

GP Placement Block Tutor e- Guide

Stage 3 'Integrated Clinical Practice 2'
2025-2026

Welcome to GP Placement Block

Welcome to the GP placement block in the final year of the MBBS programme. By now, many of our medical students are thinking about a career as a GP, some are undecided, and others are sure they don't want to work in General Practice in future. In any case, this placement block provides valuable learning opportunities. Medical School curriculums must give medical students experience in a range of specialities, in different settings, with diverse patient groups that they would see when working as a doctor.

The academic year includes 3 blocks of GP placements to which our final year cohort are divided and allocated. Each block accommodates a third of the cohort in an eight-week community placement at a GP practice or primary care placement site. Working as part of a multidisciplinary team medical students will meet a stimulating (and at times challenging) variety of patients and the privilege of helping them manage their lives.

During the placements, students will collaborate with their GP tutor to identify and address key learning goals and outcomes. The GP tutor will be the mentor, teacher, and educational supervisor for the student's placement. The Stage 3 team are also here to provide support to students and tutors and ensure a meaningful and optimal learning experience. Please do not hesitate to get in touch with questions, comments, and concerns.

This placement repeatedly receives amazing feedback, and the aim is to provide and maintain high standards for students and GP tutors year after year:

Stage 3 Block 7 student

'Firstly, just wanted to say a huge thank you for this GP block. I absolutely loved the centralised teaching, the communications, and the seminar teaching, it was the best placement to finish on and it really changed my mind about whether GP could be for me. I really enjoyed the lectures at the start and today, I have found all of them so useful, and think GP has helped me learn the most out of all the blocks, including during second year, it was by far my most memorable. Then the second day with the scenarios, I felt so supported with the actors and received great feedback. And every seminar has been amazing with Dr [seminar leader], she went above and beyond with the teaching, getting us all involved, and pastorally.'

Stage 3 student feedback 2022-23

This e-guide will describe the structure and requirements of the GP placement for both students and GP tutors and wider practice staff, so please read on to learn more about what to expect. To skip the detail and jump straight to information about key contacts, block dates and structure, please access the [Quick Reference Guide](#) in this e-guide or our KEATS page [Integrated Clinical Practice 2 >> General Practice >> GP Block Placement Guides](#)

Best Wishes,



Dr Marion Hill
Stage 3 GP Block Lead

marion.hill@kcl.ac.uk



Dr Mark Smith
Stage 3 Clinical Lecturer

mark.1.smith@kcl.ac.uk



Esi Amankwah
Snr Programme Officer/
Administrator

esi.amankwah@kcl.ac.uk



Martin Sands
Lecturer in Medical
Education

martin.sands@kcl.ac.uk

Table of Contents

Welcome to GP Placement Block	1
Table of Contents.....	2
Glossary of terms for the GP Placement Block.....	3
Quick Reference Guide	4
Learning Aims, Outcomes and Activities for the Placement	5
Preparation for the GP Placement.....	6
Example timetables.....	7
Campus-Based Induction Days	8
Practice Induction and Orientation	9
Induction Checklist.....	9
Weeks 1 and 2	10
Tutorials	11
Feedback	11
Weekly Seminars	12
Assessments During GP Block	13
Assessment 1: Portfolio Work during GP Block	13
Assessment 2: Attendance & Professionalism during GP Block	13
Troubleshooting	15
RCGP prize	16
Key Contacts	17
Frequently Asked Questions	18
Appendix 1 – Initial questions for students and tutors to ask.....	19
Appendix 2– Personal Safety.....	20
Safety	20
Guidance on Home Visits	20
Appendix 3 - Medico-Legal Considerations.....	21
Indemnity	21
Informed Consent	21
Permission	21
Confidentiality	21
Appendix 4 – Student Travel Policy	22
Student Travel Reimbursement to GP placements.....	22
Important note about travel expenses	22
Appendix 5 - Portfolio Assessments	23
Six Reflective Notes.....	23
Case Based Discussion (CBD).....	23
uCOT (Undergraduate Consultation Observation Tool).....	24
The Engagement Log.....	24
Appendix 6 - GP Seminar Preparation	25
10 things students should know about small group teaching.....	25
Appendix 7 – Timetable Vignettes.....	27
Appendix 8 – GP Placement Learning.....	29

Glossary of terms for the GP Placement Block

Block: King's College London uses the term 'block' to describe an eight-week unit of clinical time in the MBBS programme. Each academic year includes several blocks. In year 5 there are 3 blocks (block 5, 6 and 7) which accommodate GP placements. A third of the cohort are allocated to just one of these blocks which houses an eight-week community placement.

Placement: The placement consists specific locations and activities designed for student learning about primary care and general practice.

GP Tutor: The GP Tutor is the clinical supervisor for the placement. The GP Tutor co-ordinates the student's learning, providing most of their tutorials and clinical supervision and signing off the weekly engagement log. The GP tutor also assesses the Portfolio Supervised Learning Events or may occasionally identify a suitable deputy for these activities.

Campus: The university location where student learning occurs. Campus organised activities include two induction days at the start of the placement, weekly seminars and teaching on Wednesday mornings that is organised through the King's College London Medical School.

Practice: The practice provides the learning environment for the clinical learning and care of patients. Students will learn about community and primary care by following the patient's journey and interaction with the practice. The practice provides the student with a wide range of clinical opportunities, reflecting the breadth of clinical work in frontline generalist practice.

Student: Final Year MBBS students are encouraged to be self-regulated, intrinsically motivated, and competent reflective practitioners as they progress towards foundation year practice. Students must themselves to develop good differential diagnoses and management plans. This will include identifying pharmacological/and non-pharmacological treatments, managing uncertainty and risk, and formulating safe plans with their patient, including onward referral. Final year students are expected to take clinical responsibility under close supervision from their GP Tutor. They will see and follow up their patients and practice clinical skills under the supervision of named primary care health professionals.

The Portfolio: The portfolio is where student assessments are recorded. The portfolio is managed by our central assessment teams and must be completed correctly, fully and on time to pass the placement. Late submission and sign-off carries the risk of students not passing.



The Engagement Log: is a daily record of the student's activity and learning during the placement This must be completed daily by the student and signed off by the GP or their deputy.

