure whole team expecting them!*
- *Have ideas of possible projects before they start*

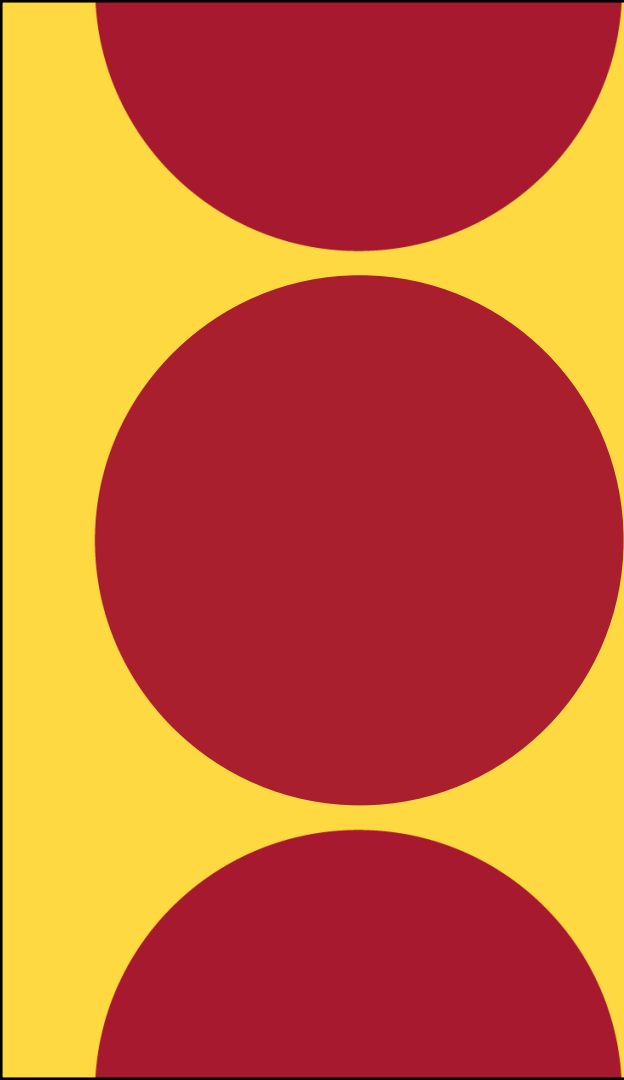


Promote independence/confidence

- Give them responsibility and make them believe in themselves
- Get them to see lots of patients from day 1
- Push them to come up with differentials/ management plan
- Discuss expectations on first day

Enthusiasm!

- *Get to know students/interests*
- *Celebrate last day*

Three large, overlapping maroon circles are positioned on the left side of the slide. The top circle is partially cut off by the top edge. The middle circle is fully visible and overlaps with the top and bottom circles. The bottom circle is also partially cut off by the bottom edge. The background is a solid yellow color.

Fitness to Practice & Professionalism

Dr Imogen LLewellyn

How can we support students to develop appropriate behaviour for practice?



Medical student reprimanded for wearing 'short skirt' to take her exams
'Isn't discrimination lovely?' tweets medic

[Olivia Petter](#)  **INDEPENDENT** ST

Medical students hit with punitive “unprofessional” sanctions to keep them in line, BMA report warns



BMJ 2026; 394 doi: <https://doi.org/10.1136/bmj-2026-100391>

The Unbearable Vagueness of Medical 'Professionalism'

by [New Edge Times Report](#)

[March 19, 2024](#)

in [Health](#)

New Edge Times

'Absolutely wired' Bristol University medics 'took cocaine in the bathrooms', By

STEWART CARR FOR MAILONLINE

PUBLISHED: 16:57, 29 March 2022 | UPDATED: 11:48, 30 March 2022

Daily **Mail**

Supporting students to learn



MBChB Programme support request form

The MBChB Programme Support Request is a way of communicating a concern about a student (undergraduate MBChB students only), and asking for support from the central Programme team. This includes informing the medical school of any adjustments which have been adopted on placement. The team can review these, agree them (or not) and formalise them. Students will be made aware that a concern has been made. If this concern is of a critical nature please contact the below:

