



**QUEEN'S
UNIVERSITY
BELFAST**

Y4 GP Training

18th June 2025

Dr Davina Carr
CTF and Y4 GP Lead
Professor Helen Reid
Associate Director for GP and Primary Care

Welcome



A square wooden letterboard with a light-colored frame and a dark, textured interior. The words "YOU ARE AMAZING" are displayed in white, uppercase, sans-serif letters, arranged in three lines and centered. The letterboard is placed on a light-colored wooden surface with a horizontal grain pattern.

YOU
ARE
AMAZING

Thank you

Antrim Castle Surgery

Antrim Health Centre

Ardmore Medical Centre

Ballycastle Medical Practice

Ballygomartin Group Practice

Ballyward Surgery

Banbridge Group Surgery

Beechwood Medical Practice

Bloomfield Surgery

Braid View Medical Practice

Bridges Family Practice

Broughshane Medical Practice

Campbell Surgery

Carryduff Surgery

Castle Park Practice

Cherryvalley Family Practice

Church View Medical Practice

Church Walk Surgery

Clanrye Medical Practice

Claudy Health Centre

Thank you

Comber Family Practice

Connswater Family Practice

Cornmarket Surgery

Corran Surgery

Crumlin Medical Practice

Cuilcagh Medical Practice

Dalriada Family Practice

Donard Family Practice

Dr Chakravarty & Partners

Dr I.R. Cairns & Partners

Dr McCloskey & Partners

Dr McKinley & Partners

Dr Ryan, McGuinness, McAfee & Donaghey

Dromore Doctors Surgery

Dunluce Family Practice

Eastside Surgery

Eden Park Medical Practice

Elmwood Medical Practice

Garvagh Health Centre

Green Road Medical Centre

Harland Medical Practice

High Street Surgery Lurgan

Hollywood Road Surgery

Inver Surgery

Thank you

Kensington Group Practice

Kerrsland Surgery

Killowen Medical Centre

Laganview Medical Practice

Ligoniel Health Centre

Linenhall Medical Practice

Lurgan Medical Practice

Meadowbridge Surgery

Meadows Family Practice

Montgomery Road Medical Centre

Mount Oriel Medical Practice

Mountainview Surgery

Mourne Family Surgery

North Parade Medical Centre

Notting Hill Medical Practice

Oaks Family Practice Centre

Portglenone Health Centre

Quayside Medical Practice

Saintfield Health Centre

Salisbury Medical Centre

Scarva Street Surgery

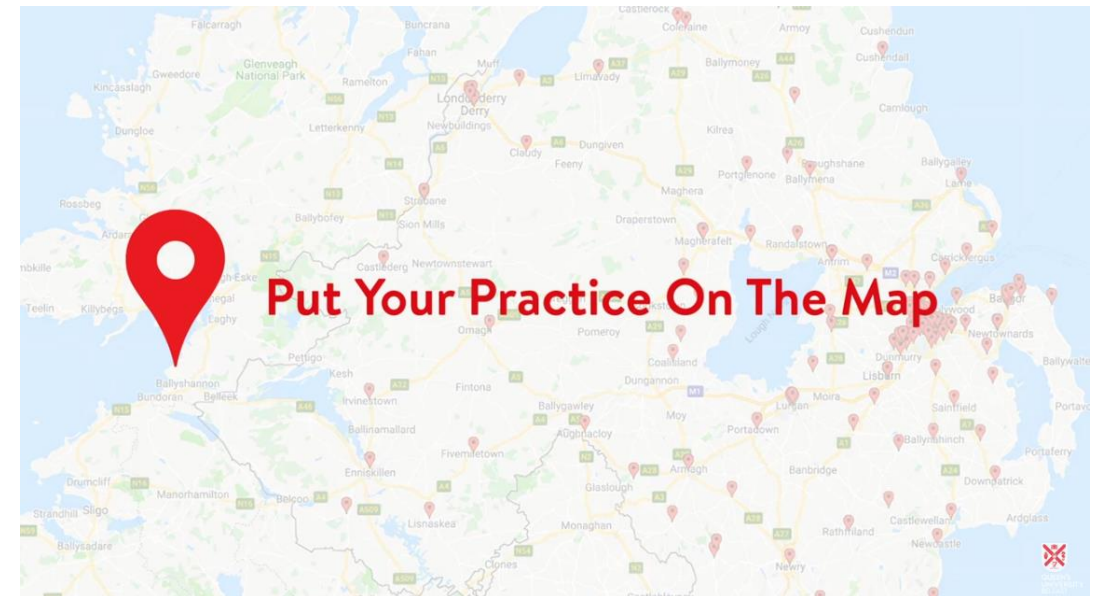
Scotch Quarter Practice

Scarbo View Practice

Smithfield Medical Centre

Thank you for putting GP on the map

- South East Family Practice
- The Archway Surgery
- The Country Medical Centre
- The Frocess Medical Centre
- The Irwin Practice
- The Rowan Tree Family Practice
- The Rowan Tree Family Practice (Dunmurry)
- The Valley Medical Practice
- Toome Surgery
- Tramways Medical Practice
- Tynan Surgery
- Wynne Hill Surgery



Session Plan

Welcome and Introductions– Dr Davina Carr

A student's journey through Year 4 in QUB Medicine – Professor Helen Reid

Experience Based Learning in Primary Care – Supporting the becoming of our future doctors – Dr Davina Carr

How are we doing? Sharing some of 24/25 student feedback and experiences (throughout) – Dr Davina Carr

Experience of an award-winning GP tutor – Robin Harland recipient 24/25 - Dr Sandra Gray

*** BREAK ***

What is new in our GP education ecosystem (part 1)? Our new GP subdeanery – Dr Louise Sands

What is new in our GP education ecosystem (part 2)? Our new Module Leads – Dr Naomi Warnes

Practicalities and Final Remarks – Professor Helen Reid

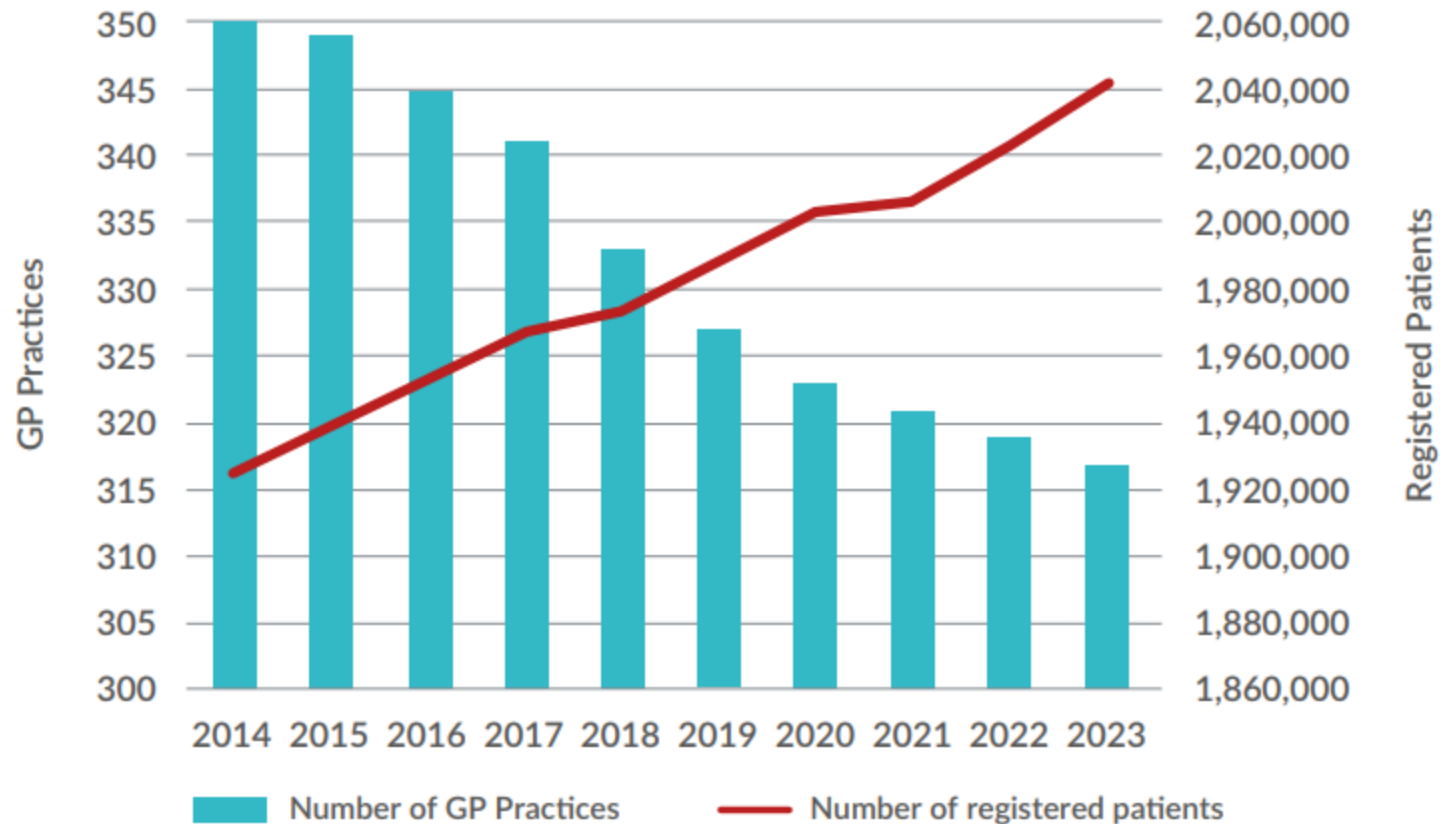
Housekeeping

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

Why are we all here?