Quick Reference Guide

Stage 3 GP Placement Block

Quick Reference Tutor Guide

Academic Year 2025-26

King's Undergraduate Medical Education in the Community (KUMEC)

Placement aims

We are proud to have a high rate of medical students taking up a career in GP. Time spent with a GP tutor on clinical placements is a major contributing factor. This eight-week block in the final year encourages students' consultation, diagnostic and management skills. The emphasis is on working under supervision and becoming an independent practitioner and generic doctor. The blocks start with two campus-based induction days. Day 1 includes lectures introducing the block, its assessments and key GP conditions. On day 2, students consult in simulated GP surgeries, facilitated by GPs. On placement students must complete a total of 10 weekly timetabled sessions as below. Example timetables can be found in the GP placement block e-guide:

5

Five independent but supervised consultation sessions supported by at least one weekly 1:1 tutorial with the GP tutor or other suitable educator. Every week, students will consult an average of 25-30 patients and must take part in a total of two hours protected and timetabled tutorials that enhance their clinical learning. This tutorial time may be split into shorter sessions as needed. (Please see e-guide for further information).

Block Dates

Block 5
9 June - 1 August 2025

Block 6
18 August - 10 October 2025

Block 7
13 October - 5 December 2025

Campus-based induction days (first two days of each block)

Block 5
9 & 10 June 2025

Block 6
18 & 19 August 2025

Block 7
13 & 14 October 2025

1

One session of free time

1

Wednesday morning - Central Teaching organised by the King's College London medical school

2

Two self-directed learning sessions (eg portfolio completion)

1

One seminar with a KCL facilitator

Benefits to Practice	Requirements of Practice
8 weeks working with a student.	Space for independent student consultations and protected tutorial time..
Helping to develop future GPs.	Named GP tutor and clinical supervisor for the student.
Developing your educator role. £8,100 payment per student (20,000 if hosting a student in each and every block)	Student access to the electronic records and perform assessments.

Contact us:

Esi Amankwah Snr Programme office/admin esi.amankwah@kcl.ac.uk	Dr Marion Hill Stage 3 GP Lead marion.hill@kcl.ac.uk	Dr Mark Smith Stage 3 GP Clinical Lecturer Mark.1.smith@kcl.ac.uk	Martin Sands KUMEC Stage 3 Lecturer martin.sands@kcl.ac.uk
---	--	--	---

KUMEC, Centre for Education, Faculty of Life Sciences and Medicine, KCL, Guy's Campus, London, SE1 1UL

Learning Aims, Outcomes and Activities for the Placement

The learning from the GP Placement is structured around the General Practice Learning Outcomes, Conditions List, Presenting Complaints List, and GMC Intended Learning outcomes for Final Year GP placements. This information can be found on the Stage 3 KEATS Page: [Integrated Clinical Practice 2 >> General Practice >> Learning Aims and Outcomes](#). A Conditions List, Presenting Complaints and Skills and investigations list can also be found in [Appendix 8](#) in this e-guide. These have been constructed to meet the GMC learning outcomes for UK medical schools, are relevant and achievable within general practice, and align with other activities in the undergraduate curriculum. GP tutors should access this either by logging into the KEATS page (KCL IT account required) or by asking their student to access and share them. These documents will enable students to identify their learning needs throughout the eight weeks. Some themes and example activities related to these outcomes are represented in the figure below:



Preparation for the GP Placement

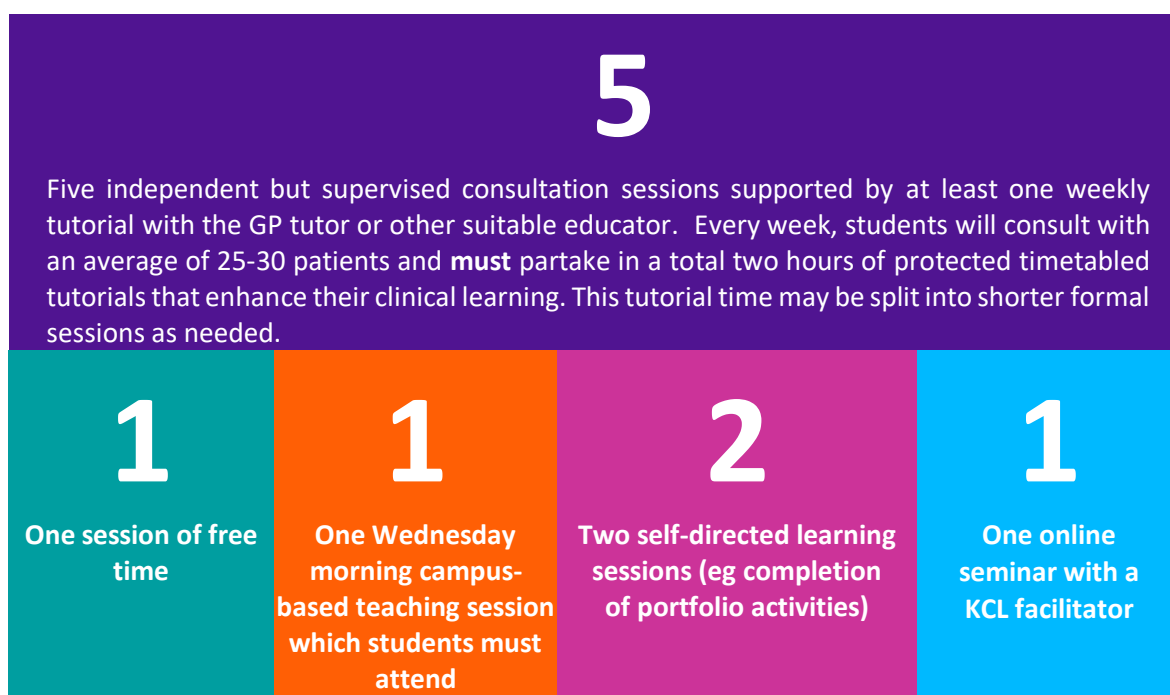
Students must do two things to prepare for their placement. They must contact their practice in advance of the placement to arrange a timetable. They must also attend two campus-based induction days at the start of the placement. GP Tutors and students should agree a timetable that is mutually feasible. Students must be aware that adaptations and flexibility are at the discretion of the practice.