- On-campus emergencies: Call University Security at 0117 331 1223.
- Immediate risk of harm: Dial 999 or go straight to your nearest hospital Accident and Emergency department.
- Mental health emergencies: Call Samaritans at 116 123 or NHS 111 for non-life-threatening health issues.
- Current students' emergency help website: <https://www.bristol.ac.uk/students/support/health/emergency-help/> Includes non-life-threatening emergency support.

Fitness to Practice vs Fitness to Study



aim is to occur early , be constructive and supportive

- Many issues are dealt with informally by staff or fellow students
- Raising concerns is an opportunity for reflection and learning
- If student unwell, wellbeing and support is priority -fitness to study
- Any risk to patient safety it is also a fitness to practice concern.

Fitness to Practise Referral – Jo

Year 5



- Please describe the nature of your concern:

Jo is currently on placement at our practice. One of the HCAs alerted me that they have put a photo of themselves in UOB scrubs and stethoscope sitting in one of our consulting room on social media under the title @nhs in crisis discussing the effect of staff sickness on NHS and how she has been helping out. Jo has been punctual and polite and I don't have any other concerns. Their clinical skills and knowledge are good. When I brought this up with them, they said it was just a bit of 'ranting and it wasn't anything that others weren't saying in the practice' Dr Brown GP

- ☐ Health
- ☐ Relationships with patients
- ☐ Working with others
- ☐ Probity (honesty/integrity/moral)
- ☐ Learning
- ☐ Health
- ☐ Academic misconduct (needs referral in addition)

Fitness to Practise Referral – Viv



- Year 5
- Please describe the nature of your concern:

Viv has been late on multiple occasions for our GP placement this has resulted in patients being kept waiting. They did not prepare a case to discuss as we had agreed. They has been abrupt and condescending to patients and has denied the group equal access to learning opportunities available. I have tried to raise that their behaviour was preventing us getting the most from our placement but they denied it and have continued. They have made inappropriate comments on the wats app group we made to liase about the placement about patients and other students. Lou , Student yr 5

- ☐ Health
- ☐ Relationships with patients
- ☐ Working with others
- ☐ Probity (honesty/integrity/moral)
- ☐ Learning
- ☐ Health
- ☐ Academic misconduct (needs referral in addition)

Fitness to Practice referrals



160 referrals last year (from public/patient/student/staff)

Is behaviour a risk to patients? consider suspension from clinical contact

Referrals triaged :

- No action.
- Occupational Health assessment
- Pastoral support
- Referral to discuss behaviour and reflect
- CI Meeting

Common FTP referrals



- Health concerns affecting safety (physical or mental) with refusal to accept remediation
- Repeated low-level professionalism lapses
- Dishonesty (including non-disclosure)
- Boundary issues (including social media)
- Attendance, engagement and insight problems

Case Investigator meetings



-to gain student perspective and insight when complex, serious or persistent

- No further action.
- Support
- Formal Warning (around 1 in 5)
- Fitness to Practice Panel Hearing. (less than 1%)

Outcome is more likely to be formal warning or FtP panel when:

- Behaviour is risk to patients
- Premediated or recurrent
- Behaviour is discriminatory or dishonest
- Lack of insight, accountability or reflection
- A criminal act

Provisional Registration process



- Formal warning or above must be declared when applying
- 1 in 20 students declared FtP concerns to GMC (2025)
- Very few (0.04%) applications refused

Fit to practice ?



Students are learning

Professional boundaries and the GMC guidance on Professionalism evolves.

Sometimes appropriate to challenge some positions especially when societal practice is changing but this should be done respectfully.