Collective rebellious hope



Collective rebellious hope

*"We must
continuously emphasise...
that the ultimate beneficiaries
of this improved educational
experience are not ourselves but
our patients – the people who
matter most."*

Dr John Mason

Medical Education in GP

A Delicate Ecosystem

- Students
- GPs and wider primary care team
- Universities
- GP Subdeanery
- Patients
- Families and Carers
- Federation teams
- Third sector
- Community Pharmacists



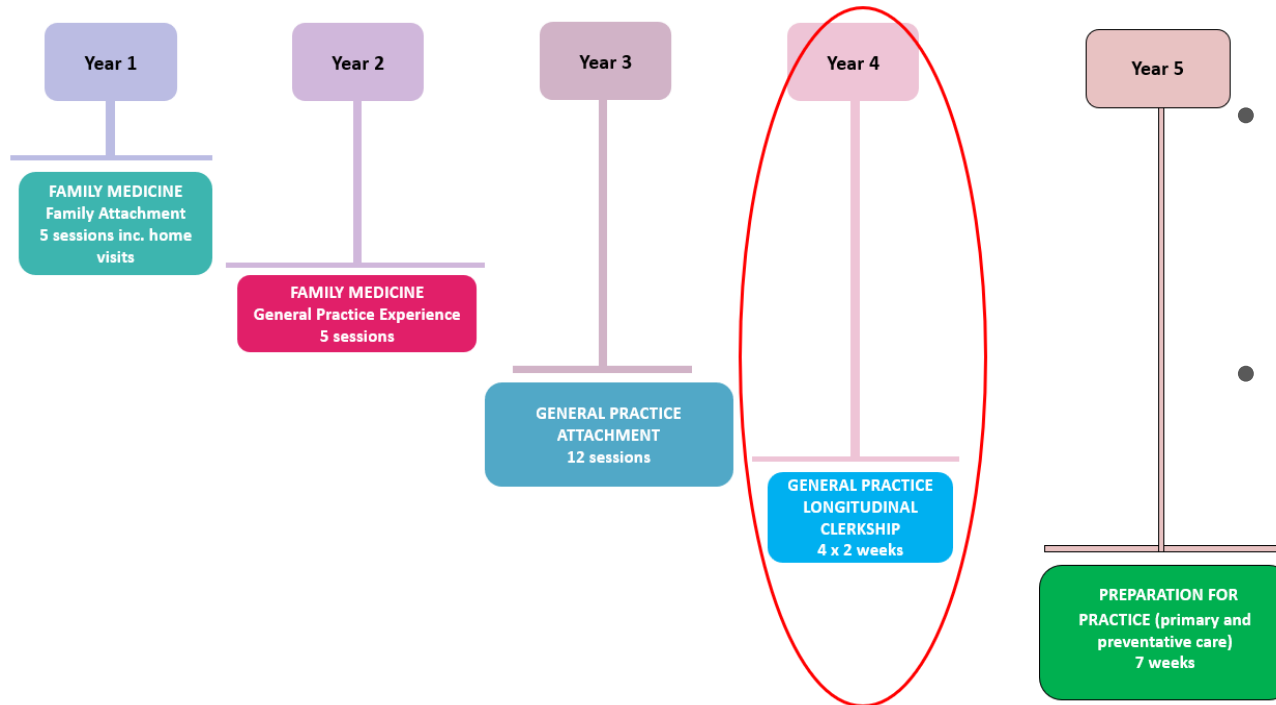
A student's journey through QUB medical school - C25

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



A student's journey through General Practice

General Practice across the QUB Medical School Curriculum 2025/2026



- What does this mean for me as a GP tutor?
- Same format as last year



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')



Strong Foundations

'The Queen's medical graduate is 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

GP is the heart of Year 4



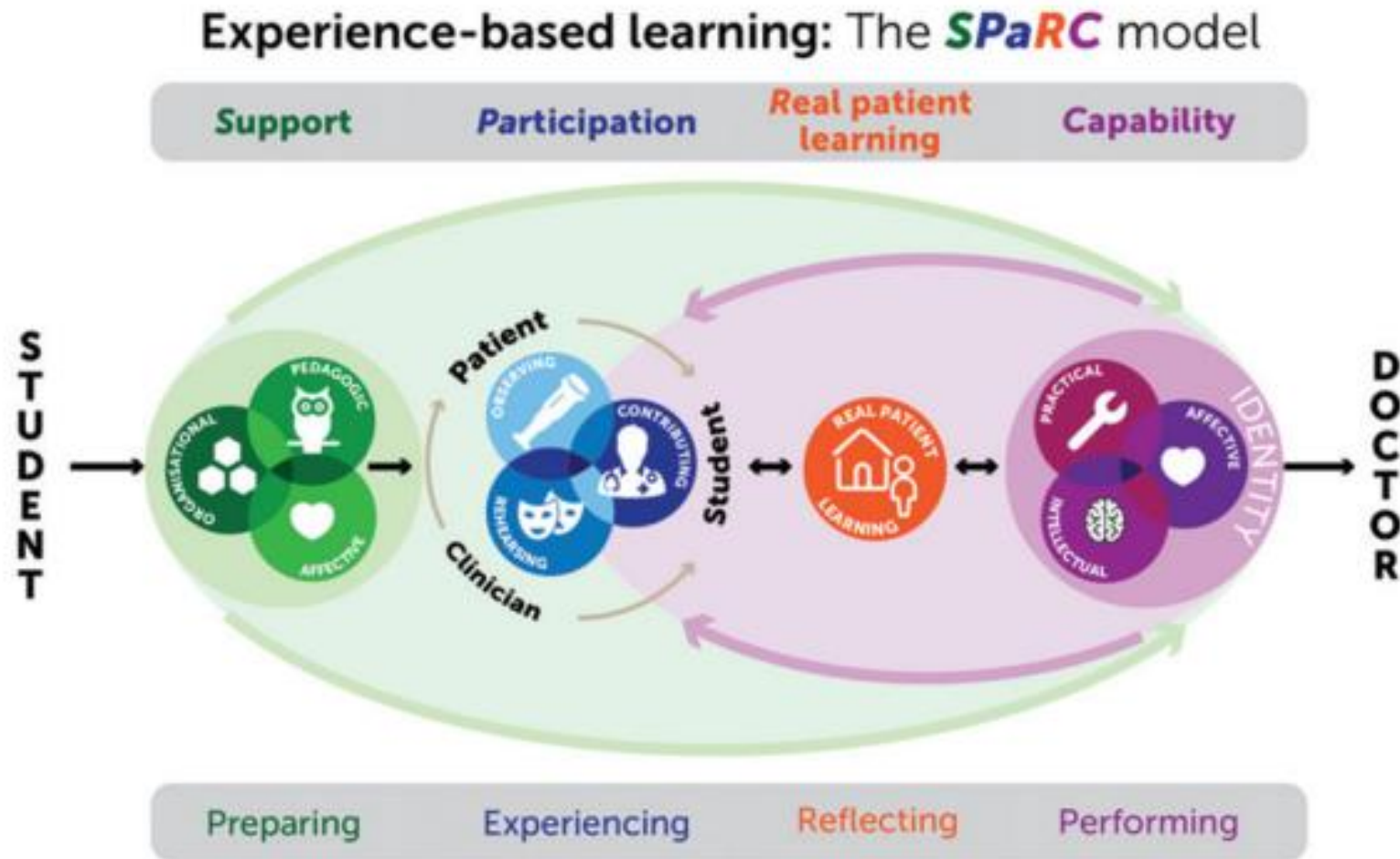
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Learning General Practice

Why is this important for **students**?

- Person centred care
- Population centred care
- Effective delivery of care

Immersion in Practice – being and becoming



Dornan, T., Conn, R., Monaghan, H., Kearney, G., Gillespie, H., & Bennett, D. (2019). Experience Based Learning (ExBL): Clinical teaching for the twenty-first century. *Medical Teacher*, 41(10), 1098–1105. <https://doi.org/10.1080/0142159X.2019.1630730>

Full article: [Experience Based Learning \(ExBL\): Clinical teaching for the twenty-first century](#)

How do I create opportunities for Immersion in Practice in GP?

- Welcome and Induction
- Timetable
- Personalised Learning/Professional Activities
- Zone of Proximal Development/Progression



Welcome and Induction

- 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

****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

Timetable for each pillar?

Mental Health

Child Health

Ageing and Health

Reproductive Health

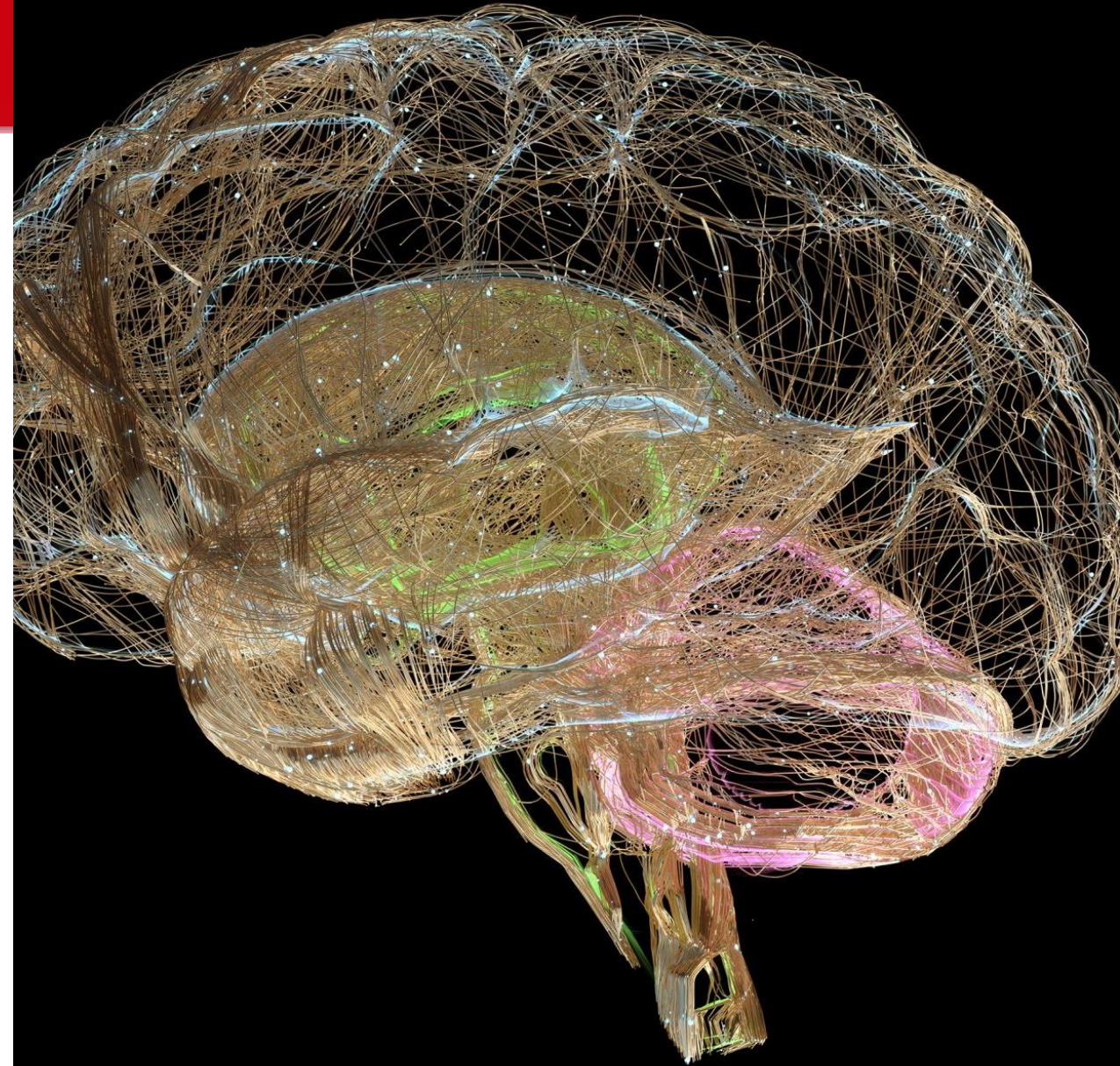
Mental Health

Presentation


- ☐ A patient with depression or anxiety
- ☒ A patient with mania/hypomania
- ☐ A patient with psychosis
- ☐ A patient with alcohol/substance misuse
- ☐ A patient with cognitive impairment (include a formal cognitive assessment)
- ☐ A patient who has recently self harmed (include a risk assessment)

Which learning activity does this relate to?