Placement preparation checklist

Activity	Expectations	<input checked="" type="checkbox"/>
Student contacts practice in advance of placement	Receives start date and time, contact name, full 8-week timetable or a rolling, in-advance two-weekly timetable to be updated as the placement emerges. (See example timetables on next page)	<input type="checkbox"/>
Student eliminates timetable clashes and informs practice about authorised absence	Checks and addresses where their timetable clashes with campus-based lectures (eg Global Health), weekly GP seminars or other assessments and must communicate any authorised personal absence to practice.	<input type="checkbox"/>
Student attends 2 campus-based induction days	Attends both sessions to understand all placement requirements, participates in simulated GP clinics and ensures their initial self-assessment form is emailed to their GP tutor.	<input type="checkbox"/>

Placement weekly structure

Students must complete 10 sessions per week during their eight-week placement. This can be a mix of practice-based, campus-based and remote or home-based working. The following provides a breakdown of sessions students are expected to complete each week:



Example timetables

Below are two example timetables and expanded vignettes informing their development can be found in Appendix 7.

Timetable 1 provides an example for a 5th year student who plays hockey and requires some time on Wednesday afternoons to train with the team. Some extra site-based opportunities, such as MDT meetings and AHP shadowing, have been scheduled into the week.

Day/Time	Mon	Tues	Weds	Thurs	Fri
8:30-11:00	Patient consultations	Patient consultations	Global Health teaching	Self-directed learning	Seminar
11:00-12:00	Tutorial	MDT meeting	Shadow AHPs	Tutorial	---
13:00-16:30	Patient consultations	Self-directed learning	Free time/health clinics week 3 and 4	Patient consultations	Patient consultations /free time

Timetable 1

Timetable 2 provides an example of adaptations made to the same timetable when the student had two days off sick and was struggling both with getting to the placement (due to travel and financial reasons) and with the clinical application of skills. Here you can see that three longer days are supported by turnaround clinics and shorter but more regular tutorials. In this case, the student has agreed to miss some hockey training in favour of doing her self-directed and portfolio activities at home.

Day/Time	Mon	Tues	Weds	Thurs	Fri
8:30-11:00	Patient consultations	Patient consultations	Global health teaching	Patient consultations (turn-around clinic)	Seminar
11:20-12:00	Tutorial	Tutorial	---	Tutorial	---
13:00-18:30	Patient consultations	Patient consultations	Self-directed learning	Patient consultations	Self-directed learning

Timetable 2

Fictional student case-based vignettes that explore the development of these timetables further can be found in [Appendix 7](#).

Campus-Based Induction Days

The Stage 3 [Quick Reference Guide](#) has the dates of two campus-based induction days at the start of each GP placement block which must be attended, in person, by all students.

These days introduce students to :

- what to expect on their placements
- general practice consultations
- managing uncertainty
- note keeping including the use of the electronic health records
- managing chronic disease and minor and serious illnesses
- health promotion, multidisciplinary communication and shared care between primary and secondary care
- common presentations and diagnoses in general practice
- information about Supervised Learning Events (SLE) and portfolio assessments.

Large group teaching and small group simulation surgeries sessions are used. Simulated general practice consultations are organised with trained actors and facilitated by experienced primary care clinicians.

Practice Induction and Orientation

Students and practice staff must complete the following checklist during the student's induction and orientation at their placement site:

Induction Checklist

Activity	Description	<input checked="" type="checkbox"/>
Key contacts:		
GP tutor and deputy tutor	<i>Both must be provided as student point of contact</i>	<input type="checkbox"/>
Practice contacts	<i>For absence/sickness/unforeseen circumstances</i>	<input type="checkbox"/>
Emergency and other contacts	<i>Include named contact for student if GP tutor and deputy unexpectedly unavailable. Any other support if student needs extra help</i>	<input type="checkbox"/>
Practice site:		
Locality and facilities	<i>Including rest rooms, refreshments etc</i>	<input type="checkbox"/>
Storage	<i>Valuable items/locker spaces etc</i>	<input type="checkbox"/>
IT access and use	<i>Provide electronic patient records access and sign on information</i>	<input type="checkbox"/>
Policies/procedures:		
Emergency procedures	<i>Alarms, telephone numbers</i>	<input type="checkbox"/>
Clinical and information governance	<i>Patient confidentiality, informed consent, mental capacity and chaperoning</i>	<input type="checkbox"/>
Home visits	<i>Discuss as appropriate</i>	<input type="checkbox"/>
Personal safety	<i>Discuss as appropriate</i>	<input type="checkbox"/>
Professional Expectations (aligned with GMC/MSc guidance for medical schools and their students)		
Attendance	<i>100% expectation, 90% requirement. Students must notify practice of any absence. Attendance below 90% must trigger communication between GP tutor and KUMEC administrator.</i>	<input type="checkbox"/>
Self-presentation	<i>Expected dress code and PPE etc</i>	<input type="checkbox"/>
Communication	<i>Optimal communication methods between student and practice (ie email/phone)</i>	<input type="checkbox"/>
Timetable		
Initial self-assessment	<i>Allocate time to discuss student's initial self-assessment form</i>	<input type="checkbox"/>
Clinical consultations	<i>Discuss and negotiate (if required) previously shared timetable for approx. 25-30 clinical contacts/week. These can include remote consultations.</i>	<input type="checkbox"/>
Weekly seminars	<i>Eliminate clashes with practice timetable (contact KUMEC admin urgently if this cannot be resolved)</i>	<input type="checkbox"/>
Tutorials	<i>Allocate 2 hours of 1:1 protected tutorial time per week</i>	<input type="checkbox"/>
Self-directed learning time	<i>Students have portfolio and other assessments during each week and need allocated time to complete these.</i>	<input type="checkbox"/>
Portfolio		
Engagement log	<i>Agree and schedule regular time to complete</i>	<input type="checkbox"/>
uCOT	<i>Schedule date</i>	<input type="checkbox"/>
Case-based discussion	<i>Schedule date</i>	<input type="checkbox"/>
Six reflective notes	<i>Schedule dates</i>	<input type="checkbox"/>
Portfolio sign-offs	<i>Schedule date for face-face sign-off of portfolio (please ensure this is in advance of final day)</i>	<input type="checkbox"/>

Weeks 1 and 2

Week 1- Learning needs assessment ([see Appendix 1](#))

- GP Tutor and student look at the conditions, presenting complaints and Intended Learning Outcomes on KEATS.
- GP Tutor and student discuss their training so far and how well they are progressing. If a student has a placement form they are encouraged to share this with their GP tutor.
- GP Tutor and student discuss expectations of placement, how to resolve differences in these and discuss the student's strengths, needs, concerns and gaps in knowledge.
- Student completes, reviews and agrees a Personal Development Plan for the placement.

