GP5 Placement Resources 2026-27

Teacher Guide

GP5

University of BRISTOL
Centre for Academic Primary Care

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How to Use These Resources

- **GP5 Teacher Guide**: Core placement guidance for lead tutors.
- GP5 Support Fact Sheet: Quick-reference guide for supervising clinicians.
- GP5 Appendix Pack: Detailed supporting resources, project guidance and tutor tips.
- GP5 Example Timetable Pack: Guide to support planning timetables.

Tutor Essentials

Placement Summary

Placement length: 9 weeks
Teaching commitment: 6 sessions per week (1 session=4 hours)
Student-led surgeries: 5 per week
Joint surgery: 1 per week
Project time: 2 hours per week
Wednesday: out of practice for central teaching

Key Assessment

Assessment	Stream A Requirement	Stream B Requirement	Stream C Requirement
Mini-CEX	2	2	1
CBD	2	2	1
TAB	✓	✓	×
EPAs	28	56	70
PSPs (previously CaPS)	Ongoing	Ongoing	Complete
APR	End of placement	End of placement	By 7 May 2027

Primary Contact

Primary Care Team phc-teaching@bristol.ac.uk
Veronica Boon: GP5 co-lead
Lizzie Grove: GP5 co-lead
Karen Pond: GP5 support
Sam Walker: GP5 admin lead

Key Dates

Stream	Dates
A	03/11/2026 – 15/01/2027 (vacation: 21/12/2026 – 01/01/2027)
B	18/01/2027 – 19/03/2027
C	05/04/2027 – 04/06/2027

Please reserve the first day of placement for student induction and joint surgery.

Student online introduction with central team (via Microsoft Teams 13:00-13:45)
Stream A: 03/11/2026
Stream B: 19/01/2027
Stream C: 06/04/2027

Prescribing Safety Assessment (PSA): 28/01/2027 (students out of practice)

Placement Overview

Purpose of GP5

The overarching aim of GP5 is to prepare students for working as Foundation Year 1 (F1) doctors. Through supervised clinical practice, students learn to assess patients, formulate differential diagnoses, make management decisions and communicate these effectively to both patients and colleagues.

Unlike earlier placements, GP5 does not follow a prescribed programme of teaching themes. Learning is driven by the patients' student encounter and the clinical situations that arise during the placement.

The primary educational focus is on:

- Developing independent consulting skills.
- Practising clinical decision making and reasoning.
- Gaining experience of managing uncertainty and complexity in primary care.
- Working effectively within a multidisciplinary healthcare team.
- Building the professional behaviours and capabilities expected of a day-one F1 doctor.

As tutors, your role is to support students as they progress from supervised learners to increasingly independent practitioners, helping them build the confidence, competence and professional judgement required for the transition to clinical practice.

Before the Placement

Before Students Arrive

- ☐ Contact students and introduce yourself and the practice.
- ☐ Confirm how students prefer to be addressed and ask about their pronouns.
- ☐ Check for any planned absences, including exams, approved leave/other commitments.
- ☐ Discuss any support needs and review any Student Support Plan (SSP) information.
- ☐ Provide practical information about the first day, including parking, travel arrangements, lunch facilities and local practice policies.
- ☐ Share an initial placement timetable.
- ☐ Exchange emergency contact details.
- ☐ Discuss any practice dress code requirements with students. University scrubs have been provided but practices may specify alternative attire.
- ☐ Arrange equipment for the students to use; BP monitor, oximeter, otoscope, thermometer, tape measure, dipsticks, tendon hammer, tuning fork, peak flow meter. They have their own stethoscopes.

Timetable and Supervision

- ☐ Create a timetable that includes six scheduled teaching sessions per week.
- ☐ Schedule 5 x student-led surgeries, 1x joint surgery and 2hrs project time each week.
- ☐ Include activities relevant to each Wednesday's cluster teaching
    - Prior to week 2 CBT: Look at post-event communication from out of hours.
    - Prior to week 3 CBT: Complete RESPECT form/palliative care/nursing home visit
    - Prior to week 5 CBT: Observe/conduct consult with an interpreter
    - Prior to week 6 CBT: Review a set of lab results with tutor
    - Prior to week 7 CBT: Attend a significant events meeting
    - Prior to week 8 CBT: Spend time with a pharmacist
- ☐ Identify the lead GP tutor with overall responsibility for the students.
- ☐ Confirm which clinicians will supervise teaching sessions and student-led surgeries.
- ☐ Share the GP5 Teacher Guide and Support Fact Sheet with all supervising clinicians.
- ☐ Make all staff aware of medical students names and dates they will be at the practice

Practical Setup

IT access

- ☐ Windows login.
- ☐ EMIS/SystmOne access.
- ☐ Document, Accurx, E-consult access where appropriate.
- ☐ Access to Office 365, referral systems and ICE where appropriate
- ☐ NHS email account will be needed for access to Accurx and Office 365.

