

Year 5 GP Teacher Guide

2025/26



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Key Points of Primary Care Attachment

- 9-week apprentice style placement
- No prescribed teaching themes. Main focus is on the student consulting independently and practicing decision making
- **On the first day students should have an induction, 1:1 meeting with their tutor, and a joint surgery with learning needs analysis**
- Students are out of practice every Wednesday for central teaching
- **There will be an introductory online lecture from the primary health care team on the first Monday of each rotation from 1-2pm.**
- Each student should aim to have run at least 2 clinics individually (without their student colleague) by the end of the attachment
- Students should assist with at least one duty clinic
- Students can have time off for University Exams and up to **five days flexible annual leave (FAL)** during the year and this does not affect their attendance. A maximum of **TWO days of FAL can be taken whilst on their GP placement. This is at your discretion. If students wish to take more than two days FAL, this must be discussed with and approved by the primary care team.**
- If you are unable to teach, we would expect you to arrange for a colleague to cover, or to reschedule the missed session during future private study sessions. If this is not possible, please let us know.
- **If you have any questions about the course, please email phc-teaching@bristol.ac.uk**

Essential Components

- ✓ **6 sessions scheduled teaching in practice / week**
 - Each session should be approximately 4 hours
 - This may be spread over 3 or 4 days.
- ✓ **Each week** students should have:
 - 5 student-led surgeries
 - 1 joint surgery
 - 2hrs of protected time over lunchtime for a student-initiated project
- ✓ During their GP attachment, students must complete:
 - At least 2 satisfactory Mini-CEXs (1 if in block C)
 - At least 2 satisfactory Case- Based Discussions (CBD) (1 if in block C)
 - 1 Team Assessment of Behaviour (TAB) – block A+B ONLY
 - 40% of EPAs and CAPS in block A, 80% in block B and all completed by block C
 - A satisfactory student initiated project

This is documented on the Assistantship Progress Review (APR) form
- ✓ We expect 100% attendance but the GMC stipulates that students need a minimum of 80% attendance by the end of the attachment.

Please email phc-teaching@bristol.ac.uk with any student concerns as early as possible



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Aim

To prepare students for working as F1 doctors by learning in the primary care setting.

Dates of Primary Care Attachments

The dates of the GP Attachments are:

Stream A: Wednesday 29 October 2025 – Friday 9 January 2026

(Vacation 20 December 2025 – 4 January 2026 inclusive)

Stream B: Monday 12 January 2026 – Friday 13 March 2026

Stream C: Monday 23 March 2026 – Friday 5 June 2026

(Vacation 30 March 2026 – 10 April 2026 inclusive)

Year 5

Students complete their final examinations at the end of Year 4. Year 5 is an apprenticeship year which starts with an 8-week elective placement. This is followed by three Preparing for Professional Practice (PPP) rotations which include 'Primary and Community Care (PCC)', 'Ward Based Care (WBC)' and 'Acute and Critical Care (ACC)'. Each rotation lasts for 9 weeks.

Indemnity

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 applies to NHS activities but not private medical care. As before, 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.

DBS

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

Planning for the attachment

- **Decide who is doing the teaching:**
 - **One GP should have prime responsibility** for the students, including doing the introductory and final sessions and supervising the student project.
 - We encourage the rest of the sessions to be shared between **two or three** GPs because students learn from differing consulting styles however it is essential to make it clear to students who is supervising them for each session. **Please ensure you share the GP5 tutor handbook with all supervisors and highlight the process for signing of EPA assessments as we expect that students will be requesting these after each session.**
 - We recommend that the main tutor is allocated **two sessions of admin time** prior to the attachment to attend the workshop, familiarise themselves with the course handbook and devise the timetable.

