brighton and sussex medical school

Handbook for Community GP Teachers

Year 1, Year 2 and Year 4 GP Placements

Academic Year 2026/27

Contents

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 is 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 is on page 26.

Summary of changes for 2026/27

- We have launched the GP Teachers Resources website GP teachers' resources - BSMS for all information, including quick-reference guides, handbook, FAQs and further guidance about students on placement. We hope you find it useful.
- Year 1 and 2 students now have Virtual Clinical Experience (VCE) sessions – see more info' on page 6.
- Year 2 now has only **three** immersion weeks in the academic year (instead of four), one in each term.
- The structure of the Year 2 immersion week has changed. Students will have teaching at BSMS on Monday and Friday and will **attend GP on Tuesday, Wednesday and Thursday**. Each pair of students will prepare a case-based discussion to present on Friday.
- Year 4 PebblePad sign-offs have been revised

Patient consent

Please ensure that:

- The provided poster (important notice for patients), 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 students learn in Phase 1 (Years 1 and 2)

Clinical & community practice Modules 101 and 201

The main purpose of the Clinical & Community Practice Modules 101 (year 1) and 201 (year 2) is to prepare students for working in the clinical environment by integrating clinical learning with knowledge and skills. The teaching happens on a full day each week: Tuesday in year 1 and Thursday in year 2. Students have lectures and seminars in the 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, and public health medicine. Afternoon sessions will rotate around workshops in clinical skills teaching, clinical placements (general practice in year 1, community hospital teaching in year 2), initial assessment and clinical practice workshops where they will learn about history taking and examination skills.

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.

Module 201 has been developed to complement the other Year 2 modules:

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

The students commence a Time for Dementia study, which is over two years (year 2 and 3) and involves meeting families.

Virtual Clinical Experience (VCE)

In addition to the GP placements, the students will have two virtual clinical experience sessions during the year where a GP surgery will be live streamed into a seminar room with a group of students and a GP Clinical Practice facilitator. In year 1 these will focus on identifying communication skills and identifying symptoms from a patient story. In year 2, one session is part of the initial assessment strand and will focus on the management of acute presentations in General Practice. The second session is during the campus-based GP teaching immersion week and will focus on clinical decision making and developing a differential diagnosis.

Primary care placements in Phase 1 - Please read this before the individual year section

Induction

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

- The welcome is important, and we suggest you introduce 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 refreshment breaks.
- The visits: aims, learning outcomes, content and assessment.
- Ground rules for confidentiality, courtesy and mobile phone use.

Teaching opportunities

Please remember that students are in their early years of the course and may have limited knowledge or experience of clinical medicine.

• 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.

General Practitioner

Of the sessions that students are on 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 students 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.

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?

- What have the students thought about your sessions?
- What have the students thought about the sessions involving other members of the team?
- Do they think they have achieved the learning outcomes of the module?

- Points to consider during feedback:
  - Students may provide information about satisfaction rather than educational value.
  - Using more than one method to collect information can produce more accurate results.
  - You do need to identify problem areas and not just obtain positive feedback.
  - 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.

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 organisation-specific requirements and rules etc.
- Observe GP consultations ideally at least one of the two sessions
- 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.

Students learn the following skills throughout Year 1:

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

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

The GP placement in year 2 is one of three immersions weeks. The other immersion weeks are:

General practice and psychiatry teaching week:

Students have a lecture and small group teaching on clinical decision-making and differential diagnosis. They will take part in a group simulation session based in general practice. The students also have a psychiatry teaching session 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 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. Students also attend a team-building session and a session on medical law.

In General Practice, 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 organisation-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.

To prepare a case-based discussion in pairs based on a patient encounter which will be presented to the Academic GP teaching team on the Friday of immersion week. This can either be based on an observed encounter with a GP or an interview with a patient selected by the GP tutor. The students will have access to an advice document and marking rubric.

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.