Workspace

- ☐ Consulting rooms, computer access and workspace for project work arranged.

💡 **Further Guidance:**
We recommend the main tutor is allocated two sessions of admin time to attend the workshop, familiarise themselves with the course handbook and devise the timetable.

First Day

The first day sets the tone for the entire placement. It is important that the students are welcomed into the practice, understand how the placement will be structured and have an opportunity to discuss their learning needs with their tutor. A well-planned first day helps students settle quickly, establish expectations and begin clinical work with confidence.

✅ **Action Required:**
The first day should include:

- A practice induction
- A one-to-one tutor discussion and learning needs analysis
- A joint surgery

First-Day Checklist

Practice induction:

- ☐ Introduce students to the practice and practice team.
- ☐ Provide a tour of the practice and relevant facilities.
- ☐ Ensure IT access and equipment are available.
- ☐ Discuss health and safety, confidentiality, information governance and safeguarding procedures (more information online).
- ☐ Discuss professionalism expectations; clothing, timekeeping, reporting absence etc.
- ☐ Ensure students know who to contact if they have concerns or need support

Learning needs analysis

- ☐ Hold a 1:1 discussion to explore previous experiences, interests and learning goals.
- ☐ Discuss SSP, relevant personal circumstances and reasonable adjustments.
- ☐ Review handover comments from previous placement.
- ☐ Agree individual learning objectives for the placement.
- ☐ Explore how well students know each other and if there are any potential issues between them that may impact on how they work together.

Review placement expectations

- ☐ Review the timetable and attendance expectations.
- ☐ Review assessment requirements and discuss what needs to be completed.

First joint surgery

- ☐ Schedule a joint surgery with both students and the lead tutor or supervising clinician.
- ☐ Complete a baseline MiniCEx for each student
- ☐ Ensure students are competent with practice system and documenting in notes
- ☐ Agree learning priorities for the first few weeks of the placement
- ☐ Discuss ideas for Student Project

Running the Placement

The GP5 placement is designed to provide students with repeated opportunities to consult independently, develop clinical reasoning skills and take increasing responsibility for patient care under supervision. While the examples below illustrate a typical structure, practices may adapt the timetable to reflect local working arrangements provided the core educational requirements are met.

Weekly Structure

Each week, students should have:

- ✓ **6 scheduled teaching sessions** in practice (approximately 4 hours each)
- ✓ **5 student-led surgeries**
- ✓ **1 joint surgery**
- ✓ **2 hours of protected project time**
- ✓ **Wednesdays out of practice** for Cluster Based Teaching and other teaching

💡 **Further Guidance:**
Practices may choose to structure sessions over three or four days, depending on local arrangements. Example timetables can be found in the GP5 Example Timetable Pack

Please note that students will have had a lot of time observing GPs/HCPs consult and we would not expect them to be observing after their first couple of days unless they specifically request this.

Student-led Surgeries

The focus of this placement is on the students consulting independently rather than observing other clinicians. Feedback from the students highlighted that this is what they valued the most.

Typical Session

- Student has a 10-minute check-in with supervising tutor at the start of each session
- Student consults individually or in pairs with patients in their own room before asking you to come through to review. (If consulting in pairs, one student should lead the consultation and the other student can document in the notes or assist by looking up guidelines or suggesting additional questions if they feel anything has been missed)
- 4-6 patients scheduled with at least 30-minute appointments per patient.
- Telephone call or face-face appointments (majority face-face)
- The students should aim to spend up to 20 minutes conducting a complete consultation from history and examination through to diagnosis, management and safety netting.
- The supervising GP would have one slot blocked out for every patient the student consults. In this time, the student will present the case, discuss the differentials and management plan and the GP would review the notes.
- The supervising GP should also have one session blocked for a post-session debrief
- **Patients should be advised they will be seeing a final year student under the supervision of the GP and they should present with a new problem**.
- You may want to start with fewer patients and more blocks between patients and then gradually build up over the attachment.