- **Contact the students prior to the placement:**
 - Introduce yourself and the practice
 - Ask how they like to be addressed and what their pronouns are
 - Advise about parking and access to the practice for the first day
 - Advise about lunch facilities, showers, bike locks etc
 - Ask about any planned absences
 - Ask about any necessary adjustments/discuss Student Support Plans (SSP)/Occupational health input, see below
 - Advise about **dress code** if necessary: The students have been provided with University of Bristol scrubs which they may choose to wear during the placement. The University has a [dress code policy](#) the students should follow. If you do not want your students to wear scrubs or have a particular practice dress code policy you would prefer them to follow, please share this with them.
 - Provide them with an initial timetable
 - **Exchange emergency contact details for each other in case of absences/ issues.**
- **Arrange access to computers in advance.**
 - The two students will need access to computers to carry out the various tasks associated with the GP attachment. They will need access to the internet and the medical records.
 - **Please arrange relevant computer logins for the students in advance e.g;**
 - Windows
 - EMIS/SystemOne
 - Docman
 - Accurx
 - Econsult
 - **Students will need an NHS email to be able to use Accurx and Office 365 for referrals. This can be requested through your local IT team. ICE access is also useful and can be requested directly from your referral hospital.**
- **Equipment.** If possible, put together 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.
- **Student Support Plans (SSP):**
 - Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for a Student Support Plan (SSP).
 - SSPs are official, confidential University documents which contain a personalised summary of reasonable adjustments recommended for the student's teaching and learning whilst at University. They can include things like rest breaks, teaching materials in advance etc. Some of these adjustments will be good practice which you may already have in place, many are generic and standardised and some of them will not be relevant for clinical practice.
 - A significant number of students have SSPs, and most will not need any additional support. However, the process enables all GP tutors to know without the student repeatedly having to tell someone at the start of every placement.

- If any of your students have an SSP, we will inform you via email before the placement starts with any recommended adjustments for their clinical placement. The students are aware of this process, and where students have consented, this will also include sharing a diagnosis.
- Please note, for various reasons, not all students with a disability or health condition will have applied for an SSP. So please check in with all your students about any individual needs and direct them to disability services to apply for a SSP if needed.

Structure of the placement

The tables below are an example of how you could structure the placement based on a 3 or 4 day working week.

Example timetable for 3 day working week (6 scheduled sessions)

| | Monday | Tuesday | Wednesday (Out of Practice) | Thursday | Friday |
|--------------|--|---------------|--|--|--|
| AM | Student-led Surgery <i>09:00-12:15 including admin/patient follow up</i> | Private study | 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: including admin/patient follow up</i> |
| Lunch | Break <i>12:15-12:45</i> | Private study | | Break <i>12:15-12:45</i> | Break <i>12:15-12:45</i> |
| | Lunchtime Activity <i>12:45-13:30</i> | | | Lunchtime Activity <i>12:45-13:30</i> | |
| | Project <i>13:30-14:00</i> | | | Project <i>13:30-14:30</i> | Project <i>12:45-14:00</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> | Student-led Surgery <i>14:00-17:15 including admin/patient follow up</i> |

Example timetable for 4 day working week (6 scheduled sessions)

| | Monday | Tuesday | Wednesday (Out of Practice) | Thursday | Friday |
|--------------|--|--|--|--|--|
| AM | Student-led Surgery 09:00-12:15 including admin/patient follow up | Student-led Surgery 09:00-12:15 including admin/patient follow up | Cluster Based Teaching (CBT) | Student-led Surgery 09:00-12:15 including admin/patient follow up | Student-led Surgery 09:00-12:15 including admin/patient follow up |
| Lunch | Break 12:15-12:45 | Lunchtime Activity 12:15-13:00 | | Break 12:15-12:45 | Project 12:15-13:00 |
| | Lunchtime Activity 12:45-13:30 | | | Lunchtime Activity 12:45-13:30 | |
| | Project 13:30-14:00 | | | Project 13:30-14:30 | |
| PM | Student-led Surgery 14:00-17:15 including admin/patient follow up | Private study | CBT Preparation Outside the Box Project | Joint Surgery 14:30-17:00 | Private study |

