



**QUEEN'S  
UNIVERSITY  
BELFAST**

**Y4 GP Training**

**26<sup>th</sup> June 2024**

Dr Helen Reid  
Year 4 Academic Co-lead, Y4 GP Lead  
Dr Jim McMullan  
Year 4 Mental Health Generalist Lead

# Welcome



T<sub>1</sub> H<sub>4</sub> A<sub>1</sub> N<sub>1</sub> K<sub>5</sub>  
Y<sub>4</sub> O<sub>1</sub> U<sub>1</sub>

# Welcome and introductions

Please put GP name and cypher (not practice code) in chat to facilitate SUMDE payment \*

\* 'front desk' or 'my iPhone' not sufficient...

# Session Plan

Overall QUB medical course and where Y4 GP fits in

Assessment

Y4 GP learning outcomes and timetabling

Sharing some 23/24 feedback and experiences throughout

**\* BREAK \***

Activities to support students to achieve learning outcomes

Practicalities including timetabling, communication channels, payment, top tips

# Your questions we will address

- When are the students coming? Are there any days/weeks they will not be in?
- What is expected from the tutor/practice?
- How has the student progressed until now and how can we help the student to progress further? What if I have a concern?
- What kind of learning activities will the student be looking for?
- What can they actually be doing in practice?
- What is expected re attendance?
- Any signing off to be done?



# Housekeeping

- Please use the chat function for any questions as they arise
- (Can direct message Jim McMullan/QUBGP)
- Will stop at intervals specifically to address Qs
  
- Recorded session; resources available through our website:
- <https://www.qub.ac.uk/sites/qubgp/>

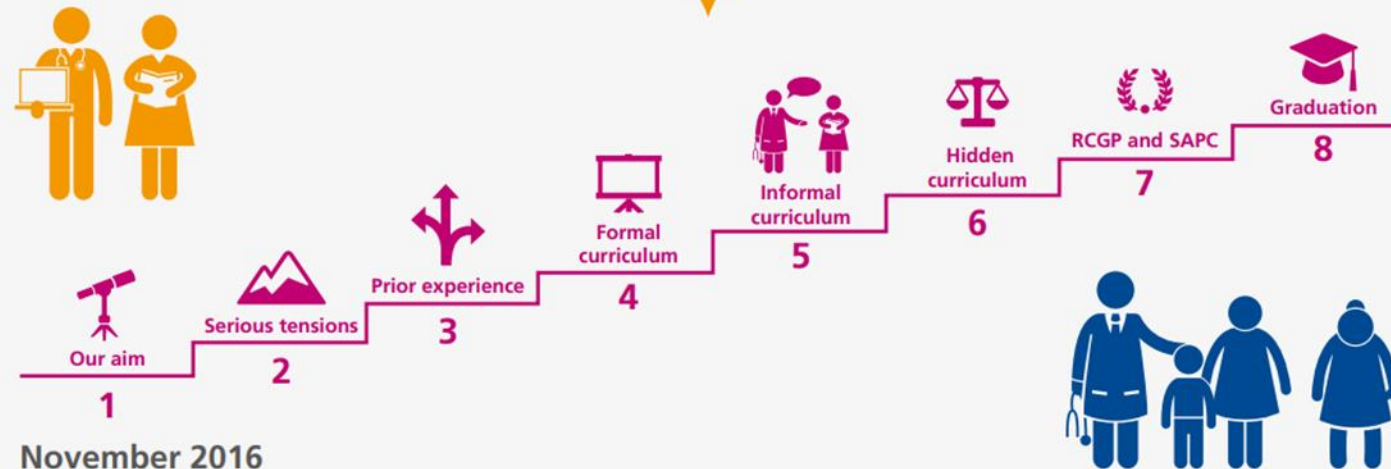


QUEEN'S  
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**GENERAL PRACTICE:**  
SHAPE TOMORROW'S DOCTORS

# By choice – not by chance

Supporting medical students towards future GP careers



November 2016



‘There is a direct relationship between the percentage of clinical curriculum devoted to authentic General Practice experience and subsequent career choice’



Alberti H, Randles HL, Harding A, McKinley RK. Exposure of undergraduates to authentic GP teaching and subsequent entry to GP training: a quantitative study of UK medical schools. *Br J Gen Pract.* 2017

# Impact on future careers

*“I absolutely loved this GP practice and it  
has made me consider for training”*

(Y4 student, 2024)

# Overview of QUB medical curriculum

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



# Where do exams fit in?

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

Written finals ('MLA AKT') June after Y4

Clinical finals Spring Y5



# GP practices are where patients are at

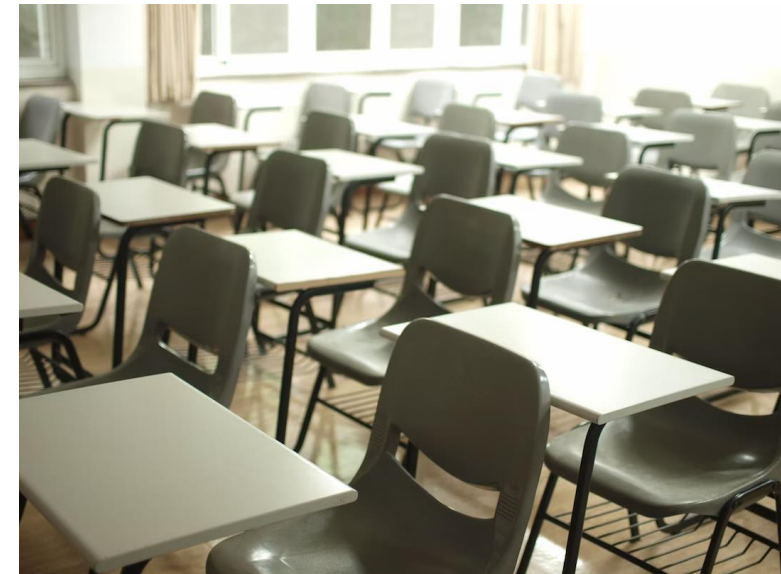
*“The most positive aspect was the **volume of patient exposure** which we received. I saw more patients on this attachment than any other by a large margin, and **this exposure and independence in seeing patients really developed my skills**” (Y4 student, 2024)*

# GP practices are the place to learn

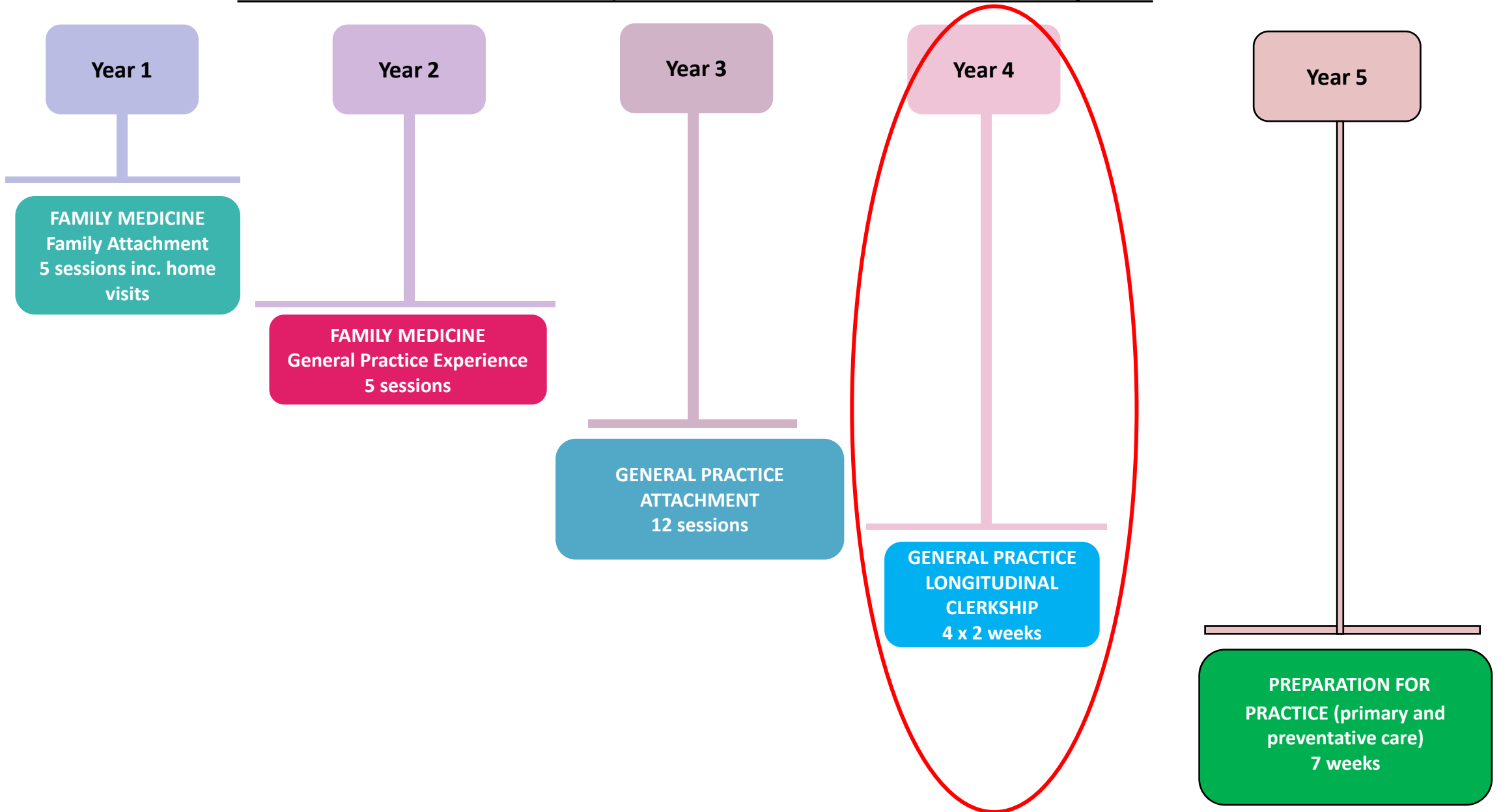
*“I found **my time at GP unbelievably useful** and had the most amazing time! The staff were so welcoming and supportive and always had time to teach me. **Being in the same GP all year was really useful** and if I could go back to the same practice next year for placement I **definitely would!**”* (Y4 student, 2024)

# Understanding their assessments

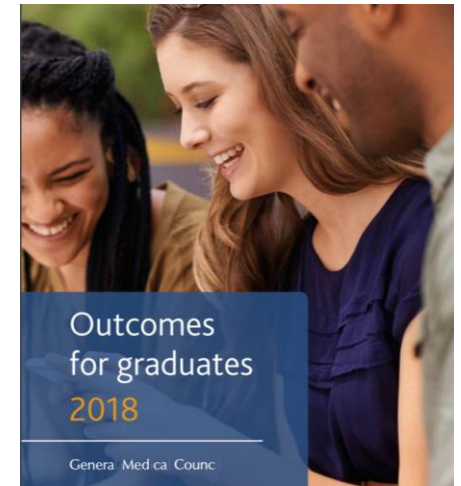
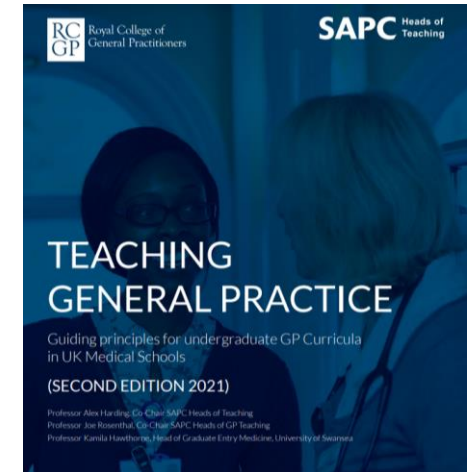
- 'MLA' (Medical Licensing Assessment) - national exam for all UK medical schools
- Incoming Y4 will be second QUB cohort; sit 'AKT' (Applied Knowledge Test) June 2025
- ~ 40% questions GP context
- <https://www.qub.ac.uk/sites/qubgp/Resources/MLA/>
- Progress Testing through Years 1-4
- Y4 clinical OSCE (several GP based stations) late May 2025



