



Year 3 GP Tutor Update



Dr Nick Gardner

2025/26 – 27th August 2025

Need to know

Complete the MS form claim attendance

Session is informal

Add questions/comments in chat

Feel free to interrupt & ask questions

Sharing the expertise of the group

A big thank you!



Session Plan

Welcome and Introductions

Feedback from 2024/25

The GP subdeanery – Dr Louise Sands GP subdean

Aims for 2025/26

*** BREAK ***

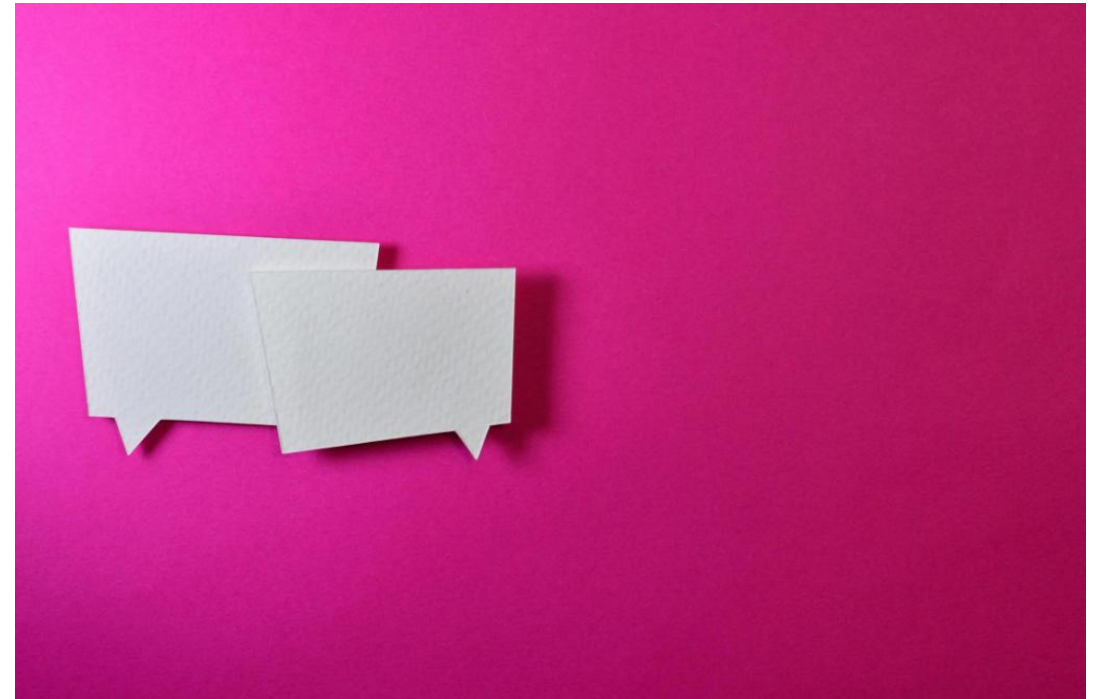
Feedback from you

Overview of placement

Practicalities and Final Remarks – Professor Helen Reid

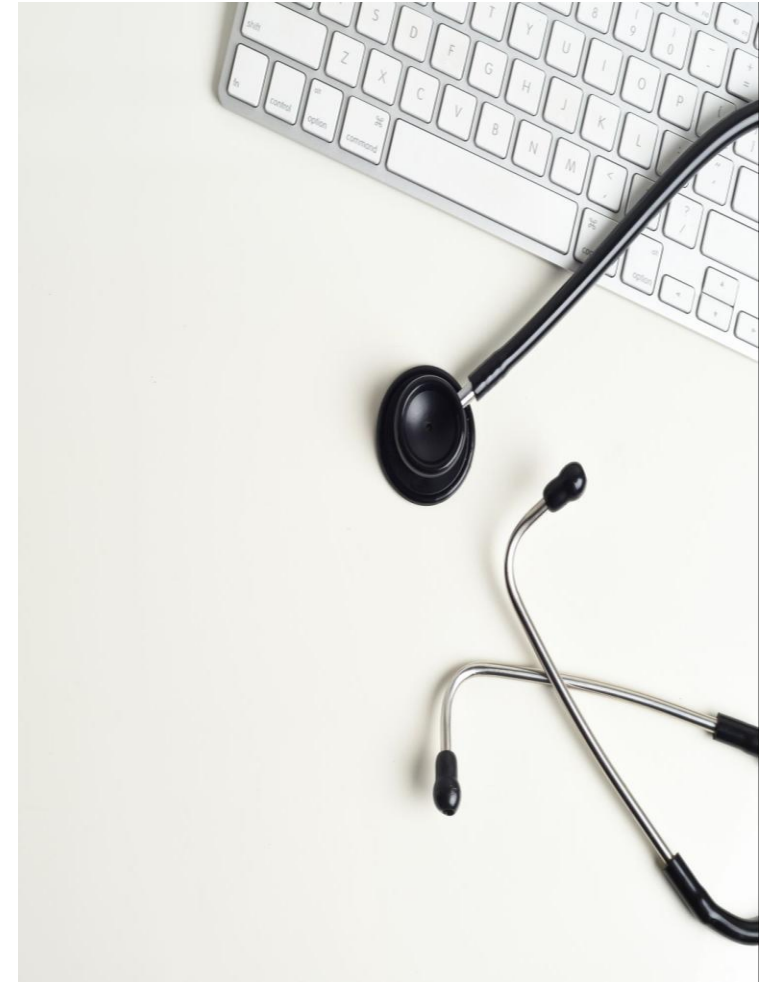
Housekeeping

- Use MS forms link to register attendance
- Feel free to ask questions on the chat
- Recorded session; resources available through our website:
- <https://www.qub.ac.uk/sites/qubgp>



Objectives for this session

- Student Feedback from 24-25
- Introduction to the role of the GPSD
- Year 3 GP placement details
- Looking ahead to 2026/27
- Sharing ideas for managing 6 students in practice



Abbey Family
Practice

Carryduff

Church View
Medical

Bridges Family
Practice

Parkside

Bloomfield

Seven Towers

Kensington Group

Burnett&Partners

The Lakes Family
Practice

Dundrum and
Clough

Richhill Health
Centre

Dunville

Coagh Medical

South East Family

Eglinton Medical

Mountsandel

Glendermott
Medical

Eden Park
Medical

Whitehouse

Scotch Quarter

Randalstown
Medical

Willowbank

Springvale
Medical

Grove Medical

The Group
Surgery

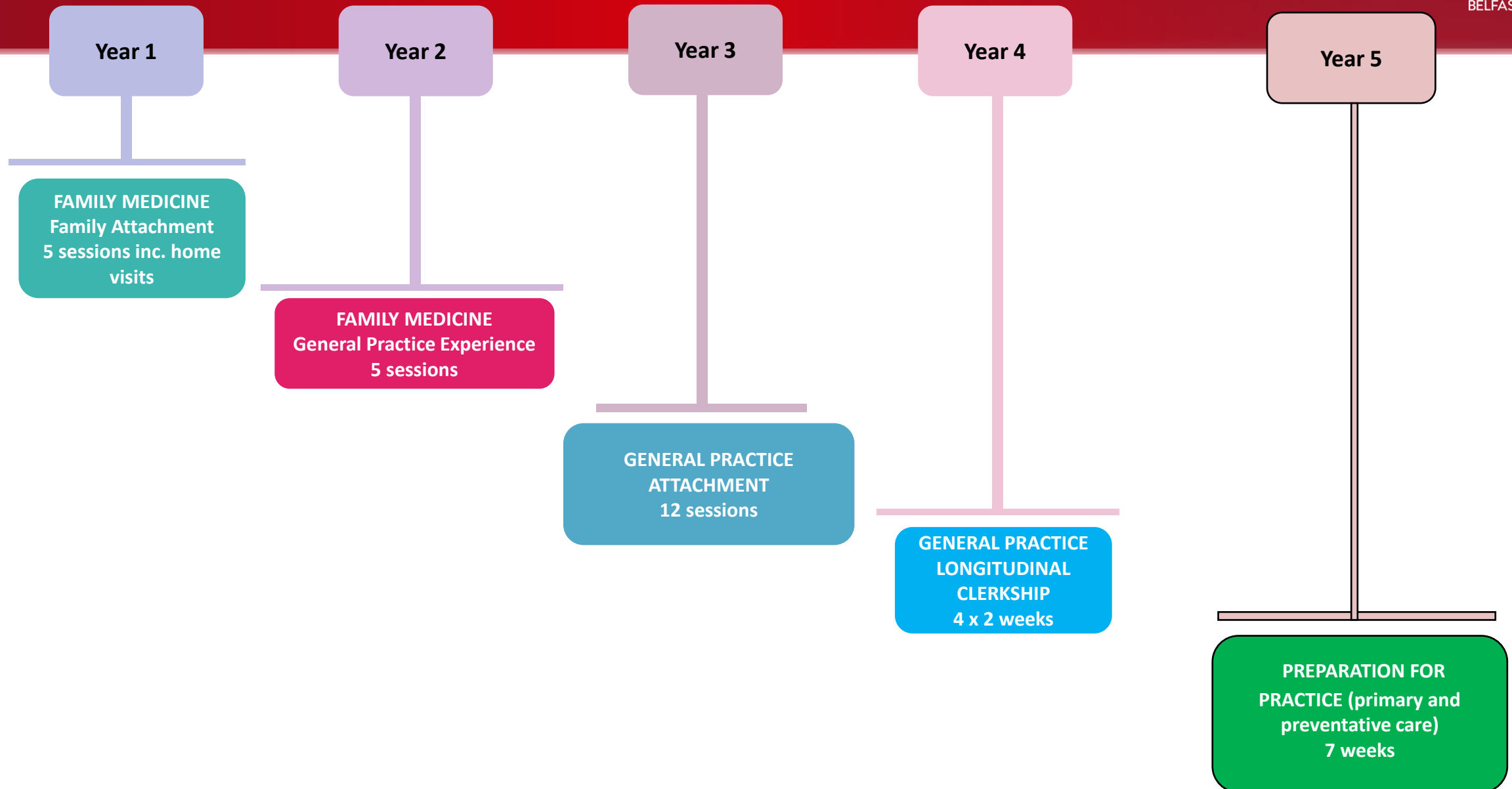
The Irwin Practice

A student's journey through QUB medical school - C25

Phase	Year of Study	Focus
Foundations of Practice	1 and 2	<p>Integrated biomedical and behavioural science teaching focusing on body systems</p> <p>Case-based learning</p>
Immersion in Practice	3 and 4	<p>Workplace learning. Longitudinal Integrated Clerkships (LIC)</p> <ul style="list-style-type: none">• year 3 centred on secondary care• year 4 centred on primary care. <p>Case-based learning</p>
Preparation for Practice	5	<p>Consolidation of learning in primary care, acute care and chronic care</p> <p>Assistantship</p>



General Practice across the QUB Medical School Curriculum 2025/2026



What experience have these students had in GP in years 1+2?