- **Reserve Wednesdays for Cluster Based Teaching:** The Students will NOT be in practice on Wednesdays. They will have central teaching.
- **Reserve sessions when students have Academy/University teaching.**
Allowable academy absences include:
 - Prescribing Safety Assessment (PSA): Thursday 29th January 2026, Thursday 26th March 2026, Thursday 23rd April 2026, Thursday 4th June 2026.
 - Intermediate life support course: varying dates
 - F1 induction days
 - 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 reserve the first Monday of each rotation from 13:00-13:45** for online central teaching.
- **Out of Hours Placement:** Students will be offered one session with the local OOH provider. **They are entitled to ONE SESSION in lieu during the day if they undertake an OOH session ideally the following morning.** The students have been advised to make you aware of their allocated OOH session date as soon as possible. Unfortunately, this opportunity is not available in Gloucestershire.
- **Please timetable the students for 6 sessions a week in practice.** Each session should last roughly 4-5 hours. If students are in practice for more than 5 hours they are required to have one 30 minute break. If they are in practice for more than 9 hours they are required to have two 30 minute breaks. **Please note if students attendance falls below 80%, they will be expected to make up time during these untimetabled sessions.**

- **A minimum of 5 sessions per week for Student Led Clinics.**
- **One Joint Surgery per week.**
- **2hrs of protected time over lunch time for Student Initiated Project**
- **Lunchtime activities;** these can be flexible based on available opportunities/students needs
 - Home visits
 - Practice meetings/educational events
 - Signing off CAPS in treatment room/mini-HCA clinics
 - CBT preparation work
 - Patient follow-up
 - Helping with duty
 - Further project time
- **Please schedule time/opportunities for students to complete pre-session tasks for Cluster teaching, see learning requests in table below**
- **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. Some may feel they already have a good understanding of these roles. Some students may want to spend some time in the treatment room getting their clinical skills signed off, see CaPS logbook. 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. (Video has audio)
- **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.
- **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.** However, there can still be some value in students observing different consultation styles and if they are keen to do this then that is acceptable. I would advise making these active learning surgeries, please see active observation section below.

First day

Morning

- Introduce the student to the practice and your team.
- It is advised that you have an **honorary contract** between student and supervisor setting out the responsibility of each party, this can include data protection, confidentiality and other individual practice specifics if you like. There is a sample document that you can use for this titled General Practice: Medical Student Undertaking – available on the PHC website here.
- Brief the students on Health and Safety issues in the workplace.
- Clearly highlight your expectations for the practice e.g. arriving on time, completing patient related tasks in a timely manner or handing over appropriately, reporting absence in an appropriate manner.

- If time, other activities for the morning could include familiarising themselves with the computer system, sitting in on a clinic, having a walk around the local community, accompanying clinicians on home visits.

Afternoon

- Schedule your first **Joint Surgery** with both students
- **We ask you to allocate some time to speak with each student 1:1;**
 - Establish if there are any health or learning needs that need to be considered
 - Discuss individual SSPs/occupational health adjustments
 - If applicable, review handover comments from previous placement
 - Explore how well the students know each other and if there are any issues between them that may impact on how they work together.
- **Book in a patient for each student to consult with independently.** We suggest using a Mini-CEX to 'assess' each student performing a complete consultation in a 20-minute time limit. This could be a telephone call or a face-face appointment. This assessment, along with any gaps in the student's Year 5 Workbook or CAPS logbook, can be used to plan learning goals and activities for the placement. It is also a useful baseline for you and the students to observe progression over the placement.
- Please also use this session to discuss ideas for the Student Project.

Typical Day

Each day the students should be clear who their supervisor is, and they should have 3 'check-in' points with the students. **In addition to the blocks for reviewing patients, we suggest that the supervisor has an appointment blocked for each debrief to allow adequate time for this.**

Start of Day: Check in with GP tutor (10 mins)

- Hello and Welcome
- Check if any issues they want to discuss
- Discuss any clinical learning needs they would like you to alert them to.
- Check they know what they are doing and know how to contact you if consulting independently.
- Consider ice-breaker to help build rapport with your students – most recent film watched, favourite restaurant, what do they do outside medicine? Students and tutors have both highlighted the benefit of this for helping the students feel included and part of the team.

After Morning Session: Debrief with GP tutor (10 mins)

- How did it go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- What are they doing over lunch break ? visits ? help with admin/care reviews? spend time in treatment room
- Have they decided on project? How is it going?
- Any interesting patients to follow-up?
- Any tasks they need to do for Cluster-teaching?
- Do they know what they are doing this afternoon?