- ☐ Discuss with a member of staff how you should ensure your own safety when assessing a patient.(What are the key learning points? What additional reading/resources might you refer to (e.g. GMC advice)?
- ☒ Discuss the assessment and management of a patient with acute behavioural disturbance.(Consider how you might feel being the doctor- how would this impact your assessment/management? List some non-pharmacological & pharmacological methods of managing the situation).
- ☐ Discuss with medical staff the physical signs of adverse effects of anti-psychotic medication.(Think both acute & chronic. Additional reading?)
- ☐ Discuss with medical staff the indications, monitoring and potential side effects of lithium and other mood stabilisers.(What physical monitoring is required with lithium? Where can patients obtain additional info on these drugs?)
- ☐ Discuss with medical staff the indications, monitoring and potential side effects of clozapine.(What are the indications? What monitoring is required at initiation and with continuation?)
- ☐ Discuss with medical staff the indications, monitoring and potential side effects of antidepressants.(What advice is given to patients? List some benefits of patient collaboration here. Outline additional reading on adverse effects)
- ☐ Observe an Electro-Convulsive Therapy (ECT) session. ~(What were your prior expectations? What are the indications and required assessments/investigations beforehand? What should be discussed at consent, including decision-making capacity?) ~
- ☐ Discuss the Mental Health Order (NI) 1986 with a member of staff and review forms 1, 2, 3, 5 & 7. ~(What essential criteria must be satisfied for detention for a period of assessment? Consider positive and negative impact of detention, for patients and families). ~



Child Health

✓  Patient Assessments | 6 Responses | Available to other roles

Summary of assessment to date in this Part. Completed forms are provided underneath the summary

Please note, **ALL** assessments below are mandatory, but you do not need to do them at the same time.

Examine a new-born baby - postnatal check (either new-born check or 8 week check at GP)

Measure & plot the growth parameters (height, length & head circumference)

Measure Body Mass Index

Perform a general (or abbreviated) developmental assessment

Participate in multi-professional team assessment of acutely unwell child or infant in a simulated environment ~

Review and interpret a paediatric x-ray ~

Feed and change a small baby

Assist with administration of nebulized therapy to (COVID negative) children ~

Record a set of patient observations (PEWS) ~

Administer inhaler therapy to (COVID negative) children

Child Health Mini-CEX

During your child health pillar, you should complete a mini-CEX which is an **observed** patient interaction (history, communication or examination etc.). This is often completed in the last or penultimate hospital speciality week. These assessments can be performed in primary **or** secondary care.

It can be completed by a doctor, advanced nurse practitioner, or physicians associate.



Ageing and Health

- >  Barthel Index | Completed | Available to other roles
- >  Cognitive Assessment | Completed | Available to other roles
- >  Delirium Assessment | Completed | Available to other roles
- >  Drugs in Older People | Completed | Available to other roles
- >  Ethical Dilemma | Completed | Available to other roles
- >  Medication Review | Completed | Available to other roles
- >  MUST Assessment | Completed | Available to other roles
- >  NIHSS | Completed | Available to other roles



Reproductive Health

- Measuring BP in pregnancy
- Urinary Pregnancy Test

Optional Learning Activities

Use this form to record any additional learning activities that you have completed during your reproductive health pillar. Review the portal for guidance on other things that could be encountered, but some ideas include:

- further obstetric/gynaecology histories and examinations (catheter insertions, pregnant abdomen & bimanual examinations under direct supervision)
- perform cervical smear/take high vaginal swabs under direct supervision
- pelvic ultrasound scan
- additional deliveries
- additional clinics including antenatal & gynae clinics
- GUM, sexual & reproductive health clinics
- colposcopy clinic/teaching
- pre-op huddle (gynae or obstetrics)
- admissions unit
- shadow the SHO at night
- examination of placenta post-delivery
- perineal check post-delivery
- consultation around menopause
- observation of contraceptive device insertion/vasectomies
- post-natal check



Main Learning Activity

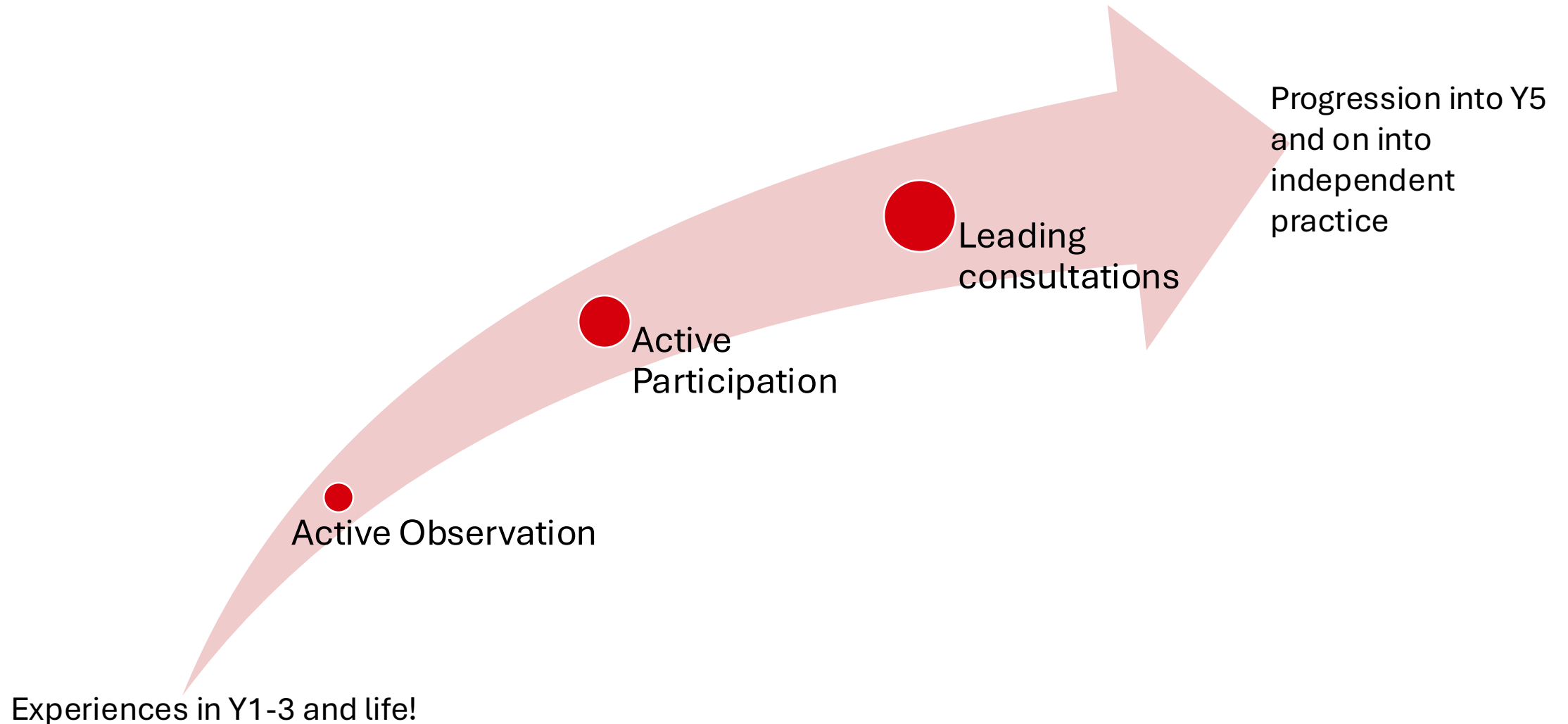
Clinical encounters (>50% time building towards Y5)

- 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

Level of Supervision & Assessing 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 now?
- 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 observation



‘Rotating around different senior doctors and having the opportunity to observe how each doctor approaches situations. I was able to learn different techniques as I was able to rotate around different doctors who had experience in different specialties such as MSK or gynaecology.’

Year 4 Student, 2025

Active Participation and 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

Active Participation



‘During my placement I had the opportunity to take histories from patients and examine under direct observation as well as with the other medical student first and then the doctor would see them after. Throughout both experiences this was beneficial to improve history and examination skills. It was beneficial for doctors to observe these also as they could correct me if I had done or asked something incorrectly. I felt it was also beneficial being able to summarise the history and examination to the doctor before they went to see the patient themselves.’

Year 4 student, 2025

Leading Consultations



‘Giving us opportunity to lead consultations and make the most of GP.’

‘We were told from our first day that we would have great room to develop leadership skills in performing consultations on our own and this came true.’

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

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 well for working – and exams!

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

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

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!

'Very welcoming and adaptive to our requests and sign offs. allow us the independence to meet patients and go out on home/care home visits.'

Year 4 Student, 2025

GP is the heart of Year 4



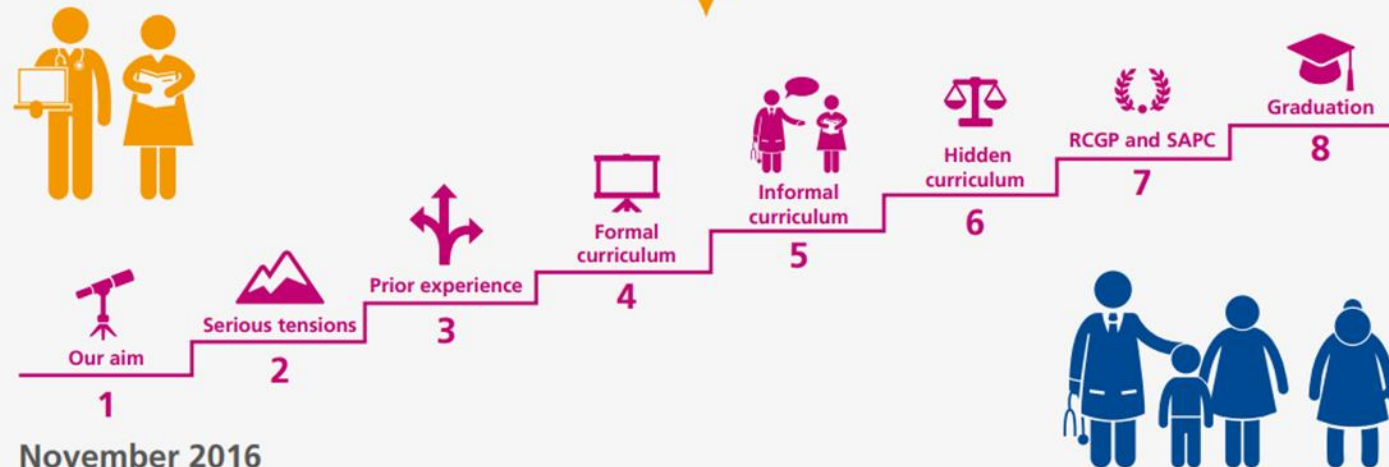
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Learning General Practice

Why is this important for **General Practice Teams**?