Family
medicine year
1 + 2

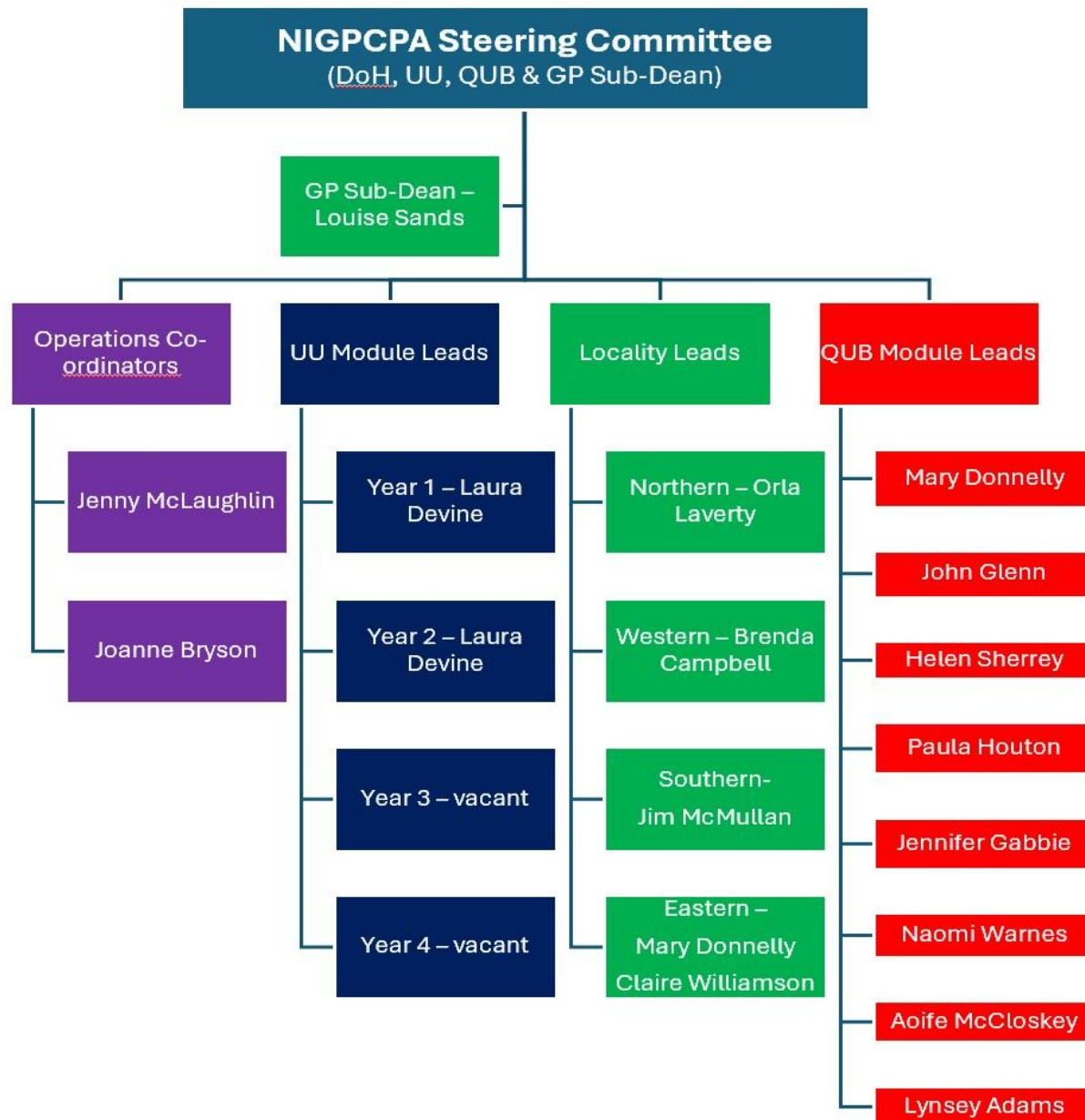
Clinical skills
experience

New to QUB



Introducing the NI GP Sub Deanery





Goals

- Promote General Practice
- Induction & support
- Promote excellence
- Quality monitoring
- Recruitment & Co-ordination
- Collaborative development





Feedback –
Overwhelmingly positive!



Themes from practice visits



ALLOCATION
PROCESSES



CLARITY IN
COMMITMENT



MANDATORY
ASSESSMENTS



EXPECTATIONS
FROM MEDICAL
SCHOOL



SUMDE PAYMENTS



DRIVERS TO
TEACHING



FRUSTRATIONS

What you asked for.....



- Training for managers/admin leads
- Would be useful to have information in one area to quick reference
- Clearer idea of overlaps/ pinch point in academic year
- Resource pack to support if very tight staffing with short notice
- Idea templates for surgeries
- Teaching ideas when space is limited
- More ideas on how to run sessions other than surgeries
- How merge UU and QUB students
- Would appreciate more sharing of ideas for QI

What we have delivered.....

Practice Visits



All you need to know about the visit

Quality Assurance



How is quality measured, and why it matters

Practice Resources



Practical tips and guidance

Medical Schools' Allocations



How student placements are assigned

SUMDE



Understanding the payment process

Medical Students' Hub



How to get the best out of placement

Practice support- UU summary

Year	Y1	Y2	Y3	Y4
Sessions	½ days Wednesday Am or pm	4 sessions / week Monday 1/2 day Tuesday all day Thursday 1/2 day	2 sessions/ week Friday all day	8 sessions Monday to Thursday
Format of learning	Protected time with selected patient and then tutorial with GP Usually 2 students	Sitting in or student surgeries: -aim 75% with GP -aim 1 opportunity for hx or exam per session 1-3 students	Mixture of sitting in, MDT, student surgeries, chronic disease management and QIA 1-3 students	Mixture of sitting in, MDT, student surgeries, chronic disease management 1-3 students No mandatory QIA
Duration	12 attendances Sept to June	5 week block x 6 cycles- 19 sessions per block	Weekly September – May 38 full days- 76 sessions	5 week block x 5 cycles
Feedback forms	2 x communication skills, attitude and conduct form	2 x Mini-Cex 1 x CBD End of placement clinical practice and professionalism form	2 x mini-CEX 2 x CBD End of placement clinical practice and professionalism form	2 x mini-CEX 1 x CBD End of placement clinical practice and professionalism form
SUMDTE payment £250/group teaching session or £59.17/student session	12 x £250 Total £3000	£1,124.23 per student per placement Total £6,745.38 for 6 cycles of 1 student	£8993.84 for hosting 2 students for the year	£2,366.80 per student per cycle Total £23,668 for 5 cycles of 2 students

Practice support- QUB summary

	Y1 Family Medicine	Y1 Clinical skills experience	Y2 Family Medicine	Y2 Clinical skills experience	Y3	Y4	Y5
Basic requirements	½ day Tuesday or Thursday Within 15mile radius of QUB	½ day (Spring Semester only) Tuesday or Friday Within 15mile radius of QUB	½ day Tuesday or Thursday Within 15mile radius of QUB	2-5pm Monday or Thursday Within 15mile radius of QUB	½ day (Wednesday AM) 6 students in hubs within local trust	9 sessions	9 sessions
Format	Approx. 8 students	Zoom Themed hx taking in · Respiratory · CVS · MSK	Approx 8 students	5 Students Themed hx/exam · GI · Endocrine · Neurology	Varies but must include: · Hot desking · CBD	2 students >50% sitting in consulting also mdt/home visits/chronic disease clinics	Preparation for practice so maximum patient contact
Total Sessional committment	5 sessions Total 5 sessions	3 sessions x 2 cycles Spring semester Total 6 sessions	5 sessions	5 sessions x 2 cycles autumn semester, 5 sessions x 2 cycles spring semester Total 20 sessions	12 sessions, 2 cycles of students Total 24 sessions (Can opt for one semester only ie 12 sessions)	9 sessions x2 weeks x 4 cycles august – mid may Total 72 sessions per pair of students	7 weeks in GP + 1 week out Total 63 sessions
Feedback Forms	End of Year		End of Year	Mini-CEX	End point feedback	End of each 2w block	Midpoint and end point form 2 x mini-CEX

Practice support-Merged placement calendar

GP Placement schedule template 2024-25 COMBINED (V2) No Label • Saved to this PC

File Home Insert Page Layout Formulas Data Review View Automate Help

Clipboard Font Alignment Number Styles Cells Editing Sensitivity Add-ins Analyze Data

AC13

	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
	02/12/2	09/12/2	16/12/2	23/12/2	30/12/2	06/01/2	13/01/2	20/01/2	27/01/2	03/02/2	10/02/2	17/02/2	24/02/2	03/03/2	10/03/2	17/03/2	24/03/2	31/03/2	07/04/2	14/04/2	21/04/2	28/04/2
1																						
2																						
3		Wed AM or PM		Holiday		Reading Week		Wed AM or PM					Wed AM or PM		Wed AM or PM			Wed AM or PM		Wed AM or PM	Holiday	
4																						
5	Block 3			Holiday		Reading Week		Block 4					Block 5					Block 6		Holiday		Block cont
6																						
7				Holiday		Campus Fri							Friday AM & PM							Holiday		
8																						
9		Block 4 (5wks) Monday - Thursday		Holiday		Block 4 cont.				Block 5 (5wks) Monday - Thursday								Block 6 (5wks) Monday - Thursday (19th March Reading day, 20th March PSA)				
10																						
11				Holiday				Tues & Thurs PM					Tues & Thurs PM	Tues & Thurs PM								
12																						
13	G1 Thurs PM	G1 Tues PM		Holiday									G1 & 2 Thurs PM	G1 & 2 Tues PM				ALL Tues & Thurs PM				
14																						
15				Holiday		Self-Directed Learning Weeks				Progress Test			Wednesday AM					SDL	Holiday		Progre Test	

Sheet1

Ready Accessibility: Investigate

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Practice visits



Pre visit questionnaire: basic demographics

PM and Medical student leads attend

Visit from Locality lead or Sub Dean

Allow 1 hour

Similar to NIMDTA – much less onerous

Emphasis is support

Written report

Get in Touch



Name	Email
Contact Number	What is your role?
<div></div>	
<input type="checkbox"/> I have read and agree to the Privacy Policy	
<div>Send</div>	

<https://gpsubdeanery.co.uk/contact/>



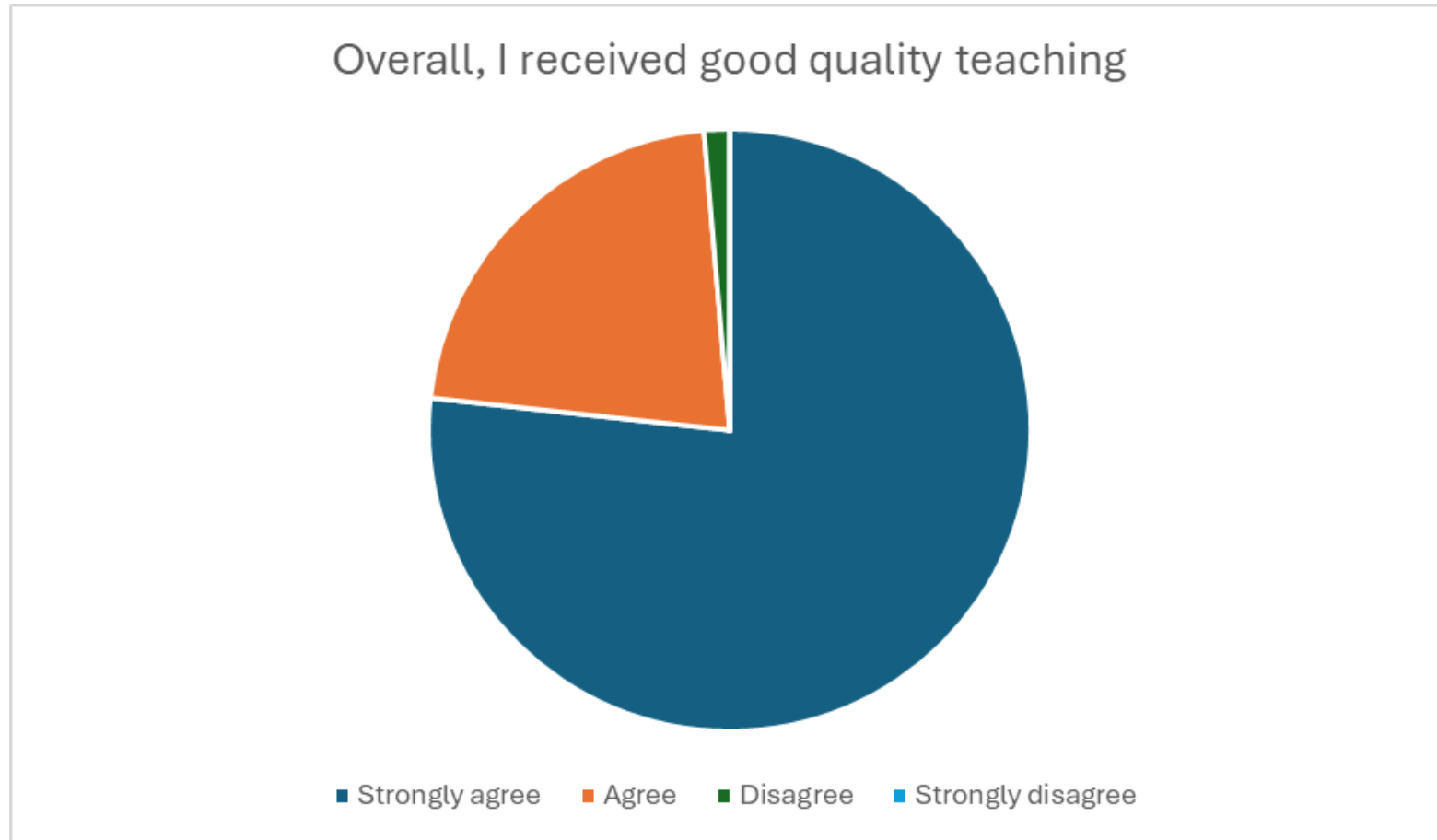
Any
questions?