# General Practice across the QUB Medical School Curriculum 2024/2025







**Each year the GP element has a different ‘focus’ – learning outcomes developed over a 5 yr programme**



# Overall GP Learning Outcomes

1. Holistic care (the biopsychosocial model) (includes dealing with uncertainty, prescribing/ adherence/ polypharmacy/social prescribing)
2. **The physiology of holistic care** (includes Medically Unexplained Symptoms)
3. **The doctor-patient relationship**
4. Communication with patients of all backgrounds
5. **Continuity of care and integrated care**
6. **Long-term conditions in i) Diagnostic phase, ii) Maintenance phase, iii) End of life care**
7. Emergency conditions
8. **Multi-morbidity and complexity**
9. **The social determinants of health**
10. Preventing disease and promoting health
11. Medical ethics
12. Effective delivery of care –

The generalist approach, also includes sustainable healthcare



# QUB Students and impacts

- **ALL STUDENTS HAVE ALREADY HAD SOME NI GP EXPERIENCE**
- More graduate students (some health care professionals)
- Wide variation in a cohort of >300 (life experiences, interest, ability, maturity...)
- Part-time working, many in Medical Student Technician/Care assistant roles
- More non NI students, more diverse

# New resource



HELPFUL LINKS ▾ STAFF STUDENTS ALUMNI

STUDY RESEARCH INTERNATIONAL BUSINESS ABOUT 🔍

## EDI Training

UNIVERSITY SITES / QUBGP / RESOURCES / EDI TRAINING

Annual Updates

MyProgress

New Practices

MLA

EDI training

GPCPA CPD Events

Remote consulting

All GP tutors and examiners are required to have completed training on Equity, Diversity and Inclusion (EDI) at least every 5 years.

QUB and UU Medical Schools along with NIMDTA have created a 40 minute training resource specific to the needs of medical educators in NI. Completing this online course will be accepted as evidence of training by all 3 organisations.

The training module launched on 21/3/24. You can access the course [HERE](#).

Please join the [EDI Community](#) where the course is located online, to be notified of future resources as they are added.



EQUITY, DIVERSITY & INCLUSION



FOR HEALTHCARE EDUCATORS



# Broad course structure/exams/student mix



# Y4 Co-Led, developed & delivered 1ry/2ry care

4 x 9 week 'pillars'

Reproductive health

Child health

Mental health

Ageing and health





*"a caring and compassionate doctor who is a critical thinker, problem solver and reflective practitioner with excellent clinical skills who values, above all else, service to patients"*

Child  
Health

Reproductive  
Health

Ageing and  
Health

Mental  
Health

Strong generalist foundations through longitudinal placements in GP and ED

'Cross Pillar' disciplines (oncology, radiology, MSK), and GCAT themes threaded throughout

## CHILD HEALTH

SPECIALIST LEAD: DR PETER MALLET

[p.mallett@qub.ac.uk](mailto:p.mallett@qub.ac.uk)

GENERALIST LEAD: DR CHRISTOPHER DORMAN

[christopher.dorman@qub.ac.uk](mailto:christopher.dorman@qub.ac.uk)



## AGEING & HEALTH

SPECIALIST LEAD : DR ENDA KERR:

[enda.kerr@belfasttrust.hscni.net](mailto:enda.kerr@belfasttrust.hscni.net)

GENERALIST LEAD: DR MIRIAM DOLAN:

[m.dolan@qub.ac.uk](mailto:m.dolan@qub.ac.uk)



## REPRODUCTIVE HEALTH

SPECIALIST LEAD: DR JANITHA COSTA

[j.costa@qub.ac.uk](mailto:j.costa@qub.ac.uk)

GENERALIST LEAD: HANNAH O'HARA

[h.ohara@qub.ac.uk](mailto:h.ohara@qub.ac.uk)



## MENTAL HEALTH

SPECIALIST LEAD : DR JULIE ANDERSON

[julie.anderson@qub.ac.uk](mailto:julie.anderson@qub.ac.uk)

GENERALIST LEAD: DR JIM McMULLAN

[james.mcmullan@qub.ac.uk](mailto:james.mcmullan@qub.ac.uk)



# Y4 Pillar structure: across care settings

Each Pillar:

1 week 'Pillar Teaching' QUB

2 weeks in GP

1 week in ED

5 weeks 2ry care areas

4 x 9 week 'pillars'

Reproductive health

Child health

Mental health

Ageing and health

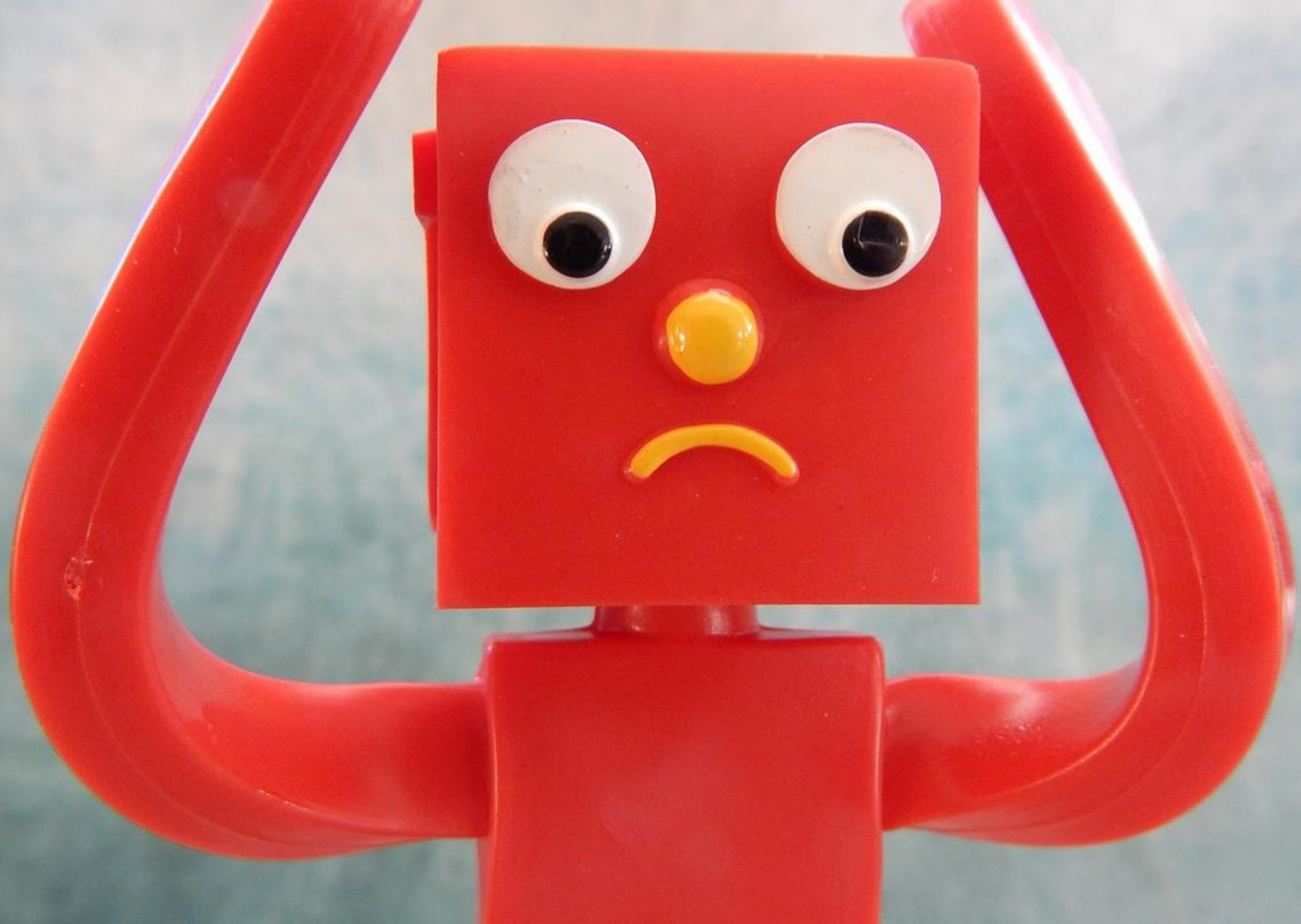
Cross Pillar elements:

Radiology, oncology, MSK

Areas of Professional Knowledge ('basic sciences')







Group	A1	A2	A3	A4
21-Aug	<b>PILLAR WEEK REPRODUCTIVE HEALTH</b>			
28-Aug	Reproductive Health	Reproductive Health	General Practice	Reproductive Health
04-Sep	Reproductive Health	ACE	General Practice	Reproductive Health
11-Sep	Reproductive Health	Reproductive Health	Reproductive Health	General Practice
18-Sep	Reproductive Health	Reproductive Health	ACE	General Practice
25-Sep	General Practice	Reproductive Health	Reproductive Health	ACE
02-Oct	General Practice	Reproductive Health	Reproductive Health	Reproductive Health
09-Oct	ACE	Reproductive Health	Reproductive Health	Reproductive Health
16-Oct	Reproductive Health	General Practice	General Practice	Reproductive Health

Group	A1	A2	A3	A4
23-Oct	<b>PILLAR WEEK AGEING &amp; HEALTH</b>			
30-Oct	Supplementary Learning	ACE	Supplementary Learning	General Practice
06-Nov	Ageing&Health	Oncology	Ageing&Health	General Practice
13-Nov	PT/A&Health	PT/IGP	PT/A&Health	PT/Emer Med
20-Nov	Ageing&Health	General Practice	Ageing&Health	Oncology
27-Nov	Oncology	General Practice	General Practice	Ageing&Health
04-Dec	ACE	General Practice	Ageing&Health	Ageing&Health
11-Dec	General Practice	Oncology	Ageing&Health	Ageing&Health
18-Dec	General Practice	General Practice	ACE	Supplementary Learning

25-Dec	<b>VACATION</b>			
01-Jan	<b>VACATION</b>			

Group	A1	A2	A3	A4
08-Jan	<b>PILLAR WEEK CHILD HEALTH</b>			
15-Jan	Child Health	General Practice	Child Health	Child Health
22-Jan	Child Health	General Practice	Child Health	Child Health
29-Jan	Child Health	Child Health	Child Health	General Practice
05-Feb	General Practice	ACE	Child Health	General Practice
12-Feb	General Practice	Child Health	Child Health	ACE
19-Feb	PT/IGP	PT/Child Health	PT/Child Health	PT/Child Health
26-Feb	ACE	General Practice	Child Health	Child Health
04-Mar	Child Health	General Practice	Child Health	Child Health

Group	A1	A2	A3	A4
11-Mar	<b>PILLAR WEEK MENTAL HEALTH</b>			
18-Mar	BH/IGP	BH/Mental Health	BH/Mental Health	BH ACE
25-Mar	BH/IGP	BH/Mental Health	BH/Mental Health	BH/Mental Health
01-Apr	<b>VACATION</b>			
08-Apr	Mental Health	General Practice	General Practice	ACE
15-Apr	Mental Health	General Practice	General Practice	Mental Health
22-Apr	Mental Health	Mental Health	General Practice	Mental Health
29-Apr	ACE	Mental Health	General Practice	Mental Health
06-May	BH/Mental Health	BH/Mental Health	BH/Mental Health	BH/IGP
13-May	Mental Health	Mental Health	ACE	General Practice

20-May				
27-May				
03-Jun				
10-Jun				
17-Jun				
24-Jun				

Group	B1
<b>ACE &amp; HEALTH</b>	
ACE	General Practice
Oncology	General Practice
Child Practice	ACE
Child Practice	Oncology
Ageing&Health	Ageing&Health
Ageing&Health	Ageing&Health
Ageing&Health	Ageing&Health
Supplementary Learning	Supplementary Learning

