



**Handbook for Community GP Teachers**

**Year 1, Year 2 and Year 4 GP Placements**

**Academic Year 2025/26**

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## Introduction

Thank you for teaching BSMS undergraduate students in your practice. We value your contribution to their education and are committed to working in partnership with you to create an enriching and supportive learning environment.

Whether you are facilitating first-year students on two Tuesday afternoons, second-year students for three full-day placements, or fourth-year students for a four-week period, this handbook has been designed to provide you with essential guidance and supporting information.

If you have any questions regarding supervision, expectations, or welfare concerns, please do not hesitate to get in touch. A full list of key contacts can be found on page 33.

## Summary of changes for 2025/26

- We have combined our three teaching handbooks into one for the convenience of all those teaching multiple year groups and so you can see what students have learned about General Practice as part of their overall curriculum.
- Year 1 and Year 2 students will now attend in groups of four.
- The Year 4 placement is now for 3.5 days per week for 4 weeks.
- We have included links to our updated website for further information including the advice given to students attending clinical placements.

## Patient consent

Please ensure that:

- The provided poster, about the presence of undergraduate medical students is clearly visible in the waiting room and included in practice leaflets/website (where applicable).
- The patient is told that a student will be present when they book the appointment and when they check in.
- The GP takes verbal consent from the patient.
- The practice records any complaints related to teaching and action taken.
- Some practices ask their receptionists to record on the appointment list whether the patient is willing to have a student present - this is good practice.

# What are students learning at BSMS in Phase 1 (Years 1 and 2)?

## Year 1

The main purpose of the Clinical & Community Practice Module 101 is to prepare the students for working in the clinical environment by integrating clinical learning with knowledge and skills. Students will rotate between visits to primary care, a series of university-based workshops involving clinical skills teaching, initial assessment, and medical school-based taught child & family sessions. Visits to general practice will be complemented by two home visit simulations based at the medical school, taught by our GP clinical practice facilitators.

Module 101 has been developed to complement the other Year 1 modules:

- 102: Foundations of Health and Disease.
- 103: Heart, Lungs and Blood.
- 104: Nutrition, Metabolism and Excretion.

Students have lectures and seminars on Tuesday mornings. These cover important topics to equip the students for clinical medicine, as well as giving them some context for their practice. For example: ethics, consulting and communication skills, public health medicine, child and family module, and an introduction to clinical pharmacology.

## Year 2

The main purpose of the Clinical & Community Practice Module is to prepare the student for working in the clinical environment by integrating clinical learning with knowledge and skills. BSMS Module 201: Clinical & Community Practice has been developed to complement the other Year 2 modules:

- 202: Neuroscience and Behaviour
- 203: MSK and Immune System
- 204: Reproduction and Endocrinology

Module 201 in Clinical & Community Practice is on Thursdays.

They have lectures and seminars on disability, ethics, clinical therapeutics, public health and

sustainability in healthcare.

The students commence a Time for Dementia study, which is over two years (year 2 and 3) and involves meeting families. At the end of year 2, they write a summative patient study essay based on the visits to meet this patient and their family.

They will undertake ILS training in immersion week 3 or 4.

They need to consolidate and practice all history-taking examination skills from Years 1 and 2 for their OSCE at the end of Year 2.

### Immersion weeks

There are four distinct immersion weeks across the year. The term will pause whilst students engage with an immersion week. The immersion weeks involve rotating the students through a week or placement in:

**General practice placement week:** All clinical general practice teaching takes place during the four immersion weeks.

**General practice and psychiatry teaching week:** Students have a lecture and small group teaching on clinical decision-making and differential diagnosis. They interview a simulated patient in pairs and present a case- based discussion. This year we are piloting the use of live-streamed GP consultations as part of this teaching. The students also have a psychiatry teaching morning learning about history taking with specialist facilitators and actors.

**Clinical care (community) week:** Students spend four sessions with a community primary care team e.g. district nursing, pharmacy, minor injuries units, mental health liaison practitioners or rehabilitation teams. These sessions will expose students to the range of skills within the wider community care team, as well as further introduce them to the complexity that patients face in their journey through illness and recovery, to gain a better understanding of how these factors interact with each other.

**Interprofessional education week:** Students spend online sessions working with allied health professional students on a shared project to formulate a discharge plan for a patient.

To develop their skills in interprofessional working and develop their knowledge of the range of teams involved in the care of patients across different settings. They also attend team-building sessions and attend a session on medical law.

## Primary care placements in Phase 1

### Induction

**All Primary Care team members should be aware in advance of the student visits.**

- The welcome is important, and we suggest you introduce the students to all the practice team.
- Ensure that students have somewhere secure to put their coats and bags, know where the toilets are, and when to expect refreshments.
- The visits: aims, learning outcomes, content and assessment.
- Ground rules for confidentiality and courtesy.

### Teaching opportunities

Please remember that the students are in their early years of the course and will have limited knowledge or experience of clinical medicine although they have completed two primary care visits during their first year.