Week 1 - Clinical activities

- Student observes, assists, and learns from different GP consultation styles.
- Student observes and assists (if invited) other members of the MDT (eg nurses, HCAs, AHPs)
- Student attends reception and observes or assists (if invited).

Week 2 – Clinical activities

- Student observes and assists GP tutor for a couple of sessions so that the GP tutor can begin to assess the student's level of confidence and competence.
- Student gradually participates in leading the consultation.
- Student leads* consultations with GP tutor in the room.
- By Week 2 the student consults independently and in a room on their own, but they need to be able to always get the tutor's attention quickly.

**If independent consultations are not happening by the end of Week 2, the student or tutor should contact KUMEC for advice and help.*

Week 2 onwards - Ongoing Progress checks

- Every two or three weeks, the student and GP Tutor should aim for a shared 'turnaround' surgery, where both tutor and student take turns observing each other consulting.
- The tutor can observe student progress and offer 'hot' feedback.
- The student develops greater insight into a range of consultation techniques used by a more experienced doctor and can practice, ask questions, and receive feedback.
- Students may gain greater understanding of unscheduled care through working with the practice's Duty Doctor

Tutorials

Students must receive two hours of weekly one-to-one tutorials with the GP Tutor or designated deputy each week. One-to-one tutorials are an essential and valuable part of the course, consolidating learning, filling gaps and monitoring progress. An early assessment of the student's learning needs is vital in ensuring that the attachment fulfils their educational needs.

Tutorials can be split into smaller sessions but please clarify this with the student. Tutorials can occasionally be shared with other learners at the practice.

Tutorials should be student-led and could include:

- an in-depth analysis of a patient seen that day
- a teaching session on a topic identified by the student or tutor;
- a review of current policies or guidelines etc.
- practice management
- special interests

Feedback

Giving and receiving reinforcing (positive) and modifying (constructive) feedback is a vital part of learning. Feedback is most useful if it is shared immediately or soon after the consultation.

Students can learn not only from established GPs but also from F2 doctors and GP registrars and other members of the MDT. They can share some of their consulting lists, seeing alternate patients, and debrief with the GP tutor about the cases seen. This is a useful teaching opportunity for the F2/GP Trainees and other educating clinicians to practise giving and receiving feedback.

Weekly Seminars

These are delivered online. Attendance is mandatory (minimum 90% same as placement). Guidance videos and documents for the seminars can be found on our KEATS page [Integrated Clinical Practice 2 >> General Practice >> Weekly Seminars](#). KUMEC asks the facilitators to keep a register of attendance and report any concerns to the Stage 3 team. See [Appendix 6](#) for 'Ten things students should know about small group learning.'

Confidentiality

All clinical discussions must be anonymised and confidential to the seminar group.

Benefits of small group learning

Learning in small groups facilitates deeper understanding of topics while developing professional identity appropriate to the medical profession. [1]

The weekly seminar group in GP aims to :

- Complement placement learning
- Providing opportunities for the student to compare notes with their peers at different practices, potentially with very different experiences.
- Be a safe place to discuss sensitive or contentious issues.

There are many ways to learn in your seminar group:

- Present interesting and challenging cases to a peer group.
- Work collaboratively on topics identified by the group.
- Share clinical and non-clinical experiences from your placement.
- Provide support for each other.
- Debate difficult or sensitive issues in a protected environment.
- Practise receiving and giving constructive criticism.
- Practise decision-making (including reasoning, bargaining, confronting and avoiding collusion). through role-plays and group discussion.
- Discuss career choices and options.
- Facilitated by their seminar leader students can identify and meet their learning needs and develop as lifelong learners.

[1] EDMUNDS, S. & BROWN, G. 2010. Effective small group learning: AMEE Guide No. 48. *Medical Teacher*, 32, 715-726.

Assessments During GP Block

Assessment 1: Portfolio Work during GP Block

There are several assessments or 'Supervised Learning Events' (SLEs) that must be completed during the placement. **The GP Tutor and student must schedule dates for the portfolio assessments** ([see induction checklist](#)), so they can be completed and signed-off by the deadlines set by the assessment teams.

The Portfolio assessments include ([see Appendix 5](#)):

- [uCOT](#) - One consultation (with completed undergraduate Consultation Observation Tool)
- [One Case-Based Discussion](#)
- [Six Reflective Notes](#)
- [Engagement log](#)

Details of the assessments will be available in a new ePortfolio guide which will be published by the assessments team on KEATS. Students should share these with the GP Tutor at their practice site induction. The assessments will be assessed and signed off by the GP Tutor in their role as Educational Supervisor for the GP block. Further information will be in the ePortfolio. Any further questions about the assessments should be directed to mbsstage3@kcl.ac.uk

Assessment 2: Attendance & Professionalism during GP Block

In addition to successful completion of their portfolio tasks, students must successfully pass their GP block, and this is assessed by the GP Tutor and, if necessary, by KUMEC.

In order to pass the GP block students must demonstrate to their GP Tutor

- High standards of professionalism
- Clinical Knowledge and skills appropriate for a final year medical student
- Attendance of at least 90% on placement

Attendance and Punctuality

Students are expected to reach 100% attendance for the placement. A minimum of 90% of the sessions is acceptable providing leave has been authorised by the GP e.g. unforeseen illness. Reliability, punctuality and dependability are attributes of a good doctor. Students with poor attendance are at greater risk of failing placement and other assessments. Unexpected absences, including repeated or prolonged illness, can influence a student's fitness to practise. Absences also affect student learning. It is vital that poor attendance is identified and addressed early on.