Group	B1
<b>ACTIVE HEALTH</b>	
Child Health	Reproductive Health
ACE	Reproductive Health
Child Health	PT/Repro Health
Child Health	Reproductive Health
Child Health	General Practice
Child Health	General Practice
Child Practice	ACE
Child Practice	Reproductive Health


Group	B1
<b>CHILD HEALTH</b>	
Child Health	ACE
Child Health	Mental Health
ACE	Mental Health
Child Health	Mental Health
Child Practice	Mental Health
PT/IGP	BH/Mental Health
Child Health	General Practice
Child Health	General Practice

Group	B1
<b>CHILD HEALTH</b>	
Child Health	BH/Child Health
Child Health	BH/Child Health
<b>VACATION</b>	
Child Health	General Practice
ACE	General Practice
Child Health	ACE
Child Health	Child Health
Child Health	BH/Child Health
Child Health	Child Health

# Timetabling practicalities – starts of pillars

- CLEAR communication with student names and dates (inc. days of the week)
- Pillar 1:
  - All students in QUB for Pillar week teaching 19-23/8
  - (B/H Mon 26/8); students at base hospital specialty pillar inductions Tues 27/8
  - **Weds 28/8 cycle 1 students start in GP**; subsequent returns on Mondays
  - All cycle 2 students will start in GP Mon 9/9
- Pillar 2 (no Bank holiday!):
  - CH/RH/MH students have base hospital induction Mon 28/10 so start GP Tues 29/10
  - A and H students start GP Mon 28/10

# Timetabling practicalities – Progress Tests

- Progress Tests as key part of assessment strategy
- SBA examinations, format and Qs aligned with AKT ('national written finals')
- **Monday 11<sup>th</sup> Nov 2024** (impacted students will start their second block with you Tues 12/11)
- **Monday 17<sup>th</sup> Feb 2025** (impacted students start their third block Mon 10/2 so will miss their week 2 Monday)
- (Progress Test 3 scheduled for Tues 29<sup>th</sup> April 2025 – will impact small minority only)



# Overall year timetable/Y4 structure overall



# BREAK

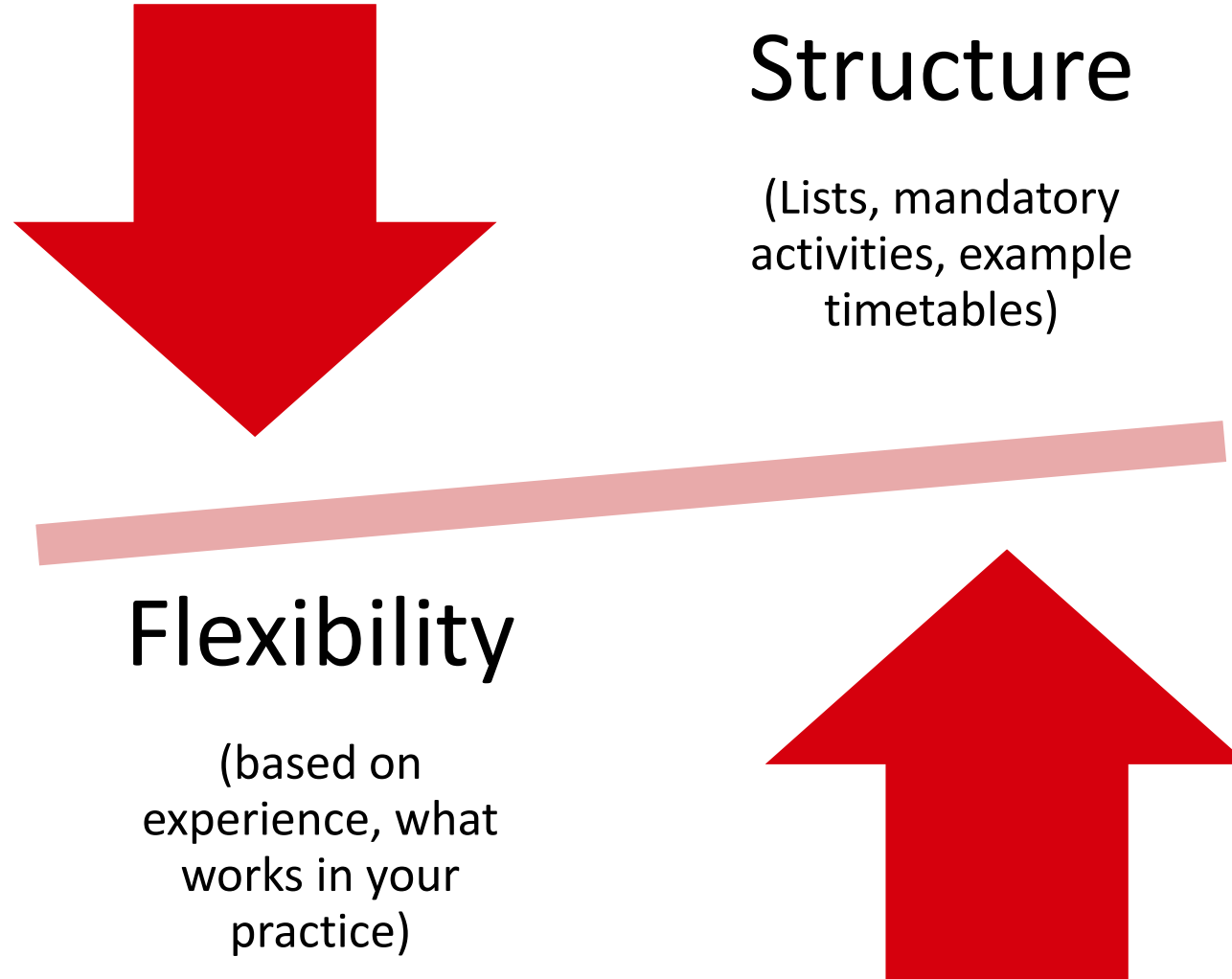
\*Please put attending GP name and cypher code in the chat box if you want to be paid!\*



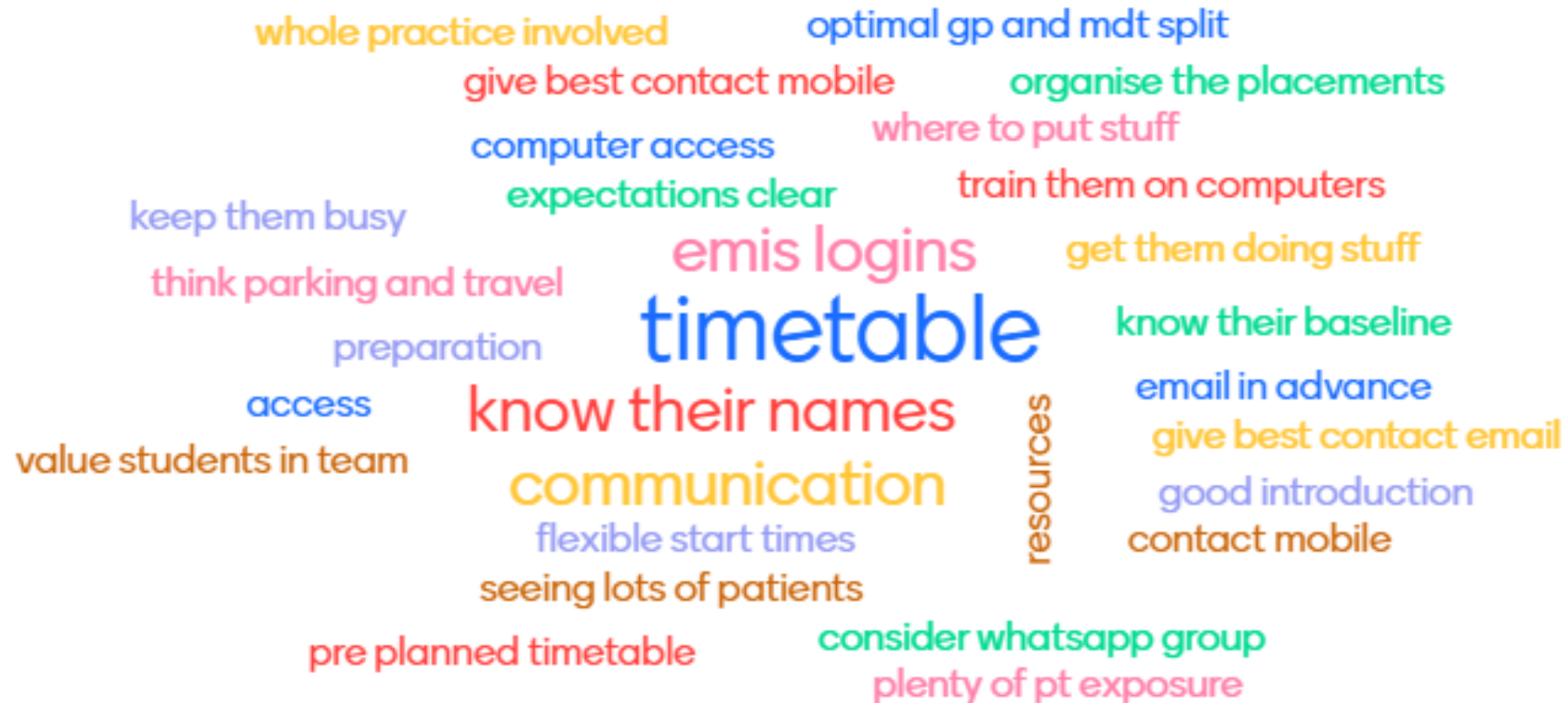
# What to actually do with our Y4 students?



# We recognise the variety of experience/set ups



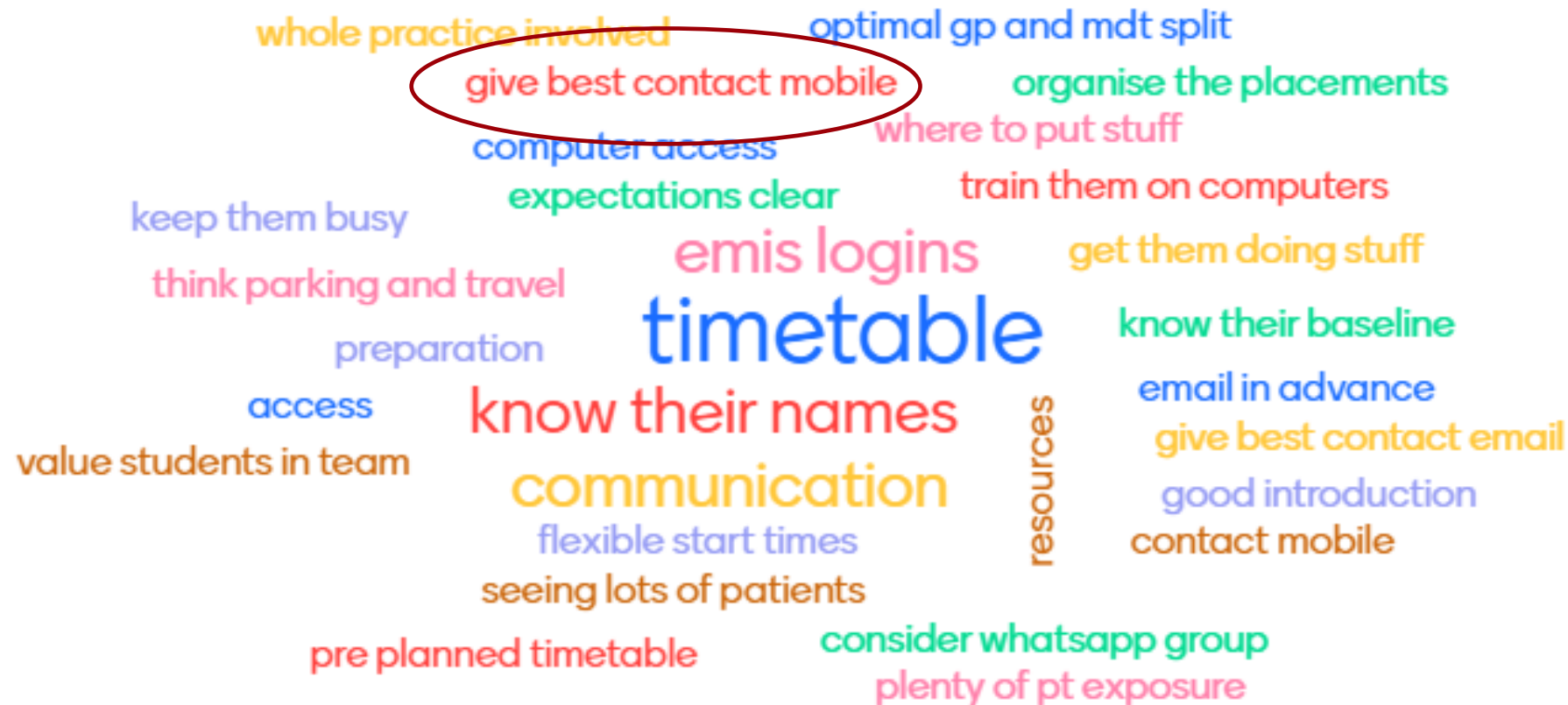
# Importance of induction and orientation