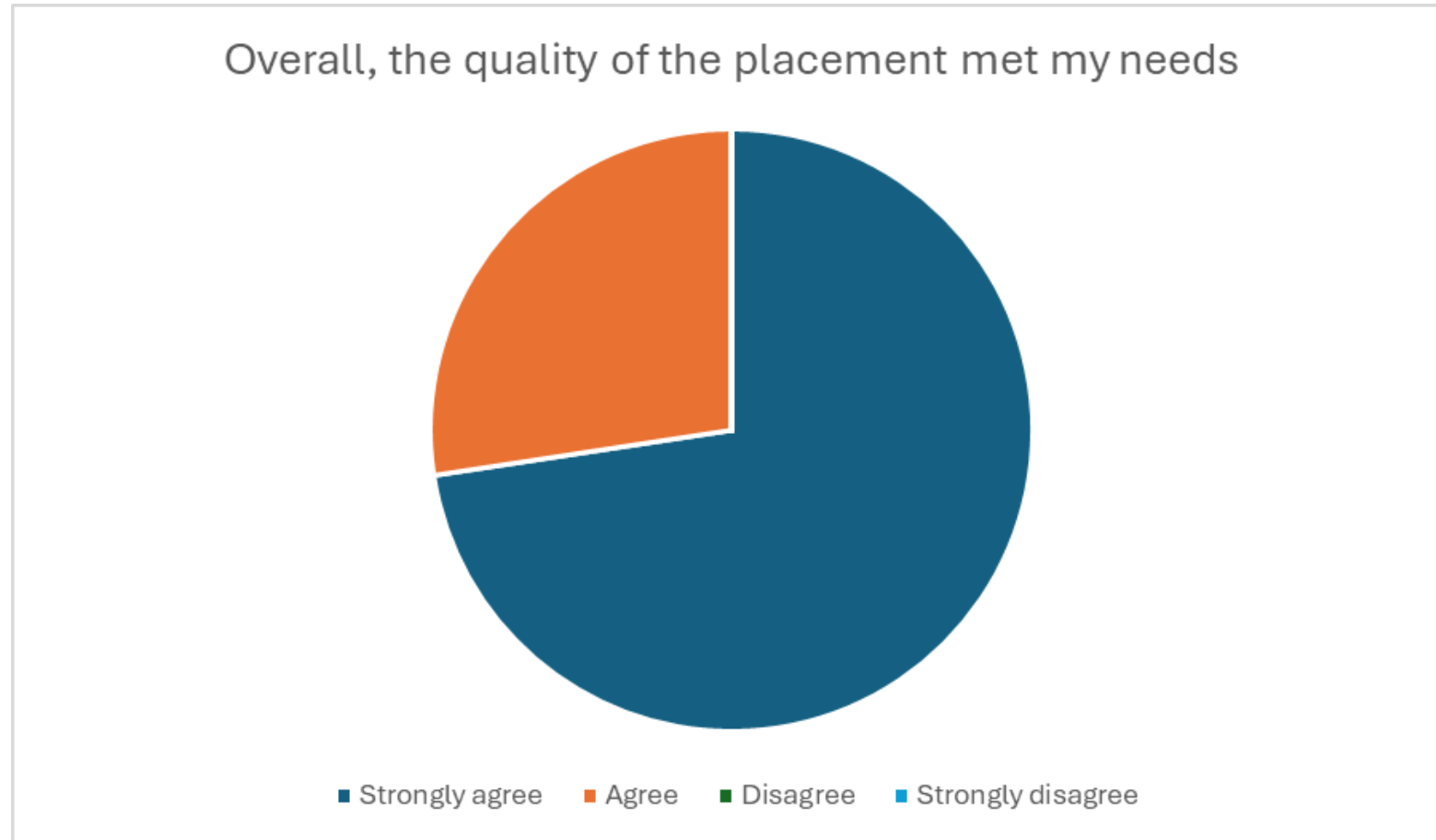


What did the
students say?

98.6% agree!



100% agree!



What surprised you about General Practice?



The best thing(s) about my time in GP?

Getting the chance to be part of the team

Getting to lead consultations on my own

Patients stories

Nice break from the wards

Chatting with GPs at coffee breaks

Variety of ages of patients, from babies up to the elderly

I really enjoyed learning how to do an audit and then presenting it!

GP was always excited to see us - contrasts to a lot of the ward experiences

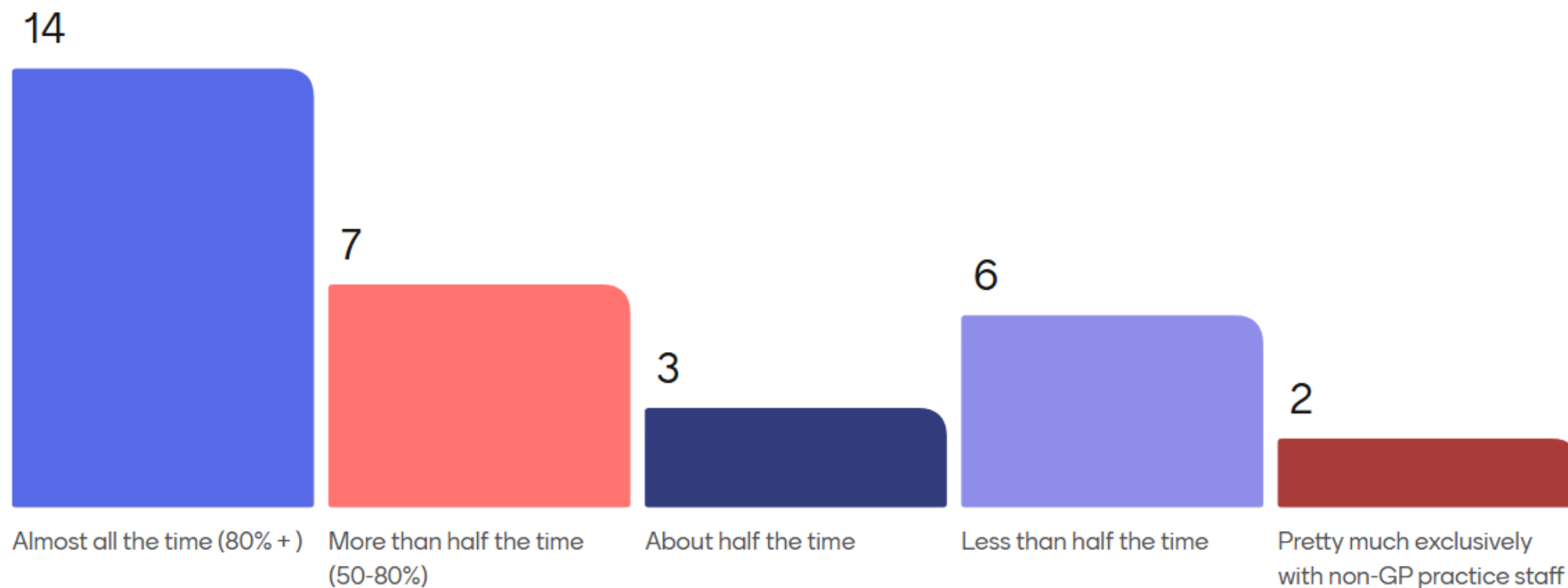
we really felt like part of the team, everyone was so welcoming which was a lovely change

Patients

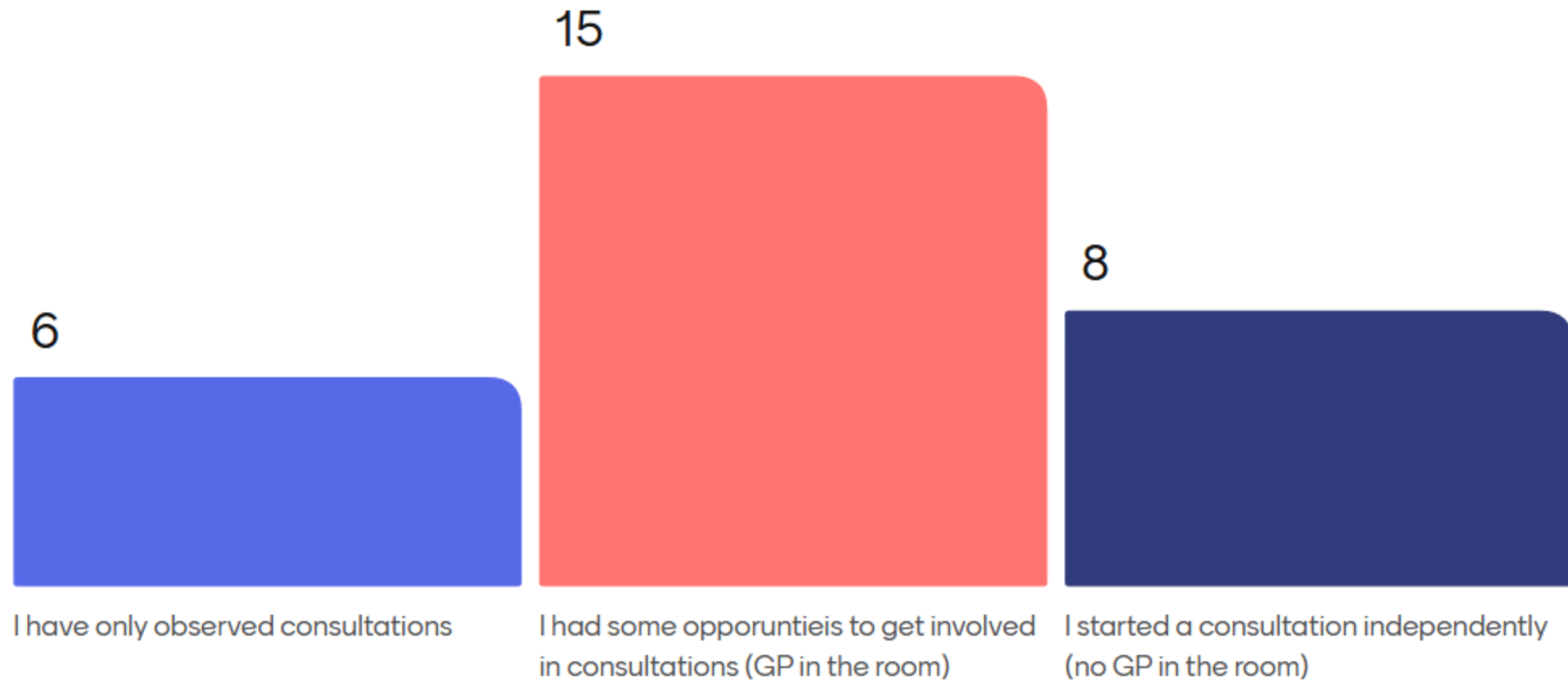
Seeing the doctors and their interactions with patients.