- To spend time observing the triaging of patients and call handling.
- To meet and follow a patient's journey from arrival in reception to leaving the practice.
- History-taking (and becoming comfortable in communicating with patients and staff) is the most important skill at this stage. Students are usually focused on their end-of-year OSCEs and are particularly keen to practice these skills.
- Examination skills are taught in a systematic and structured way in years 1 and 2 at BSMS. Students are keen to practice but they are advised that this is not always possible in a general practice setting. Students have access to the BSMS year 2 OSCE structured examination guides. These demonstrate how the students will be assessed in year 2.

- Home visits: Students value the experience of attending a care home or home visit if this can be arranged. They should be always supervised.

## Teaching methods

- It can be useful to vary your supervision of the students taking histories from patients; maybe begin by asking students to ask questions informally, then swapping seats with you for part of the consultation towards speaking to patients alone or in pairs and presenting the patient to you as their skills progress.
- Test the students' observational skills.
- Discussion of clinical cases and observations from the consultations.
- You may find it helpful to review the BSMS year 1+2 examination videos to understand the 'level' of skills expected at this stage.
- Use ten minutes at the end of the session to listen to what the students have learned.

## Reflective learning logs for e-Portfolio

- Students are encouraged to take notes (anonymised) of consultations and experiences and record these in their reflective learning logs as part of their ePortfolio.
- Students should be given time to take notes, where possible.

## Feedback

You will need time at the end of the final session to obtain evaluation from the students. Decide what you would like to find out about your teaching.

- You could explore the following areas:
  - o How have the students linked their experience to knowledge?
  - o What have the students thought about your sessions?
  - o What have the students thought about the sessions involving other members of the team?
  - o Do they think they have achieved the learning outcomes of the module?
- Points to consider during feedback:



- o Students may provide information about satisfaction rather than educational value.
- o Using more than one method to collect information can produce more accurate results.
- o You do need to identify problem areas and not just obtain positive feedback.
- o Be cautious about positive feedback, students may wish to please you and/or they know that you are involved in the assessment.

## Year 1

First-year medical students will attend your practice in groups of four, with each group making two three-hour visits on a Tuesday afternoon.

### Learning objectives:

Demonstrate concern for the interests, dignity and respect of patients.

Elicit and record basic medical histories in a manner that is structured but patient-centred.

Begin to identify symptoms and signs of disease.

There may be opportunities to perform a basic clinical examination within specific systems in a systematic but sensitive manner, appropriate to the age, gender, culture and clinical condition of the patient.

Students learn the following skills throughout Year 1:

	Clinical practice workshops	Clinical technical skills	Communication skills
<b>Term 1</b>	History taking- structure of traditional medical history/ symptoms and signs	Infection control, handwashing, swabs Basic life support	Initiating the consultation/ models Gathering information
<b>Term 2</b>	History taking and examination cardiovascular system History taking and examination respiratory system	Observations and NEWS score	Building the relationship
<b>Term 3</b>	History taking and examination alimentary system	Airway and A-E approach	Providing information Focused history/ SOCRATES

## General Practitioner

Of the sessions that students are in placement, they should be sitting in with and observing a GP for a minimum of 50% of their time. In these sessions, it is helpful if some slots are blocked off, reducing the GP's clinical workload, to facilitate some time for discussion and debriefing with the student. Students are very early in their clinical training, so are not expected to consult patients. However, hands-on experience is always highly valued by students. If, based on your professional judgement, you feel a student has demonstrated sufficient competence and confidence, they may be invited to take a history or perform an examination on a patient *under direct supervision*.

- **All students will have attended the two history-taking seminars before attending their first GP placement.**
- **There is no expectation or need for students to identify patients with specific signs, symptoms, or conditions in their placements.**
- **Please remember that the students are in their year of the course and will have very little knowledge or experience in clinical medicine.**

## Wider General Practice Clinical Team

As the students only have two opportunities to visit general practice in year 1, we would prefer that they are with a GP for these visits. However, it is acceptable for students to spend some time with other members of the clinical team. This may include time observing the work of the healthcare assistant, practice nurse, or advanced clinical practitioners. It is anticipated that this time be spent in a purely observational role. However, if it is felt that the student can take a more active role, such as assisting the health care assistant with taking basic measurements, this is likely to be both of benefit and significant interest to students.

## Topics to consider discussing

- Clinical examination of chest, abdomen

- Childhood development and immunisation
- Common presentations in GP
- Risk assessment and management
- A basic physical examination including:
  - General inspection and observation
  - Taking the pulse and blood pressure
  - Auscultation of heart and lung
  - Seeking systemic manifestations of disease e.g. Cyanosis

## Year 2

Students attend in groups of four for their placement. Each group will have six sessions (three full days) in general practice, across their GP immersion week.

### Learning objectives:

- To observe and appraise multi-professionals working in primary care.
- To detail patient journeys and as they are cared for in a primary care setting by all members of the team.
- To practice communication skills from Year 1 (questioning, dynamics, agendas, etc.).
- To interview (and examine) patients chosen by GP to develop your skills in focused history-taking.
- To assess what examination features you might look for to link with the history.

During their placements, students are expected to:

- Receive an induction to the practice and team, explaining the context and role of different team members, orienting learners to organization-specific requirements and rules etc.
- Observe GP consultations, ideally three of the six sessions would be spent doing this.
- Observe wider clinical team member sessions (e.g. practice nurse, advanced clinical practitioner, healthcare assistant).