End of the Day: Check out (10 mins)

- How did session go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- Planning for the next day.

Student-led Surgery

The focus of this placement is on the students consulting independently rather than observing your surgery. Feedback from the students highlighted that this is what they valued the most and wanted more of.

We suggest a minimum of 5 student-led clinics per week

Typical Session

- Student consults individually or in pairs with patients in their own room before asking you to come through to review
- 4-6 patients with at least 30-minute appointments per patient.
- 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.
- Telephone call or a face-face appointments (majority face-face)
- **Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem.**
- You may want to start with fewer patients and more blocks in 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.

Example student clinic

This can be revised as placement progresses. Gradually increasing the complexity and decreasing the allotted time.

9-9.45: 1st booked patient

9-9.30: Student consults patient and come up with differentials and proposed management

*9.30-9.40: **GP tutor has one slot blocked.** Student presents patient to GP tutor and discusses management plan. GP tutor reviews patient face-face. Student explains diagnosis to patient and discusses management/safety netting*

9.40-9.45: Student completes record keeping and tutor review.

9.45-10.30: 2nd booked patient

10.30-11.15: 3rd booked patient

11.15-12.00: 4th booked patient

12.00-12.15: admin and patient follow-up

Student documentation in the notes

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

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

In addition we advise:

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

Joint Surgery

We would like the students to have one joint surgery a week. **A whole session should be allocated to the supervising GP to facilitate this.**

This session entails the students consulting individually with patients whilst you and the other student observe them and give feedback. 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 compulsory Mini-CEX.

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 with 2-4 patients
- Complete necessary forms e.g. feedback and attendance forms, assessments

Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem. You will then have a feel for what level the student is at.

Example joint clinic:

14.30-14.50: Student observes tutor consulting

14.50-15.10: Student observes tutor consulting

15.10-15.40: Catch up – Discuss how placement going ? any adaptations, EPA's that need completing, project, complex cases. Break if needed.

15.40-16.20: Student A consults (Discuss, Feedback and complete mini-CEX)

16.20-17.00: Student B consults (Discuss, Feedback and complete mini-CEX)

End of Placement

- A summing-up tutorial should be completed where a final Mini-CEX can be run to show where progress has been made.
- Feedback for the placement overall should be discussed and identification of learning for the next rotation or first job be made.
- Please make time to discuss and reflect on the student's project if this has not been done earlier in the week.
- One to one feedback and completion of the **Assistantship Progress Review (APR) form**. **Students can give you access to this form. Please allow 30 minutes to complete this.**
- Whilst one student is doing the APR the other should be directed to a computer to **complete their online evaluation** of the placement. This is how we get individual feedback for you so please encourage them to complete this.

Filling gaps between surgeries

Students often feedback about the long lunch breaks in general practice which we appreciate are difficult to avoid due to the structure of a GP day. However, if it works for the practice, please consider altering the timings so their morning session starts a bit later and their afternoon session finishes a bit earlier.

We expect the student to use some of the time in between surgeries to complete their project. Please ensure they are timetabled for a minimum of 2 hours per week over the lunchtime gap in order to complete this.

Other suggestions for the lunchtime gap include:

- Home visits
- Helping with duty
- Reviewing notes and following-up patients seen earlier in attachment
- Reviewing guidelines and doing mini research projects on clinical presentations seen in the morning
- Assisting with admin - processing documents, lab results, repeat scripts, script queries
- Getting clinical skills signed off in treatment room
- Mini HCA clinics
- Reviewing care plans/asthma/medication/dementia/frailty reviews
- Pre-learning for Cluster teaching
- Creating AccuRx templates

Student Initiated Project

We would like students to complete a student project that is of use to your patients and the community. A minimum of two hours per week should be allocated to this over the lunchtime gap. We would like the students to present their project to you or at a practice meeting in the last week of their placement.

- The students have been provided with a [Project Handbook](#)
- Students will have a remote introductory teaching session outlining the project and be asked to read the project handbook and think about ideas about potential projects.
- **Students who are doing the community paediatrics placement will be doing a project for this and do not need to do an additional project in practice.**
- Whilst the project is remaining **formative**, we have now created a **mark sheet** to help guide some feedback which is found in the [appendix 2](#) of this handbook.