Continuation of care-following a patient from phone consultation, GP F2F consultation and finally through to a treatment room.

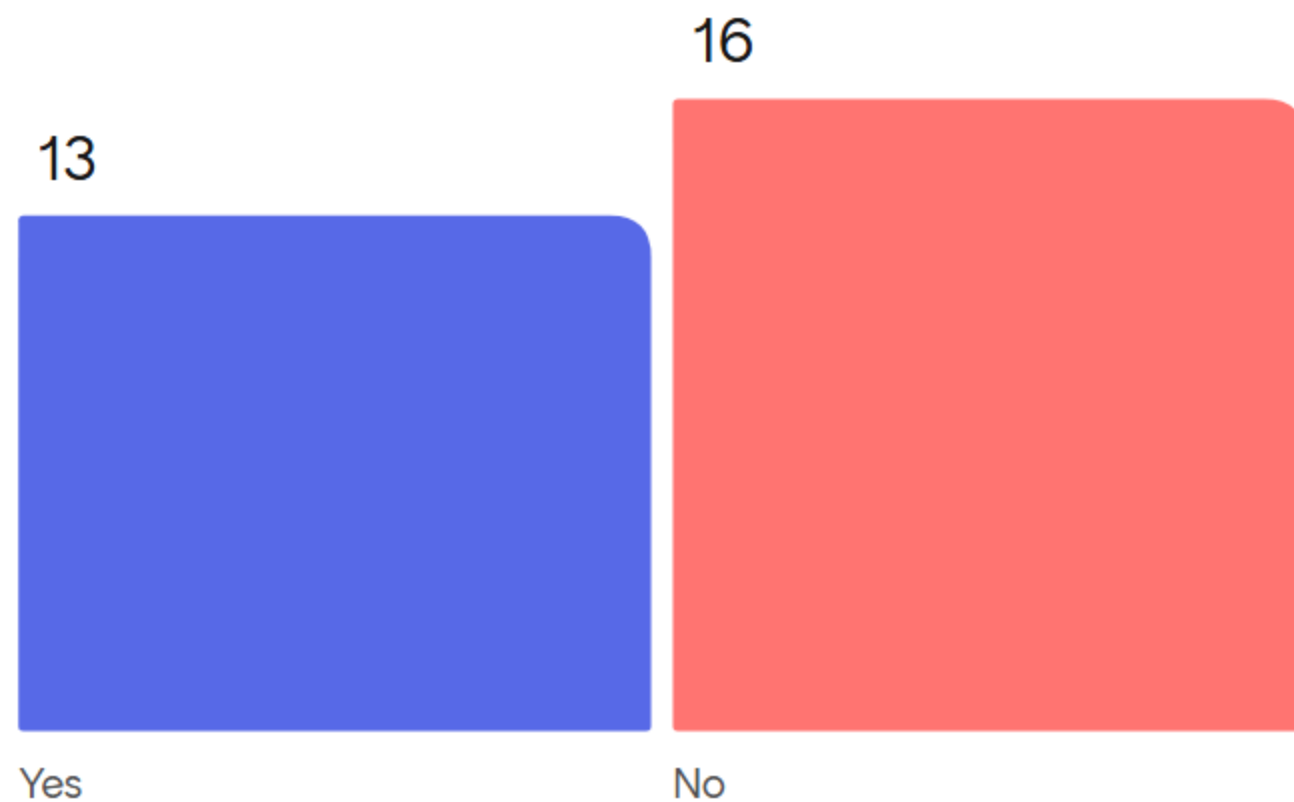
What % of your time did you spend with a GP? (Please do not include time with pharmacist, treatment room etc.)



Thinking about your opportunities for involvement in GP consultation



Did you have the opportunity to do a home visit on your placement?



What “stood out” for students?



We got the opportunity to lead consultations and examine patients.

We had the chance to ask questions and talk through the consultations beforehand.

We had the opportunity to practice clinical skills e.g. taking blood and blood pressure

The warm welcoming and supportive nature of all the practice staff.

The independence afforded to us by the GP to consult and/or examine patients where it was appropriate before relaying back to the GP really aided my learning. The supportive constructive feedback after every session I felt was of great use as there were certain niches to each consultation that I will never forget.

How did students think placement could be improved?



- Less students in group
- Less time and cost travelling
- Less Virtual Primary Care (VPC)
- Equal experience for students in terms of time with MDT and other team members
- More info on how practice works as a business

- Allow more time in treatment room e.g. bloods, ECGs, obs, urinalysis
- Allow to do more individual consultations
- Allow to do Home Visit
- Time at chronic disease management clinics e.g. asthma, COPD, CVD, DM and to practice PEFR, etc

Break



“Our GP allocated more than sufficient time to each patient we saw. Initially he gave us a brief background on the patient and their past medical history, family history, drug history and social history before moving onto the primary concern the patient has presented to the practice with today. We then had a discussion surrounding our approach, possible differential diagnoses already posed by the information available and the options available to us. **In each session spent with our GP we all we 'hot-seated' to lead a consultation each week.** This was a fantastic supervised learning opportunity as we had the presenting complaint, the patient's agenda and our concerns to consider before reaching possible differential diagnoses. Our GP then asked permission to discuss the patient while they were still in the room and **invited questions from them to us. As a result the person in the 'hot-seat' got to guide investigations to order and perform any required examinations of the patient.** The GP at the end filled in any missing points or requirements whilst simultaneously giving us learning points to sharpen our technique and develop upon.

We also had sessions with the **nurse practitioner** in the surgery in the treatment room. There, we had the opportunities to take bloods, observations, urinalysis and lead brief consultations when appropriate. Our nurse practitioner was fantastic and taught us **how to draw blood when veins were not visible, how to complete blood ordering paperwork in GP practice** which can differ to secondary care and answered any questions we may have had surrounding patients after the consultation. **It was particularly beneficial to be in the treatment room as many of the patients we saw with our GP were followed up with observations and blood tests which we were able to follow-up on.** To that end, **continuity of care and concern for patient well-being** in this practice was of upmost importance and was a core value of all those who worked there. Their practice was particularly educational to observe and learn from as their focus and drive was deeply rooted in the holistic care of the patient in addition to their presenting complaint. As students we were so well cared for and the staff had a **genuine interest in educating us** with the patients and resources available. Student welfare was a top priority for this surgery and it was truly refreshing to be a medical student within this practice.”

Aims of Year 3 GP Placement

- For students to understand the **structure, principles and practice of GP work**, and how primary care is different from secondary care
- For students to understand **patients and their illnesses** within all their complexity and social and cultural contexts



What you (and the students) need to know

GP Tutor and student guide available on the QUBGP [website](#)

Year 3 Curriculum



Year 3 timetable

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		33	34	35	36	37	38	39			
Groups	25-Aug	05 Sep	12 Sep	19 Sep	26 Sep	03 Oct	10-Oct	17 Oct	24 Oct	31 Oct	07 Nov	10-Nov	17-Nov	24-Nov	05 Dec	12 Dec	15-Dec	* 22-Dec	* 29-Dec	09 Jan	16 Jan	23 Jan	30 Jan	06 Feb	13 Feb	16-Feb	23-Feb	06 Mar	13 Mar	20 Mar	27 Mar	03 Apr	10 Apr	17 Apr	24 Apr	27-Apr	01 May	08 May	15 May	22 May	29 May	05 Jun	12 Jun		
	*				#						#							*	*					#		16-Feb	23-Feb	2-Mar	9-Mar	16-Mar	23-Mar	*	6-Apr	13-Apr	20-Apr	27-Apr	*	4-May	11-May	18-May	25-May	1-Jun	8-Jun		
		1	2	3	4	5	6	7	8	9	10		11	12	13	14				1	2	3	1	2	3	PROGRESS TEST	4	5	6	7	8			9	10			11	12	13	14				
A	INTRODUCTORY WEEK (Tues 26 Aug - Fri 29 Aug)	14 week Longitudinal Integrated Clerkship 1 LIC1 BELFAST TRUST (BT)										PROGRESS TEST	14 week LIC1 BT				Self Directed Learning	CHRISTMAS VACATION			Student Selected Component	Student Selected Component	Student Selected Component	14 week LIC2 NT ST SET WT		PROGRESS TEST	14 week Longitudinal Integrated Clerkship 2 (LIC2) NORTHERN TRUST (NT) SOUTHERN TRUST (ST) SOUTH EASTERN TRUST (SET) WESTERN TRUST					Self Directed Learning	EASTER VACATION		14 week LIC2 NT ST SET WT		PROGRESS TEST	14 week LIC2 NT ST SET WT				REVISION & ASSESSMENT		ASSESSMENT	
B		14 week Longitudinal Integrated Clerkship 1 LIC1 NORTHERN TRUST (NT) SOUTHERN TRUST (ST) SOUTH EASTERN TRUST (SET) WESTERN TRUST (WT)											14 week LIC1 NT ST SET WT								14 week LIC2 BT	14 week Longitudinal Integrated Clerkship 2 (LIC2) BELFAST TRUST (BT)					14 week LIC2 BT																		