	Clinical practice workshops	**Clinical technical skills**	**Communication skills**
Before IW1	Revision sessions on CVS, RS, GI history taking and examination, consent for rectal examination; psychiatry	ECG & blood glucose	Special circumstances: deafness

Before IW 2	Basic history-taking, localization in neurology, Cranial nerves, PNS Locomotor system; MSK examination - shoulder and knee and GALS	Wound assessment and closure, inhaled medications, IM injections	Challenging consultations
Before IW 3	Gynae and pelvic exam skills	ABLS refresher paediatric BLS & NEWS	Breaking bad news; sexual health history taking

What students learn in Phase 2 (Years 3 and 4)

Year 3 students undertake three 11-week rotations in 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: Specialist rotations. Students spend five-weeks in each of these rotations:

GP

Paediatrics

Obstetrics and Gynaecology

ENT, Ophthalmology and neurology

Dermatology and Rheumatology

Oncology, Haematology and Palliative Care

Infectious Diseases, HIV/GUM and Health Protection.

Students also 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 immerse themself in general 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. Students attend for 3.5 days per week for four 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

During the General Practice rotation students will be expected to:

- Describe the role of general practice in the 'upstream' prevention and community-based management of disease at the levels of the individual, family and society
- Develop consultation skills for negotiating management plans in general practice using a 'strategic principles' approach to promote well-judged clinical restraint
- Demonstrate focused/therapeutic histories and examinations of patients, particularly in the context of clinical uncertainty
- Understand the diagnosis and incremental management of common acute symptoms and chronic illnesses seen in general practice, including mental health problems
- Recognise how different clinical professionals in primary care interface within a general practice surgery and communicate with other organisations and services
- Describe digital record keeping in general practice, including the 'subjective/ story, objective, assessment, plan' (SOAP) approach to documentation
- Understand prescription in general practice, including the importance of self-care, other services (e.g. pharmacy), incremental/ shared management and the delayed prescription strategy
- Explain how the case distribution and risk management differs in general practice from hospital medicine, e.g. undifferentiated symptoms, mild-to-moderate cases, multiple requests, and 'worried well'

Activities

The placement must commence with an induction in the same way as if they were a new member of staff. 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 out. **Please inform us early if you believe a student is having difficulties.** Some students have a Learning Support Plan (LSP) from BSMS, and we encourage them to discuss/share this with their GP supervisor.

Students are encouraged to participate in a variety of activities, including supervised surgeries, home visits, multidisciplinary activities, practice meetings, and out-of-hours care (optional for students). In addition, students benefit from opportunities to engage with minor surgery, venepuncture, hypertension and asthma clinics. 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 suggested that facilitating 'supervised independence' was a hallmark of the inspirational GP tutor (Full article: Supervised independence facilitated by the inspirational GP teacher).

In-house Year 4 GP teaching at BSMS

BSMS students have spent short periods of time in General Practice during Years 1 and 2, learning about clinical skills, communication and the NHS. In Year 4, students receive the following in-house teaching: "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 **link to** 'Consultation dynamics and strategies: The Brighton guide')

Clinical activities in surgery

The opportunity for students to attend chronic disease management or health promotion clinics will depend on the services available within your practice. We hope you will be able to provide opportunities for students to observe and work alongside practice nurses, midwives, health visitors, and other healthcare professionals, helping them to develop an appreciation of the wide range of services and expertise within the primary care team.

Where appropriate, students should be actively involved in these sessions under supervision. Purely observational experiences should ideally not exceed two hours in duration.

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

Student surgeries

One of the most important aspects of this longitudinal placement is the student's ability to see their own patients, **for a minimum of two sessions per week**, and start growing in confidence with their consultation and communication skills. 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 (see the student progression and consulting flowchart here to full document).

Please note that students undertaking the placement at the start of year 4 will be less confident/experienced. 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.
We appreciate that patient selection for student surgeries will be mainly opportunistic but, if possible, please increase the challenge of patient presentations incrementally through the placement. **Most students would be expected to start taking histories from patients on their own in their first few days. However, 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. Consultation length will vary depending on the competence of the student. After each consultation, the GP would ideally give immediate formative feedback.

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) BSMS-led	**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 (off-site)

This timetable is simply an illustration, and we anticipate that practices will need to alter the schedule to fit in with clinical commitments. **Please organise at least two 'student surgeries' per week.**

Logbooks

GP PebblePad logbook

Student attendance and assessment during GP placements are recorded through PebblePad, a digital placement platform. Most placement sign-offs are completed by students themselves through self-certification. However, students may ask you to facilitate opportunities for specific learning experiences and, in some cases, to directly verify or sign off activities (see below).