A word cloud of tips for induction and orientation, with 'timetable' as the largest word. Other prominent words include 'communication', 'know their names', 'emis logins', and 'resources'. The tips are arranged in a circular pattern around the central word.

whole practice involved      optimal gp and mdt split  
give best contact mobile      organise the placements  
computer access      where to put stuff  
expectations clear      train them on computers  
keep them busy  
think parking and travel      get them doing stuff  
preparation      know their baseline  
access      know their names      email in advance  
value students in team      communication      give best contact email  
flexible start times      resources      good introduction  
seeing lots of patients      contact mobile  
pre planned timetable      consider whatsapp group  
plenty of pt exposure

# Establish means of contact (e.g. if sick)



A word cloud of educational tips for placements. The words are arranged in a roughly circular shape. The word 'timetable' is the largest and most central. Other prominent words include 'know their names' (circled in red), 'communication', 'emis logins', 'whole practice involved', 'optimal gp and mdt split', 'organise the placements', 'give best contact mobile', 'where to put stuff', 'computer access', 'expectations clear', 'train them on computers', 'get them doing stuff', 'know their baseline', 'email in advance', 'give best contact email', 'good introduction', 'contact mobile', 'flexible start times', 'seeing lots of patients', 'consider whatsapp group', 'plenty of pt exposure', 'pre planned timetable', 'value students in team', 'access', 'preparation', 'think parking and travel', 'keep them busy', and 'resources' (written vertically). The words are in various colors including blue, green, red, orange, and purple.

whole practice involved      optimal gp and mdt split  
give best contact mobile      organise the placements  
computer access      where to put stuff  
expectations clear      train them on computers  
keep them busy      get them doing stuff  
think parking and travel      know their baseline  
preparation      email in advance  
access      give best contact email  
value students in team      good introduction  
know their names      contact mobile  
communication      resources  
flexible start times  
seeing lots of patients  
pre planned timetable      consider whatsapp group  
plenty of pt exposure

A word cloud of phrases related to medical education and practice. The phrases are arranged in a roughly circular pattern around the central word 'timetable'. The phrases include:

- whole practice involved
- optimal gp and mdt split
- give best contact mobile
- organise the placements
- computer access
- where to put stuff
- expectations clear
- train them on computers
- keep them busy
- emis logins
- get them doing stuff
- think parking and travel
- know their baseline
- preparation
- timetable
- access
- know their names
- email in advance
- value students in team
- communication
- give best contact email
- flexible start times
- resources
- good introduction
- seeing lots of patients
- contact mobile
- pre planned timetable
- consider whatsapp group
- plenty of pt exposure

The phrase 'flexible start times' is circled in red.



A word cloud centered on the word "timetable". The words are arranged in a circular pattern around the central word. The words are in various colors and sizes. The word "emis logins" is circled in red. The word "resources" is written vertically on the right side of the cloud.

whole practice involved      optimal gp and mdt split  
give best contact mobile      organise the placements  
computer access      where to put stuff  
expectations clear      train them on computers  
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plenty of pt exposure

# Induction/ practicalities summary

- Computer system individual logins/student login and training (encourage ownership and transparency) – learning about concise and useful clinical records
- Expectations/ground rules/toilets/belongings/fridges etc
- Who/how to notify of any approved absences/illness etc
- Ideally a space/place for more independent learning activities (BSO WiFi)\*
- Where/how to keep record of people to follow up? (H&Cs/shredding)

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# The welcome matters

*“Everyone at the practice made us feel most welcome and treated just like another colleague and doctors trusted our judgment when consulting with patients and given refreshing independence. All doctors were enthusiastic to have students and embraced what we could do and provided us with a **hugely beneficial experience for our medical careers**”* (Y4 student, 2024)

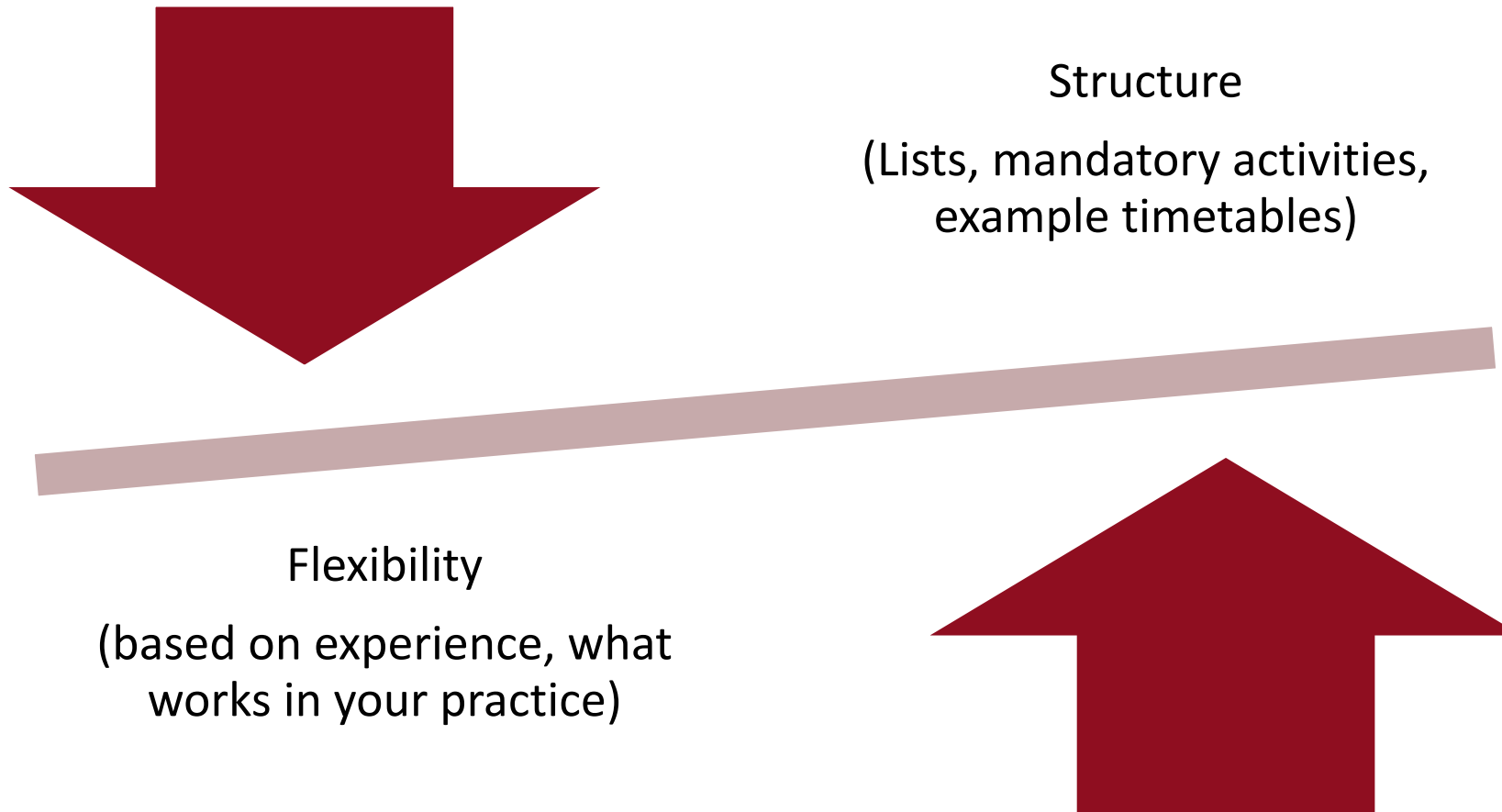
# The welcome matters

*“I feel that I have really developed most as a doctor in GP...*

*The practice team were amazing, **they made me feel so***

***welcome and part of the team”** (Y4 student, 2024)*

# What do the students actually need to do?



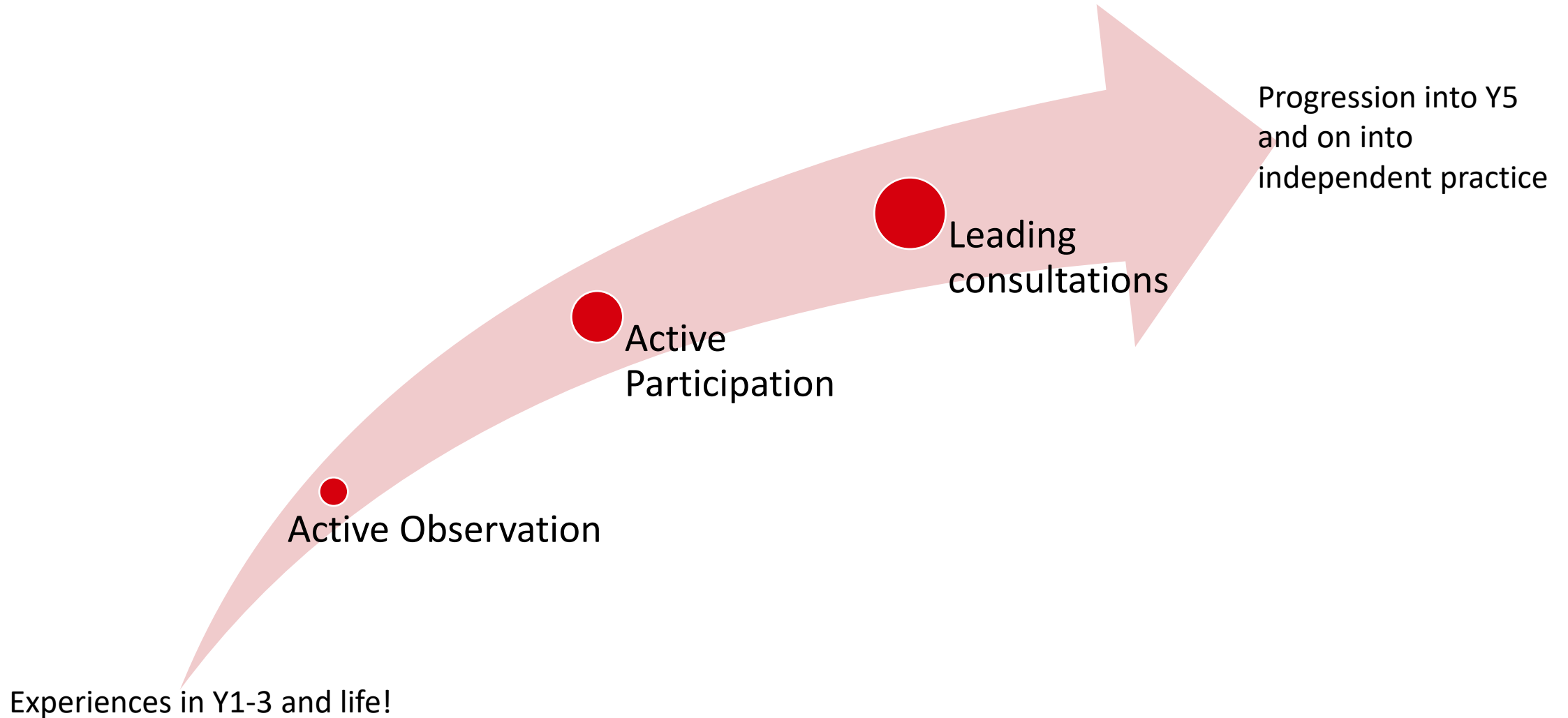
# Main Learning activity

## **Clinical encounters** (>50% time building towards Y5)

- Mode of consulting can be face-to-face or remote (mix is ideal)
- Selected patients and Chronic Disease/Long term conditions
- Unselected/undifferentiated including triage/emergency
  
- Increasing level of participation/leading/complexity
- Use the benefits of pairs where possible
- Decreasing level of supervision \*

\*will vary between students

# Progression



# Active observation

- Lots to learn from different ways different GPs adapt their consulting, and their potentially contrasting approaches to the same patient(s)
- What is prompting the person to contact the GP practice with this issue at this time?
- Any relevant management/referral guidelines? – look them up!