Attendance below 90% should be communicated to the KUMEC team as soon as possible, and the GP Tutor must have a supportive discussion with the student on reasons for absence or attendance issues, and advise that poor attendance affects their learning and potential to meet sign-offs.

Attendance below 75% must be communicated to the KUMEC team if not done already. There is a high risk of failing the placement. A tripartate discussion will take place between a senior member of the Stage 3 team, the student, and the GP Tutor to decide how to proceed.

GP tutors may wish to discuss individual cases of poor attendance, absence, or poor punctuality and professionalism with KUMEC staff. We welcome this in the interests of our patients, our students and the reputation of GP practices, the profession and our medical programmes.

Requests for conference attendance or absence

If students wish to apply for leave from clinical placement to attend a conference, this will need formal approval by the Head of Stage 3 and the KUMEC head of Stage 3 in advance. Please discuss by emailing Dr Marion Hill (marion.hill@kcl.ac.uk) and the central Head of Stage 3 MBBS programme.

Troubleshooting

Sometimes students and practice staff raise issues with the KUMEC about the placement and/or learning. Mostly they simply have a question that needs answering or a query they want clarifying.

Most queries from students are about a lack of one-to-one tutorials, an inability to consult independently or a perceived lack of organisation in the timetable. We are always happy to help if a problem arises which cannot be solved in-practice. [Our contact details are here](#) and in the Quick Reference Guide. If you have any concerns please contact us sooner rather than later.

Most queries from GP Tutors are concerns about timetables, student attendance or professionalism. Rarely we hear from GP Tutors who are concerned about student performance. **Please act immediately on any concerns about professionalism, attendance, or students who are struggling with meeting the learning outcomes of their placement.** It is important that strategies are identified early to identify, counsel and develop students who are struggling with the requirements of a placement. Students at risk of failure, and their GP Tutors, are much better supported by early and structured intervention which will help manage the process towards passing or not passing the placement.

Members of the KUMEC team are always available to meet with the student and GP tutor, or indeed the practice, in an attempt to help resolve any problems.

Where it is clear that relations have broken down irreparably, the student will be placed elsewhere if at all possible, but this is never our initial response.

For any further information please do not hesitate to contact our team.

RCGP prize

The RCGP South London Faculty has awarded a monetary prize for our students every year. This year we will be seeking nominations for final year students who have shown exceptional aptitude for general practice during any of their clinical placements in Blocks 5, 6 or 7, Career Development Period (CDP) in general practice or an elective in general practice.

From the end of Block 5 onwards students will be invited to self-nominate and tutors will be invited to nominate their students. Nominations will close at the end of the Elective period in 2025 and will be collated and assessed by the Stage 3 team.

All nominations will require a supporting statement, so if you are nominated by your GP tutor, you will be asked to provide a statement in response and vice versa.

More details will be provided during Block 5.

Key Contacts

The Stage 3 KUMEC team share the responsibility of student and tutor support and will endeavour to reply to all queries as soon as possible. To filter the emails to the best available person, we would ask that you initially contact our programme officer and administrator esi.amankwah@kcl.ac.uk. Please be aware that we use an out of office notification for leave and other absences, so please do follow the instructions if our administrator happens to be unavailable.

Our team roles and contact details are listed below:

Stage 3 GP Block Lead	Dr Marion Hill	marion.hill@kcl.ac.uk
Stage 3 Clinical Lecturer	Dr Mark Smith	mark.1.smith@kcl.ac.uk
Stage 3 Administrator	Esi Amankwah	esi.amankwah@kcl.ac.uk
Lecturer in Medical Education	Martin Sands	martin.sands@kcl.ac.uk

Frequently Asked Questions

This section provides some problems and frequently asked questions and commonly adopted flex approaches used by our current GP tutors.

I can't provide a full timetable in advance. Is there another way to provide a more flexible option?

Some GP tutors are able to develop a two-week rolling timetable so that content emerges as the placement develops. All we ask is that there is at least a plan for the first two weeks, and that the timetable remains available two weeks in advance so students can make arrangements for the rolling timetable.

The GP tutors are part-time. Can the tutoring responsibility be shared?

The named GPT role may be shared if there is full coverage for the 8-weeks of placement in advance. Organisation of Portfolio Assessments must be agreed in advance with the supervising GP tutors and the student.

Can other members of the MDT supervise a student?

When clinically appropriate, students can be taught and supervised by other Health Care Practitioners e.g. Practice Nurses in Long Term Conditions. Students may occasionally be supervised by a suitably experienced GP registrar. The named GP tutor is responsible for identifying and assuring the suitability of these supervisors.

Sometimes the GP Practice run extended clinic days. Can students be involved in these?

By *mutual agreement* between practice and students the timetable may be organised to include extended clinic days.

The practice runs remote appointments. Are these included in the weekly 25-30 patient allocation?

Yes. Telephone and remote consultations contribute to the 25-30 average per week. However, to assist development of clinical skills and knowledge, it is important that students see substantial numbers of patients face to face and participate in supervised home visits.

Can tutorials be taught by members of staff other than the GP tutor?

Most tutorials take place 1:1 with the GPT. Depending on the topic other tutors may teach these e.g., GPs with a particular practice role, GPwER, GP registrars, the practice manager.

Can tutorials be shared with other learners?

A few tutorials may be joint with other learners in the practice if learning needs align.

Is it possible to carry out weekly tutorials online?

On occasion weekly tutorials may be on MS Teams (e.g. if this helps room availability). However, by default, it is expected that these are face to face.

A student's online seminar day clashes with the practice clinic days. What can be done?

The weekly seminar can usually be rescheduled. If the student or GP tutor spots a timetable clash with the *weekly seminar*, please email esi.amankwah@kcl.ac.uk ASAP for assistance in resolving this.

Can portfolio assignment sessions be based in practice?

These sessions can be organised in practice as required (e.g. if patient contact or access to clinical records are required) but may also be conducted at home if at the write-up stage. It is up to the student and GP tutor to negotiate and agree this.