Before providing a signature on a student's phone or other device, please ensure that they have completed as much of the relevant form as possible, including your name and email address if you are happy for them to do so. Please check with the student at the start of the placement to see which skills they need to have signed off and try to build this into the placement.

The GP teacher should sign off the following activities during the 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. GP supervisor end of placement feedback, to be completed in the final week of placement.

Any member of clinical staff can sign of the following (e.g. ANP/Paramedic/Pharmacist)

3. At least three 'clinical skills' activities, of which the most important are: examining a sore throat and explaining to a parent how to hold a young child for examination of ears/pharynx.

4. GP (practical prescribing tasks): There are four prescribing tasks for students to complete during placement. Here, the student will be given a short task where they will have to use their clinical reasoning to prescribe an appropriate medication. The cases are: contraception, acne treatment, managing impetigo and diabetic medication. We ask that you review their medication choice.

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

Public health task. This is a brief discussion with your 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, i.e. 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 beware 'leaping' to scans etc.

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.

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

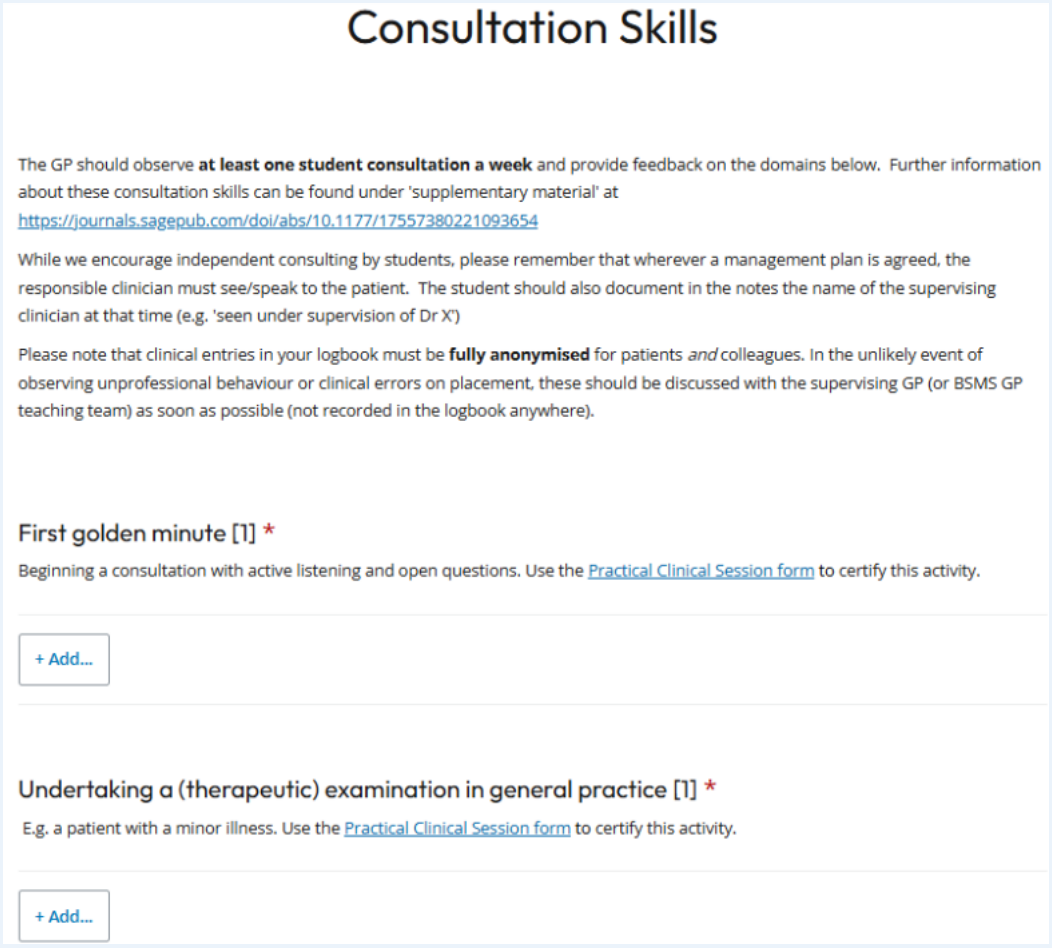
1. Patient feedback. If a patient is willing to provide written feedback on your student, they can enter this via the student's phone

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 for a more general clinical skills log which includes some skills frequently used in General Practice e.g. venesection, peak flow, spirometry, and nebuliser and inhaler technique.