**\*Students will likely start here – some will be ready to progress quickly\***

**\*One-way conversations of limited learning value\***



# Active participation/leading consultations

- Initially 'hotseat' an element – 'information gathering' / focused examination (consider one of a pair for each element)
- May be with GP in room or in another consulting room (*space dependent*)
- Consider pre-selecting a small number of pts for students to call/see from triage list – could see students first
- Consider student 'delegation' of elements of management (potentially encouraging physical activity, practical sleep hygiene, contraception/HRT options – information sharing) – students could call them back/bring them in

# Students really value consulting

*“Being able to see patients alone and then have the opportunity to present the main points to the doctor. This really helped develop my confidence in performing my clinical skills and interacting with patients” (Y4 student, 2024)*

# Students really value consulting

*“Brilliant GP practice, gave us the time to see patients ourselves and discussion about management afterwards.*

*Very practical and hands on”* (Y4 student, 2024)

# Consulting offers unparalleled insights

*“Getting the chance to practise clinical skills on real patients with real signs and symptoms. It was also useful to gain insight into the fact that not every patient that presents needs medical treatment, often they just need reassurance and guidance on supportive measures”*

(Y4 student 2024)

# Beyond consulting, what can students do?

- **'Clinical skills' short clinics** - obs, ECG or bloods/ treatment room experience
  - Baby/vaccination clinics
  - Time **with various members of practice team/community based colleagues**
  - Home/nursing home visits (next slide)
- \* worth being aware of some of the negative feedback around what was perceived as excessive time dedicated to activities perceived as 'non-clinical'\***

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# Medical students and Home Visits

- Guidance (informed by other medical schools etc) –  
<https://www.qub.ac.uk/sites/qubgp/Resources/>
- >1 student if not with GP/HCP; 'reactive or proactive'
- No intimate examinations
- NOT mandatory – remember students have done this in Y1 and many in Y3
- Students love them!

# What can students actually do?

- **Multimorbidity review** (in practice/visit – a pt met on rotation 1 or 2 could be revisited rotation 3 or 4) – how has their health changed? Was this expected?
- **Long term condition reviews** (asthma, COPD, CKD, diabetes) – work with admin to identify patients, student ‘mini clinics’ where do everything inc BP/BMI, bloods – following week could review blood results and recontact patient re agreed plans
- Lab results review? **OOH consult phone f/up calls?**

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# What can students actually do?

- **Continuity** – recontact patients they've previously encountered (perhaps focusing on patients they've selected to record as their clinical encounters or anyone who had a red flag referral or care needs) – remember more than just the immediate presenting issue that could have real learning value – have they had an MI? appendicitis? Gallbladder surgery? Are they living with IBD?

**\*GP is the place to consolidate all their medical/surgical learning which will set them up really well for working – and exams!\***

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*



# Continuity as a learning opportunity

*“It was good to get first-hand experience dealing with patients and returning helped as we got to follow up patients”*

(Y4 student 2024)

# What can students actually do?

- **Case presentation review** – select patient(s) known to you with identified significant diagnosis (Ca, MS, other LTC) review records to see how the presentations differ and how clinical pathways and patient experiences can vary
- Tutorial for GP trainee(s) or time for GPNI webinar/PBL - part of 'the team' when everyone is learning together
- Consider link with students in other years/UU - 'near peer learning' has real value
- Identify and **prepare cases for their Case Based Learning, some SDL, consider audit/QI**

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# Students thrive on variety

*“There was a **good balance** of being in clinics with GPs and the odd session in the treatment room/vaccine clinics. There was a **good balance** of being in and SDL time which allowed me to cement what I had learned during the day into my studies”*

(Y4 student 2024)

# Students thrive on variety

*“The most positive aspect of my experience was how welcoming the entire staff were... They always made sure to make us feel included and involve us in everything that was happening. **I enjoyed the variety that we received on the placement - from reviewing patients ourselves, practising clinical skills in the treatment room, visiting the local nursing home and going out on home visits. I felt that my time spent in XXX was incredibly beneficial to my learning ...”***

(Y4 student 2024)

# \*\*Example\*\* timetable: over 9 sessions

Week 1	Morning	Afternoon
Monday	Induction/GP x	Home visits/multimorbidity reviews
Tuesday	GP x	PBP
Wednesday	With district nurse	CBL preparation
Thursday	Treatment room	GP X
Friday	OOH follow up calls	CBL session/My Progress review

Week 2	Morning	Afternoon
Monday	GP x	continuity calls
Tuesday	Treatment room	GP Y
Wednesday	Visits	long term condition reviews
Thursday	GP X	GP x - 'mini surgery'
Friday	LTC clinic	VPC/My Progress review

# What do patients say about students?



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*"Even a wee phone call back to the patient to check if the x-ray or MRI [they were referred for] happened or check how they are getting on with their antibiotics."*

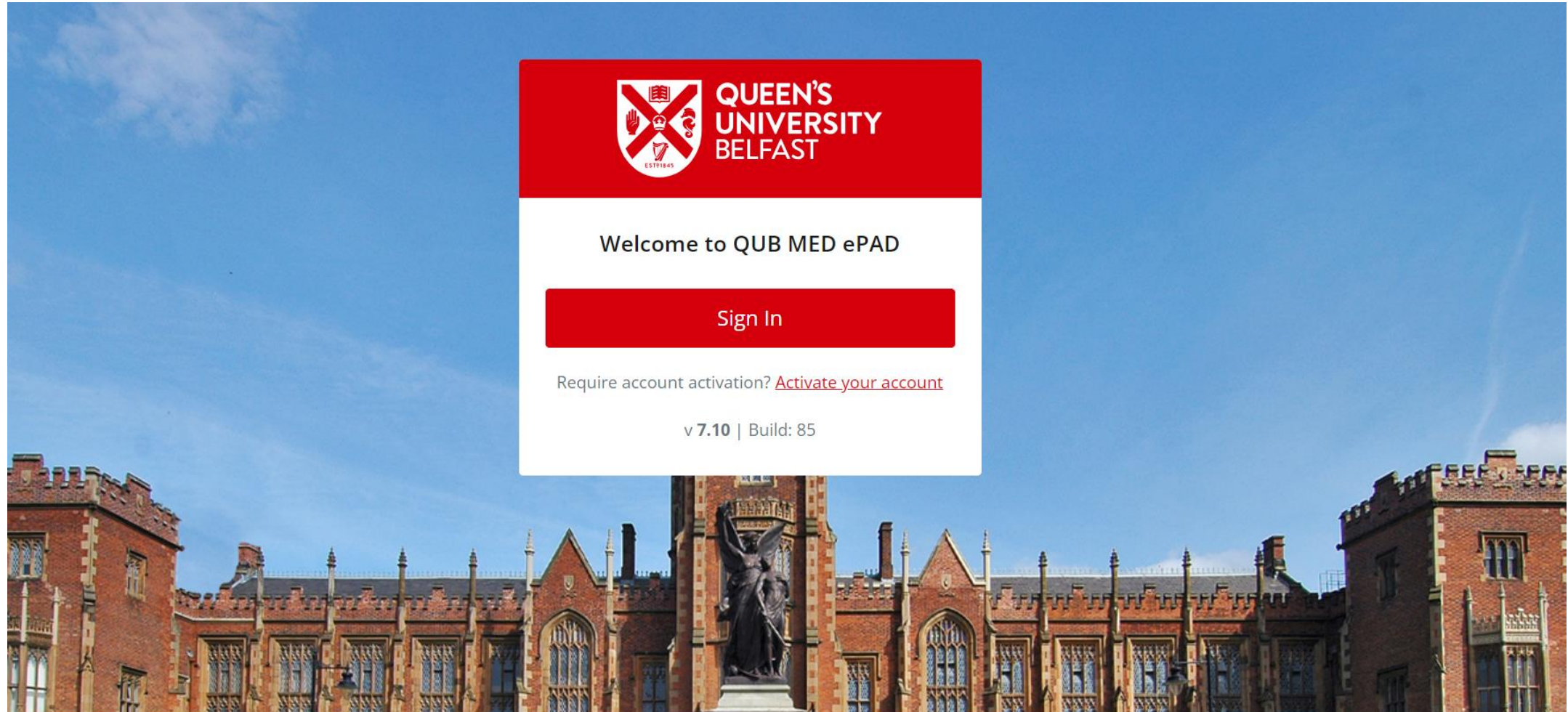
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*"I'd like to see opportunity for students - make an appointment with students before seeing the GP. Let the student ask more questions - sometimes a (video) call of 10 mins can save the doctor time in their surgery."*