Important Dates

LIC1 –

Wednesdays in GP 10th September- 10th December 2025

NOT in practice 12th November

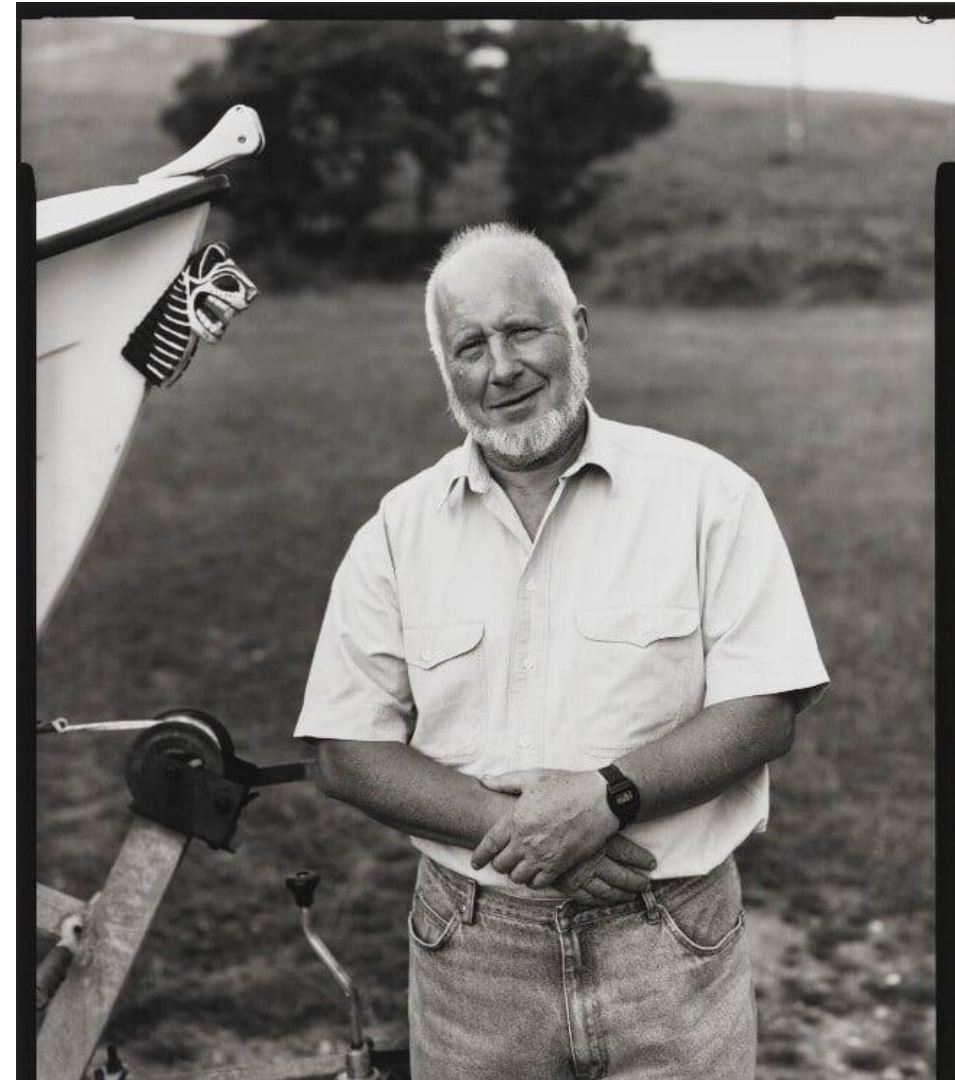
LIC2 –

Wednesdays in GP 4th February – 20th May 2026

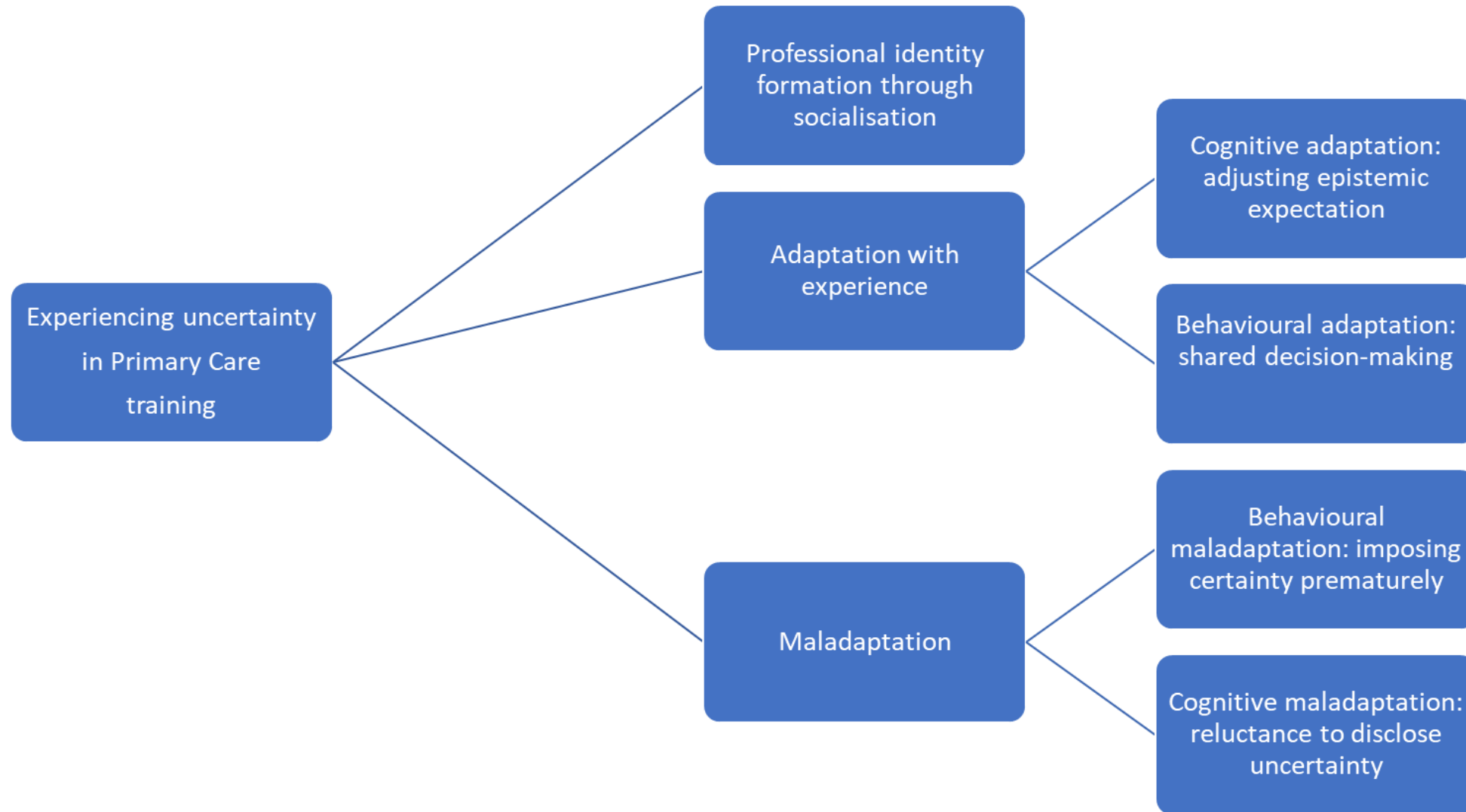
NOT in practice 18th Feb/1st April/8th April/29th April

Julian Tudor Hart 1973

A medical student on placement in secondary care "seldom sees a patient who has not already given a history at least twice, and often 10 or 12 times before", and is shielded from the "symptom-chaos of primary care"



Medical students experiencing uncertainty



SUGGESTED PRACTICAL STRATEGIES TO ADDRESS UNCERTAINTY AND COMPLEXITY WITH GP LEARNERS AT INDIVIDUAL GP PLACEMENT

- Role model that it is "safe" and necessary to express uncertainty.
- Never be afraid to say, "I don't know" in response to a patient or student. These words invite curiosity, helping learners gain confidence in recognising where clinical uncertainty exists, and understand that communicating and sharing uncertainty is crucial.
- Promote curiosity over certainty by asking "How" and "Why" questions rather than "What" and "When".
- Identify patients with multimorbidity for students to see, focusing on their life and health experiences. How do they navigate local healthcare provision(s)? Do they have narratives showing how their care has been fragmented? Do they see multiple health professionals? What medications are they on, do they know what each one is for? What functional difficulties do they have?
- Encourage students to follow the course of individual patients' care, learning more about the natural history of disease and the potential benefit of time as a diagnostic tool in uncertain clinical presentations.



Royal College of
General Practitioners

SAPC Heads of
Teaching

<https://www.rcgp.org.uk/getmedia/074af536-aaae-4eef-95cb-63ee18e96fda/learning-general-practice.pdf>

LEARNING GENERAL PRACTICE

A digital textbook for clinical students, postgraduate trainees and primary care educators

Edited by Alex Harding, Kamila Hawthorne and Joe Rosenthal

OVERVIEW

Overview

How to use Learning General Practice

THEME 1: PERSON-CENTRED CARE

- 1a. The generalist clinical method
 - i The role of evidence in clinical decision-making
 - ii Uncertainty in clinical decision-making
 - iii Prescribing
- 1b. Holistic care (the biopsychosocial model)
 - i The physiology of holistic care
- 1c. The doctor-patient relationship
 - i Communication with patients of all backgrounds
- 1d. Continuity of care
- 1e. Long-term conditions
 - i Diagnostic phase
 - ii Maintenance phase
 - iii End of life care
- 1f. Emergency conditions
- 1g. Multi-morbidity and complexity

THEME 2: POPULATION-CENTRED CARE

- 2a. The social determinants of health
- 2b. Preventing disease and promoting health
- 2c. Quality of care
- 2d. Information technology
- 2e. Teamwork and leadership
- 2f. Medical ethics

THEME 3: EFFECTIVE DELIVERY OF CARE

- 3a. The generalist approach
- 3b. The history of UK general practice
- 3c. The current structure of UK general practice
- 3d. The funding of UK general practice
- 3e. The role of general practice in other countries
- 3f. Sustainable healthcare

THEME 4: SCHOLARLY GENERAL PRACTICE

- 4a. Learning in primary care settings

Learning Objective- Person-centred Care

The generalist clinical
method

Holistic care (the
biopsychosocial model)

The doctor-patient
relationship

Long term
conditions

Learning Objective- Population Centred Care



Preventing disease and promoting health



Information technology



Teamwork and leadership



Medical ethics

Open access

Original research

BMJ Open Medical students' experience of the hidden curriculum around primary care careers: a qualitative exploration of reflective diaries

Ravi Parekh ¹, Melvyn Mark Jones ², Surinder Singh,² Jack Shi Jie Yuan,³
See Chai Carol Chan,⁴ Saniya Mediratta,⁵ Rhys Smith,⁶ Elinor Gunning,¹
Camille Gajria,¹ Sonia Kumar,¹ Sophie Park²

the knowledge, challenges and skills required in PC around uncertainty, risk and patient empowerment. Many models have been developed to help educators implement such a design, including the use of longitudinal placements.²⁸ GPs must allow students to experience and understand the cognitive processes they are working through when seeing patients with clinical complexity, medical uncertainty and ethical challenges by making the implicit explicit.

Finally, there is an imperative need for educators to tackle the pervasive impact of the hidden curriculum around careers. There is a need for all faculty to

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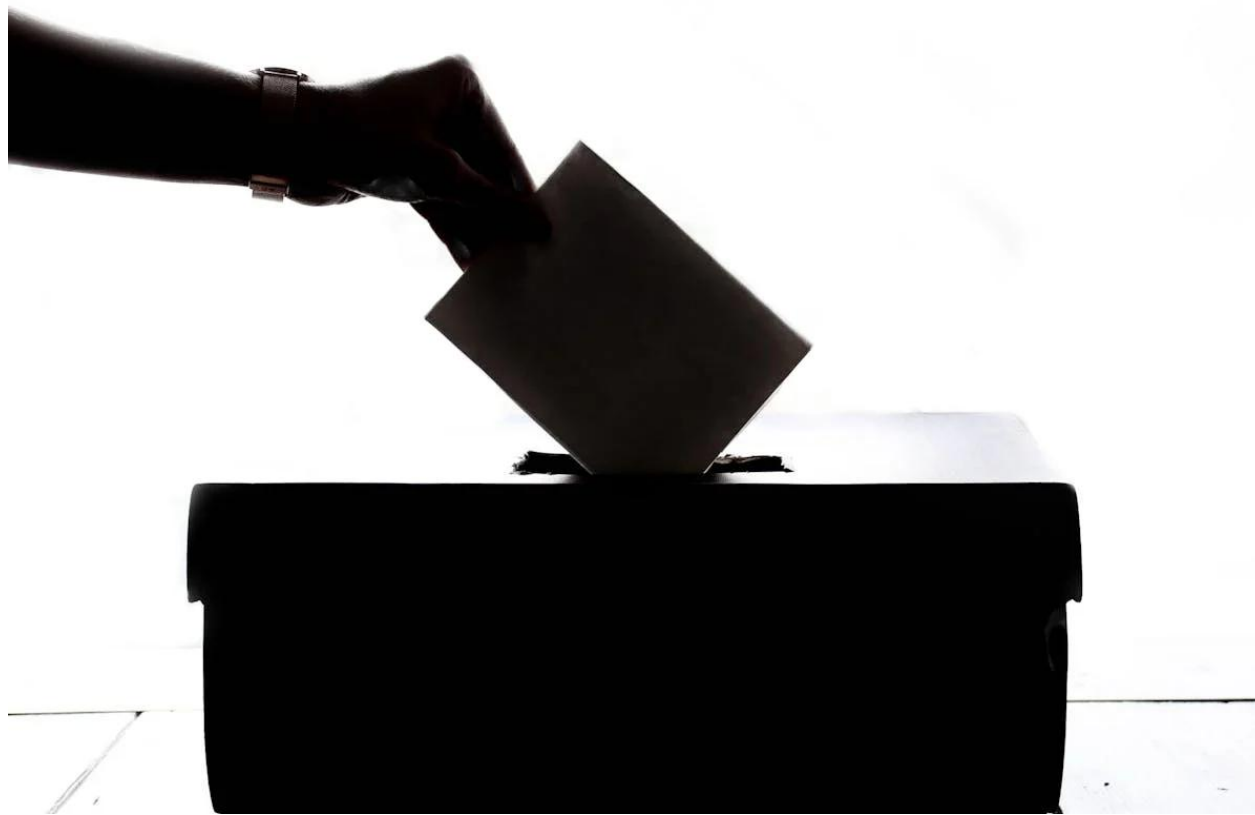
Springvale
Medical

Grove Medical

The Group
Surgery

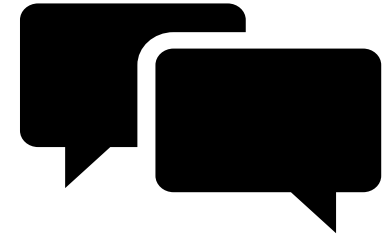
The Irwin Practice

What experience have we in this group?