- There is no expectation or need for students to identify patients with specific signs, symptoms, or conditions in their placements.

Please note that, depending on when the students attend your practice for their immersion week, they may not have been taught on all the subjects below.

Immersion week	Students have been taught before this immersion week
1	Revision sessions on CVS, RS, GI history taking and examination, consent for rectal examination; basic history-taking localization in neurology, Using BNF app
2	Cranial nerves, PNS; psychiatry, ECG & blood glucose
3	Locomotor system; communication skills challenging circumstances, IM injections, ABLS refresher
4	MSK examination -shoulder and knee and GALS; ageing & ageism, end of life care, breaking bad news; sexual health history taking, gynae and pelvis exam skills, wound assessment and closure, inhaled medications, paediatric BLS & NEWS

## General Practitioner

Of the sessions that students are in placement, a minimum of 50% of their time should be spent sitting in with and observing a GP. In these sessions, it is helpful if some slots are blocked off, reducing the GP's clinical workload, to facilitate some time for discussion and debriefing with the student. Students are still early in their clinical training, so are not expected to consult patients, but the opportunity to undertake some aspects of directly supervised clinical examination (e.g. taking a blood pressure or performing an examination) would be beneficial and can be built up to throughout their time with you.

## Wider General Practice Clinical Team

The remaining time can be spent with other members of the clinical team. This may include time observing the work of the healthcare assistant, practice nurse, or any advanced clinical

practitioners. It is anticipated that this time be spent in a purely observational role. However, if it is felt that the student can take a more active role, such as assisting the Health Care Assistant with taking basic measurements, in that case, this is likely to be both of benefit and significant interest to students.

## What are students learning at BSMS in Phase 2 (Years 3 and 4)?

### Year 3

Students spend 11 weeks in each of Medicine, Surgery and Elderly medicine & Psychiatry. They also study the scientific basis of medicine and clinical pharmacology. There are two General Practice teaching sessions around emergencies and prioritisation in General Practice and lifestyle medicine.

### Year 4

Module 402: Students have rotations in GP; paediatrics; Obstetrics and gynaecology; ENT, ophthalmology and neurology; dermatology and rheumatology; oncology, haematology and palliative care; Infectious diseases, HIV/GUM & health protection.

They complete an Individual Research Project (IRP) and Time for Autism patient study.

## Year 4 General practice

The Year 4 General Practice rotation plays a vital role by allowing students to spend several consecutive days in the practice. This experience enables them to observe the progression of medical issues over time, reflect on the patient's journey and to appreciate the collaborative efforts of the healthcare team in delivering patient care. Students attend for 3.5 days per week for four consecutive weeks, starting on a Friday and ending on a Thursday. We expect students to communicate well with the surgery and to contact you in advance of their start date. The general expectation for a whole day on placement is attendance between 9am to 5pm or equivalent.

## Objectives

The purpose of the rotation is for students to become more familiar with the management of acute illness and common chronic disorders in the community setting. A key component is recognising the role of the GP in addressing undifferentiated problems and negotiating a shared management plan with the patient.

During the General Practice rotation students will be expected to:

- Acquire the attitudes, skills and knowledge required to diagnose and manage patients in an effective and holistic way
- Manage patients with common acute and chronic illness
- Document accurately and concisely
- Observe the natural history of common disorders
- Understand the differences in both presentation and management compared with secondary care
- Develop their skills of testing diagnostic hypotheses as appropriate to GP setting
- Undertake focused examinations of patients, including for minor illnesses (where the examination may offer 'therapeutic' benefits)
- Explain a diagnosis to the patient and negotiate an appropriate management plan
- Understand referral, admission and discharge procedures

## Activities

The placement must commence with an induction (Pg 18). Students appreciate being welcomed into your practice team. Introducing the student to the whole team when they arrive helps them get used to the practice setting and makes them feel welcome.

Some medical students can struggle to adjust to a new clinical learning environment. You might be the first clinical teacher working with this student in a one-to-one relationship over a prolonged period. We hope you will be able to help students adjust to the general practice

workplace. We ask you to share your wisdom with them, telling them about the things you wish somebody told you when you started learning clinical medicine. **Please inform us early if you believe a student has problems.** Some students have a Learning Support Plan (LSP) from BSMS, and we encourage them to discuss/share this with their GP supervisor.

We like students to be involved in a variety of activities including supervised surgeries, home visits, multidisciplinary activities, out of hours care and practice meetings. In addition, we value students engaging with minor surgery, venepuncture, hypertension and asthma clinics where possible. We hope they will feel like a member of the practice team and are encouraged to experience a wide variety of services including screening and illness prevention.

An analysis of a student evaluation survey from when we had final year GP placements proposed that facilitating 'supervised independence' was a hallmark of the inspirational GP tutor (clickable link: [Full article: Supervised independence facilitated by the inspirational GP teacher](#)). Please see below for a summary which we hope is useful:

## ‘Supervised independence’: the inspirational GP teacher

### HALLMARKS OF A SUCCESSFUL PLACEMENT

Fernandes, C., Price, J., & Cooper, M. (2024).