By choice – not by chance

Supporting medical students towards future GP careers



November 2016

GP placements at the heart of career decisions



'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

Is it working?



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

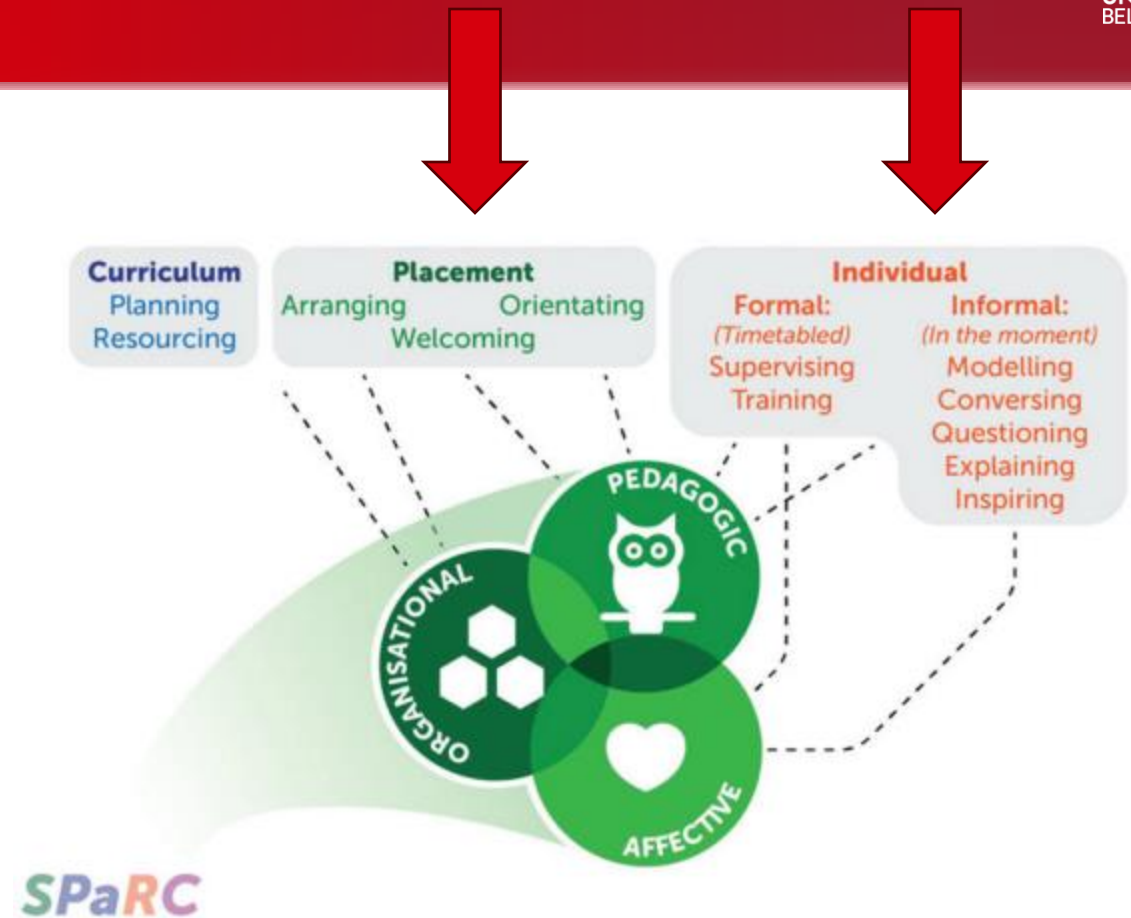
(Y4 student, 2024)



Why is it working?



Why is it working?



Dornan, T., Conn, R., Monaghan, H., Kearney, G., Gillespie, H., & Bennett, D. (2019). Experience Based Learning (ExBL): Clinical teaching for the twenty-first century. *Medical Teacher*, 41(10), 1098–1105. <https://doi.org/10.1080/0142159X.2019.1630730>
Full article: Experience Based Learning (ExBL): Clinical teaching for the twenty-first century

“Everyone was so lovely and welcoming all the time. We were Really made to feel part of the team and felt very welcome at the practice.

(Year 4 student, 2025)

“Felt very welcome, was eased into clinical practice.”

(Year 4 student, 2025)



**GPs
orientating
and
welcoming
students**

“A really good team, made us feel very welcome .”

(Year 4 student, 2025)

“We were given a tour of the practice and introduced to all the staff on the first day which made us feel more welcomed and a part of the team.”

(Year 4 student, 2025)

“They are very good at their roles,
and they are always there for us, and
teach us.”

(Year 4 student, 2025)

“Teaching and leading by
example...the GP who educated us
on the intricacies of being a good
doctor.”

(Year 4 student, 2025)



Modelling the attributes of a good doctor

“Professional, kind.”

(Year 4 student, 2025)

“Friendly and inclusive to us in the
practice, happy to involve us and
teach us within all areas of the
practice activities, well organised
and knowledgeable.”

(Year 4 student, 2025)

“Personalised, dedicated induction and we were given a lot of time and space to ask questions.”

(Year 4 student, 2025)

“Builds confidence or addresses personal weaknesses.”

(Year 4 student, 2025)



Student-centred learning

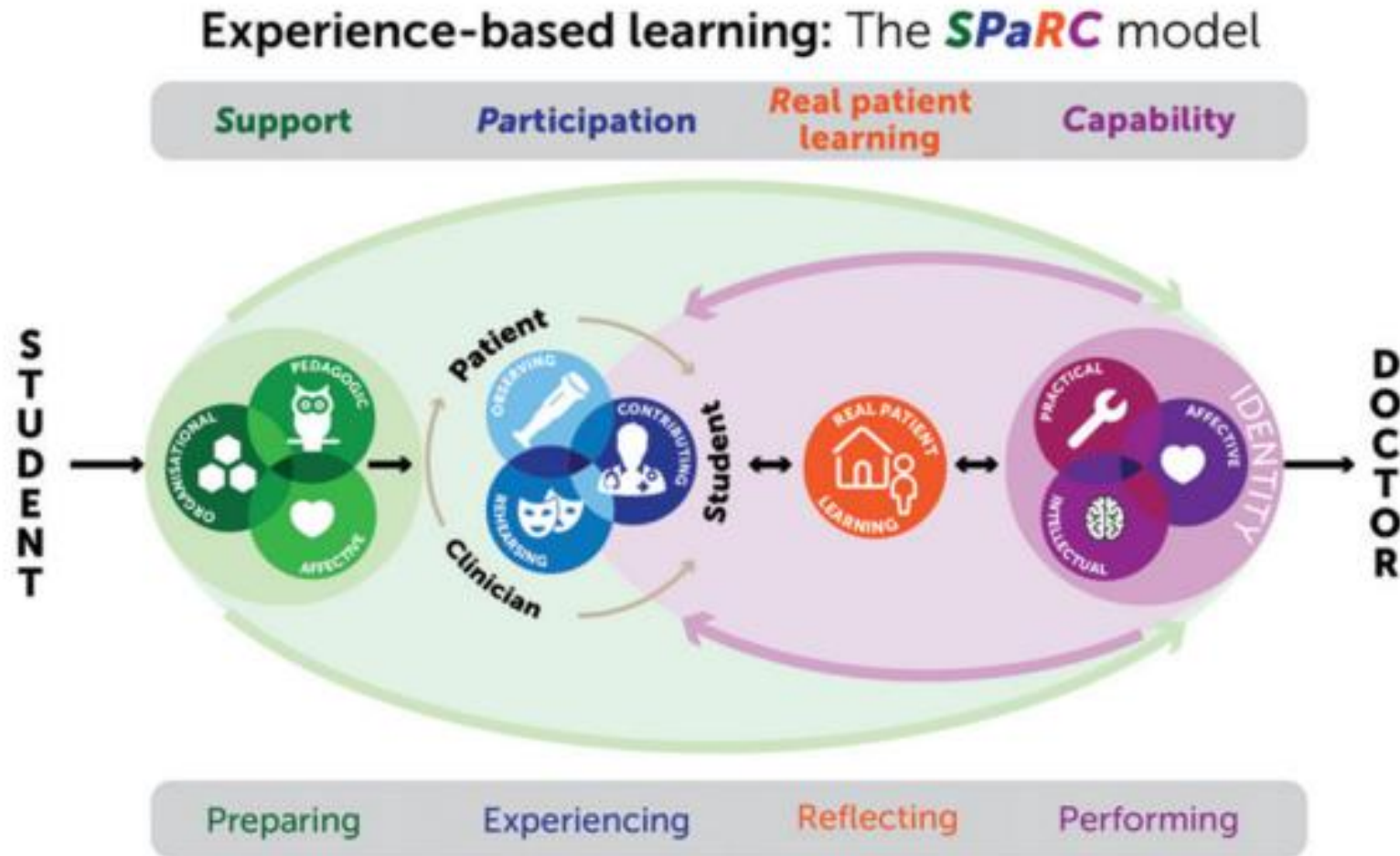
“We have received detailed personal feedback, of both our observed history taking and our handovers, when we have taken histories separately.”

(Year 4 student, 2025)

“We would meet at the beginning of each placement and discuss what we needed/ wanted to get for the placement and our timetable would be built around this.”

(Year 4 student, 2025)

Immersion in Practice - becoming



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Full article: [Experience Based Learning \(ExBL\): Clinical teaching for the twenty-first century](#)

“Giving you enough independence to challenge you by pushing you slightly outside of your comfort zone allowing for development and growth.”

(Year 4 student, 2025)



Gradual entrustment decisions

“Encouraged to consult patients with indirect supervision which has pushed me to ensure I have comprehensive history taking and examinations.”

(Year 4 student, 2025)

“Always there to answer questions, provide a good environment to push clinical confidence while also being supported.”

(Year 4 student, 2025)

“Tracking progress pushing for more independence were possible.”

(Year 4 student, 2025)

Scaffolded Learning



‘Whenever I’m with any of the doctors they give me feedback on my history taking, examinations, analysis of the situation and the counselling advice that I give to a patient. I always feel super supported and never out of my depth but challenged enough to grow.’

Year 4 Student 2025

Longitudinal Learning



‘I get constant feedback all the time, in between patients, after the day is finished and at the end of the placement. one dr was quite impressed to see me keen on improving my skills he graded me against the criteria he would use for his GP trainees which was absolutely fantastic to help me see where I am and what I could do to progress my consultation skills.’

Year 4 student, 2025

‘Advanced nurse practitioner allowed us to follow some of her patients journeys with her - came to find us to carry out cervical smear, then updated us with biopsy and MRI results. This allowed us to learn a lot about cervical cancer and the pathway that a patient will follow with this diagnosis.’

Year 4 student, 2025

Where do exams fit in?

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Written finals ('MLA AKT') June after Y4

Clinical finals Spring Y5



Strong Foundations – Learning How to Care

The Queen's medical graduate is 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

“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”

(Year 4 student, 2024)

“We have seen several clinical tasks, including DIX - Hallpike and Epley manoeuvres, and frequently seen several clinical examinations, including neurological, cardiac, respiratory and gastrointestinal systems.”