Student Fitness to Practise Referral Cases



- Please describe the nature of your concern:

Jo is currently on placement at our practice. One of the HCAs alerted me that they have put a photo of themselves in UOB scrubs and stethoscope sitting in one of our consulting room on social media under the title @nhs in crisis discussing the effect of staff sickness on NHS and how she has been helping out. Jo has been punctual and polite and I don't have any other concerns. Their clinical skills and knowledge are good. When I brought this up with them, they said it was just a bit of 'ranting and it wasn't anything that others weren't saying in the practice'

Viv has been late on multiple occasions for our GP placement this has resulted in patients being kept waiting. They did not prepare a case to discuss as we had agreed. They have been abrupt and condescending to patients and have denied the group equal access to learning opportunities available. I have tried to raise that their behaviour was preventing us getting the most from our placement but they denied it and have continued. They made inappropriate comments on the wats app group we made to liase about the placement.

Take home messages



- Professionalism is about patterns, not perfection
- We all need to learn throughout our careers
- What matters most: insight, reflection and engagement.
- Is this really a fitness to practice issue or is it my lens?
- Is there an underlying issue? is it remediable with support?
- Raise concerns early it is in our students' interests



Thankyou

Any comments or questions?

Imogen.Llewellyn@bristol.ac.uk



Performing a Mini-CEX

Mini-CEX Requirements

Stream A

2 Completed

Stream B

2 Completed

Stream C

1 Completed

Mini-CEX

- Step 1** Agree with student that the patient encounter will be 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 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



Mini Clinical Evaluation eXercise (Mini-CEx)

A direct observation by an assessor of a patient encounter. It is made up of 7 domains.

Clinical
Assessment
(History)

Clinical
Assessment:
(Physical
Examination)

Clinical
Reasoning

Management
Plan

Professionalism

Communication
Skills

Patients'
opinion



Global opinion

If 2 or more domains "not yet performing at level expected" then global would likely be not at expected level

Not yet performing at level expected

Means you do not feel confident that the student has reached a standard that will allow them to function as an FY1. It is important that you select this grade if you think the student demonstrated behaviour that could compromise patient safety.

Performs at level expected

Means you consider them to be procedurally competent and safe, and have demonstrated at least the **minimal** level of competence required for **commencement** of FY1.