You are the experts!

- Share what went well/didn't go so well in 24-25
- Share practical ideas
- Share potential concerns either personal or practice
- Home visit experience- benefits and practicalities
- Who else can you involve and how?



Year 3 GP placement

12 Wednesday mornings in your practice

Intro session week 1 LIC
via ZOOM- QUB

Review session week 14 LIC
via ZOOM - QUB

(6) students per group

Students working in pairs or greater

Intro Session- what's included?

Housekeeping

What to expect

MyProgress-
Assessment

Myth busting the GP role

GP Practice- Email reminder to students?

Who to meet?

Practice location

Parking, bus, train

Time to be there

What will they do on GP placement?

Hot seating

Case Based Discussion

Telephone consulting

Time with the practice team

...and lots more!

Induction

Induction

Here are some areas that we recommend Practices cover during induction:

	✓ Done
Introduction to key staff members, specify who the main tutor is (including preferred email(s) for MyProgress) and a tour of the premises	
Brief overview of Practice: population size, computer system, appointment system	
Show where students can leave their coat, bag and belongings	
Facilities such as the toilets and any area for breaks/storing food etc	
Any important safety issues e.g., fire escape routes, personal safety alarms/alarm button	
Clarity around contact – what is the best phone/email address for students to use if they can't come in due to illness?	
Any student special circumstances / disabilities that are relevant for the GP tutor (and Practice) to know about	
Any practice specific protocols around clinical clothing (any preference for scrubs or 'normal clothes?')	
Advice around access to WiFi so that students can support their learning using own devices where possible. BSO WiFi access should be possible for most Practices. Appendix 3	
Remind them of the importance of confidentiality- students follow GMC GMP guidance for students	
Check their familiarity with ECR and ENCOMPASS including issues around confidentiality, GDPR and the vital importance of only accessing information relevant to patient care; never their own/known individuals' records.	
Go over expected professional behaviours like introducing themselves by name and role to the patient, kindness, respect and courtesy, teamwork etc. (see Good Medical Practice (GMP) for medical students)	
Reiterate that patients appreciate: <ul style="list-style-type: none"> that students add value to the care patients receive e.g. by having delegated tasks like following patients up after a test or consult when students are transparent about their knowledge gaps when students listen attentively being involved in teaching by sharing their lived experiences being advised in advance when they are seeing a student being involved in the feedback process to help their learning 	

Clinical Consultation



Home Visit



Telephone call



Face to Face

Sample timetable

Week		Student 1	Student 2	Student 3	Student 4	Student 5	Student 6
1	9-9:30	Intro to practice for group					
	9:30-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
2	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
3	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
4	9-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
5	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
6	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					



Any thoughts?

Students and Home Visits

What is the future of the GP home visit?



Home Visiting



SEEK PATIENT
VERBAL CONSENT IN
ADVANCE OF THE
HOME VISIT



AGREE TIME OF
VISIT AND CHECK
WHO ELSE WILL BE
IN THE HOME AT
THE TIME/ANY
ANIMALS?



STUDENTS SHOULD
COMPLETE A HOME
VISIT IN A
MINIMUM OF TWO



CHECK IF STUDENTS
HAVE THEIR OWN
TRANSPORT OR IF IT
IS WITHIN EASY
WALKING DISTANCE
OR CAN BE
ACCESSED BY
PUBLIC TRANSPORT



DISCUSS SPECIFIC
TASKS FOR HOME
CONSULTATION

Home Visiting

Letter Template to patient who has agreed to have home visit by QUB medical students.

Thank you for agreeing to talk with medical students from Queen's University, Belfast.

We have asked your GP to find some patients who are willing to spend time talking with medical students for two very important reasons.

First, so that students may learn from your experiences of illness and second, so that the students can improve their communication skills when talking to patients about their health.

Please remember that some of these students are still early in their medical training. They have had limited opportunities to speak to "real patients" and they will not be able to answer any medical questions that you might have about your health. Some students will be very shy. If you are chatty and open this will really help to keep the conversation going!

After the home visit, the students will be asked by the GP to reflect on what they have heard, and the GP may also discuss this with other students placed in the practice. We always keep your information confidential by changing key identifying factors such as names, ages and places.

Please inform the GP or the students if you would not like them to share your story anonymously.

With many thanks,

GP on behalf of the Practice

Home Visiting

Reflective Home Visit Template

Date

Patient's age/sex/ethnicity

Brief summary of patients' story.

Any other issues raised.

What did I do well?

Anything I will do differently on the next home visit?

One thing which challenged me.

One thing which surprised me.

What have I learned?

How did this visit make me feel?

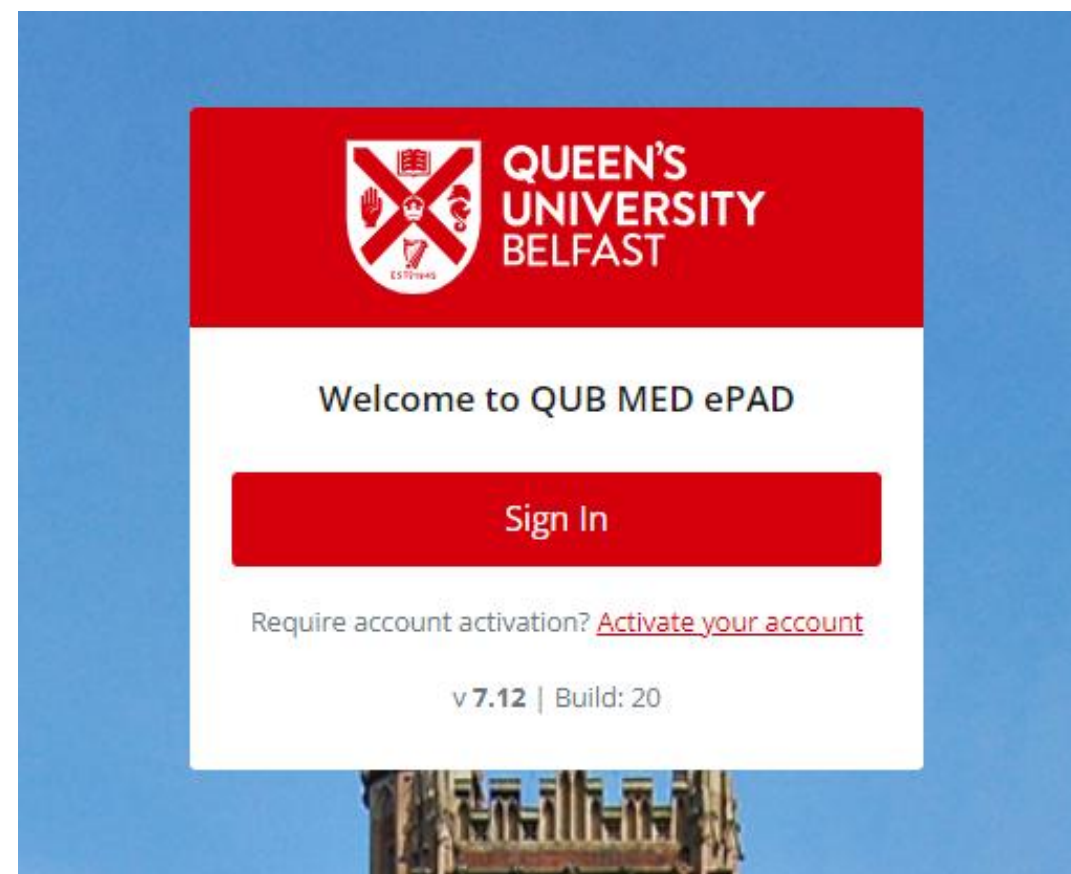
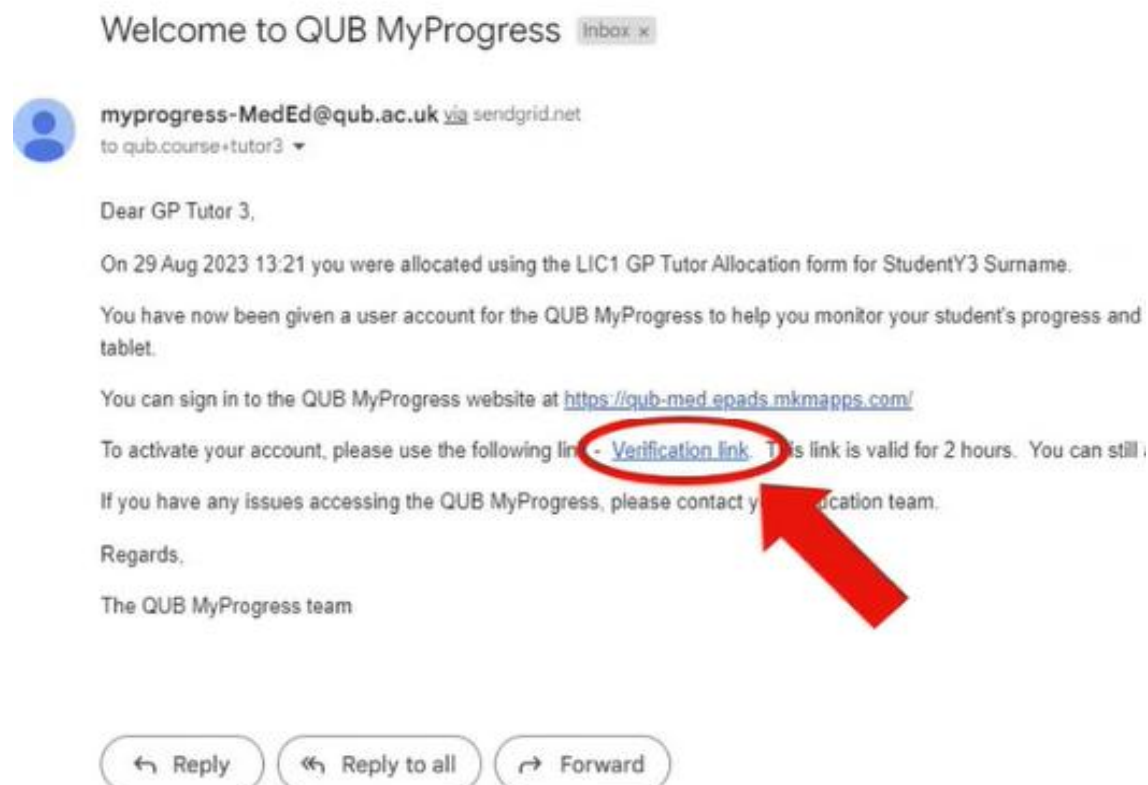


Any thoughts?

MyProgress



MyProgress – How do I access?



MyProgress Overview

▼ Overview

General Practitioners work as experienced clinical generalised in primary care, usually based in and embedded within communities. The GP has a different but complementary role to care that is accessed in a hospital setting. GPs treat everyone from cradle-to-grave on the basis of need, with an emphasis on 'relational care', 'continuity of care' and advocacy for our patients within healthcare systems. There is an emphasis on a longitudinal and contextual approach to medical care.

This section of your ePAD should be used to record mandatory learning activities during your GP attachment. Note that GP may also be a good opportunity to complete the DOPS requirements for Year 3: complete these via the Practical Procedures tab or by clicking into the "All Years" tile on the ePAD homepage.

> Clinical Encounters | 0/2 Completed | Available to other roles

> Case Based Discussion | Available to other roles


> GP Tutor Feedback | Available to other roles


> Student Reflection on GP Placement | Available to other roles





complementary role to care that is accessed in a hospital setting. GPs treat everyone from cradle-to-grave on the basis of need, with an emphasis on 'relational care', 'continuity of care' and advocacy for our patients within healthcare systems. There is an emphasis on a longitudinal and contextual approach to medical care.