It is helpful to have a few ideas for potential projects that you could discuss with the students on their first day to get this off to a good start.

You are probably best placed to know what is feasible with the local resources and what is of most benefit to the local population. Does your pharmacist have any projects they need completing? Could they help with QOF work? Please see [Appendix 3](#) with some ideas.

Cluster Based Teaching

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

The aims of the placement are to

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Develop advanced consultation skills
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on General Practice as a speciality and potential career option
- Further expand on non-clinical areas to develop as a well-rounded practitioner.

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

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

| Week | Topic | Pre-learning |
|--------|---|--|
| Week 1 | Introduction to Cluster Teaching and Common primary care consultations | <ul style="list-style-type: none"> • Find out about your practice demographics (example questions provided in the GP5 student learning guide to facilitate this) (10 minutes) • Watch this video outlining the basic structure and funding of General Practices (10 minutes) |
| Week 2 | Emergency Care | <ul style="list-style-type: none"> • Find out about urgent care in your practice • Look at post-event communication from Integrated Urgent Care (IUC) • Please watch this video; introduction to integrated urgent care |
| Week 3 | End of life conversations | <ul style="list-style-type: none"> • Read about a ReSPECT form and review training modules at learning.respectprocess.org.uk. • Articles have been provided on Lasting power of attorney, place of death and DNAR discussions. • Palliative care/Nursing home visits – complete a RESPECT form |
| Week 4 | Being a doctor | <ul style="list-style-type: none"> • Talk to GPs in your practice about their job and experience of being a doctor. How do they look after their health? • Reflect on your experience of being a patient and how you look after your health |
| Week 5 | Investigations and Results/Breaking Bad News. | <ul style="list-style-type: none"> • Find out how results are processed in practice • If possible, review a set of results and discuss how you would deal with them • Find a patient case with abnormal results, review how they were managed and present this back to your group |
| Week 6 | Using an Interpreter | <ul style="list-style-type: none"> • Read pre-prepared background material • Find out how interpreters are used in practice • If possible observe a consultation using an interpreter |

| | | |
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| Week 7 | Managing Uncertainty and complaints | <ul style="list-style-type: none"> When reviewing patients with your tutor, discuss how they manage uncertainty Bring details of a case where you have had to manage uncertainty Discuss with your tutors about how complaints are managed in practice Attend a significant events meeting if possible |
| Week 8 | Medical Complexity, discharge summaries and referrals | <ul style="list-style-type: none"> Find a case that you have found challenging and present this to your group Find out how your practice deals with medication requests/reviews Spend time with a pharmacist looking at complex medication reviews if possible. Find out how your practice deals with discharge summaries Phone/visit a patient who has recently been discharged and speak about their experience. Reflect on the information on the discharge summary and how this could be improved. |
| Week 9 | Present Outside the Box project | <ul style="list-style-type: none"> Prepare 5 minute micro teach session |

Assessment

Please find assessor guidance on workplace-based assessments [here](#). You will need to confirm you have read these prior to completing the students assessments.

To complete the Year 5 Primary Care attachment, students need to:

- Complete TWO satisfactory Mini-CEXs (only 1 in Block C) – **this can be remote or face-face**
- Complete TWO satisfactory Case Based Discussions (CBD) (Only 1 in Block C)
- Complete 40% of their EPAs in block A, 80% in block B and all EPAs completed by block C
- Complete 40% of their CaPS in block A, 80% in block B and all CaPS completed by block C
- Complete a Team Assessment of Behaviour (TAB) – **Nov - March streams ONLY, unless it needs to be repeated**
 - 10 responses required, no more than 2 from peers.
- Complete a student assistantship log on OneNote
 - Mandatory brief daily activity log used as evidence if any attendance concerns. Please ask the students to show you this and briefly check it is completed and consistent with their attendance in practice.
- Have at least 80% attendance
- Have satisfactory completion of student project
- Have satisfactory engagement and performance

This is documented on the Assistantship Progress Review (APR) Form at the end of the attachment. If students have not completed all the above tasks to a satisfactory level it is NOT your responsibility to ensure they do this. Please submit the APR highlighting any concerns and inform us on phc-teaching@bristol.ac.uk. Please have a low threshold for highlighting any concerns. This will not automatically mean that the student will not pass the attachment but will enable this information to be reviewed and dealt with as necessary by the central university team.