Feedback



Areas performed well



Suggestions for development



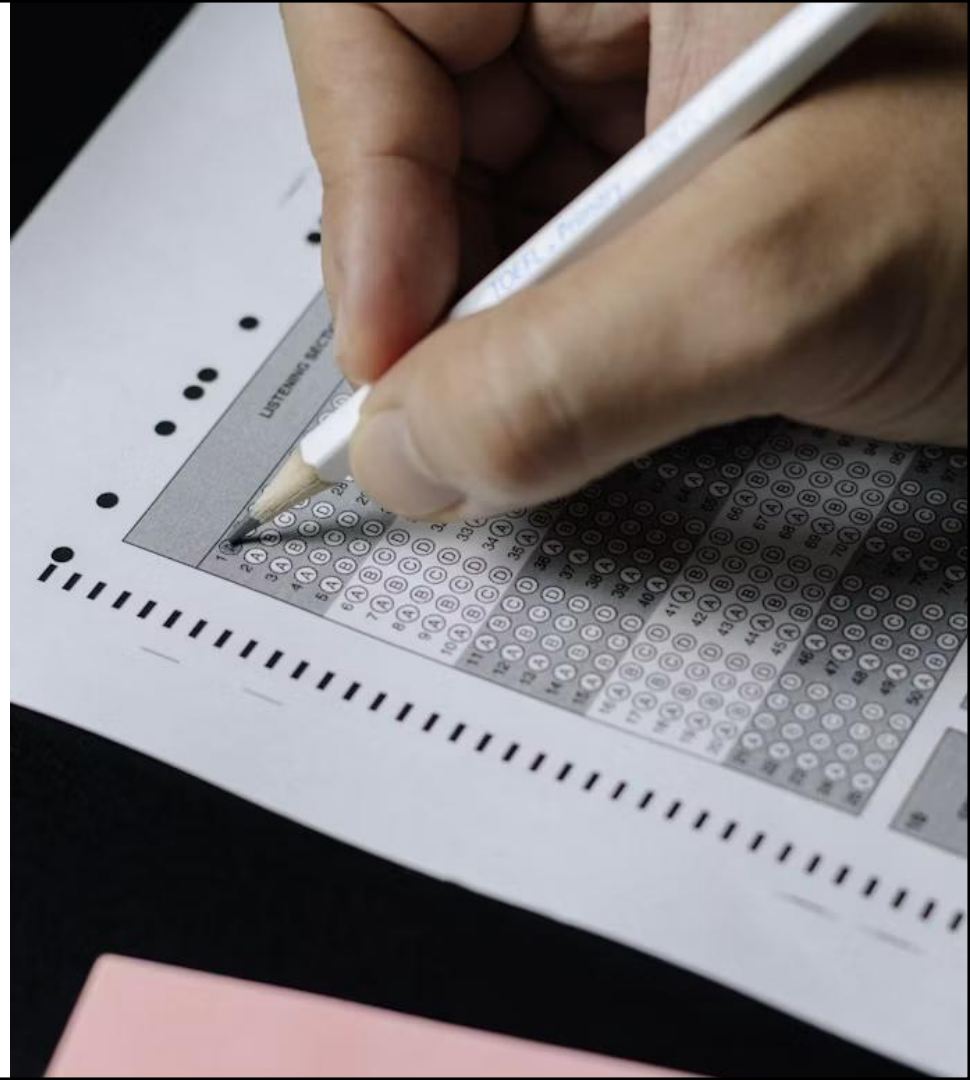
Action Agreed

Mini-CEX Worked Example

[Mini-CEX video](#)

Activity:

- ✓ Have mini-CEX form in front of you
- ✓ Watch this 12-minute real consultation
- ✓ Please mark the student
- ✓ Think about what feedback you would give to the student



Mini-CEX Worked Example

- How did you rate the student?
 - Expected/working towards expected
- Why did you choose this rating?

Clinical
Assessment
(History)

Clinical
Assessment:
(Physical
Examination)

Clinical Reasoning

Management Plan

Professionalism

Communication
Skills

Patients' opinion



Clinical Assessment – History

- **Performs at level expected**
- Asked most of the information we would expect – including social hx and ICE
- Excluded red flags
- Well structured
- Excellent summary and good to see if patient wanted to add anything
- Could have asked about SOB /wheeze and how often she uses Inhaler's, has she needed it more the last couple of days

Clinical Assessment – Examination

- **Not yet performing at level expected**
- Great to talk through examination
- Patient not exposed properly for respiratory examination (camera)
- Avoid using phone as torch
- Missing sinus/ lymph nodes/ calves

Clinical Reasoning – should be marked in isolation

- **Performs at level expected**
- Came to conclusion URTI (was explaining viral vs bacterial)
- Safe
- Could have explored other areas in more depth to better refute other diagnoses

Management Plan

- **Not yet performing at level expected**
- Good at talking through conservative management
- Antibiotics
- No specific safety netting

Professionalism

- **Performs at level expected**
- Kind and caring
- Said would consult supervising GP to ensure happy and plan safe

Communication Skills

- **Performs at level expected**
- Kind and caring
- Managed third party well
- Open and closed questions used
- Active listening shown
- Good summary

Global Judgement

- Not **yet performing at level expected**
- Examination and management both not at expected level
- However lots of positives in consultation
- Very typical consultation for 5th year medical student

Opportunity to Practice Giving Feedback

5-10 minutes to practice with the person next to you

- Areas performed well
- Areas for development



Opportunity to Practice Giving Feedback

Areas performed well:

- Dealt with third person very well
- Kind, caring
- Good summary
- Good conservative management

Opportunity to Practice Giving Feedback

Areas for improvement:

- Try and do a really detailed ICE, makes the management so much easier when only conservative management needed
- Refer to the normal examination findings to reassure the patient during management plan – works well for conservative management
- Giving expected disease timelines is helpful and always safety net
- Remember to correctly expose patients



When two becomes too many

*Understanding breakdown in
GP5 pairs*

Dr Simon Thornton

Dr Isobelle Atkinson

29th September 2026



The trigger...