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



Consultation Skills

The GP should observe **at least one student consultation a week** and provide feedback on the domains below. Further information about these consultation skills can be found under 'supplementary material' at https://journals.sagepub.com/doi/abs/10.1177/17557380221093654

While we encourage independent consulting by students, please remember that wherever a management plan is agreed, the responsible clinician must see/speak to the patient. The student should also document in the notes the name of the supervising clinician at that time (e.g. 'seen under supervision of Dr X')

Please note that clinical entries in your logbook must be **fully anonymised** for patients *and* colleagues. In the unlikely event of observing unprofessional behaviour or clinical errors on placement, these should be discussed with the supervising GP (or BSMS GP teaching team) as soon as possible (not recorded in the logbook anywhere).

First golden minute [1] *

Beginning a consultation with active listening and open questions. Use the Practical Clinical Session form to certify this activity.

+ Add...

Undertaking a (therapeutic) examination in general practice [1] *

E.g. a patient with a minor illness. Use the Practical Clinical Session form to certify this activity.

+ Add...

Ideas for tutorials/ brief discussions

Tutorials are not an obligatory part of the placement but if you can offer them, they are an excellent opportunity to address student learning needs. Listed below are some ideas for discussion, however, if you would like further written topics/materials, please email GPPlacements@bsms.ac.uk. Other clinicians are welcome to attend these tutorials (e.g. ST3 or foundation doctors) and you are welcome to delegate to suitable colleagues (including GP ST3 doctors), especially where they can offer particular knowledge.

- Review investigation results received on the day. GP access - should GPs be allowed to order MRI scans? Can you refer for open access endoscopy, echocardiograms? Where are these services provided (GPwSI)?
- Review the day's repeat prescriptions and identify any drug interaction warnings.
- Surgery based formularies, liaison with local pharmacy advisor, prescribing incentive targets.
- Prescribing – which patients are exempt from paying prescription fees?
- Process secondary care letters – updating coding, GP follow up, discuss quality of reports and different case mix vs in hours care.
- Interpret child development records or maternity records.

- Write a referral letter – discuss choose and book and patient choice, waiting times, which referrals are rationed (e.g. plastics, varicose veins)
- Significant event audit (SEA) – discuss the process, ideally invite students to attend a meeting
- Practice QOF achievements
- Surgery appointment system – how can patients make appointments?
- National screening programmes
- 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
- Fit note certification
- Patient information leaflets and health promotion materials – patient health/ digital literacy.
- Electronic resources at the GPs fingertips (e.g. NICE CKS, GP notebook, DVLA).

Ideas for community visits - activities outside surgery

Students will appreciate that community staff play a vital role in delivering community healthcare. The following optional activities are best undertaken as half rather than whole days:

- Home visits with the district nurse, paediatric nurse or psychiatric nurse
- Home visits with community physio, OT, community midwife or Clinical Nurse Specialists
- Pharmacist – in shop/surgery settings
- Visits to residential homes/intermediate care centres
- Observing voluntary organisations attached to practice
- Podiatry services
- Speech and language therapists
- Reproductive and Sexual Health clinics
- Continence clinic
- Shadowing a patient on an outpatient appointment
- Visit to an undertaker/funeral parlour
- Social Services in the community
- Child health clinics, school nurses
- Macmillan/palliative care nurses
- Asylum seeker groups
- Substance misuse services
- Complementary therapy clinics

Electronic learning

Students are encouraged to access our virtual learning environment My Studies Through this website they will be able to retrieve several learning resources. They also have access to **CAPSULE,** which is a 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 answer questions). This examination aligns with the GMC's Medical Licensing Assessment Medical Licensing Assessment - GMC which includes a "content map" for student learning.

Useful links

GMC guidance on undergraduate clinical placements

SAPC and RCGP guiding principles and resources for undergraduate general practice

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 correspondence: GPPlacements@bsms.ac.uk

Primary Care and Public Health Academic Team

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Module 101 Deputy Module Leader, Dr Jamie Carter: j.carter2@bsms.ac.uk

Module 201 Deputy Module Leader, Dr Lauren Hardie-Bick: l.hardie-bick@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 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 studentwellbeingandadvice@bsms.ac.uk