- **If possible, it is beneficial for students to be able to book patients in for follow-up with them**.
- **Please ensure students get to see a range of patient presentations including acute and chronic problems**. This may require having some pre-bookable slots.
- Please also allow some time at the end of each session for students to follow-up previous patients and look at results, outcomes from referrals etc.
- **Each student will also need to run at least 2 clinics individually rather than in a pair by the end of the rotation** – If you don't have enough room for both students to consult individually, the other student can sit in and observe different GP's or do their project work.
- **We would like the students to assist with at least one duty clinic.**
- The patient remains the ultimate responsibility of the allocated supervisor for that clinic, so the clinician needs to do enough to satisfy themselves that the patient has been consulted and managed appropriately. The level of supervision will vary depending on the ability of the student and the complexity of the case, **but we advise that all face-to-face patients should be seen and reviewed in person.** We are keen that students take initial responsibility for referral and checking results for their patients but again these will all need to be reviewed by the allocated supervisor.

💡 **Further Guidance:**
An example clinic is in the GP5 Example Timetable Pack.

Joint Surgeries

This session entails the students consulting individually with patients whilst you and the other student observe them and give feedback, see active observation resource. A typical session would involve seeing 2-4 patients with 30-minute appointments and 10 minutes feedback time after each patient. These sessions can be used to work towards and complete the required Mini-CEX assessment.

These sessions can also be used to:

- Complete a Case-Based Discussion, please see Assessment section.
- Discuss pre-learning for Cluster Based Teaching
- Discuss Student Project
- Discusses interesting cases in more depth and encourage patient follow up
- Review placement and adapt to learning needs if necessary
- Observe tutor consulting
- Complete necessary forms e.g. feedback and attendance forms, assessments

💡 **Further Guidance:**
A whole session each week should be allocated to the supervising GP to facilitate this session. An example joint clinic is in the GP5 Example Timetable Pack.

Allied health Care Professional/Community Health Clinics

Please discuss if your students would like to spend some time with allied health care professionals to better understand their role. Many students have feedback they already have a good understanding of these roles. However, some students may have specific learning interests or want to spend some time in the treatment room getting their clinical skills signed off. This time could replace a student-led surgery, or the student led surgery could be shortened to allow time for this. Please see this video resource that could be used to help prepare AHCP's for supervising students in their clinic.

Lunch time Activities

These can be flexible based on available opportunities/students' needs

- Home visits
- Practice meetings/educational events
- Signing off PSPs in treatment room/mini-HCA clinics
- CBT preparation work
- Reviewing guidelines
- Reviewing care plans/medication reviews
- Mini-HCA clinics
- Patient follow-up
- Helping with duty
- Further project time

Home Visits

We would expect students to undertake home visits. Initially, students will need to be accompanied by a supervising GP or allied professional. By the end of the attachment, you may feel that the students could start the visit in their pair independently, but it is essential that the GP supervisor still reviews the patient face to face at the end of the visit. We would not expect any students to conduct home visits on their own – they should be done as a pair. Exceptionally, there may be some routine home visits that are appropriate for students to visit without a supervising GP reviewing that patient face to face. For example, if you and the students are confident in their ability, they could conduct a routine diabetic review in their pair.

Out of Hours Experience

Students will complete **one compulsory Out of Hours (OOH) session** during their GP5 placement.

Students are responsible for informing the practice of the date of their OOH session and should provide as much notice as possible. Practices are asked to release students from one teaching session (approximately four hours) in lieu of attending the OOH placement.

OOH placements are not currently available in **Gloucestershire, Bath, and Swindon** (subject to change). Students placed in these academies may therefore not be expected to complete an OOH session but can contact phc-teaching@bristol.ac.uk if they would like to be allocated a placement in Bristol.

Student-Initiated Project

Students should have **2 hours of protected project time each week** to complete their Student-Initiated Project.

> 💡 **Further Guidance:**
> It is suggested to timetable project time in between surgeries. More information can be found in the GP5 Example Timetable Pack.

Expectations:
The project provides an opportunity for students to explore an area of interest relevant to primary care, quality improvement, service development, population health or clinical practice.

Students should:

- Agree a suitable project with their tutor.
- Demonstrate engagement with the project throughout the attachment.
- Complete a satisfactory project and present this to tutor or at a practice meeting by the end of the placement.