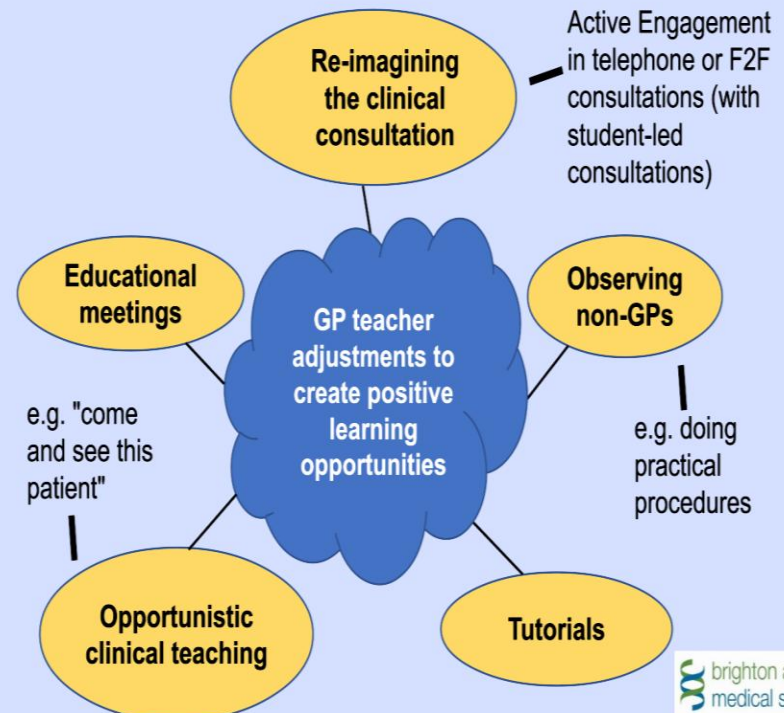
Supervised independence facilitated by the inspirational GP teacher. *Education for Primary Care*, 36(1–2), 58–60.

<https://doi.org/10.1080/14739879.2024.2435615>

**Supervised independence** emerged as a **hallmark** of the **Inspirational GP tutor**, which included:

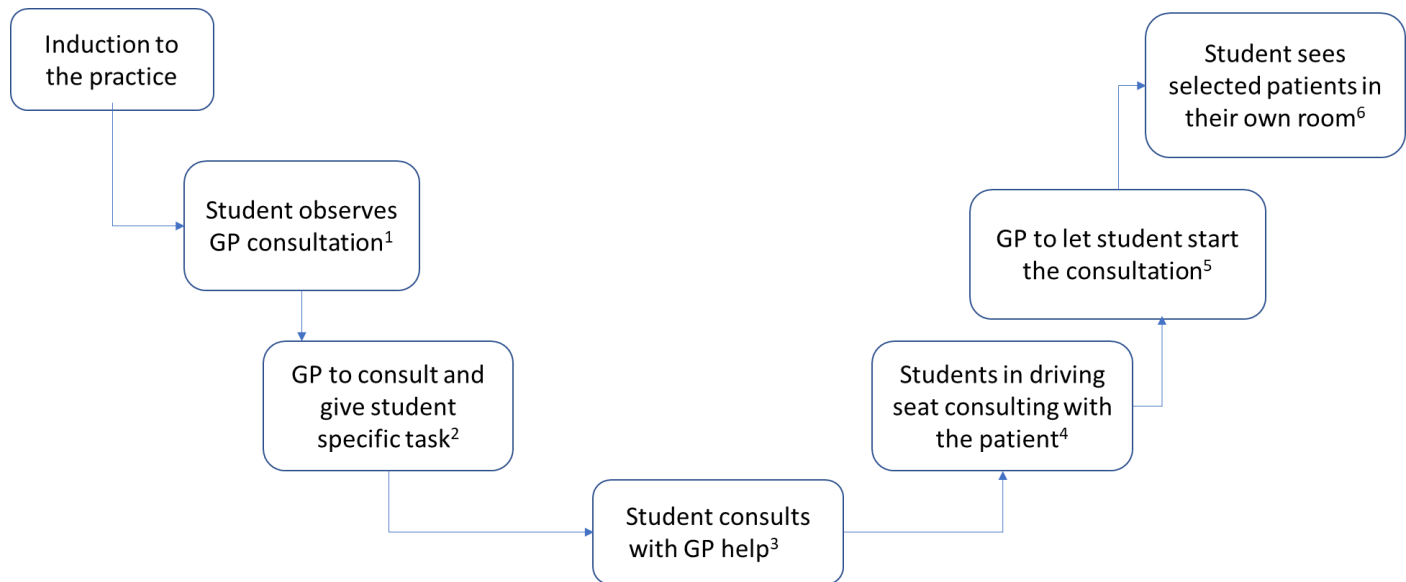
- Making them feel welcome
- Including them in the team
- Giving them supported clinical learning opportunities/responsibility

### Key themes from student feedback survey for GP placements





## Student progression and consulting flowchart



Please note that students undertaking the placement at the start of year 4 will be less confident/experienced than those scheduled later. The flow chart suggests steps to independent consulting. The supervising GP must be happy that the student is competent and confident to see patients independently. Please ensure that where students participate in planning management, the supervising GP also sees/speaks to the patient. Please note that the GP remains responsible for clinical management plans.