# Other suggestions/core learning activities

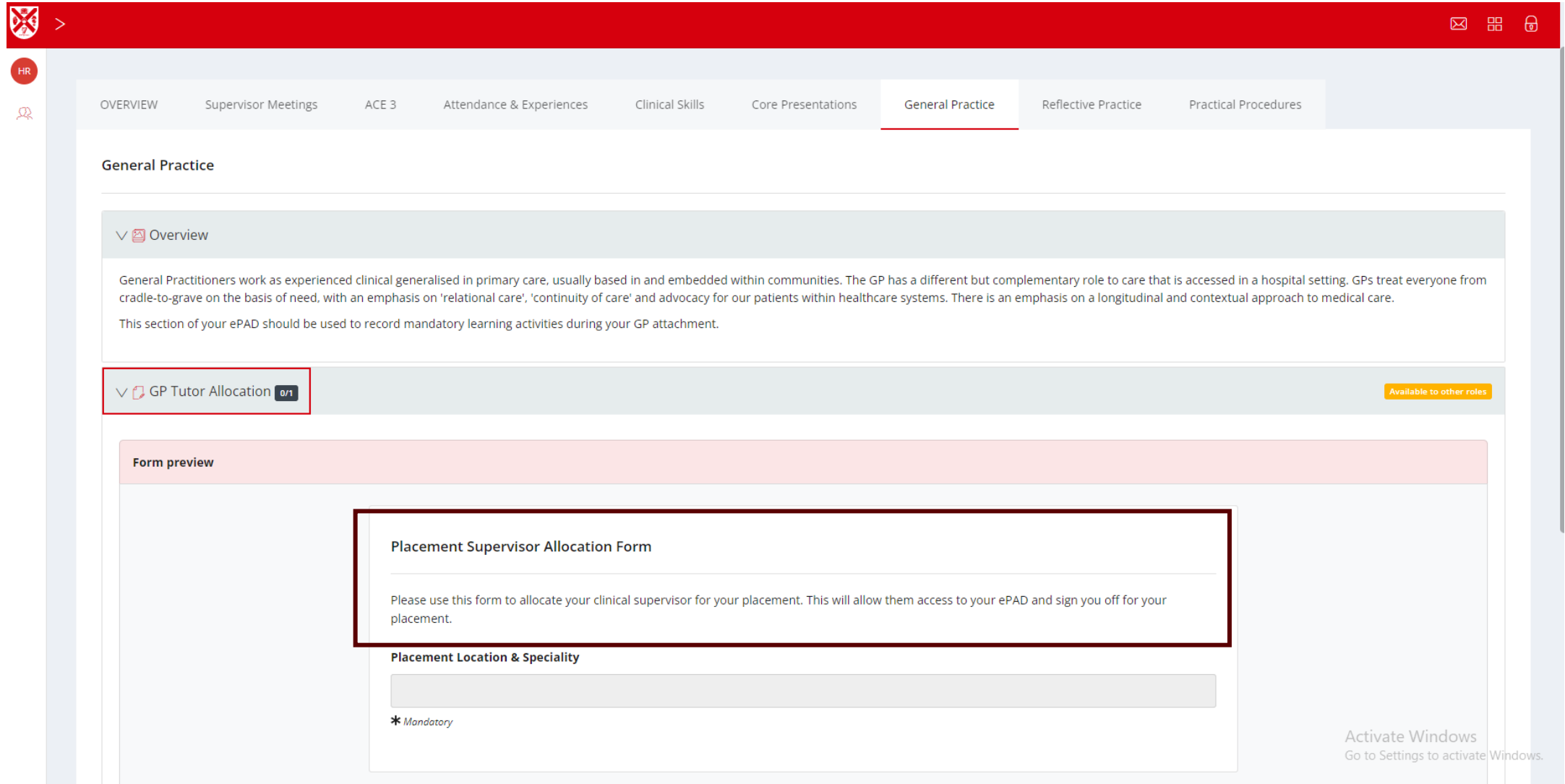


# Recording learning and progress: MyProgress





# Importance of your email...



The screenshot shows the 'General Practice' section of an ePAD. The navigation bar includes 'OVERVIEW', 'Supervisor Meetings', 'ACE 3', 'Attendance & Experiences', 'Clinical Skills', 'Core Presentations', 'General Practice' (highlighted), 'Reflective Practice', and 'Practical Procedures'. The 'General Practice' section contains an 'Overview' and a 'GP Tutor Allocation' section. The 'GP Tutor Allocation' section is highlighted with a red box and contains a 'Form preview' for the 'Placement Supervisor Allocation Form'. The form preview includes a title, a description, and a 'Placement Location & Speciality' field with a red asterisk indicating it is mandatory.

**General Practice**

Overview

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

This section of your ePAD should be used to record mandatory learning activities during your GP attachment.

GP Tutor Allocation 0/1 Available to other roles

**Form preview**

**Placement Supervisor Allocation Form**

Please use this form to allocate your clinical supervisor for your placement. This will allow them access to your ePAD and sign you off for your placement.

**Placement Location & Speciality**

\* Mandatory

Activate Windows  
Go to Settings to activate Windows.

# Video and guidance available

- Student led
- Tutor completion is short feedback form at end of each 2-week placement
- [MyProgress@qub.ac.uk](mailto:MyProgress@qub.ac.uk) for queries

<https://www.qub.ac.uk/sites/qubgp/Resources/>

# What to actually complete?

MyProgress Activity	How many	Who signs off
Attendance	100%*	Student*
Experiences: Clinical encounters	16 (4 per 2 weeks)	Student
(Experiences: Clinical Learning Activities within pillars)	(0-many)	Student
<b>WPBA: Tutor feedback</b>	<b>4 (at end of each 2 weeks)</b>	<b>GP Tutor</b>

# Feedback form alignment Years 3-5

## Assessment Areas

Please grade the following skills and competencies

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

# GP placement feedback

- A **\*short\*** GP report for end of each 2-week block – ideally showing progression through the year
- Free text comments REALLY helpful

## Written GP Tutor Feedback

Very good management of commonly encountered condition in general practice. Approaches patients with confidence and enthusiasm.

## Are you satisfied with this Year 4 student's progress?

Students will **not** see this response

- Satisfied
- Cause for Concern - resolvable by GP
- Cause for Concern - requires input from QUB

1/1 Mark(s)

# Concerns/issues

- At the end of placement – use MyProgress feedback form with option to alert [gadmin@qub.ac.uk](mailto:gadmin@qub.ac.uk)
- During placement - email [gadmin@qub.ac.uk](mailto:gadmin@qub.ac.uk) or [helen.reid@qub.ac.uk](mailto:helen.reid@qub.ac.uk)

# Feedback both ways.. MCPI



Students complete detailed MCPI feedback at end of academic year



Incredibly rich data



Various domains including leadership, induction, feedback, facilities



Working on meaningful ways to collate and share for improvement

# Robin Harland Award for Excellence



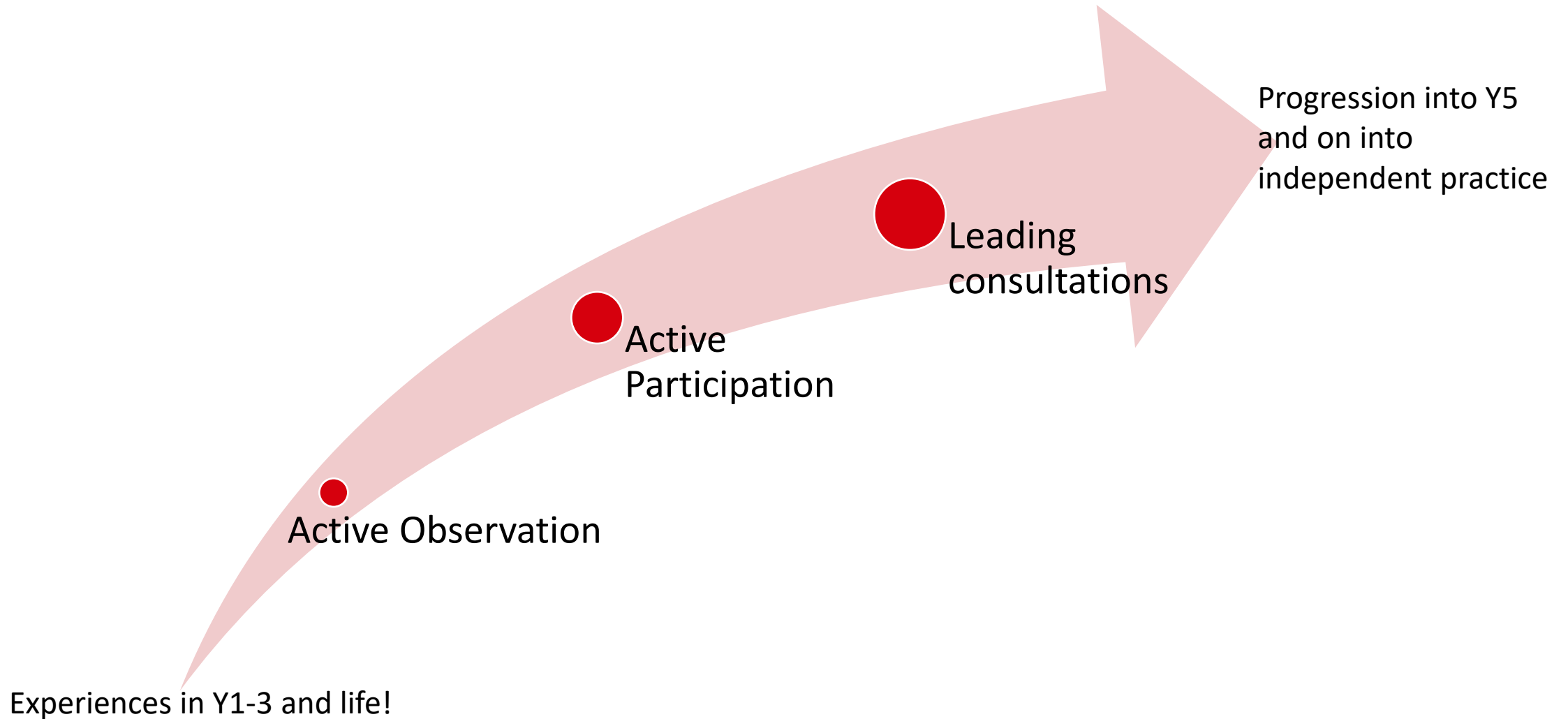
**urchview Family Practice wins QUB Teaching Award  
and visit from Health Minister, Robin Swann**

February 2024

- Student nominations
- Winner and runner-up announced at Annual Tutor meeting



# Assessing progression



## Please self-rate your competency within this consultation

- 1. First introduction to skill: observing only
- 2. Working together with supervisor: co-activity
- 3. Supervisor steps in as needed: direct supervision
- 4. Supervisor is in the background: direct supervision
- 5. Supervisor is next door and checks work at the end: indirect supervision
- 6. Supervisor is next door and checks key aspects of work: indirect supervision
- 7. Supervisor is at a distance but available by phone: indirect supervision
- 8. Independent consulting

# Students thrive on supported challenge

*"I loved my GP experience this year. I was given lots of opportunities to develop my history taking and clinical skills and was **challenged and pushed to become the best student I could be**"*

(Y4 student 2024)



Progression through the year

# Attendance and Absence



QUB Medical School expects 100% attendance for all years.



MyProgress generates (weekly) automated emails to nominated supervisor - no action required if student was present.



*If student wasn't present the email explains what to do (MS Form).*



Mitigating circumstances for non-attendance (prospective) and x 2 'discretionary days'



Unforeseeable circumstances e.g. sickness -student to fill out form/notify QUB and to promptly notify the practice\*



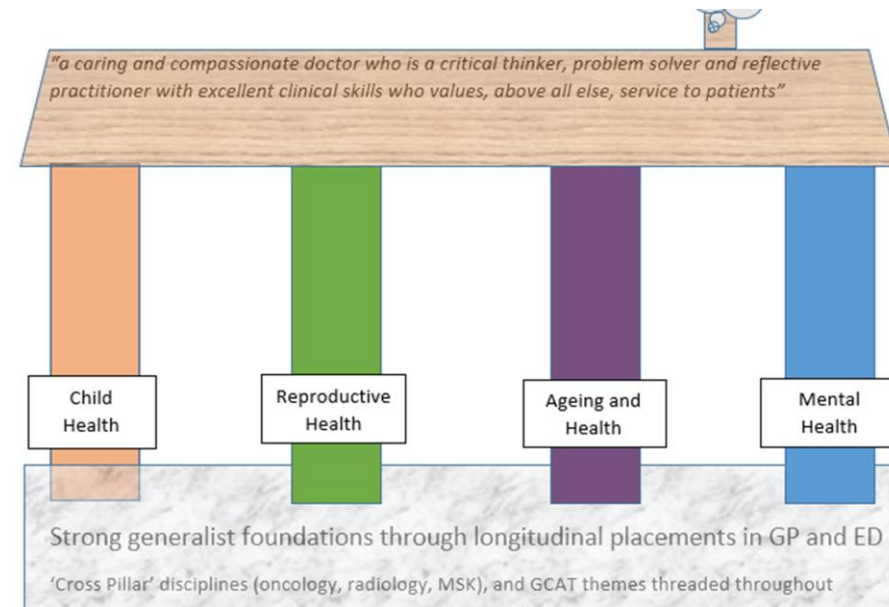
If student doesn't show up unannounced/ other concerns re attendance – please contact [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)

# Recording progress/attendance/issues



# What about these 'four pillars'?

- Students can complete activities within any pillar during any of the time in GP – we are **NOT** asking you to devise 4 different pillar specific timetables!
- Students likely to be attuned to their current pillar – ask them...