Supervision responsibilities:
The lead tutor should:

- Support students in selecting an appropriate project.
- Provide guidance and feedback throughout the placement.
- Monitor progress and help address any barriers to completion.

Sign-Off requirements:
Completion of a satisfactory Student-Initiated Project forms part of the placement requirements and should be recorded on the end-of-placement Assistantship Progress Review (APR) form.

> 💡 **Further Guidance:**
> Optional project marking criteria, example projects and tutor tips can be found in the GP5 Appendix Pack.

> 💡 **Further Guidance:**
> Students doing the community paediatric placement will complete a project as part of this and do not need an addition project in practice.

Assessments

The table below summarises the key assessments and who is responsible for completing them.

💡 **Further Guidance:**
Please find assessor guidance on workplace-based assessments here. You will need to confirm you have read these prior to completing the students' assessments.

Assessments Summary

Assessment	When	Completed By
Mini-CEX	Two satisfactory during placement (one in Stream C)	Main GP Tutor
Case-Based Discussion (CBD)	Two satisfactory during placement (one in stream C)	Main GP Tutor
Team Assessment of Behaviour (TAB)*	Stream A/B	Practice Team via electronic link
Entrustable Professional Activities (EPAs)	Throughout placement	Supervising Clinicians
Practical skills and Procedure's (PSPs) (previously called CaPS)	Throughout placement	Doctors above level F2, specialist nurses, PA, ECPs, HCAs
Student's Personal Learning Log	Throughout placement	Student
Assistantship Progress Review (APR)	End of placement**	Main GP Tutor

* No TAB due in Stream C

** APR sign off in week 5 of Stream C.

🧭 **Key Principle:**
Assessments should be viewed as opportunities for feedback and development rather than isolated sign-off activities. Students should receive regular feedback throughout the placement to support their progression towards the capabilities expected of a day-one Foundation Doctor.

End of Placement

At the end of the placement, the main tutor should:

- ☐ Review overall student progress
- ☐ Ensure required assessments have been completed.
- ☐ Confirm satisfactory completion of the Student-Initiated Project.
- ☐ Provide final feedback and identify priorities for ongoing development.
- ☐ Complete the Assistantship Progress Review (APR).
- ☐ Return the Feedback and Payment form

✅ **Action Required:**
Please monitor assessment completion throughout the placement. Leaving assessments until the final week can create unnecessary pressure for both students and tutors.

Attendance & Professionalism

Attendance

Regular attendance and professional behaviour are essential components of the GP5 placement. Students are expected to engage fully with learning opportunities, demonstrate professional conduct and communicate promptly about any issues affecting their attendance or performance.

Attendance expectations:
Students are expected to attend all scheduled placement activities and engage fully with the learning opportunities provided. Academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc. should be done in the students' own time or **exceptionally** may be agreed by you but in this case, time must be made up appropriately.

Please note, Flexible Annual Leave (FAL) no longer exists. If there are exceptional reasons for absence students will need to request a planned absence.

Planned absence
Students should notify the University of any planned absence in line with university attendance procedures. We will copy the lead GP (for the placement that we hold on file) into our reply to the student with the outcome of their request.

Unplanned absence
If a student is unwell unexpectantly they should follow your practice procedure for notifying you of this. They also need to let the University know as per the absence policy.

✅ **Action Required:**
Please keep record of dates of any absences and if students arrive late or leave early. Attendance forms are sent in weeks 3, 6 and 9 to record this data centrally.

✅ **Action Required:**
If any attendance concerns arise, please discuss these with the student and inform the Primary Care Team at an early stage.

⚠ **Common Issue:**
Students should not arrange absence from placement without informing both the practice and the University. Early communication helps avoid attendance and assessment issues.

Professional Behaviour

As final-year medical students preparing for Foundation training, students are expected to demonstrate professional behaviours consistent with those expected of a day-one doctor.

Expectations

Students should:

- Arrive punctually and attend scheduled activities.
- Communicate professionally with patients, colleagues and practice staff.
- Maintain patient confidentiality and information governance standards.
- Engage constructively with feedback and learning opportunities.
- Recognise their limitations and seek supervision when required.
- Use mobile phones and social media appropriately.
- Conduct themselves in a manner that reflects the standards expected of a future doctor.

Escalation process:

If concerns arise regarding a student's attendance, professionalism, wellbeing or performance:

1. Discuss the concern with the student where appropriate.
2. Clearly document the issue and any actions agreed.
3. Contact the Primary Care Team as early as possible for advice and support.