(Year 4 student, 2025)



**Learning how to
care for patients =
Preparing for
Practice
+
Preparing for
Exams**

“By having a list of patients every day, and a nominated supervisor, we are able to adequately prepare for patients, as well as focus on what would contribute to our learning.”

(Year 4 student, 2025)

“Drs x, Y and Z have all been extremely welcoming and kind. They provide very high-quality teaching and a wide range of patient exposure. They genuinely care about our well-being and education. I can’t praise them enough. The nursing staff who run the diabetes and asthma clinics are the same.”

(Year 4 student, 2025)

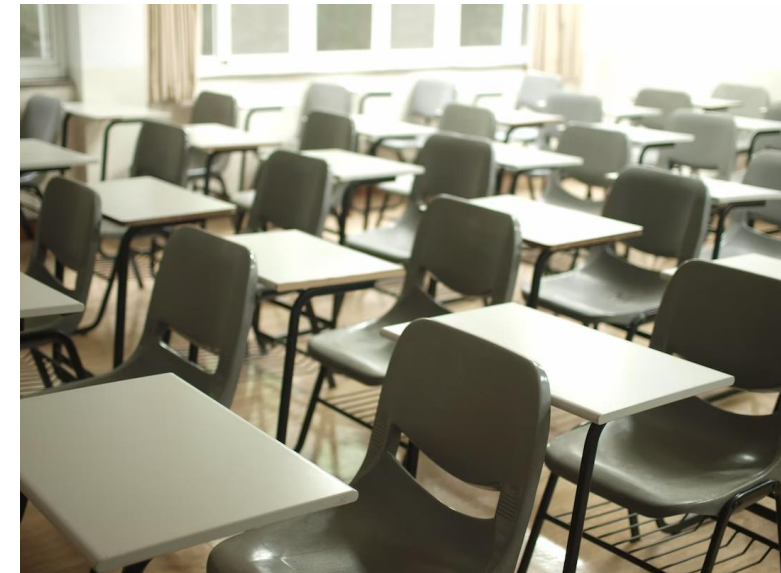
GP practices help prepare students for exams

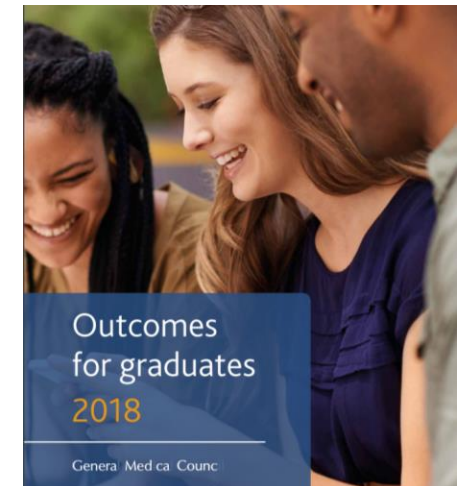
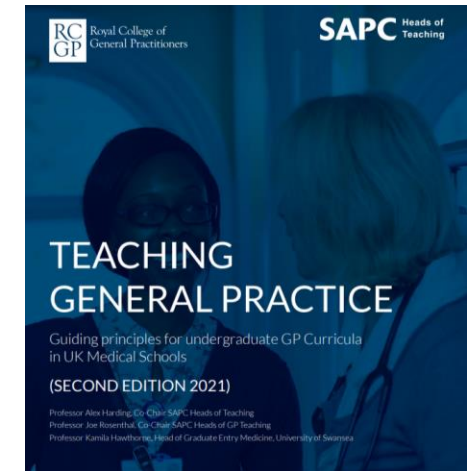
“Very knowledgeable about our exam content and learning that would be useful for us as students. Ensures a variety of patients and allows for practical skills alongside history taking. Gives us freedom to work independently and have our work checked over. Very friendly and approachable.”

(Y4 student, 2025)

Preparing for Exams

- 'MLA' (Medical Licensing Assessment) - national exam for all UK medical schools
- Incoming Y4 will be third QUB cohort; sit 'AKT' (Applied Knowledge Test) June 2026
- ~ 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 2026





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

Learning GP outside of the practice walls

Personal Experience

Pillar Weeks

CBL

My Progress

SDL

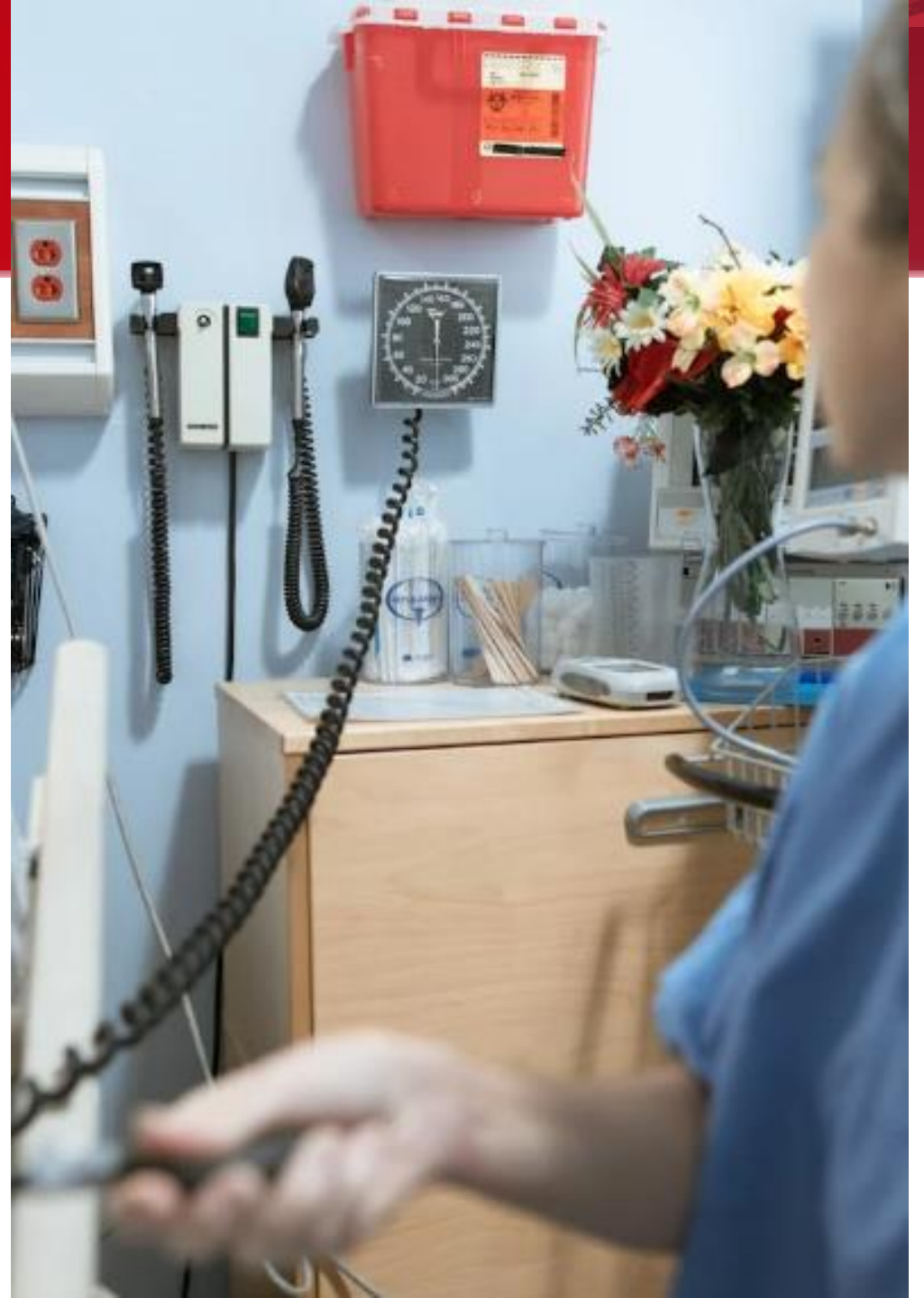
Personal Experience

Personal Life

Family Life

HCA

MST



Pillar Weeks

Sample timetable for Mental Health

MENTAL HEALTH PILLAR WEEK 4 TIMETABLE - GROUP A

Week 4 Monday 10 March - Friday 14 March 2025

Time	8.45am-10.45am			10.45 - 11.15am	11.15pm- 12.45pm	12.45 - 2pm	2 - 3pm	3 - 5pm		
Monday 10 March	Whole Year Teaching			Break	Whole Year Teaching	Lunch	Pillar Introduction	History and Mental State Examination		
Room	RVH/Clinical Science Block A/OG/019						RVH/Clinical Science Block A/OG/019	Wellcome Wolfson Basement Seminar Room		
Tutor/s	See separte programme						See separte programme	Dr Julie Anderson + Dr Jim McMullan		
Time	9 -10am	10 - 11am		11 - 11.15am	11.15am - 1pm	1 - 2pm	2 - 3pm	3 - 4pm	4 - 5pm	
Tuesday 11 March	Depression	BPAD		Break	Substance Use Disorders	Lunch	PTSD / OCD	GAD / Phobias	Psychosis / Schizophrenia	
Room	Lecture Theatre 2/MBC						Lecture Theatre 2/MBC	Lecture Theatre 2/MBC		
Tutor/s	Dr Stephen Moore	Dr Stephen Moore					Dr Joy Watson/Dr Helen Toal	Dr Alex Todd	Dr Caroline Donnelly	Dr Tony O'Neill
Time	9 - 10am	10 - 11am		11 - 11.15am	11.15am - 1pm	1 - 2pm	2 - 3pm	3 - 5pm		
Wednesday 12 March	Psychopharmacology	Psychotherapies		Break	ADHD/ASD - CAMHS	Lunch	Psychiatry of Intellectual Disability	Eating Disorders		
Room	Wellcome Wolfson Basement Seminar Room						Wellcome Wolfson Basement Seminar Room	Wellcome Wolfson Basement Seminar Room		
Tutor/s	Dr Aidan Turkington	Dr Jim McMullan					Dr Frances Doherty/Dr Catriona Herron	Dr Patrick Renshaw	Dr David Coyle	
Time	9 - 9.30am	9.30 - 10.30am	10.30 - 11am	11 - 11.15am	11.15am - 1pm	1 - 2pm	2 - 3pm	3 - 4pm	4 - 5pm	
Thursday 13 March	Neuro Imaging	Chest Radiology	Key Imaging	Break	Self harm / Risk assessment	Lunch	Perinatal Mental Health	Personality disorders	SDL	
Room	Wellcome Wolfson Basement Seminar Room				Wellcome Wolfson Basement Seminar Room		Wellcome Wolfson Basement Seminar Room			
Tutor/s	Dr Charlie Mullan	Dr Paul Rice	Dr Charlie Mullan		Dr Melissa Wylie		Dr Julie Anderson	Dr Bilal Korimbocus		
Time	9 - 11am			11 - 11.15am	11.15am - 1pm	1 - 2pm	2 - 3pm	3 - 4.45pm		
Friday 14 March	Dementia / Delirium - Psychiatry of Old Age			Break	Mental Health Order /Mental Capacity legislation	Lunch	Organic / Neuropsychiatry	Mental health in Primary Care		
Room	Wellcome Wolfson Basement Seminar Room				Wellcome Wolfson Basement Seminar Room		Wellcome Wolfson Basement Seminar Room			
Tutor/s	Dr Gillian McPherson				Dr Patrick Hann		Dr Conor Barton	Dr Jim McMullan & Professor Helen Reid		