This section of your ePAD should be used to record mandatory learning activities during your GP attachment. Note that GP may also be a good opportunity to complete the DOPS requirements for Year 3: complete these via the Practical Procedures tab or by clicking into the "All Years" tile on the ePAD homepage.

>  Clinical Encounters | 2/2 Completed | Available to other roles

>  Case Based Discussion | Completed | Available to other roles

>  GP Tutor Feedback | Completed | Available to other roles

>  Student Reflection on GP Placement | Completed | Available to other roles

What do they need to complete?

It is the student's responsibility to ensure that all required elements of MyProgress are completed.

You must complete the GP Tutor Feedback at the end of the 12 week placement.



What must each student complete?



CLINICAL ENCOUNTERS – 2 NEEDED



CASE-BASED DISCUSSION (CBD) - 1
NEEDED



STUDENT REFLECTION ON PLACEMENT
AND/OR GP TUTOR FEEDBACK

Clinical Encounters x2

Clinical Encounters

During your GP placement you should record **two** encounters that were particularly useful for your learning. Over the course of the semester, you should be developing your independence, progressing from "active observation" through to leading consultations.

Further information around "active observation", "active participation" and "leading consultations" along with entrustment scales is available within the GP Tutor & Student Guide.

Your role within encounter *

- ☐ Active observation
- ☐ Active participation
- ☐ Leading the consultation

Clinical Encounters x2



Active observation

Observation is not a passive process - it offers opportunities for active learning

Active participation

Initially students might 'hotseat' an element of a consultation – 'information gathering', or an aspect of a focused examination or be 'delegated' elements of management e.g. discussing physical activity, suggesting practical sleep hygiene strategies, drafting a referral letter, arranging and conducting a review etc.

Leading consultations

This may be with a GP in the room or in another consulting room (space dependent) – a student is leading a consultation (face-to-face or remote) if they are working through from initial information gathering/examination to formulating some kind of 'next steps' as to how the consultation might conclude. This includes moving beyond history and examination to 'the second part of the consultation' and considering management approaches.

Case based Discussion (CBD)x1

CBDs are a structured interview designed to assess a student's professional judgement in clinical cases. The student will prepare an in-depth exploration of a clinical case. The student will present the CBD to the GP Tutor and preferably with their peers.

WHAT IS INVOLVED?

Identify one clinical case that, for the student, demonstrates

- a reasonably complex case
- that may have involved several members of the primary healthcare team
- and allows a range of competences (see below) to be demonstrated

e.g. someone recently discharged from hospital following an acute clinical episode, someone actively undergoing hospital care, a patient with a long-term condition or multi morbidity, or someone with palliative care needs.

GP Tutor Feedback

For GP Tutors:

Please use this form to review a student's progress during their GP block.

The students will receive feedback under these headings in year 3-5 whilst on GP placement

If you have any questions or concerns about a student, please contact the QUBGP team by email at gpadmin@qub.ac.uk. You can also use the box at the bottom of this form. Any feedback here will be dealt with by the QUBGP team

Assessment Areas *

Please grade the following skills and competencies

	Exceptional	Very good	Good	Borderline	Poor
Adaptive & Flexible Consultation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Knowledge & Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approach to Patient Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness to teaching and enthusiasm for learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appreciation of risk, uncertainty and complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism (incl punctuality, teamworking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practical procedures

√ GMC23 Introduction

Over your five-year medical degree, you are expected to develop competency in a number of procedural skills, as specified by the GMC's *Practical Skills and Procedures*. This section will log assessments that you have completed over that time and build up a record of competency in the different procedures.

Practical skills and procedures outlines the core set of practical skills and procedures, and minimum level of performance that newly qualified doctors must have when they start work for the first time so they can practice safely. By your final year of studies, you are required to show that you are competent in performing **all the practical skills/procedures set by GMC**.

For further information, you can visit either the Portal or [Outcomes for graduates – Practical skills and procedures - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/outcomes-for-graduates/practical-skills-and-procedures).



Any questions?

Virtual Primary Care

<https://vpc.medicalschoolscouncil.org.uk/>



[About](#) [Log in](#) [Contact us](#)



Virtual Primary Care is a general practice based educational resource providing UK medical schools with access to a video library of authentic primary care consultations.

Virtual Primary Care (VPC) is an innovative, general practice based educational resource offering fly on the wall access to 150 diverse, real life primary care consultations recorded in Birmingham, Bradford, Bristol and London. Every consultation has been tagged for clinical and educational content and is accompanied by a brief summary, associated learning points, references and suggested student activities.

Developed by the Medical Schools Council and the Society of Academic Primary Care Heads of GP Teaching Group, VPC has been designed to provide vital support to medical students training in a changed primary care environment as a result of the COVID-19 pandemic. The resource uses video consultations provided by the award winning TV production company Knickerbockerglory, producers of the Channel 5 television series GPs: Behind Closed Doors.

VPC is available to all UK medical schools as part of their membership of the Medical Schools Council. For licensing and security reasons, VPC is not in the public domain but available only to member medical schools.


To access Virtual Primary Care, please select the appropriate option below:

[I am a student](#)

[I am a staff member](#)

Virtual Primary Care - How best to use on GP placement?

Playlists • Year 3 videos



Year 3 videos

- 1 Middle aged man who has had a seizure 10:34
- 2 Follow up middle aged man 12:42
- 3 Obesity, breathlessness and headaches / Health... 20:11
- 4 85 year old woman. Hand and back pain 13:55
- 5 Cannabis and psychosis - mental state exam / Communicat... 11:00
- Back pain / The social

Manage playlist access

Patient with epilepsy and COPD presenting following a recent seizure

Learning Points

1. Seizures - history taking, discussing medications
2. Talking about bereavement
3. Benefits system

Discussion Points

1. What are the common causes for increase in seizure activity in a patient with epilepsy?
2. How did the GP organise this consultation despite the patient's multiple issues?
3. At 3:30 Bereavement - what else may patients experience following a bereavement?
4. At 3:50 The GP asks about the seizure. What further questions might you ask about the event?
5. What were the patient's ideas, concerns and expectations of this consultation and how were they explored and dealt with?
6. Benefits system. What was the GP's explanation about the system?

Additional learning materials

BMJ article: Approach to the patient with epilepsy in the outpatient department <https://pmj.bmj.com/content/81/957/442>
Government website about benefits <https://www.gov.uk/browse/benefits>
Bereavement patient resource <https://www.cruse.org.uk/>



Any thoughts?
Record attendance

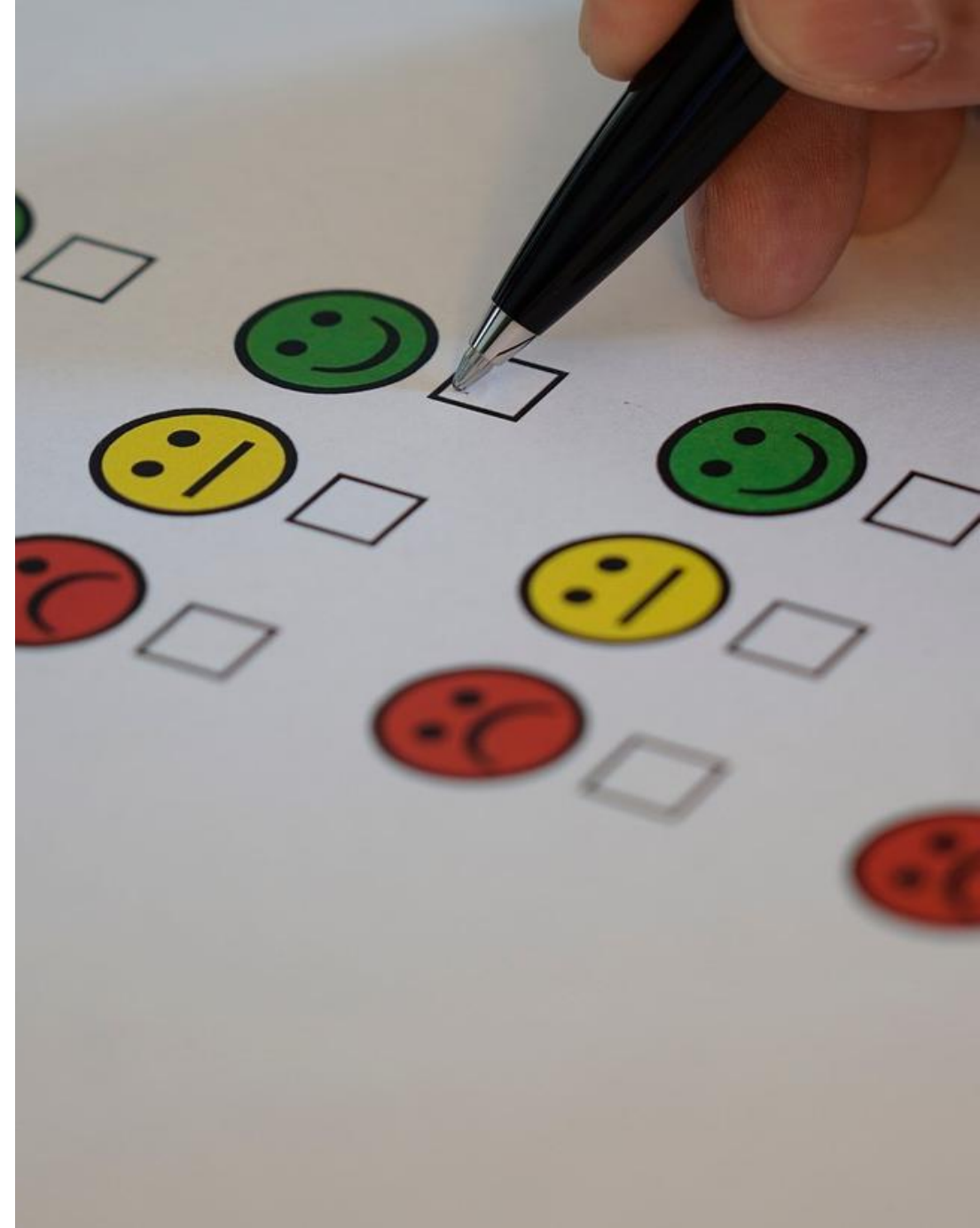
Mrs Eveline Burns and Prof Helen Reid



Thank you and some practicalities

Student feedback

- 24/25 shared end May – not perfect but many find it helpful
- *Please encourage your students to complete – we all have a role in this*





Availability Sheet User Guide

Availability and allocations

- Thankyou
- 25/26 out pre-Easter
- Student names to Practices – bringing forwards for planning
- 26/27 process planning

ng Availability

ct your availability, click on the boxes coloured in pink/red

N/A

N/A
Tue Grp
Fri Grp
Tue Grp AND Fri Grp

g on these boxes will allow you to
your availability from a drop-down list. For example:

ou have made a selection, the
turn green and display your
n. For example:

Tue Grp

selection you make adds an entry to the Summary sheet of this workbook, which will record the dates
and an estimate of the number of students who would be attending for that activity based on your decl

-26, Year 5 teaching is offered for 7 weeks in 3 Attachment blocks between September and February
runs from **01 Sep - 24 Oct**, Block 2 runs from **27 Oct - 19 Dec**, and Block 3 runs from **05 Jan - 27 Feb**
y offer to facilitate either 0 or 2 students for any or all of the three groups for 7 weeks (63 total sessions)
availability tab displays the scheduled placement dates for each group, and highlights in green if you have
each group from the **drop-down lists on the left** of the calendar and **choose the number of students** you
3.

each block, students will come back to Queen's for a week of additional teaching or self-directed learning
k of the block. Dates for students will be confirmed when we send out our student allocation lists in
e noted the weeks affected on the calendar and in the summary sheet for your reference.