⚠ **Common Issue:**
Small concerns can quickly become significant problems if not addressed. Please contact the Primary Care Team early rather than waiting for the issue to escalate.

Student Support

Due to the regular contact with the same GP teacher, you may identify concerns about a student.

Student concerns usually fall into the following areas:

1. Professional behaviour/attitude
2. Pastoral
3. Safety – to patients/themselves/colleagues
4. Clinical knowledge/skills including communication

If you have a concern about a student's performance or behaviour, then keep detailed notes and please address the issues with the student directly initially. If you are not easily able to resolve your concerns with the student, please try to inform the student you will be seeking further advice where appropriate.

There is a single MBChB Programme support request form to complete to raise any concerns that you have about a student. These may be professionalism or wellbeing concerns, study support or financial issues. The student should be aware that you are submitting the form and the reasons that you are completing it.

These forms are reviewed at least once a week by the senior tutors who will triage and offer support where appropriate. Any immediate risks of harm should be directed to 999/111. The forms ensure that only those people that need-to-know concerns about students are involved.

💡 **Further Guidance:**
There is detailed information about the central support available for students at: http://www.bristol.ac.uk/students/wellbeing/services/

⚠ **Common Issue:**
Please also let the GP5 leads know about any concerns by emailing phc-teaching@bristol.ac.uk.

Frequently Asked Questions

Do I need to inform my indemnity provider that I am teaching students?

No, since the introduction of the Clinical Negligence Scheme for General Practice in 2019 it has been confirmed that GPs are covered for teaching activities. This only applies to NHS activities though, not private medical care. We advise that your medical student has a named main GP supervisor. Should you delegate responsibility for teaching to another member of the practice team you should retain overall supervisory responsibility. Please also take care to brief the students on Health and Safety issues in the workplace.

Are the students DBS checked?

All Students have a DBS check completed in their first year at medical school. In subsequent years, they are asked to complete a self-declaration form to confirm nothing has changed since this initial check.

Can students take leave?

Students can no longer take Flexible Annual leave (FAL). If a student approaches you and asks for time off, please ask them to email phc-teaching@bristol.ac.uk with the dates and reasons for the absence. We will reply and copy in the lead GP we have as contact for the placement with the outcome of the request.

What if I'm away?

If you are unable to teach, we would expect the session to be covered by a colleague or rearranged at another suitable time. If this is not possible, please contact the Primary Care Team.

Can another GP supervise?

Yes. We encourage teaching to be shared between two or three GPs so that students benefit from different consulting styles. However, there should be a clearly identified lead tutor with overall responsibility for the placement.

Who signs EPAs?

Any supervising clinician who has directly observed the student undertaking the relevant activity may complete an EPA sign-off. Students will provide an electronic link for completion.

Who signs Practical skills and Procedures (PSPs)?

Doctors above level F2, specialist nurses, PA, ECPs, HCAs

How many clinics should students run?

Students should have **five student-led surgeries and one joint surgery per week** as part of their scheduled teaching programme. By the end of the placement, each student should aim to have run at least two clinics independently, without their student colleague.

What happens on Wednesdays?

Students are out of practice on Wednesdays to attend University-led teaching activities, including Cluster Based Teaching (CBT). They should not be scheduled for routine practice teaching sessions on these days.

What should I do if I have concerns about a student?

Please contact the Primary Care Team as early as possible if you have concerns about a student's academic progress, professionalism, attendance, wellbeing or fitness to practise. Early escalation allows additional support to be put in place where needed.

Useful Contacts

Contacts

Primary Health Care (PHC) Teaching Team:

✉ phc-teaching@bristol.ac.uk

Please contact the PHC Teaching Team as early as possible if you have any concerns regarding a student's academic progress, professionalism, attendance, wellbeing or fitness to practise.

Year 5 Primary Care Leads:

Year 5 Primary Care Co-Lead: Dr Veronica Boon
Year 5 Primary Care Co-Lead: Dr Lizzie Grove
Year 5 Primary Care Support: Dr Karen Pond

Administrative Contacts:

✉ phc-teaching@bristol.ac.uk

For placement administration, attendance queries and general course support, please contact the Primary Health Care Teaching Team.

Year 5 Primary Care Admin:

Year 5 Admin: Mr Sam Walker
Primary Care Partnerships Manager: Mrs Melanie Butler