Case Based Learning



CBL



CBL Template



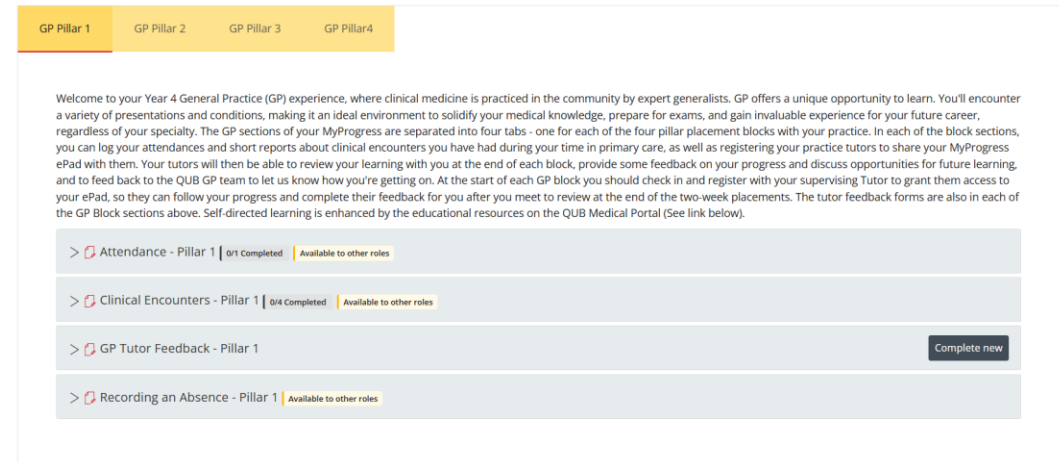
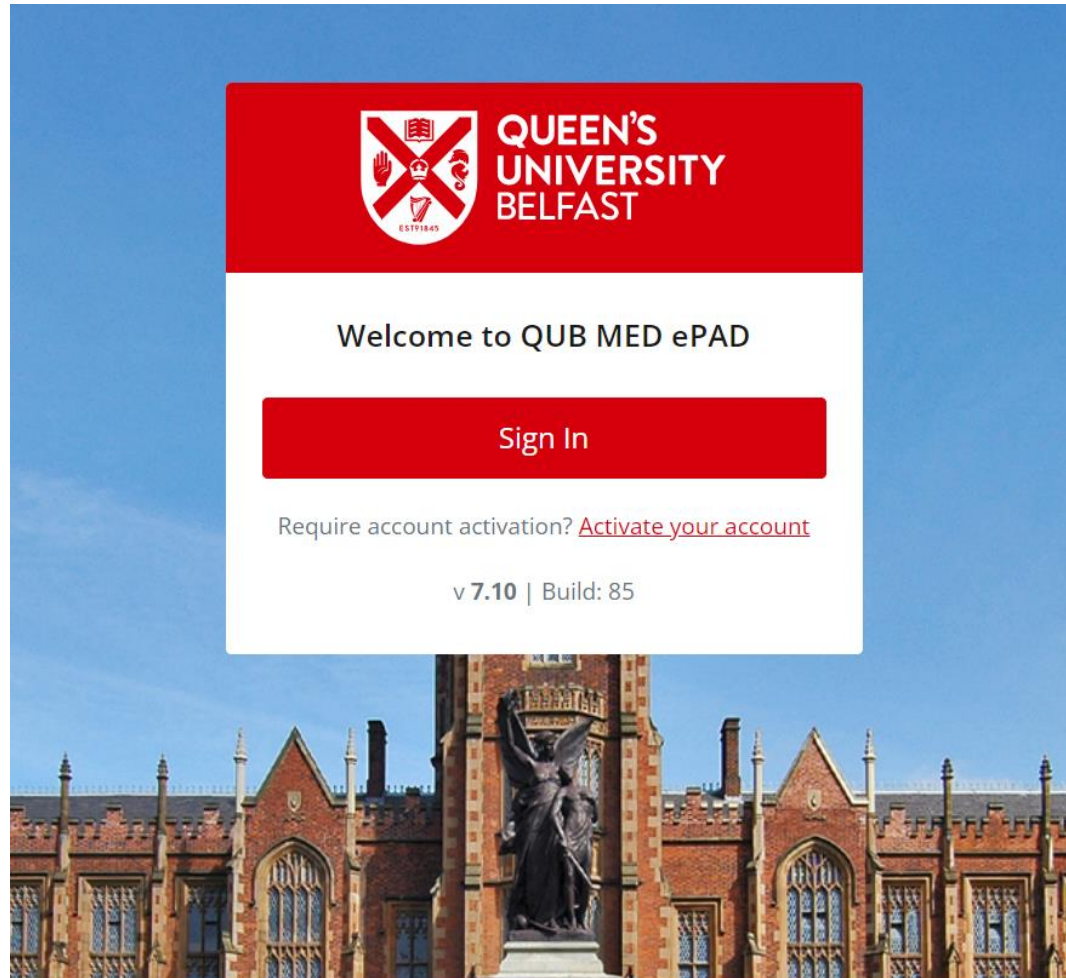
QUB Medicine Year 4 Case Based Learning

Student Case Submission

Submitted by:	
Submission date:	
<p>Situation</p> <p>Setting & patient demographics. What's the issue / presenting complaint?</p> <p><i>Clinical Reasoning: "What is the problem?"</i></p>	
<p>Background</p> <p>Are there any surrounding psychosocial factors, past medical history, or key investigations that are relevant to the discussion?</p> <p>What did the patient identify as important factors relating to their presentation?</p>	<p>RCGP Learning general Practice</p> <p>Theme 1 Person centred care. 1B Holistic care (the biopsychosocial model).</p> <p>Theme 3 Effective Delivery of Care. 3A The generalist approach.</p>
<p>Options & Challenges</p> <p>Consider the plan enacted in this case- what other options were available?</p> <p>How was the patient's concerns and expectations explored?</p> <p>Describe the factors that were important to consider during the shared decision making?</p> <p>How did balancing risk and clinical uncertainty impact those within the consultation?</p> <p><i>Clinical Reasoning: "What are the potential solutions?"</i></p>	<p>RCGP Learning General Practice</p> <p>Theme 1: Person centred care. 1C The doctor patient relationship.</p> <p>Theme 1A-ii Uncertainty in clinical decision making.</p> <p>Theme 2 Population centred care. 2F Medical Ethics The responsibilities of the GP.</p>

<p>Questions</p> <p>Building on your CBL experiences, generate some unanswered questions or learning outcomes to guide discussion.</p> <p>Think broadly and consider GCAT themes, ethics- see student guide for info.</p> <p><i>Clinical Reasoning: "What should be done for this patient?"</i></p> <p>If applicable, what could be done to manage this patient in the community in future presentations?</p>	<p>RCGP Learning General Practice</p> <p>Theme 1 Person centred care.</p> <p>Theme 1D Continuity of care</p> <p>Theme 1Eii Long term conditions: Maintenance phase</p>
---	--

My Progress



- Attendance - student
- Clinical encounters - student
- GP tutor feedback – GP ***essential***
- Absence recording - student

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'



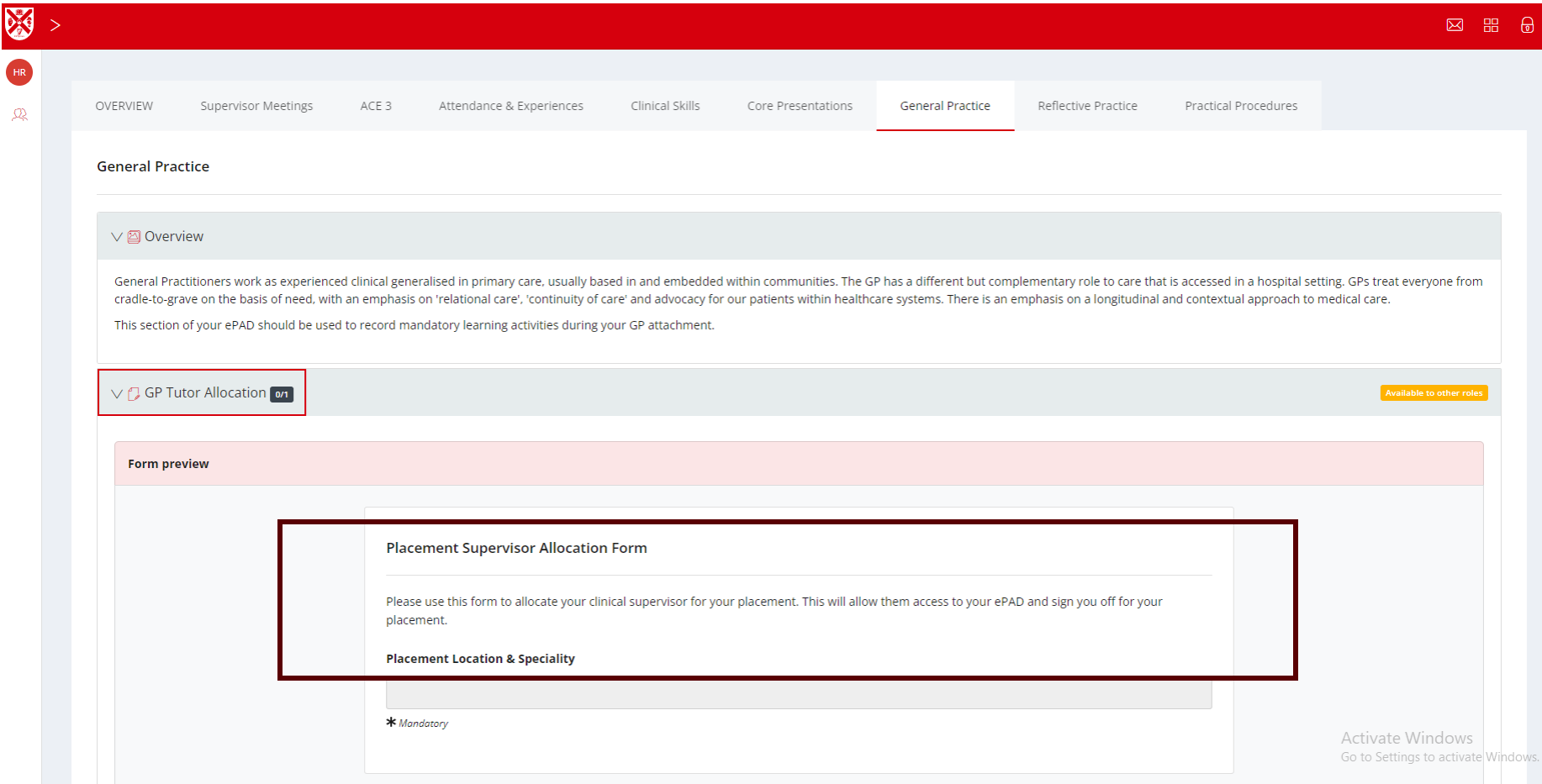
Unforeseeable circumstances e.g. sickness -student to fill out form/notify QUB and to promptly notify the practice*



If student doesn't show up unannounced/ other concerns re attendance – please contact gpadmin@qub.ac.uk

Importance of your email...

myprogress-meded@qub.ac.uk



HR

OVERVIEW Supervisor Meetings ACE 3 Attendance & Experiences Clinical Skills Core Presentations **General Practice** Reflective Practice Practical Procedures

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.