## LAKSA

- Vegetarian Laksa 14
- Chicken Laksa 14
- Beef Laksa 14
- Malaysian Chicken 14
- ADD Chicken & Prawns 4

## SALADS

- Malaysian Salad 10
- Chicken Salad 12
- Beef Salad 12
- Malaysian Chicken 14

OR

- Singapore Rice Noodle Salad 12
- Malaysian Chicken 14

ADD:

- Chicken 4
- Beef 4
- Malaysian Chicken 14

## NASI LEMAK

The National Dish of Malaysia  
Consists of Rice & Sambal, topped  
with all kinds of meats

- Chicken 10
- Beef 10
- Malaysian Chicken 14



## SPICE IT UP

- Chicken 10
- Beef 10
- Malaysian Chicken 14

## SIDES

- Beef Curry 10
- Chicken Curry 10

## SWEET

- Pumpkin Curry 10
- Chicken Curry 10

## KIDS

- For 12 and under
- Chicken Curry 10
- Beef Curry 10

## DRINKS

### ICE DRINKS

- Soft Drink 4
- Tea 4
- Coffee 4

### WARM DRINKS

- Hot Chocolate 4
- Hot Tea 4
- Hot Coffee 4

### SOFT DRINKS

- Soft Drink 4
- Tea 4
- Coffee 4

### WATER

- Soft Drink 4
- Tea 4
- Coffee 4

### WINE & BEER

- Wine 10
- Beer 10

## Houkiet & Roll

HOUKIET INSPIRED  
SWEETS - EACH WITH VIBRANT  
AND AUTHENTIC FLAVOURS.



**FOR  
RENT**

# Mental Health

- Many of their (student sign off) activities in MyProgress can be achieved in different settings (psych wards/clinics, GP, EM):
- ?Physical health reviews of those with serious mental illness
  - Observe advice given to patients when starting, changing or stopping anti-depressant medication including potential adverse effects
  - Discussion with staff re appropriate prescribing of benzo and Z-drugs (risk/abuse potential)
  - Complete a risk assessment on a patient you have assessed using a risk assessment proforma

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# Reproductive Health

- Many of their (student sign off) activities in MyProgress can be achieved in different settings (gynae/labour wards/clinics/theatres, GP, EM):
- ? Smear clinic ?LARC observation ?upskill in HRT/contraception options (?identify resources)
  - Measure BP on a pregnant woman
  - Perform and interpret urinary pregnancy test
  - (Bimanual/speculum examination on patient under direct supervision)

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# Ageing and Health

- Many of their (student sign off) activities in MyProgress can be achieved in different settings (wards/clinics, GP, EM):

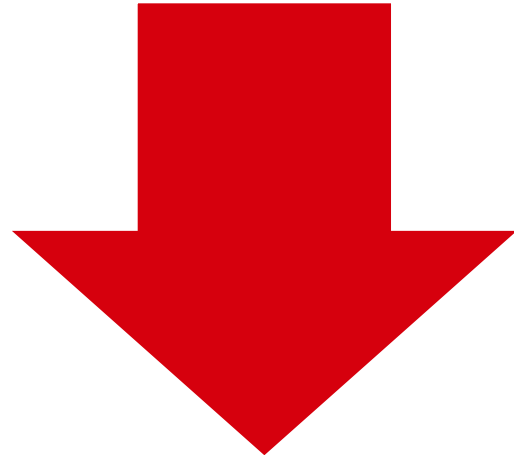
- Medication review – consider polypharmacy, anti-cholinergic burden and de-prescribing (Kardex or GP notes)
- Cognitive assessment of an older person

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*

# Child Health

- Many of their (student sign off) activities in MyProgress can be achieved in different settings (paeds wards/clinics, GP, EM):
- Baby clinics, time with Health Visitor, MDT attendance?
  - Examine a newborn baby (either Newborn check or 8 week check)
  - Record a set of patient observations
  - Observe virtual/tele- consultation of infant, child, or young person

\*these are only suggestions/ideas we know that practices are different and different things will work in different settings\*



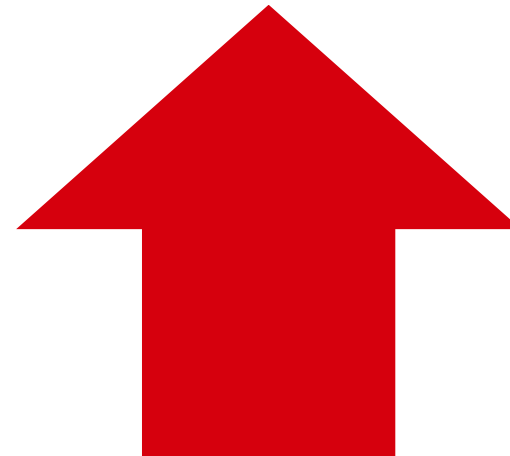
# Structure

(Lists, mandatory activities, example timetables)



# Flexibility

(based on experience, what works in your practice)



# (Pillar based) learning activities



# Ideas for directing more independent learning

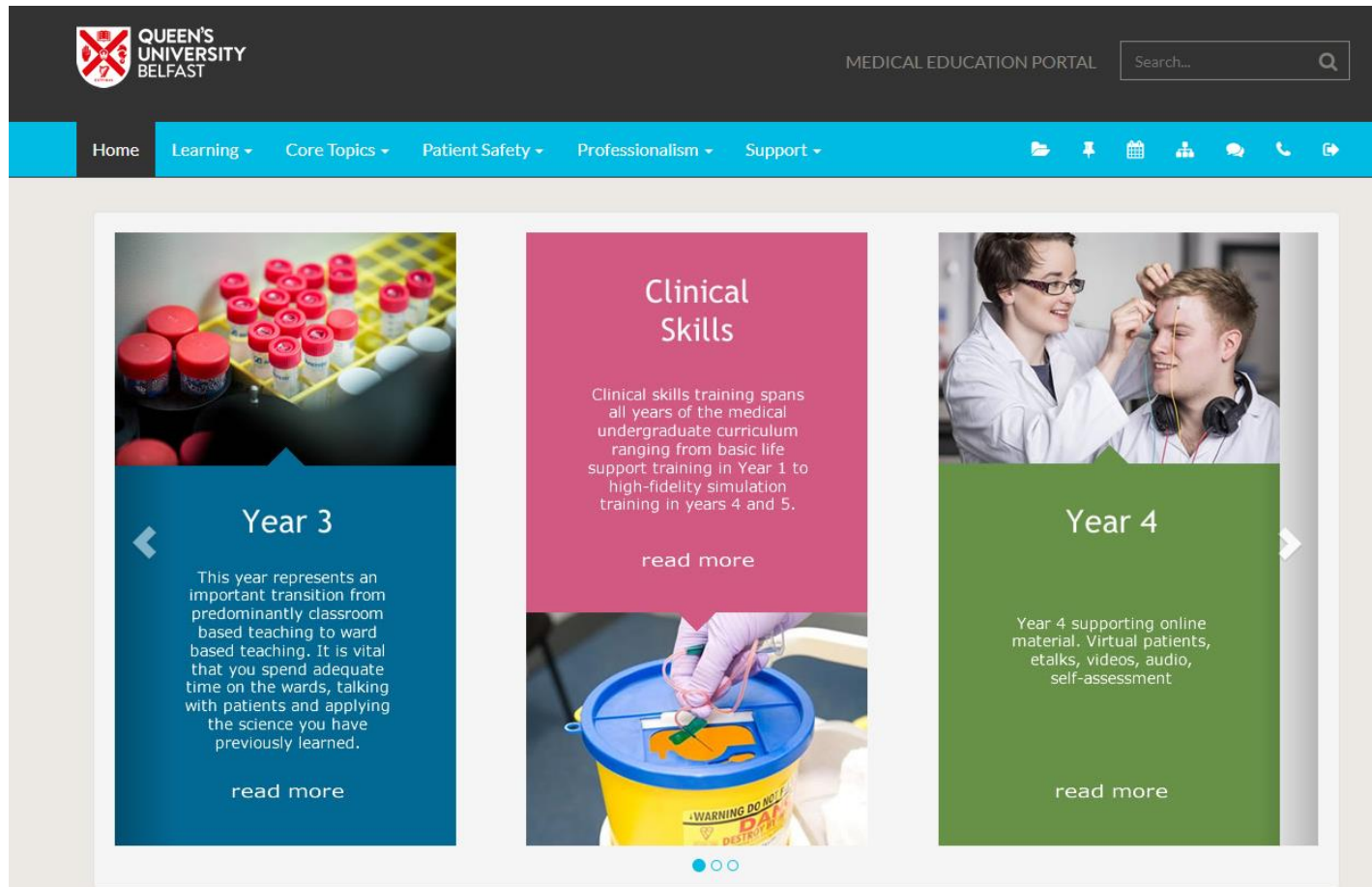




# Case Based Learning (ECHO model)

- 90-minute session for each student during each pillar – facilitated by GP Pillar Lead + Specialist \*may be during GP time\*
- Student prepared and pre-submitted cases. Year 4 Template. Progression from CBL in Years 1-3
- (Student feedback: move towards real cases... Student progression: shift in focus of clinical reasoning)

# Self-directed learning resources



QUEEN'S UNIVERSITY BELFAST

MEDICAL EDUCATION PORTAL

Search...

Home Learning Core Topics Patient Safety Professionalism Support

**Year 3**

This year represents an important transition from predominantly classroom based teaching to ward based teaching. It is vital that you spend adequate time on the wards, talking with patients and applying the science you have previously learned.

read more

**Clinical Skills**

Clinical skills training spans all years of the medical undergraduate curriculum ranging from basic life support training in Year 1 to high-fidelity simulation training in years 4 and 5.

read more

**Year 4**

Year 4 supporting online material. Virtual patients, etalks, videos, audio, self-assessment


read more

## QUB Medical Education Portal

# Multi-morbidity and complexity

INTRODUCTION


NEED TO KNOW ?


ACTIVE LEARNING 

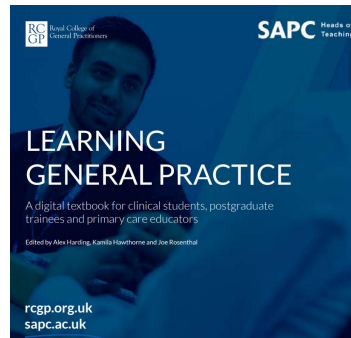
FURTHER LEARNING

## ACTIVE LEARNING

? Practices can identify patients with multimorbidity for students to visit at home, to find out what their day-to-day life experiences are. For instance, how they view their lives, their futures, their experiences of using the NHS, their medications, the side effects, etc. How do they value continuity of care? Do they have narratives showing how their care has been fragmented? Do they see multiple health professionals? How many medications are they on, and do they know what each one is for? What functional difficulties do they have?


 If the practice runs a multimorbidity clinic, see if you can sit in and try seeing some patients themselves with specific goals in mind.

 If the practice has a clinical pharmacist, try to get a session learning about how to rationalise and monitor the medications of a patient with multiple morbidity, for example using the STOPP/START tools (11). A toolkit can be downloaded from Cumbria CCG website.