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Payments

- Remain quarterly
- Requirement for signed SLA - please return to SUMDE asap on receipt




Robin Harland Award for Excellence in Undergraduate Medical Education

- Student nominations across Y4 and Y5 host Practices
- 24/25 process underway
- 'Close the loop' with nominated Practices
- Winner and runner up... watch this space!
- Future developments to recognise excellence



QUBGP website

**QUEEN'S
UNIVERSITY
BELFAST**

HELPFUL LINKS ▾ STAFF STUDENTS ALUMNI

STUDY RESEARCH INTERNATIONAL BUSINESS ABOUT 🔍

HOME / QUBGP ▾

QUBGP

Quick links to resources

NEW PRACTICES

PRACTICE MANAGERS

TUTOR UPDATES

YEAR 1+2 CLINICAL SKILLS
EXPERIENCE

YEAR 1+2 FAMILY MEDICINE

YEAR 3 GP

YEAR 4 GP


YEAR 5 GP

The QUBGP website is for anyone involved in medical student education from a General Practice perspective.
We hope you will find the educational resources useful.
To find out more about how to become a QUB Tutor or Teaching Practice click [HERE](#)

REQUEST A CP2A

CLICK HERE >

Latest News



Medical Students and Home Visits Guidance



EQUITY, DIVERSITY &
INCLUSION

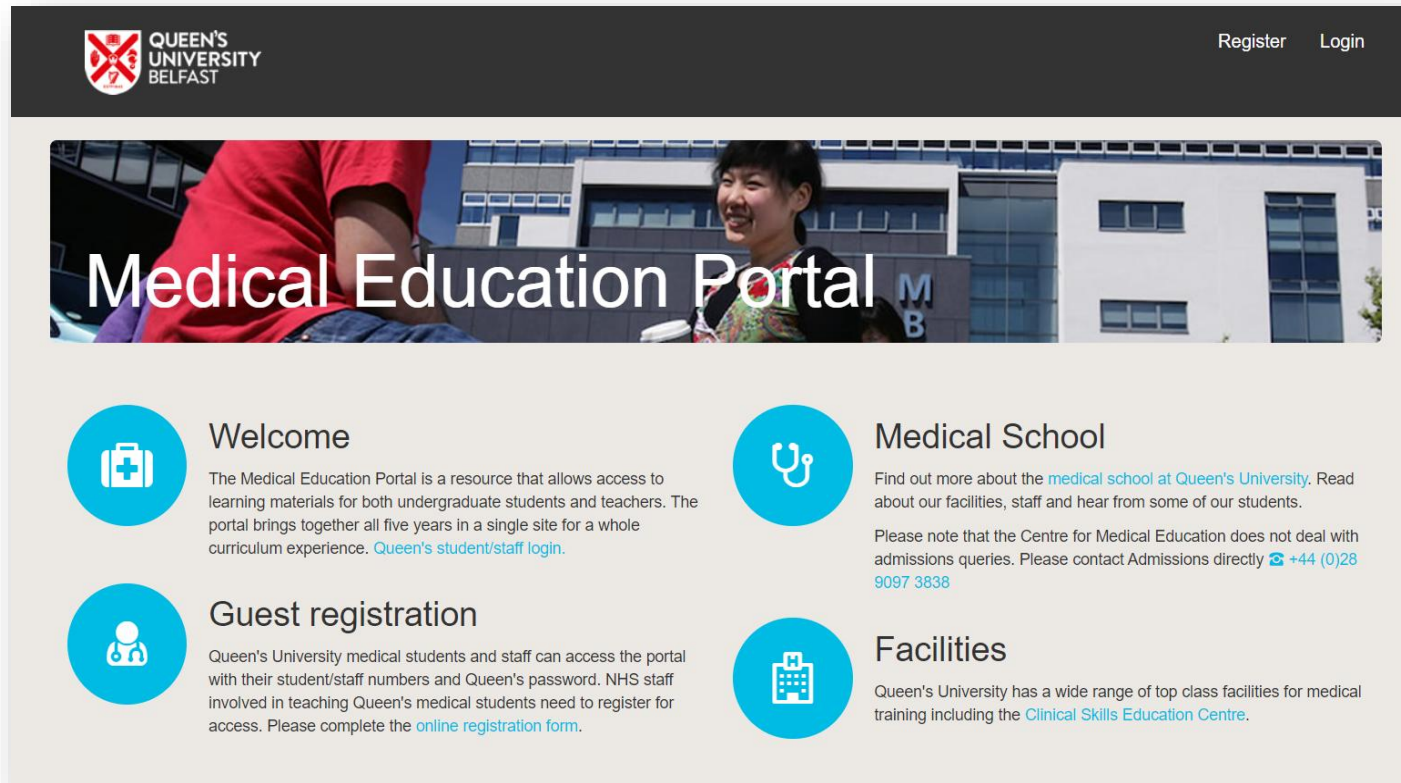
FOR HEALTHCARE EDUCATORS



CO-CREATED BY:



QUB Medical Education Portal

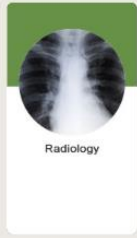
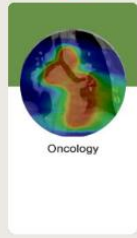


<https://www.med.qub.ac.uk/Portal/>



[Home](#) / [Learning](#) / Year 4

Year 4



[Home](#) / [Learning](#) / Year 4 / General Practice

General Practice

Welcome to your Year 4 experience in General Practice (GP); clinical medicine practiced in the community, by expert generalists. We deal with everything in everyone with undifferentiated issues and ongoing care of any and all health conditions very much our daily work. As such, GP is a great place to learn! Dig under the surface and there will be patients with every presentation and condition you have encountered so far in your medical training. It is the best possible generalist environment to encounter everything you need to know about for your careers as doctors (wherever you see yourself working in the future)- and for your exams!

Your Year 4 GP practice is your clinical 'home' for Year 4; you will return to the same Practice four times through the year, for two weeks during each of the four pillars. As you will see, GPs practise clinical medicine in a very different setting and context from those who work in hospitals. With increasing trends towards super-specialisation in some hospital-based specialties, there is a vital need for high quality skilled clinical generalists in community settings. Everyone stands to learn in GP. Regardless of where you see yourself working in the future, in the community is where the vast majority of your patients (even those with the most complex medical needs) will spend much of their lives. I look forward to welcoming you to your time in GP.

Pillar Week 3 Slides: [GP Gems](#)

Pillar Week 2 Slides: [GP Gems](#)

Speaking Clinically: [Virtual Surgery 1](#) | [Supporting Information](#)

Speaking Clinically: [Virtual Surgery 2](#) | [Supporting Information](#)

Speaking Clinically: [Virtual Surgery 3](#) | [Supporting Information](#)

Key Information



Dr Davina Carr

[Learning Outcomes and Key Information](#)

[Click below to access your Digital Textbook](#)



[Study Guide](#)

[Intimate Examinations Policy](#)

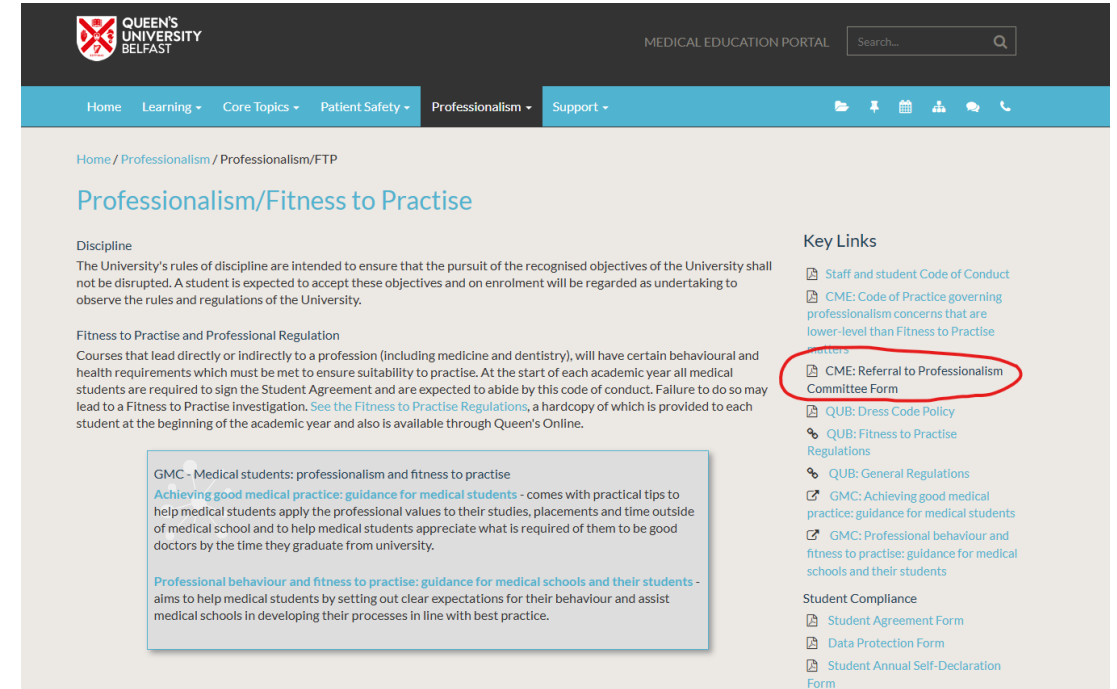
[GP B & B Database](#)



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Student/placement issues

- Welfare/professionalism concerns - we want to know – please contact QUB – gpadmin@qub.ac.uk initial recommended point of contact
- Placement level/practical challenges (esp if not student specific) - consider GPSD 'contact us'



The screenshot shows the Queen's University Belfast Medical Education Portal. The header includes the university logo, the text 'MEDICAL EDUCATION PORTAL', and a search bar. A navigation bar contains links for Home, Learning, Core Topics, Patient Safety, Professionalism, and Support. The main content area is titled 'Professionalism/Fitness to Practise' and includes sections for Discipline, Fitness to Practise and Professional Regulation, and a callout box for GMC Medical students. A 'Key Links' sidebar on the right lists various documents, with 'CME: Referral to Professionalism Committee Form' circled in red.

QUEEN'S UNIVERSITY BELFAST

MEDICAL EDUCATION PORTAL

Home Learning Core Topics Patient Safety Professionalism Support

Home / Professionalism / Professionalism/FTP

Professionalism/Fitness to Practise

Discipline
The University's rules of discipline are intended to ensure that the pursuit of the recognised objectives of the University shall not be disrupted. A student is expected to accept these objectives and on enrolment will be regarded as undertaking to observe the rules and regulations of the University.

Fitness to Practise and Professional Regulation
Courses that lead directly or indirectly to a profession (including medicine and dentistry), will have certain behavioural and health requirements which must be met to ensure suitability to practise. At the start of each academic year all medical students are required to sign the Student Agreement and are expected to abide by this code of conduct. Failure to do so may lead to a Fitness to Practise investigation. See the [Fitness to Practise Regulations](#), a hardcopy of which is provided to each student at the beginning of the academic year and also is available through Queen's Online.

GMC - Medical students: professionalism and fitness to practise
[Achieving good medical practice: guidance for medical students](#) - comes with practical tips to help medical students apply the professional values to their studies, placements and time outside of medical school and to help medical students appreciate what is required of them to be good doctors by the time they graduate from university.

[Professional behaviour and fitness to practise: guidance for medical schools and their students](#) - aims to help medical students by setting out clear expectations for their behaviour and assist medical schools in developing their processes in line with best practice.

Key Links

- Staff and student Code of Conduct
- CME: Code of Practice governing professionalism concerns that are lower-level than Fitness to Practise matters
- CME: Referral to Professionalism Committee Form**
- QUB: Dress Code Policy
- QUB: Fitness to Practise Regulations
- QUB: General Regulations
- GMC: Achieving good medical practice: guidance for medical students
- GMC: Professional behaviour and fitness to practise: guidance for medical schools and their students

Student Compliance

- Student Agreement Form
- Data Protection Form
- Student Annual Self-Declaration Form

Thank you