Appendix 1 – Initial questions for students and tutors to ask

Before the General Practice Block students are asked to complete an Initial Self-Assessment form sent to them by email. Students are asked to rate themselves, on a 1-5 scale, on how confident they feel in consultation skills, therapeutics, knowledge of PHCT, professional values, etc. This tool may help you begin a stronger mentoring dialogue with the student about their needs and interests, and about any specific skill areas where they need more experience which could be provided in general practice. It also serves as a reminder of key clinical management skills to have mastered by the end of the stage. Once completed the Self-Assessment Form will be emailed to tutors automatically. **Be sure to use the Initial Self-Assessment form emailed to you with this discussion.** If you have not received this, ask if the student has completed it.

Here are some helpful questions you might like to ask students once they have settled down and started trusting you.

How many years have you been studying medicine?

This question will help you to identify students' previous experiences. Are they on the 4, 5 or 6-year course? Have they transferred from another university? Have they taken a year out to pursue a BSc? Did they have to repeat a year? Or have they taken a 'gap' year?

In which quartile or decile does your ranking fall?

Some students in the lower rankings struggle with their learning. This might be due to physical or mental illness, personal problems, or financial difficulties and therefore these students will need a more careful educational assessment at the beginning of the attachment and additional help in some areas. If during the attachment you uncover substantial problems, please contact Dr Marion Hill or Martin Sands. The sooner issues are brought to our attention, the faster we can resolve them. Please don't take on the role of the student's GP or counsellor; instead alert KUMEC so that we can monitor and assist the student.

Can you tell me how do you usually learn?

This question enables a student to reflect upon and identify how they have successfully learnt before so they can contextualise this in their learning during their GP block.

How do you learn a new clinical skill?

Medicine is learnt through clinical encounters with patients. The analysis of OSCE results of the last few years shows that students do well on clinical examination and technical skills but in comparison, do less well on history taking communication stations and management. One explanation is that clinical and technical skills are well described in the logbooks and they can 'cram learn' in the skills centre before the exam. History taking is related to knowledge of disease and application of communication skills in the patient interview. Mastery needs practice, meaning history taking skills cannot be crammed.

How do you feel about approaching patients (or colleagues)?

Some students may feel they don't want to impose on patients, and that they are in the way of nurses and doctors. The modelling of positive professional relationships with patients and colleagues will help the students in their approach.

Appendix 2– Personal Safety

Safety

Students should do everything they reasonably can to ensure their own safety and that of others at all times. Taking care after dark, being sure to get good directions and preferably being accompanied are all sensible precautions.

If a student feels uncomfortable about going somewhere, they need to inform the tutor. Students must always pay attention to their personal belongings.

Whilst this is rare, if someone is threatening or abusive, or if the student feels that their safety is in doubt, they should terminate the consultation, alert the tutor immediately, and record and report the incident.

We recommend that before starting consultations students should have a discussion with the GP tutor or practice manager, at the end of which they should know:

- What the practice health and safety protocol is
- Where the panic buttons are or what to do to raise the alarm
- What the practice alarm sounds like
- What response you should expect if you press the panic button
- What you should do if you hear an alarm set off by someone else.

Guidance on Home Visits

Students will have limited experience of home visits and the associated potential health and safety issues. It is therefore important that the GP tutor and the practice staff undertake a general risk assessment of student safety. Students are allowed to do home visits for those patients deemed 'low risk'.

Examples where there maybe an increased risk of violence to health professionals on home visits are:

- Visiting in the dark
- Tower blocks
- Any lone visiting
- Patients with known alcohol misuse or drug misuse history
- Patients with previous violent behaviour to NHS workers
- Patients with acute psychiatric problems.

Third, fourth and fifth year students are allowed to do a home visit unaccompanied provided a risk assessment as outlined above has been conducted by their GP tutor. Students must have a functional phone with them at all times and their contact details available at the practice. Students are required to sign out of the practice and inform the GP tutor and practice staff of their expected time of return. They should not go directly home from a home visit without making contact with their tutor. If they do not return within an agreed period of time, the student should be contacted. If the student does not respond then please escalate as appropriate.

Appendix 3 - Medico-Legal Considerations

Indemnity

Students should ensure they have read the school policy on indemnity. They should be aware that the School requires that all students have membership of a medical defence society.

Informed Consent

Students should ensure the practice adequately informs patients of their presence, and check that consent with the patient at the start of the consultation with the student.

The patient's consent for any involvement in teaching is always carefully sought by the practice and student. It should be made clear to the patient that they can decline without prejudice to their care. The principle of informed consent means that the exact nature and extent of the student's involvement should be made clear to them at the outset. If at any time a patient decides to withdraw, students must treat this courteously and not take offence, reflecting the patient-centred approach to healthcare.

Permission

Students should not visit or arrange to visit patients without the express permission of the GP tutor.

Confidentiality

The trust that is put in a confidential conversation allows truth, fear and uncertainty to be expressed; breaching confidentiality destroys that trust. It is imperative that students respect confidentiality at all times, whether as part of consulting with patients or learning with colleagues.

Students will become aware of the, sometimes, difficult aspects of maintaining confidentiality when working with more than one member of a family.

Students should never discuss what they have heard, even anonymously, in a flippant or disparaging manner.

In exceptional circumstances, it is permitted to break confidentiality in the public interest when failure to do so may put your patient or others at risk of serious harm. You **must always seek advice** from senior colleagues and must discuss this with your GP tutor or senior supervisor before taking any action yourself.

Appendix 4 – Student Travel Policy

Student Travel Reimbursement to GP placements

- Please see the GKT School of Medicine Education Accommodation and Transport Policy Stage 3 students have been given a choice about the type and location of the general practice to which they will be attached, and only reasonable travel is permitted (see important note about travel expenses below). Students are expected to use student oyster cards and/or purchase season tickets and travel in an economical manner.
- Based on the present curriculum, students allocated to their GP practices by KUMEC, will need to budget for a travel cost minus the cost of a TfL off-peak daily travelcard Zone 1- 6.
- If you arrange an independent placement, you are advised to be aware of the full travel costs associated with travel to and from the practice
- Reimbursement rates are reviewed annually.
- Each case is considered on an individual basis.