Mini-CEX

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

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

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

You will also need to remember to ask the patient for their comments. I would warn the student before the consultation that you will need to do this. We have also suggested tutors advise the patient that they will be asked for feedback before the consultation and that if they don't feel happy to do this in front of the student you can ask the student to leave the room.

Team Assessment of Behaviour (TAB)

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

Year 5 ePortfolio/EPAs

The Year 5 ePortfolio can be used to guide learning needs and activities during the GP attachment. This is the student's key to getting signed off as completing PPP and Year 5 successfully. The online portfolio contains 16 Entrustable Professional Activities (EPAs), see Table below.

- **By the end of Block A (Nov-Jan) students need to have completed 40% (28) of their EPAs.**
- **By the end of Block B (Jan-April) students need to have completed 80% (56) of their EPAs**
- **By the 8th of May (Block C) students will need to have 5 signatures for each EPA 1-14.**

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

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

***** Please note that the ePortfolio needs to be completed by 8th May which is in the middle of the 3rd block. *****

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

| | | |
|-----------|--|--|
| 11 | Collaborate as a member of an inter-professional team, both clinically and educationally | -Work with allied health care professionals |
| 12 | Recognise a patient requiring urgent or emergency care and initiate evaluation and management | -Assess patient on duty list -Out of hours sessions |
| 13 | Obtain informed consent for tests and/or procedures | -Obtain consent for a test e.g. PSA -Obtain a consent for a procedure e.g. rectal examination, speculum and swabs -Enroll patient in practice clinical trial |
| 14 | Contribute to a culture of safety and improvement and recognize and respond to system failures | -Mini audit -Significant event reporting or meeting -Reporting relevant illnesses to public health |
| 15 | Undertake appropriate practical procedures | -CAPS logbook |
| 16 | Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor. | -TAB -Cluster Based Teaching sessions |

Clinical and Procedural Skills (CaPS) Logbook

Students have a variety of clinical skills that they will need to get signed off before the end of year 5. This includes spirometry, performing urine dipsticks, taking a BP, taking a BM, wound care, IM injections and ECGs.

- **By the end of Block A (Nov-Jan) students need to have completed 40% of their CaPS.**
- **By the end of Block B (Jan-April) students need to have completed 80% of their CaPS**
- **By the 8th of May (Block C) students will need to have completed all their CaPS.**

Please discuss any outstanding CaPS during your first meeting and help to facilitate completion.

Please note that this online logbook needs to be completed by the 8th of May which is a few weeks before the end of the last attachment.

IM injections/Flu clinics

Like all clinical skills, students should be observed performing IM injections under direct supervision and signed off as competent in their CAPS logbook. Whilst we recommend students should continue to give flu vaccines under direct supervision, we also realise that many GP teachers do allow students to vaccinate under indirect supervision once they feel the student has sufficient competency.

Students often assist with IM flu vaccines during GP5, in which case this should be in their normal hours and one session of IM flu vaccines should be sufficient for their learning.

Students are not taught on covid vaccination or nasal flu vaccination. Some Practices are offering students an extra paid role for assisting with flu vaccines outside of GP5. However, this is separate from the University and Practices would need to take responsibility for ensuring the students have full training, indemnity, authorisation and supervision etc. Please note that the Medical School

Council advises that students can take up to 12 hours of paid work/week, as long as it does not compromise learning.

Professionalism

Please see the link below outlining the key areas of professional concern for medical students. Of particular relevance to this placement would be consistent poor time-keeping and communication, lack of engagement with the placement or student project and poor behaviour with staff and patients. Please also see the [guidance on the use of mobile phones](https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/achieving-good-medical-practice/professionalism-key-areas-of-concern).