<sup>1</sup> e.g. open and closed questions, agenda setting, listening to patient understanding of illness, negotiating management.

<sup>2</sup> e.g. examine the chest, ear or clarifies part of the history, negotiate management.

<sup>3</sup> Usually sitting together.

<sup>4</sup> GP sitting out of patient's sight.

<sup>5</sup> GP joins after a few minutes to observe

<sup>6</sup> GP joins after 20 minutes, student presents, GP clarifies history from patient and negotiates management.

## GP practice induction

All students should receive an induction to the surgery in the same way as if they were a new member of staff. You may use the BSMS GP induction template (below) or your own equivalent. Either way, we suggest you keep a signed copy for your own records.

Content	Example	Initial to confirm
<b>Confidentiality</b>	Patient confidentiality paramount. Students must avoid: any mention on social media, photographing records or inappropriate access to patient records. Student must not be registered as a patient. Student must declare if family members are registered with the surgery and steps taken to ensure they do not access these records.	
<b>Safeguarding</b>	Duty to report concerns over vulnerable children/adults to supervising GP	
<b>Clinical supervision</b>	Patients seen by students must not leave without consulting GP	
<b>Chaperones</b>	Surgery chaperone policy. Intimate examinations only under direct GP supervision	
<b>Covid-19</b>	Patient triage, Personal Protective Equipment, high risk examinations, any relevant practice policy on COVID-19 e.g. social distancing/ masks/ other measures for staff, protocol if student displays symptoms etc.	
<b>Emergency contacts and absence procedure</b>	How to contact surgery if ill/absent for urgent reasons. Student must contact surgery if unable to attend.	
<b>Building/fire safety</b>	Safety exits/evacuation procedure/hazards	
<b>Personal safety</b>	Panic alarm, position of seats in consultation room, how to inform reception of need for immediate help	
<b>Road safety</b>	BSMS does not expect students to travel when roads are treacherous due to bad weather (student must inform GP practice and BSMS if not attending due to poor weather)	
<b>Computer system</b>	Introduction to computer system used in surgery. Not accessing records inappropriate reasons	
<b>Tour of building</b>	Tea room and toilets	
<b>Other matters discussed during induction</b>		
<b>Name (of Practice Manager, GP or staff member)</b>		
<b>Signature</b>		
<b>Date</b>		

## In-house Year 4 GP teaching at BSMS

during “Bookend days” and three “Simulated Surgeries”. Bookend days are four days, three of which take place prior to this four-week placement and one after. Topics include minor illness for GP, mental health for GP, therapeutics for GP and consultation skills. BSMS students are taught consultation through the approach of strategic principles. Please see image below from ‘[Consultation dynamics and strategies: The Brighton guide](#)’