Important note about travel expenses

If you anticipate that travel expenses will include an additional cost of journeys claim that will be substantially more than the cost of a TfL off-peak daily travelcard Zone 1-6 (in accordance with the GKT travel policy), you must discuss this with the Stage 3 GP administrator before the block begins.

Without exception, approval will be required in advance of the placement taking place, if:

- a) The total daily travel costs are more than double the cost of a TfL off-peak daily travel card Zone 1-6
- b) The total block travel costs exceed cost of 4 x TfL off-peak daily travel cards Zone 1-6 per week
- c) You plan to use your own motor vehicle

Without prior approval, you **will not** be able to claim an additional cost of journeys reimbursement when the conditions of a, b or c above are met. Only claims approved by the Stage 3 Block Lead, in advance of the placement commencing, will be granted.

Appendix 5 - Portfolio Assessments

Six Reflective Notes

The six reflective notes must be included in the portfolio and evidence that a student has learnt in depth about specific events upon which they reflect. The GP tutor assists the student with this exercise through discussion but is not involved in the final assessment process.

Case Based Discussion (CBD)

The community CBD is intended to facilitate insights about how GP is situated within the NHS and social care. The case should be chosen with this in mind and agreed with the GP tutor, who will usually approach the patient on a student's behalf. Learning may be enhanced through the inclusion of some of the activities listed below

- Home visits with the DN, HV, paediatric community nurse, CPN or Community Matron
- Home visits with Community Physiotherapist, Occupational Therapist, Specialist Health Visitor, 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 appt
- Visit to an undertaker/funeral parlour
- Learning the role of Social Services in the community
- Liaising with all other members of the PHCT
- Child health clinics
- School nurses
- Community support/auxiliary nurses
- Macmillan/palliative care nurses
- Asylum-seeker groups
- DUAL and addiction therapists
- Home loans of hospital equipment
- Weekend/emergency community visits.

uCOT (Undergraduate Consultation Observation Tool)

The u-COT Grades for six areas of consultation activity which students should be working on improving during their GP placement.

1. Information gathering (takes a thorough history and identifies salient points) .
2. Clinical assessment (completes an appropriate physical and mental state examination).
3. Clinical judgement (defines clinical problem and formulates an appropriate differential diagnosis).
4. Effective communication (communicates effectively with the patient and MDT).
5. Values based clinical practice (addressing the patient's problem, treating the patient with dignity and respect, establishing trust, showing appropriate empathy and compassion, maintaining confidentiality, addressing patient concerns).
6. Making effective use of the consultation (timely and relevant investigations correctly interprets investigations and makes an appropriate management plan).

Organising the u-COT:

- Student and GP tutor agree a time frame during their first meeting. Aim for to complete the u-COT early in the last 2 weeks block.
- Nearer to the agreed time, the GP Tutor identifies a potential patient and seeks their permission to participate. You will consult with the patient for about 15-minutor longer if a home visit is selected.
- The GP tutor observes and assesses the student's U-COT consultation.
- The student presents their findings. Discussion with the GPT to agree and implement the final plan with the patient.
- Allow 1 hour to complete the u-COT, including completing the assessment form ASAP once the patient has left.

The Engagement Log

The engagement log is a daily record of the student's activity and learning during the placement. This must be completed daily by the student and signed off by the GP tutor or their deputy. It is very important that our students complete this every day to record their experiences and record their attendance, engagement and productivity while on placement. It is also essential that students get these signed off by their GP tutor in a timely fashion before the end of placement. It is *strongly* recommended that the GP tutor and student allocate time (eg 10 minutes every day) to complete this task so that it is completed by deadline.

Appendix 6 - GP Seminar Preparation

10 things students should know about small group teaching

- 1. Preparation matters** - The more preparation students do beforehand, whether clinical activity in placement practice, reading, writing, or independent research, the more they will benefit from the session.
- 2. The rules of engagement** - Students and their seminar leaders (SLs) should work together in the first seminar to set out a clear set of responsibilities, so everyone knows what is expected of them throughout the course. If students have been set a task, it is only reasonable that they complete it. Attendance, punctuality, cordiality all matters too.
- 3. The importance of listening** - A range of experiences and insights will be shared within the seminar. Each shared experience is an opportunity for contextualised learning for the whole seminar group. Learning in context can lead to deeper understanding. All students listening actively to one another is a fundamental aspect of discussion that is often overlooked.
- 4. Asking the right questions is as important as getting the right answers** - Listen to each other and learn together how to improve your questioning, both of your own actions and experiences, and about those of your peers. Well-constructed questions help both individual students and the seminar group to bring together ideas and take forward debates.
- 5. Learning is a social process** - Through dialogue and debate, everyone learns together. Exploring ideas, reflecting on challenges and constructively critiquing each other's points of view are crucial to learning in a small group context. Research undertaken by the within the Stage 3 GP team has shown that students find their GP seminars supportive places to learn and solve problems together. And the seminar leaders identify parallels between this behaviour and a problem-solving in clinical teams.
- 6. Learning can also mean unlearning** - Learning is never linear. Sometimes one has to 'unlearn' concepts or approaches or models that have been taken for granted. This can be hard work, but it is ultimately very rewarding.
- 7. Reading takes time** - Make sure you know how to read effectively, and deeply. Consider taking a KASL course on KEATS to improve your academic skills. See Dashboard> Courses> KASL-Home: <https://keats.kcl.ac.uk/my/>
- 8. Writing and thinking go hand in hand** - Writing is a form of thinking. Between seminars two different students every week will construct scripted role plays as the stimulus for Case Based Discussion (CBDs) in the seminar group. Previous cohorts of students reported CBDs to be play a major role in expanding the content and depth of their knowledge. They advised that subsequent students make (anonymised) contemporaneous notes about their chosen cases to optimise authenticity and increase usefulness.
- 9. Taking feedback seriously** - Small group learning offers an ideal environment in which to seek and give constructive feedback.

10. Giving feedback responsibly - With the help of your facilitator develop your skill at giving critical formative feedback to each other in a positive and supportive. Feedback is most effective when it is valued by the recipient. This means both that the recipient is open to feedback and that it is given in good time relative to the event. Feedback should also be actionable and given sensitively and kindly.