QUEEN'S  
UNIVERSITY  
BELFAST

# Self-directed learning resources – Speaking Clinically by clinical area











 SpeakingClinically Videos Profile Logout

## Videos


Filter videos

Tag   Category   or   Page 1 of 18

### Cardiology


 <p>Acute Coronary Syndrom...</p>	 <p>Acute Coronary Syndrom...</p>	 <p>Angina Pectoris</p>	 <p>Aortic Dissection (Type A)</p>	 <p>Aortic Regurgitation/ Ins...</p>
 <p>Aortic Stenosis and Heart...</p>	 <p>Aortic Stenosis and Heart...</p>	 <p>Aortic Stenosis and TAVI</p>	 <p>Aortic Stenosis - Blackout</p>	 <p>Aortic Stenosis Causing F...</p>


# Self-directed learning resources: Speaking Clinically by condition

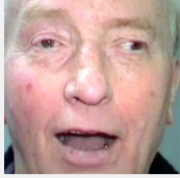
 Speaking Clinically Videos Profile Logout


Search  Search

Search results: hypertension

- 

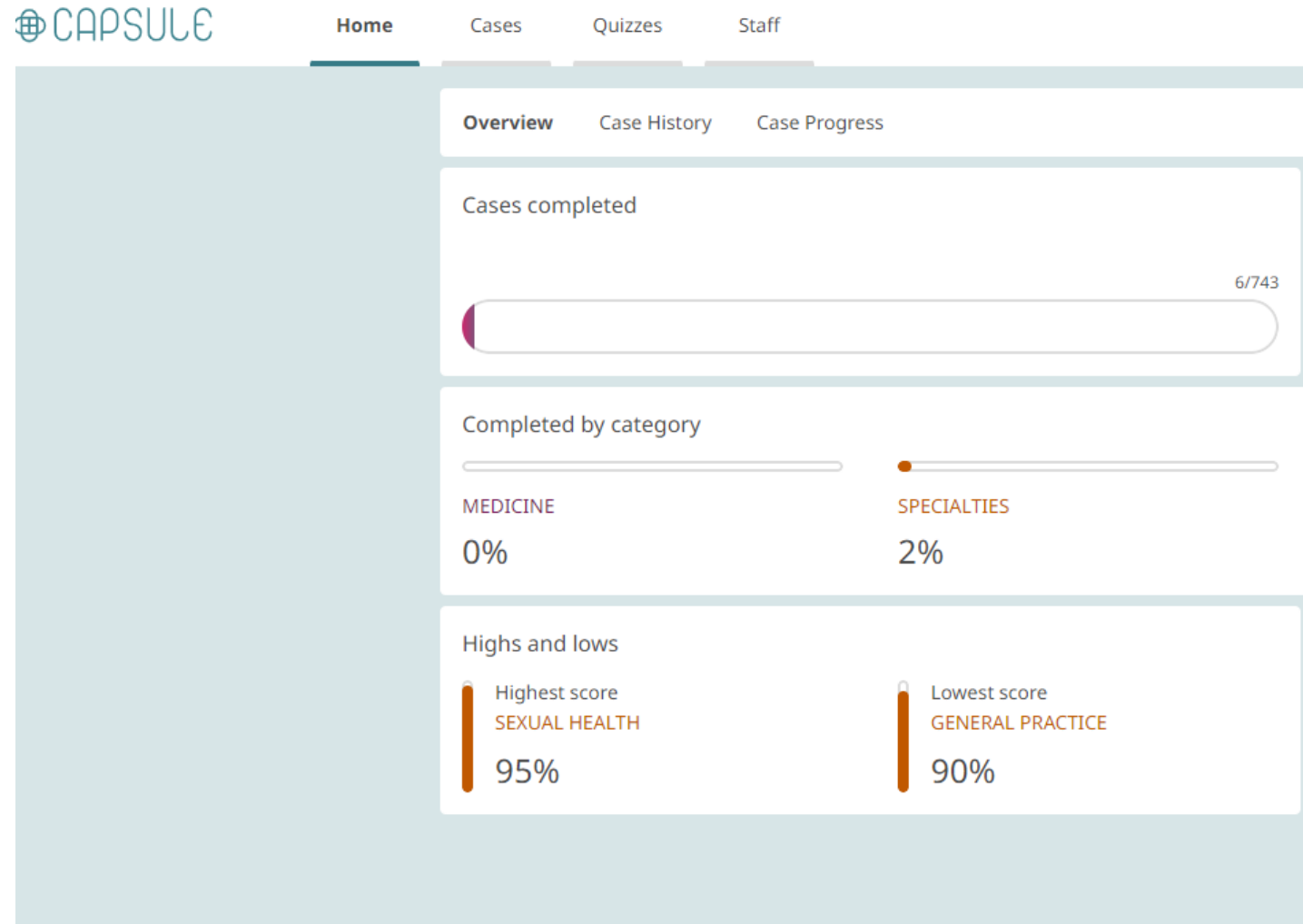
[Hypertensive Encephalopathy](#)  
*Cardiology*  
Severe Hypertension Related Problems  
headaches hypertension visual loss visual impairment T2DM HTN Hypertensive Encephalopathy
- 

[Bradycardia and Hypertension](#)  
*Cardiology*  
The Link Between Hypertension and Bradycardia  
hypertension unsteadiness dizziness pacemaker pacing bradycardia
- 

[Conn's syndrome](#)  
*Endocrinology*  
The hypokalaemic hypertensive  
hyperaldosteronism stroke hypertension hypokalaemia secondary hypertension
- 

[Resistant Hypertension and Angina](#)  
*Cardiology*  
Resistant Hypertension with a Strong Family History  
anginal pain angina angina HTN coronary angiogram Resistant hypertension coronary artery disease

# Self-directed learning resources: Capsule



# Self-directed learning resources: VPC

Found 65 videos matching your search criteria.



001B  
Woman with health anxiety (and a possible neck swelling) - follow-up appointment demonstrating ho...

Holistic care   Continuity of care   Anxiety  
Neck lump / Thyroid   Weaning



095D  
4th in a series of 4 videos of patient attending for review of chronic pain medication

Continuity of care   Shared Decision Making  
Opioid dependency   Chronic pain



038A  
Anxiety and depression / Continuity of care

Anxiety and depression   Treatment intensification  
Suicidal ideation



004A  
Woman with polyarthropathy

Polyarthritis   Inflammatory arthritis   Polyarthropathy  
Joint pain   Swollen joint



001A  
3 year old with leg pain and headaches. Coexisting maternal health anxiety. One of three consulta...

Minor illness   Health anxiety   Continuity of care



039A  
Transwoman with aches and pains and safeguarding concerns

Hypertension   Anxiety and Depression  
Post-Traumatic Stress Disorder   Gender Identity Disorder  
Adult Safeguarding   Multimorbidity and complexity



119B  
A patient presenting with pain, using an interpreter.

Back pain   Neck pain   Generalised pain  
Language barrier - interpreter



027A  
Back pain and assessment of lumps / Health beliefs and bereavement

Grief   Bereavement   Back pain   Health beliefs

# VPC by condition



asthma

Found 2 videos matching your search criteria.



Headache, nasal polyps and asthma / Multi-morbidity and complexity

Nasal polyps   Asthma   Cough syncope   Headaches  
Fitness to drive   Multi-morbidity and complexity



Woman with acute asthma. Discussion of smoking cessation. Use of nebuliser

Asthma   Emergency care   Clinical assessment  
Smoking cessation

Virtual Primary Care:

Search by **condition**



# VPC by concept/learning outcome



risk

Found 32 videos matching your search criteria.



A woman presenting with anxiety, poor sleep and thoughts of self-harm.

Anxiety Sleep disorder Suicide risk



Fall over one week ago in an elderly man who is on warfarin

Falls in the elderly Anti-coagulants Head injury  
Blood blister



Cannabis and psychosis - mental state exam / Communication skills

Consultation skills Cannabis use Anger issues



A child with fever, vomiting. Assessment for dehydration

Fever Dehydration Vomiting Diarrhoea  
Doctor-patient relationship



Knee pain and underlying depression / The doctor-patient relationship

Depression Knee pain  
The doctor-patient relationship Communication skills  
Verbal and non-verbal behaviour



Anorexia and joint pains / Structure of NHS

Anorexia nervosa Osteoporosis Eating disorder

Virtual Primary Care:

Search by **theme**

# Example focus; uncertainty and risk

- Some of these more 'conceptual' themes and learning outcomes inevitably seem challenging – for students and us!
- Much 'easier' to stick to the safety of long term conditions and single disease guidelines



**Box 2: Suggested practical strategies to address uncertainty and complexity with FM learners at Individual FM placement facilitator level**

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

# LEARNING GENERAL PRACTICE

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

Edited by Alex Harding, Kamila Hawthorne and Joe Rosenthal

[rcgp.org.uk](http://rcgp.org.uk)  
[sapc.ac.uk](http://sapc.ac.uk)

## OVERVIEW

How to use Learning General Practice

## THEME 1: PERSON-CENTRED CARE

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

## THEME 2: POPULATION-CENTRED CARE

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

## THEME 3: EFFECTIVE DELIVERY OF CARE

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

## THEME 4: SCHOLARLY GENERAL PRACTICE

- 4a. Learning in primary care settings
- 4b. Teaching in primary care settings
- 4c. Research in primary care settings

## CONTRIBUTORS

## EPILOGUE



# Uncertainty in clinical decision making

INTRODUCTION

NEED TO KNOW ?

ACTIVE LEARNING ?

FURTHER LEARNING

## INTRODUCTION

Uncertainty permeates the generalist clinical method, yet as humans we seem hardwired to find uncertainty uncomfortable and so we seek certainty in our practice. We might anticipate that clinical uncertainty would have been alleviated by recent developments such as evidence-based practice and artificial intelligence, but the opposite appears to be true (1).

Uncertainty is more common in general practice due to the greater prevalence of presentations in the symptomatic, pre-diagnostic phase; delays in ordering and receiving test results; and dealing with complex psychosocial and multi-morbidity issues.

Tolerating this uncertainty can be challenging, as it asks us to balance the need for rapid diagnosis and treatment with effective use of limited resources and resultant delays. A better understanding of uncertainty can therefore better equip us in dealing with these dilemmas and easing professional discomfort.



Overview

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## ACTIVE LEARNING



Use the virtual primary care (VPC) resource (<https://vpc.medicalschoolsouncil.org.uk>) to look at online consultations. These can act as source material for the learning activities. You can also search VPC under 'uncertainty' or 'generalist clinical reasoning'.



On placement, you will hopefully have the opportunity to follow the course of patients' care, learning more about the natural history of disease and the potential benefit of time as a diagnostic tool in uncertain clinical presentations.



Sharing your uncertainty with colleagues can be helpful in a number of ways. Different colleagues may have different knowledge and expertise, that can be beneficial. Or perhaps, presenting a case, analysing and articulating where the uncertainty lies can be helpful. Most importantly, the recognition that others may be equally perplexed by a complex case can be reassuring, and your colleagues may be able to support you in identifying the best way forward.



Talk with your GP tutor about the following:

- During a surgery, focus on the safety netting undertaken by the GP. How specific were they? Was it clear to the patient?
- Identify cases from a day in practice, where understanding a patient from a biopsychosocial perspective (rather than purely a biomedical one) aided diagnosis.
- Ask your GP tutor about how they manage uncertainty. What do they find challenging and how do they try to manage this?
- Identify cases where a GP managed uncertainty without making the patient feel anxious or in doubt of their doctor's abilities. Also think about situations that may affect clinical decision-making, for example language barriers, out-of-hours work, and comorbidities in the patient. How may this affect clinical decisions?

### THEME 1: PERSON-CENTRED CARE

- 1a. The generalist clinical method
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  - ii **Uncertainty in clinical decision-making**
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- 4a. Learning in primary care settings
- 4b. Teaching in primary care settings
- 4c. Research in primary care settings

# Payments, queries, useful things!

- SUMDE payments quarterly (in arrears; processing dates)
- [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) as first point of contact for queries
- [www.qub.ac.uk/sites/qubgp/](http://www.qub.ac.uk/sites/qubgp/) for all manner of information – updated FAQs, handbook/study guide, home visit guidance and confirmation of dates of any exams/training sessions



# QUBGP

UNIVERSITY SITES / QUBGP

News

About Us

Curriculum

Events

Getting In Touch

## Quick links to resources

New Practices

Practice Managers

Tutor Updates

GPCPA Events

Year 1+2 Family Medicine

Year 3 GP

Year 4 GP

Year 5 GP

The QUBGP website is for anyone involved in medical student education from a General Practice perspective.

We hope you will find the educational resources useful.

To find out more about how to become a QUB Tutor or Teaching Practice click [HERE](#)

REQUEST A CP2A

Click here >



# Diary dates

## Dates for your diaries

### GP Tutor Training/Meetings for 2024-25

Year-3-GP Training-session:	Tues 3 <sup>rd</sup> September 2024 PM
Annual GP Tutor meeting:	Weds 4 <sup>th</sup> September 2024 PM
Year 1 & 2 Family Medicine	Weds 11 <sup>th</sup> September 2024 PM

# It is valued!

*“Brilliant, felt I developed more as a doctor in GP than the rest of the modules combined”*

*It was a steep learning curve. I feel more confident in taking histories and examinations. It was always my happy place to return to after a hectic busy pillar”*

(Y4 students 2024)

# Any final questions?



# THANK YOU