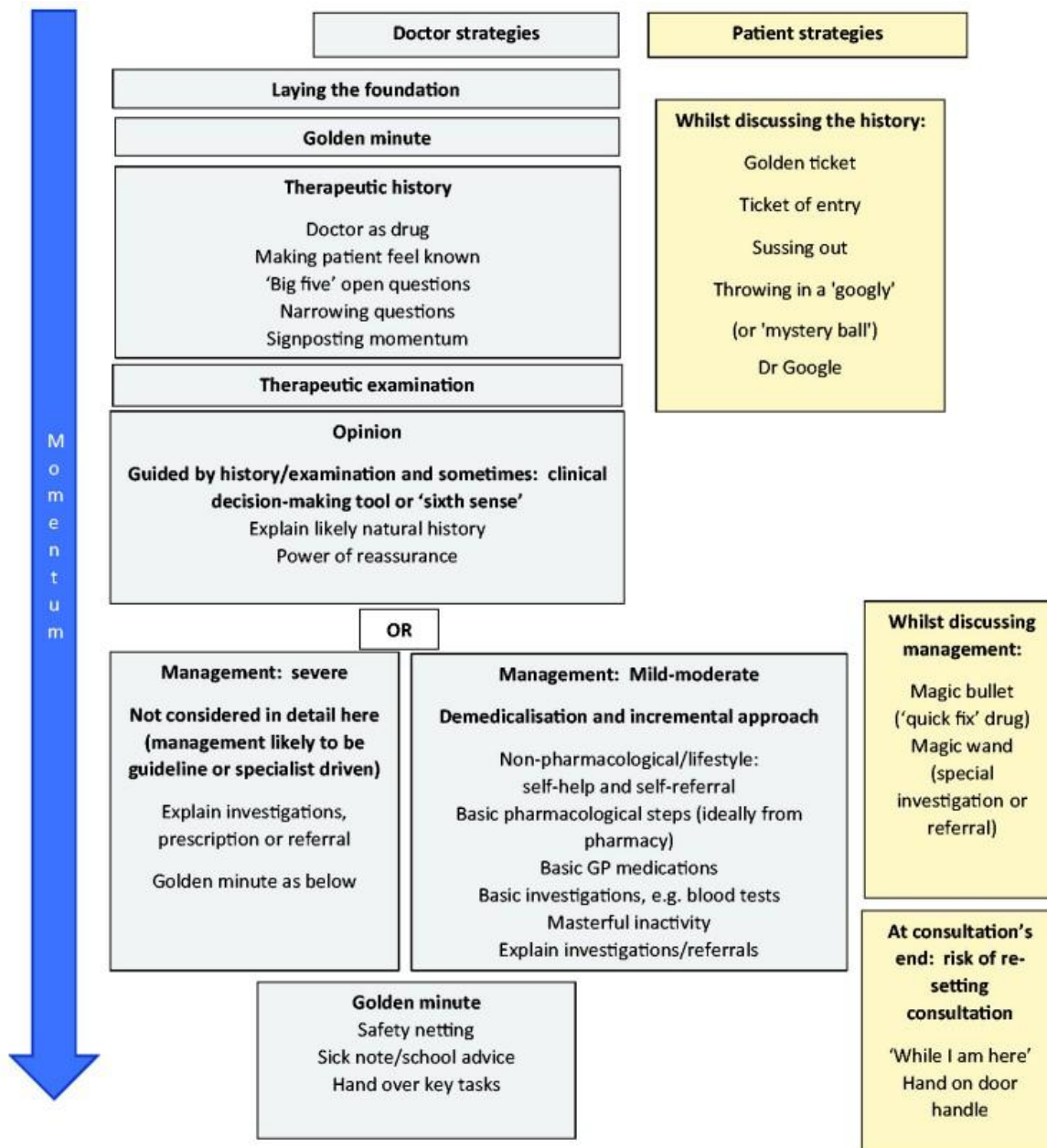


Image: Strategic principles for consultations in general practice (Cooper et al., 2022)

## Clinical activities in surgery

The opportunity to offer students' attendance at a chronic disease or health promotion clinic in your surgery will differ and is dependent on the services you provide. We hope you will be able to allow the student to observe / work with your practice nurse or attached midwife / health visitor (or other attached health care staff) to better appreciate the work of a range of health and social care professionals.

Where possible, students should have an active role in these sessions. Please be prepared to guide colleagues in ways to involve students in a supervised way. Purely observational activities should ideally not last for more than a couple of hours.

### Chronic disease clinics (student to learn skills)

- Diabetes (diabetic check, neurological examination, fundoscopy, etc)
- Hypertension management (including lifestyle interventions)
- Impaired kidney function (monitoring, BP control, ACE inhibitor use)
- Asthma (peak flow, inhaler technique)
- COPD (spirometry, inhaler technique)
- Heart disease (Q risk score, blood pressure measurement)
- Epilepsy (history taking, exploration of impact on life, e.g. driving)

### Health promotion clinic (student to learn skills)

- Antenatal (antenatal examination, patient held pregnancy book)
- Baby checks (weight, height, growth chart, developmental checks)
- Smoking cessation (motivational interviewing, advice and pharmaceutical interventions)
- Immunisation (student must be supervised)

### Other activities:

- Palliative care in general practice
- Safeguarding in general practice

**If students cannot attend a scheduled clinic, you might be able to review a patient with a chronic disease or health promotion need in a regular student surgery.**

## Example timetable

We anticipate the week's timetable may look something like the timetable below:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Independent Research Project (IRP) led from BSMS	Student-led surgery	Asthma clinic	Student-led surgery	Observe minor operations
Lunchtime	IRP as above	Home visits	Review test results	GP tutorial (optional)	Home visits
PM	IRP as above	Diabetes clinic	Student-led surgery	GP surgery	Personal study

This timetable is simply an illustration, and we anticipate that practices will need to alter the schedule to fit in with clinical commitments. **We like you to organise at least two 'student surgeries' and five additional sessions to actively observe various members of the primary health care team (see below for ideas).**

## Student surgeries

One of the most important aspects of this longitudinal placement is the student's ability to see their own patients and start growing in confidence with their consultation and communication skills. Students are asked to provide evaluation about their placement and positive student experience tends to be associated with the opportunity to consult with patients on their own. Students also like having their 'own' room where feasible but we appreciate this is dependent upon availability at your GP surgery.

We have created a process you might like to follow to introduce students to consulting on their own – please see the student progression and consulting flowchart on Pg 17.

We know that patient selection for student surgeries will be mainly opportunistic. We expect BSMS students will progress quickly in their ability to see patients independently and **most students would be expected to start taking histories from patients on their own in their first few days. If you have concerns about a student's ability to see patients on their own, please contact us immediately.** We assume students will be given an individual login for the surgery clinical record system. The time needed by a

student to deal with patients will vary depending on the competence of the student. After each consultation, the GP will give immediate formative feedback on the way the consultation was managed, and the skills used.

The Year 4 curriculum has been produced around **presentations of illness** commonly seen in GP. This is in preparation for students to sit the GMC's Medical Licensing Assessment.

## Logbooks

### GP PebblePad logbook

Student attendance and assessment during GP placement are undertaken using a digital platform called PebblePad.