Feedback form alignment Years 3-5

Assessment Areas

Please grade the following skills and competencies

	Exceptional	Very good	Good	Borderline	Poor
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

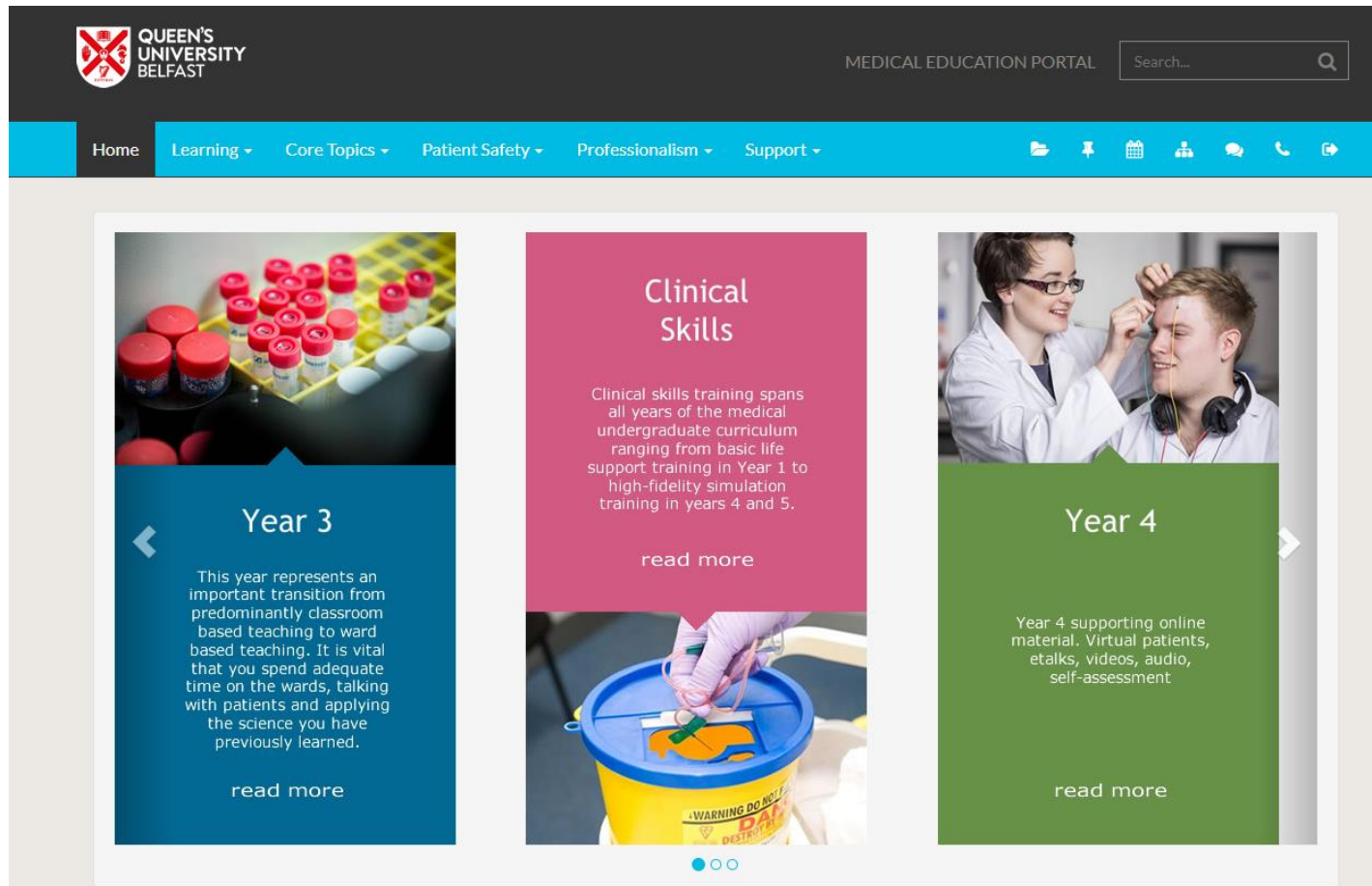
- ☒ Satisfied
- ☐ Cause for Concern - resolvable by GP
- ☐ Cause for Concern - requires input from QUB

1/1 Mark(s)

Concerns/issues

- At the end of placement – use MyProgress feedback form with option to alert gadmin@qub.ac.uk
- During placement - email gadmin@qub.ac.uk or Davina.Carr@qub.ac.uk

Self-directed learning resources




The screenshot shows the QUB Medical Education Portal. At the top is a dark header with the Queen's University Belfast logo on the left, the text 'MEDICAL EDUCATION PORTAL' in the center, and a search bar on the right. Below the header is a blue navigation bar with links: Home, Learning, Core Topics, Patient Safety, Professionalism, and Support. To the right of these links are several icons representing different functions. The main content area features three large, colorful cards. The first card on the left is blue and titled 'Year 3', with an image of test tubes above it. The middle card is pink and titled 'Clinical Skills', with an image of a hand using a scalpel on a yellow container below it. The third card on the right is green and titled 'Year 4', with an image of two students in lab coats above it. Each card contains a brief description of the year's focus and a 'read more' link. At the bottom of the cards, there are three small circles, with the first one being filled, indicating the current selection.


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 💡

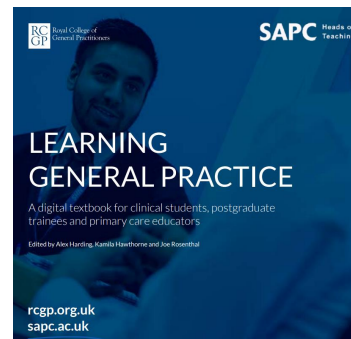
FURTHER LEARNING

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

VideosProfileLogout


Videos

Filter videos


Tag  Category  or Enter search terms 

Page 1 of 18


Cardiology




Acute Coronary Syndrom...




Acute Coronary Syndrom...




Angina Pectoris




Aortic Dissection (Type A)




Aortic Regurgitation/ Ins...




Aortic Stenosis and Heart...




Aortic Stenosis and Heart...



Aortic Stenosis and TAVI




Aortic Stenosis - Blackout



Aortic Stenosis Causing F...

Self-directed learning resources: Speaking Clinically by condition

 Speaking Clinically


VideosProfileLogout

Search


hypertension

Search

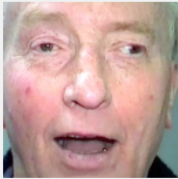
Search results: hypertension




[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

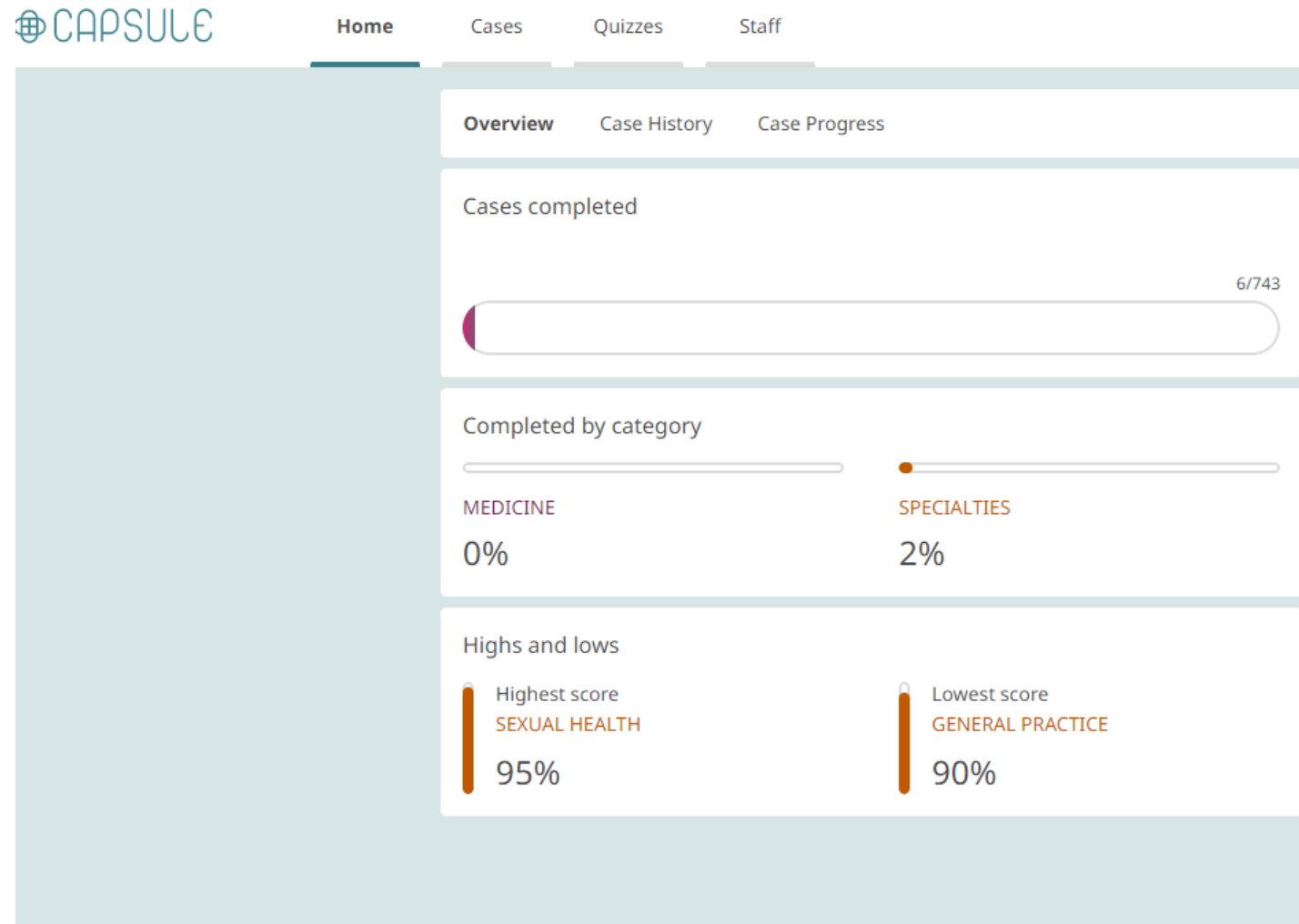


[Conn's syndrome](#)
Endocrinology
The hypokalaemic hypertensive
hyperaldosteronism stroke hypertension hypokalaemia secondary hypertension



[Resistant Hypertension and Angina](#)
Cardiology
Resistant Hypertension with a Strong Family History
angina hypertension resistant hypertension

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

Polyarthritits 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**

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
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

ACTIVE LEARNING



Use the virtual primary care (VPC) resource (<https://vpc.medicalschoolscouncil.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?