Why do peer dynamics break down on
medical student dyad placements in
General Practice?



What does existing evidence say?

Positives of pairs

- Feelings of safety
- Improved confidence
- Enhanced self reflection
- Reduced cognitive load
- As effective as 1:1 learning.

Negatives of pairs

- Increased sense of competition
- Reduced opportunity for practical skills



Methods

Questionnaire

Semi-structured interviews



Factors internal to the pair

- **Shared learning**

“during our consultations, we would always ask each other like, oh, do you think there's anything that we missed? Like I missed... if I was consulting and then they would jump in, ask questions.”

- **Emotional support**

“he's been understanding of the war happening in the middle east which is heavily affecting me, he takes more of the workload.”

- **Professionalism**

“I feel I haven't learned anything from my partner on this rotation, and a portion of my cognitive load is always taken up by wondering if he'll be on time and having to fill in gaps for him and having to walk him through basic examinations like cranial nerves etc.”



Factors internal to the pair

- **Personality**

"it felt as though I was constantly being undermined - nothing in particular stands out but there was an underlying sense of discomfort especially when I was speaking to patients and even when we were in teaching sessions with the GP."

"I feel like I've earned a new friend, basically. Yeah. I think we, we got along really well throughout the placement we've been keeping in touch even after GP finished over the past couple of weeks. Yeah, it's been really positive overall."



Factors external to the pair

- **Intensity of the placement**

"We were spending like quite a lot of time with each other. It felt like minor things would get a bit like tense or like, not tense, but like passive things that wasn't done well."

"spending so much time with one other person is incredibly draining"

- **Patients**

"my GP partner was Muslim and I think some of the patients were like said like comments about it and I just, I just felt really, it was, I didn't know how to deal with it in a way"



Factors both internal and external to the pair

- **Difficulties raising concerns**

"If I raised this with the uni, is my GP partner going to start saying bad things about me? And then is that going to have problems with like my own progression?"

- **Preparation to minimize conflict**

"open communication, you know, discussing, kind of, at the beginning of each day, like how you want to run things and being flexible in terms of changing how things are done."



Conclusions

The benefits of dyad learning are only realised when a psychologically safe and professional peer relationship is maintained.

Breakdowns occur through an interaction between learner characteristics, relationship dynamics, and features of the GP placement environment.



Discussion

- Have you experienced anything similar to us?
- Do you have any suggestions for minimising the risk of peer breakdown on GP5 placement?



Thank you



www.bristol.ac.uk/capc



[Short film about us](#)



University of Bristol Medical School are looking for mentors who are above F2 or equivalent to meet with and support our students during their training.

We run mentor events so you can achieve CPD points, meet other mentors and get advice.



WANT TO KNOW MORE?

- The role of a mentor is similar to that of a Personal Tutor on other courses. Mentors meet with their students at least 3 times per year to discuss their professional progress.
- Most of our mentors see their students through from year 1 to year 5 – they find it really rewarding to watch them develop and eventually graduate.
- Our mentors usually take on 3-5 students depending on their other professional commitments or role within the programme.



Scan the QR code to visit

<https://medmentors.blogs.bristol.ac.uk/joinus/>

You can also contact the Professional Mentorship Team on

med-mentors@bristol.ac.uk

Please get in touch if you have any questions! Thank you



Thank you



Veronica Boon, Karen Pond, and
Sam Walker

We value your feedback