The students should complete most sign offs themselves (i.e. they self-certify) but will ask you for opportunities to obtain experiences and to directly sign off other activities (see below). Prior to your signature, made on the students' phone, they should complete as much of the form as possible, including your name and email address if you are happy for them to do so. Please remember that although there is no dedicated sign off, students must receive an induction, usually with the practice manager.

#### **The GP teacher should sign off the following activities on GP placement:**

1. Observation of student's consultation skills, providing feedback on: opening a consultation, examining a patient (in a focused and 'therapeutic' way) discussing incremental management and closing a consultation. Ideally this should be one observed consultation per week but, if not possible, it may be done within a single observation.
2. Public health task. This is a brief discussion with the student about the value of undertaking one test in general practice, e.g. PSA, thyroid function, liver function, or CXR. This may be done opportunistically, e.g. after an investigation has been discussed with a patient. The purpose is for students to recognise the risk of 'going fishing' with excessive tests, especially in low-risk populations such as those normally seen in GP. We encourage students to think about prioritising their basic 'tests' (e.g. urine dipstick, blood pressure) and to be wary of 'leaping' to scans etc.
3. At least three 'clinical skills' activities: e.g. examining a sore throat, explaining inhaler technique, explaining how to hold a young child for examination.

4. GP supervisor feedback to be completed in the final week of placement.

Please note that 1-3 above may be signed off by those in other clinical roles, e.g. GP registrar

**The students should self-certify the following activities on GP placement:**

Three 'clinical experience' activities, e.g. home visit, telephone consultation, consultation about a sensitive issue

Three 'organisational tasks,' e.g. discussion about a referral letter, discharge summary, or sick note; review investigation result

Four pre-prepared prescribing tasks (completed online). These are currently: contraception, acne and anti-diabetic drug.

**Please be aware that there are other opportunistic sign offs which may be discussed:**

1. Patient feedback. If a patient is willing to provide written feedback on a student, they can enter this via the student's phone.
2. Placement presentation feedback. This is completed by the in-house GP teaching team at Brighton. We encourage students to discuss their presentation with their community GP teacher to promote wider learning.


## Clinical skills logbook

Students may ask you to sign off other clinical skills. They will carry with them another, more general clinical skills log that lists the skills they are to acquire and how they must demonstrate competence. The log will include some skills frequently used in General Practice: venesection, peak flow, spirometry, and nebuliser and inhaler technique. Please check with the student at the start of the placement to see which skills they still need to have signed off and try to build this into the placement.

The image below is an illustration of what the sign off process looks like on PebblePad:

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First golden minute (observation of student consulting in GP)



Date of activity

Feedback / Learning points / Reflections

Summarise the main developmental feedback from your assessor and/or 2-3 learning points you have gained from this session.

Facilitator Sign-off

Students, please complete these details *before* handing the form to the facilitator to check and sign off.  
The email address is more important than the name (as long as the full name is in the email address).

## Tutorials

Tutorials are not an obligatory part of the placement. If you do feel you can offer tutorials, however, they are an excellent opportunity to identify and address student learning needs. We do not normally prescribe content for these tutorials, however, if you do require suggested topics/materials, please email [GPPlacements@bsms.ac.uk](mailto:GPPlacements@bsms.ac.uk) for documentation. Other clinicians are welcome to attend these tutorials (e.g. ST3 or foundation doctor colleagues). Likewise, you are welcome to delegate tutorials to colleagues



(including GP ST3 doctors), especially where they can offer knowledge or experience (e.g. diabetes or safeguarding in GP).

## Ideas for community visits - activities outside surgery

Community staff play a vital role in easing pressure on GPs. They are a rich source of knowledge and can recommend or coordinate activities like those listed below. Such activities are best undertaken as half rather than whole days:

- Home visits with the DN, HV, paediatric community nurse, CPN or Community Matron
- Home visits with community physio, OT, specialist HV, community midwife or Clinical Nurse Specialists
- Pharmacist – in shop/clinic/surgery settings
- Visits to residential homes/intermediate care centres
- Observing voluntary organisations attached to practice
- Domiciliary and podiatry clinics
- Speech and language therapists
- Domiciliary dentists and opticians
- Reproductive and Sexual Health clinics
- Leg ulcer/vascular clinic
- Continence clinic
- Shadowing a patient on an OPD appointment
- Visit to an undertaker/funeral parlour
- Learning the role of Social Services in the community
- Liaising with all other members of the primary care team
- Child health clinics
- School nurses
- Community support/auxiliary nurses
- Macmillan/palliative care nurses
- Asylum seeker groups
- Addiction services
- Home loans of hospital equipment in the home
- Weekend/emergency community visits
- Complementary therapy clinics

**This list of activities is not meant to be exhaustive, nor do we expect students to experience all the above. It is important that any activity students undertake outside your practice is well prepared, with students aware of what they are expected to learn and any external educator briefed about the student's expected learning outcomes.**

## Ideas for activities without patients and topics for discussions

There may be times in student visits when patients are not available. The following activities may be useful for promoting learning depending on your student's learning needs:

- Interpretation of investigation results – go through some results received on the day.
- Sign repeat prescriptions – go through repeats of the day and show process – computer-based prescribing and warnings for drug interactions – using the BNF.
- Surgery based formularies, liaison with local pharmacy advisor, ePACT data-analysis, prescribing incentive scheme and annual targets.
- Prescribing – which patients are exempt from paying prescription fees?
- Process secondary care letters – updating diagnosis, medication, recall to GP, and discuss quality of A+E or UTC attendance records and different case mix for out of hours and in hours care.
- Interpret child development records or Maternity records.
- Write a referral letter – discuss choose and book and patient choice, waiting times, who to refer to, which patients not to refer (are all referrals good for patients' health?), which referrals are rationed (e.g. plastics, varicose veins), smoking and referrals for surgery.
- Significant event audit (SEA) – discuss the process, ideally invite students to attend a meeting where a significant event will be discussed.
- Practice QOF achievements for last year.
- Surgery appointment system – how can patients make appointments?
- National screening programmes (cervical, breast and colon cancer).
- Palliative care register and gold standard pathway, role of palliative care nurse and hospice, DLA.
- Health Protection Agency warnings for infectious disease outbreaks and notification procedure for infectious diseases based at the surgery.
- Med3 – sickness certification – who needs a sick-note.
- Patient information leaflets and health promotion materials – patient literacy.
- Primary care guidelines.

- Electronic resources at the GPs fingertips (e.g. GP notebook, DVLA).
- Referrals to healthy living – exercise prescription.
- GP access to investigations – should GPs be allowed to order MRI scans? Can you refer for open access endoscopy, echocardiograms? Where are these services provided (GPwSI)?

## Electronic learning

Students are encouraged to access our virtual learning environment My Studies, with which they will already be very familiar. Through this website they will be able to retrieve several learning resources. They also have access to **CAPSULE**, which is a high-quality digital learning resource containing over 650 clinical cases, including general practice.

## Assessment

Students in Year 4 are assessed on attendance, completing their logbook and end of year examination (OSCE/Single best answers questions). This examination aligns with the GMC's Medical Licensing Assessment [Medical Licensing Assessment - GMC](#)

This includes a “curriculum” for student learning, including a list of presentations in general practice.

## Placement presentation (at BSMS)

Upon returning to BSMS after their GP placement, students are required to present a case. This must be general practice (i.e. not a patient fast tracked to hospital where the GP role is minimal). The case must be fully anonymised. We do not need demographic details. The case must not be about a clinical error or poor professional judgement. The presentation should last six minutes and include six slides. The presentation takes place and is signed off at BSMS. Please note that as part of the student's placement presentation, we now ask students to describe one opportunity for improving environmental sustainability, improving health inequality, and improving staff wellbeing.

## Useful links

[GMC guidance on undergraduate clinical placements](#)

[SAPC and RCGP guiding principles and resources for undergraduate general practice](#)

[MLA content map](#)

[Promoting excellence: standards for medical education and training](#)

[Confidentiality and Student Access to Medical Records](#)

[Student professionalism and fitness to practice guidance for medical students and schools](#)

[BSMS Dress code](#)

## Contact Us

### Quality and Placements Team

Heidi Swain, Quality and Placements Officer: 07823 516381

We have a shared email account for all enquiries relating to GP placements, this helps to ensure you get a response if anyone is away. Please use this email for any correspondence: [GPPlacements@bsms.ac.uk](mailto:GPPlacements@bsms.ac.uk)

### Primary Care and Public Health Academic Team

Module 402 (Year 4) General Practice Lead, Dr Max Cooper: [m.cooper@bsms.ac.uk](mailto:m.cooper@bsms.ac.uk)

Senior Teaching Fellow in GP, Dr Carl Fernandes: [c.fernandes@bsms.ac.uk](mailto:c.fernandes@bsms.ac.uk)

Senior Clinical General Practice Teaching Fellow and Teaching Fellow Coordinator, Dr Penny Geer: [p.geer@bsms.ac.uk](mailto:p.geer@bsms.ac.uk)

Senior General Practice Teaching Fellow, Dr Neil Singh: [N.Singh2@bsms.ac.uk](mailto:N.Singh2@bsms.ac.uk)

Senior General Practice Teaching Fellow, Dr Sangeetha Sornalingam: [S.Sornalingam@bsms.ac.uk](mailto:S.Sornalingam@bsms.ac.uk)

Module 101 and 201 (Year 1 and 2) Lead, Dr Rachel Wilkins: [R.Wilkins@bsms.ac.uk](mailto:R.Wilkins@bsms.ac.uk)

### Emergency contacts

In the unfortunate event of there being an emergency, or if you are worried about a medical student who is on placement, please do let us know at the earliest opportunity. There are several key contacts that you can approach depending on the type of concern, which include those for support, emergencies, or for clinical/academic concerns.

In the first instance, please email the placements team [GPPlacements@bsms.ac.uk](mailto:GPPlacements@bsms.ac.uk) as we will be able to signpost the student to the appropriate team. If it relates to academic conduct or progress, please email the relevant Module Leader (as above). If it relates to wellbeing or personal circumstances, please email Student Advice [StudentAdvice@bsms.ac.uk](mailto:StudentAdvice@bsms.ac.uk)