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/achieving-good-medical-practice/professionalism-key-areas-of-concern>

Mid-placement feedback

We will be asking both students and tutors for feedback at the end of weeks 3 and 6. It is compulsory that you complete these in timely fashion. You will receive an email link reminding you to complete this. It should take no longer than 5 minutes to complete and time for you and the students should be allocated to do this within the last session of the week.

End of Attachment

- Complete an Assistantship Progress Review (APR) form with the Students.
- Return the Feedback and Payment form. This will be emailed to you at the end of the placement.

Useful Documents

As well as this handbook, there are further useful documents available on the [Primary Care Year 5 Teaching Website](#).

Student Attendance

Please email the Primary Care Teaching Office (phc-teaching@bristol.ac.uk) as early on as possible with details of any student with attendance concerns for whatever reason during their GP placement. This include repeated episodes of lateness or needing to leave early. **We will be asking for attendance information in the week 3 and 6 mid placement forms.** We will contact any students with less than 90% attendance, with the aim of supporting them to meet the attendance threshold by the end of the block. Students may fail the PPP course and have to re-sit if they have less than 80% attendance overall. You may be asked to complete a Student Referral Form. **Please note that flexible annual leave days (maximum of 2), permitted academy days and exams do not count as an absence.**

Student Prizes

We would like to formally recognize **exceptional** students that have particularly impressed you during their primary care attachment. At the end of the attachment, we will ask you if you would like to nominate one of your students for a prize. This is a monetary prize and can count for additional points on their future job applications.

Criteria for nomination would include:

- Excellent attendance
- Excellent engagement and performance
- Excellent patient and colleague feedback
- Presented outstanding project work
- Went above and beyond that expected from a 5th year medical student

Student Concerns

There are occasions that you may be concerned about a student's performance or wellbeing.

To simplify the student support process, there is now 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.

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.

If you have any doubts about whether it is appropriate to complete the form, the GP year leads are still here to assist you – just email phc-teaching@bristol.ac.uk

Why is this change happening?

Simpler. A single form, acting as a single point of access, for any issues makes it much easier for teachers. Students will become familiar with this process as it is the same in all clinical academies across all five years.

Confidential. Students have raised concerns about the number of people that are sometimes involved in concerns that they raise. The senior tutors will only involve those people that *need* to know.

Appendix 1: Active Observation

There may be situations where students will be observers. Here are some tips on how to turn observation from simple absorption into active memorable learning. Giving students observation tasks engages students and enhancing learning.

- **Who to observe?** Should they be focusing on the GP or the patient? Could one student focus on the GP, the other on the patient?
- **What to observe?** Body language, consultation micro skills, i.e. are cues being noted and addressed? Have specific questions in mind – What is the mood of the patient? i.e. anxious. Encourage your students to set their own observation tasks. Students consulting in pairs can set each other observation tasks
- At the end of a consultation ask your students to identify the aspect that they feel merited the most attention or identify something that caused them to think differently about the management etc
- Ask the students to write the notes whilst you are consulting – what would you have done differently?
- Ask the students to examine the patient
- Ask the students to summarise the consultation
- Ask the students to suggest the management plan or explain something to the patient

Examples:

- *Watch Mr. Jones during this consultation and see what features of PD you can identify. I also want you to think about how this may impact on his ADLs and what help he may need.*
- *When you are joining the pharmacist/practice nurse for the Diabetes/Asthma, COPD, HT clinic I would like you to focus on*
 - Side effects mentioned by the patient
 - Adherence
 - How the patient is involved in decision making?
 - What monitoring is needed for a given condition /medication?
 - Whether and which ones of the medications need adjustment because of renal function
 - What are the medication changes that are being made and what factors are being taken into consideration?