Acknowledgement

This guide was developed for the GP seminars by Dr Marion Hill using information from her MA research project '© Exploring the perceptions of final year medical students, tutors, and faculty of the purpose of general practice seminars. A case-study.' With grateful acknowledgement of inspiration from '10 things your students should know about small group teaching' page 30 from Mills, D. & Alexander, P. (2013) Small group teaching: a toolkit for learning. E-publication by The Higher Education Academy, 2013.

Appendix 7 – Timetable Vignettes

1. Example student timetable/vignette

Ash is a 5th year medical student who wants a career in General Practice. Ash plays hockey for King’s College London, with most practice afternoons on a Wednesday. Ash also does some part-time A-Level tutoring work on a Wednesday evening. Ash discusses this with the GP tutor **in advance** of the placement. A timetable is created as below.

Day/Time	Mon	Tues	Weds	Thurs	Fri
8:30-11:00	Patient consultations	Patient consultations	Global Health teaching	Self-directed learning	Seminar
11:00-12:00	Tutorial	MDT meeting	Shadow AHPs	Tutorial	---
13:00-16:30	Patient consultations	Self-directed learning	Free time/health clinics week 3 and 4	Patient consultations	Patient consultations

Ash completes 5 consultation sessions per week, with 5 or 6 patients in each. A 1-hour tutorial is formally timetabled into *two* consultation days to enhance the learning from patient consultations. The Global health activity is scheduled for Wednesday mornings, and Ash is free for hockey practice on a Wednesday afternoon. The GP creates an alternative timetable for two weeks in the block where there is a health clinic that Ash needs to attend. Ash will have to miss hockey training on those Wednesdays but is pleased with the opportunity to learn something new and takes free time elsewhere instead with the agreement of the GP tutor. To maximise the time spent at the GP practice, the tutor timetables some extra opportunities for Ash to shadow allied health professionals and to attend a multidisciplinary team meeting. On Thursday mornings, Ash works on the portfolio both working in the practice and working from home on separate weeks. Ash has Thursday mornings to write a clinical reflection or case-based discussion.

The tutor is not in the practice on a Friday, so it is helpful that Ash has a seminar that morning. The afternoon is spent in clinics with other GPs at the practice.

2. Example student timetable/vignette

Ash travels for 90 minutes to get to placement. However, recent changes to train services mean that journey times increase significantly, and Ash finds attending half days more expensive and difficult. Ash was also ill for two days. Ash needs to make up clinical time and some extra supervision to raise confidence levels. Ash discusses this with the GP tutor during week 5 of the placement. Upon discussion, the timetable is altered to enable three longer days at the practice. Another GP tutor supervises Ash on a Tuesday afternoon, so Ash now attends the GP practice all day on a Monday, Tuesday and Thursday.

Day/Time	Mon	Tues	Weds	Thurs	Fri
8:30-11:00	Patient consultations	Patient consultations	Global health teaching	Patient consultations (turn-around clinic)	Seminar
11:20-12:00	Tutorial	Tutorial	---	Tutorial	---

13:00-18:30	Patient consultations	Patient consultations	Free time/self-directed	Patient consultations	Self-directed learning
-------------	-----------------------	-----------------------	-------------------------	-----------------------	------------------------

Some extra turn-around clinics are scheduled for Thursday mornings to help Ash become more confident and catch up on missed clinical time. These are now supported by three 40-minute tutorials which are used for some focussed reflective learning. Ash acknowledges that loss of clinical time is a greater priority than hockey and will continue some portfolio project work at home on a Wednesday afternoon, instead of hockey, for the last three weeks of the placement.

Outcome

Ash provides positive evaluations to the practice. Ash felt supported and an adaptable approach meant that Ash was able to juggle the demands of limited time and finances to successfully pass the placement. Ash realises that the flexibility of GP work is appealing and goes on to seek a career in General Practice.

Appendix 8 – GP Placement Learning

Presenting patient complaints for stage 3 GP

During their time on the GP placement students will see many presenting patient complaints. All are invaluable learning opportunities.

1. Abdominal pain
2. Anxiety
3. Back pain
4. Bereavement
5. Chest pain
6. Constipation
7. Cough
8. Depression
9. Diarrhoea
10. Dizziness / vertigo
11. Ear pain
12. Fatigue
13. Fever
14. Headache
15. Indigestion
16. Joint pain
17. Memory loss
18. Menstrual disorder
19. Nausea / vomiting
20. Neck pain
21. Obesity
22. Palpitations
23. Red eye
24. Shortness of breath
25. Skin problem
26. Substance / alcohol abuse
27. Throat pain
28. Urinary symptoms
29. Wheeze

Investigations and clinical skills for stage 3 GP

Students should be able to perform a variety of skills that help in the management of patients and their conditions.

1. Measuring body temperature
2. Measuring pulse rate and blood pressure
3. Measure weight, BMI and abdominal girth
4. Measure blood glucose
5. Measure peak flow
6. Urine multi dipstick test
7. Advise patients on how to collect a mid-stream urine specimen
8. Take nose, throat or skin swabs
9. Urine pregnancy testing
10. Instruct patients in the use of devices for inhaled medication
11. Safe disposal of clinical waste, needles and other 'sharps'

Conditions list for stage 3 GP

Students should be able to describe the presentation, investigation and management of the following diagnoses, and preferably see all of the following conditions.

1. Acute asthma
2. Acute bronchitis
3. Anaemia
4. Anxiety
5. Atrial fibrillation
6. Bereavement
7. Chronic obstructive pulmonary disease
8. Conjunctivitis
9. Constipation
10. Cough and coryza
11. Dementia
12. Depression
13. Diabetes mellitus
14. Eczema
15. Gastro-oesophagitis
16. Gastroenteritis
17. Hayfever
18. Hyperlipidaemia

19. Hypertension
20. Hypothyroidism
21. Intervertebral disc prolapse
22. Irritable bowel syndrome
23. Ischaemic heart disease
24. Mechanical back / neck pain
25. Menopause
26. Migraine
27. Obesity
28. Osteoarthritis
29. Osteopenia / osteoporosis
30. Otitis media
31. Pharyngitis / tonsillitis
32. Pigmented skin lesions
33. Substance misuse
34. Tension headache
35. Urinary tract infection

_____ END _____