Appendix 2 – Marksheet for Student Initiated Project

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

| | Requires improvement (RI) | Satisfactory (S) | Good (G) | Excellent (E) | Outcome | Comments |
|---|----------------------------------|--|--|---|----------------|-----------------|
| Background Is there a good reason for this project being chosen? Have they researched the root cause of the problem? Have they consulted relevant stakeholders? | No clear reason for project | Clear reason for project | Reason for project justified by research/national guidelines | Reason for project discussed in relation to local or national priorities with consultation with relevant stakeholders | | |
| Aims Is the aim SMART? (specific, measureable, achievable, relevant to problem, time-bound) | No clear project aim | A project aim suggested | A SMART project aim suggested | A SMART project aim which has been discussed and optimised in relation to problem, population and context | | |
| Measures and Method Is it clear how progress is measured? How was data collected? Do they follow the PDSA cycle? (Plan, do study, act) | No clear measures or methods | A measure suggested. Follows the PDSA cycle | Clear and justified measures. Follows PDSA cycle and methods appropriate for achieving stated project aim. | Clear and justified measures including social and environmental impacts. Follows PDSA cycle. Methods clear enough to be repeated. | | |

| | | | | | | |
|--|--|---|---|--|--|--|
| Results and Analysis What was achieved? Did they discuss sustainable value? Reflection on strengths and weaknesses | Results not clear | Discusses key finding | Clearly presented key findings relevant to specific aims. Strengths and limitations discussed. Health outcomes and social/environmental and financial impacts discussed | Strength and Limitations discussed in relation to literature. Health outcomes and social/environmental and financial impacts robustly calculated. Publishable. | | |
| Implications for practice and further research | No comments on implications of project | Comments on usefulness of project and implications for practice and future research | Comments critically on the usefulness of the project and implications for practice/future research. Comments on potential to embed/spread lessons from the project | Has a plan to embed/spread lessons from project. Could be used at a national level. | | |
| Quality of Presentation | Unstructured presentation with little understanding of project and poor engagement | Well structured project, some errors or some parts unclear | Well structured, engaging presentation | Project presented at conference standard. Clear and structured, Engaging and evokes discussion | | |

Appendix 3: Student Project Ideas

There are so many things that you could choose to do. You may have a particular interest, or your practice may identify an area of need. Please see the [Student Project Guide](#) for more information. In case you are still stuck for ideas here are some projects from previous years:

1. QI projects

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

2. Mini audits:

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

3. Create a Leaflet - Producing a leaflet/poster/electronic screen message for patients

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

4. Update an area on the practice website that is patient facing – link this to an AccuRx text

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

5. Run Education sessions

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

6. **Consider setting up a safe surgery to improve access for migrant population** – see project guide for more details.

Appendix 4: TOP TIPS for GP5 from past tutors

Planning ahead/Structure

- **Read Handbook** – very comprehensive and helpful
- Well structured **timetable** before students start with **flexibility** for their interests/Skills
- Get students set up with Windows, EMIS/SystemOne, ICE and AccuRx before their first day
- Have a few ideas of possible projects before they start
- Make sure reception are expecting them and know what they will be doing in practice.
- Get clinical staff to screen message with interesting patients – look ahead at the days appt in first meeting to see if any interesting opportunities
- Meet at beginning and end of day so constantly outlining objectives/learning/feedback

Integrating into Team

- Consider having own sign or own tray. Email all staff with student photos and a short memo about them.
- Authentic tasks – make them feel useful – e.g. Housebound chronic disease reviews could be done independently during lunch breaks
- Get to know them – start each day with an icebreaker – what's your favourite food?
- Tailor to individual student – what are their interests? Signpost to relevant patients. Do they want to do clinical skills?

Promote independence/confidence

- Give them responsibility and make them believe in themselves
- Get them to see lots of patients to improve confidence.
- If you think they have got the wrong diagnosis –ask them for differentials and explore why it could be one thing or another
- Write down concrete examples of what they have done well. How did it affect the consultation
- Push them to come up with a management
- In final tutorial – look back at first consultation and talk about how they have progressed

Project

- Email GP colleagues/Pharmacist for ideas prior to attachment
- Have 2-3 ideas ready
- Encourage students to submit project to RCGP – bursaries available

Allied Health

- Only stay as long as useful
- A session with the practice manager about business side of GP really valued
- Consider involving students in peer teaching e.g. year 2's
- Get students running own phlebotomy

Feedback

- Give student a personal feedback form at the end of the attachment as feedback from the university dependant on students completing their form.

Be enthusiastic!