OVERVIEW

Overview

How to use Learning General Practice

THEME 1: PERSON-CENTRED CARE

- 1a. The generalist clinical method
 - i The role of evidence in clinical decision-making
 - ii **Uncertainty in clinical decision-making**
 - iii Prescribing
- 1b. Holistic care (the biopsychosocial model)
 - i The physiology of holistic care
- 1c. The doctor-patient relationship
 - i Communication with patients of all backgrounds
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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

GP education ecosystem - thriving

- Thank you
- Increasing numbers of students
- Increasing pressure on GP teams
- Enhancing support



Robin Harland Award for Excellence



Julie Sands, Sub Dean; Dr Sandra Gray, GP partner and tutor; Dr Carol Dalzell, Coagh Medical Centre Senior Partner; Health Minister Mike Nesbitt; Katie Rose McErlain, QUB medical student; Professor Nigel Hart, QUB; Dr Ursula Mason, RCGPNI; Professor Helen Reid, QUB; Dr Aoibhin O'Sullivan, Coagh Medical Centre GP partner.

Dr Sandra Gray, GP partner at Coagh Medical Centre, Cookstown, has been awarded the Robin Harland Prize for the academic year 2023-2024 by Queen's University, Belfast's Centre of Medical Education.

The annual award recognises exceptional GP tutors and Teaching Practice teams, with nominations made by medical students after their clinical placements. These placements allow students to refine their diagnostic and patient management skills through supervised consultations.

Health Minister Mike Nesbitt was on hand to congratulate Sandra and her colleagues on their achievement and to announce the establishment of a new GP Sub-Deanery. It will oversee undergraduate clinical placements across General Practice in support of the delivery of the medical curricula offered by QUB and UU.

The Minister said: "It has been a pleasure to meet the dedicated team at Coagh Medical Centre who provide outstanding care for their patients. Their commitment to fostering the next generation of doctors is truly inspiring, and I applaud their efforts in shaping the future of healthcare and congratulate Dr Gray on her well-deserved award."

The award was conferred following the nomination from medical student, Katie Rose McErlain, who had been on placement in Coagh. "What stood out most during my time at Coagh Medical Centre was the remarkable patient care," she said. "The rapport Dr Gray had with every patient reminded me of why I wanted to pursue medicine."

Dr Gray, a QUB graduate from 2002, began her career at Coagh Medical Centre in 2006 as its first-ever GP trainee. She became a partner in 2010 and has been deeply committed to medical education ever since.

Dr Gray said: "I have always loved working in Coagh, even on the challenging days. I feel incredibly fortunate to look forward to coming to work every day, supported by a fantastic team and wonderful patients. "Teaching medical students has always been a passion of mine, and I've taken pride in welcoming more students into our practice over the years."



4th Year Medical Students in Practice

Sandra Gray

Coagh Medical Centre

Robin Harland Award December 2024











Coagh Medical Practice

- 4 partners, 2 salaried GPs
- Training practice- ST2 at present
- 4th and 5th year students from QUB
- 3rd year students from UU

- Telephone triage appointments offering same day face to face appointments as required

COAGH MEDICAL CENTRE



INDUCTION BOOKLET



Benefits to C25 Curriculum Changes

- Students have 8 weeks in practice (increased from 3 weeks)
- Students get to know all members of practice team and feel like a part of the team
- Ability to follow patients on their journey
- Focus on different pillars on each 2 week placement
- More face to face patient time – improvements in history taking and clinical skills clearly evident at end of year



Aims & Objectives

- Observe different GPs consultations
- Spend time reception staff, practice manager, treatment room nurse, practice nurse
- Observe Chronic disease clinics eg COPD/Diabetes
- Spend time with other members of MDT inc District nurse and Health Visitor
- Awareness of how the practice works inc booking of appointment, hospital letters, prescribing, lab results
- Progress from observing GP consultations to hot seating to own mini surgeries
- Opportunity to practice examination skills



Timetable Pillar 1



Monday	Induction	Dr Gray
Tuesday	Dr Gray	Prescribing
Wednesday	Lab/Letters	SDL
Thursday	Dr Gray/Hot Seating	Reception
Friday	Pharmacist	Cryo Clinic
Monday	District Nurse	Dr McGarrity
Tuesday	Baby Clinic	Dr Gray
Wednesday	Dr Gray	SDL
Thursday	Dr Gray	Treatment Room
Friday	Joint Injection	Dr Whitehead



Timetable Pillar 2



Monday	Review of Patients	Dr Gray
Tuesday	Telephone Triage	Dr Gray
Wednesday	Dr Gray	SDL
Thursday	Dr Gray/Hot Seating	Chart Reviews
Friday	Pharmacist	Cryo Clinic
Monday	Dr Gray	Dr McGarrity
Tuesday	Dr Dalzell	Dr Gray
Wednesday	Case Based Learning	SDL
Thursday	Dr Gray	Dr Gray
Friday	Dr Gray	Dr Gray



Timetable Pillar 3



Monday	Review of Patients	Dr Gray
Tuesday	Health Visitor	Dr Gray
Wednesday	Nursing Home Visit	SDL
Thursday	Dr Gray/Hot Seating	Chart reviews
Friday	Case Based Learning	Cryo Clinic
Monday	Dr Gray/Hot Seating	Dr McGarrity
Tuesday	Baby Clinic	Dr Gray
Wednesday	Dr Gray/Hot Seating	SDL
Thursday	Dr Gray/Hot Seating	Case Based Learning
Friday	Joint Injection	Dr Whitehead



Timetable Pillar 4



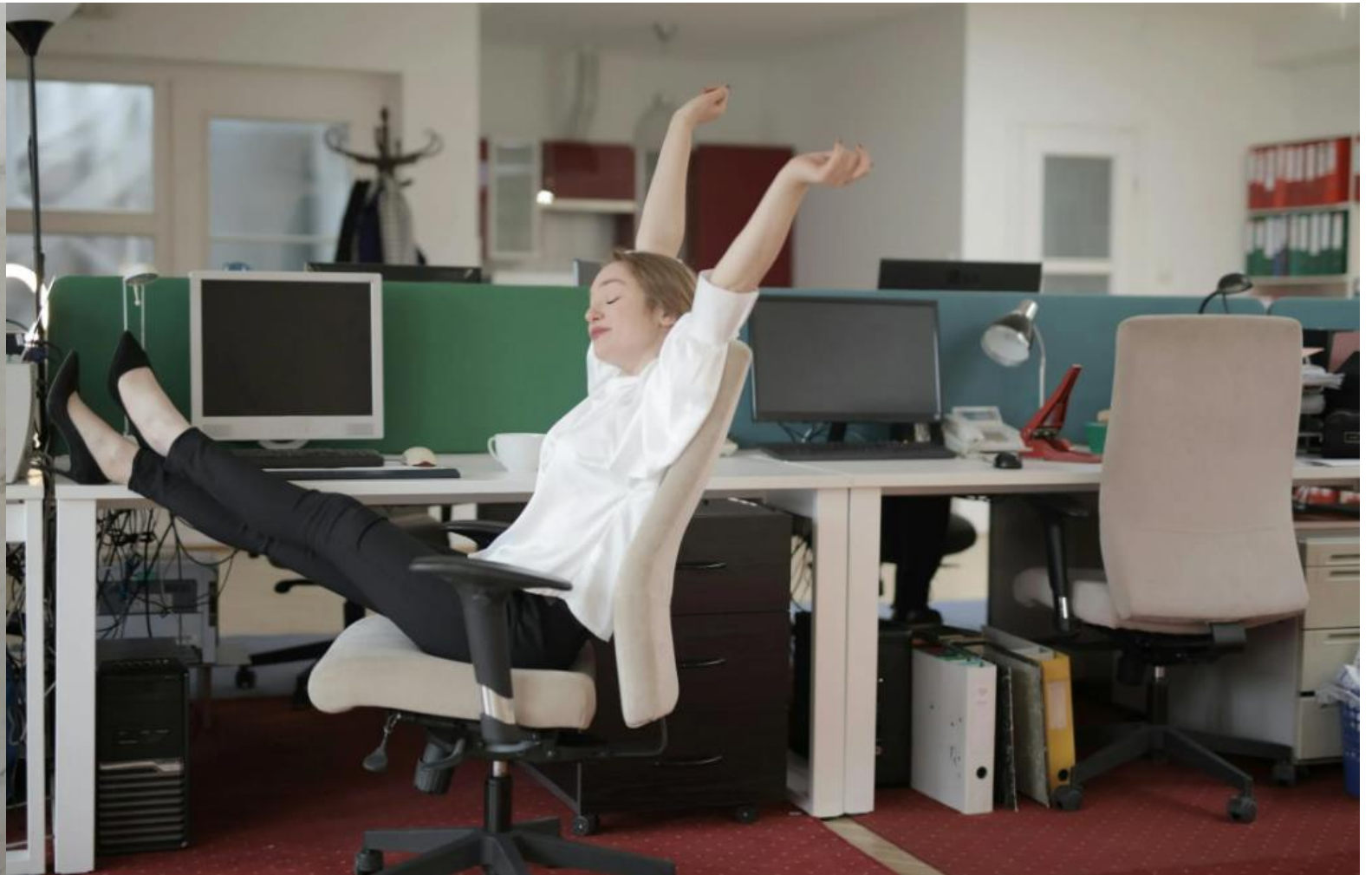
Monday	Review of Patients	Dr Gray
Tuesday	Mini Surgery	Palliative Care Visits
Wednesday	Mini Surgery	SDL
Thursday	Telephone triage	Mini Surgery
Friday	Mini Surgery	Mini Surgery
Monday	Telephone Triage	Mini Surgery
Tuesday	Mini Surgery	Mini Surgery
Wednesday	Mini Surgery	SDL
Thursday	Mini Surgery	Mini Surgery
Friday	Mini Surgery	Mini Surgery



2024/2025 Experience

- Able to see our own progression and improvement over time
- Feel more confident in history taking, examination and management
- Continuity of patients
- Familiarity with staff
- Able to sit with different members of MDT
- Able to see our own patients
- Continuous feedback on our patient interactions
- Wide variety of presentations
- Opportunity to practice phone consultations
- Felt we were part of the team
- Improvement could be seeing our own patients earlier

A wee cuppa and stretch



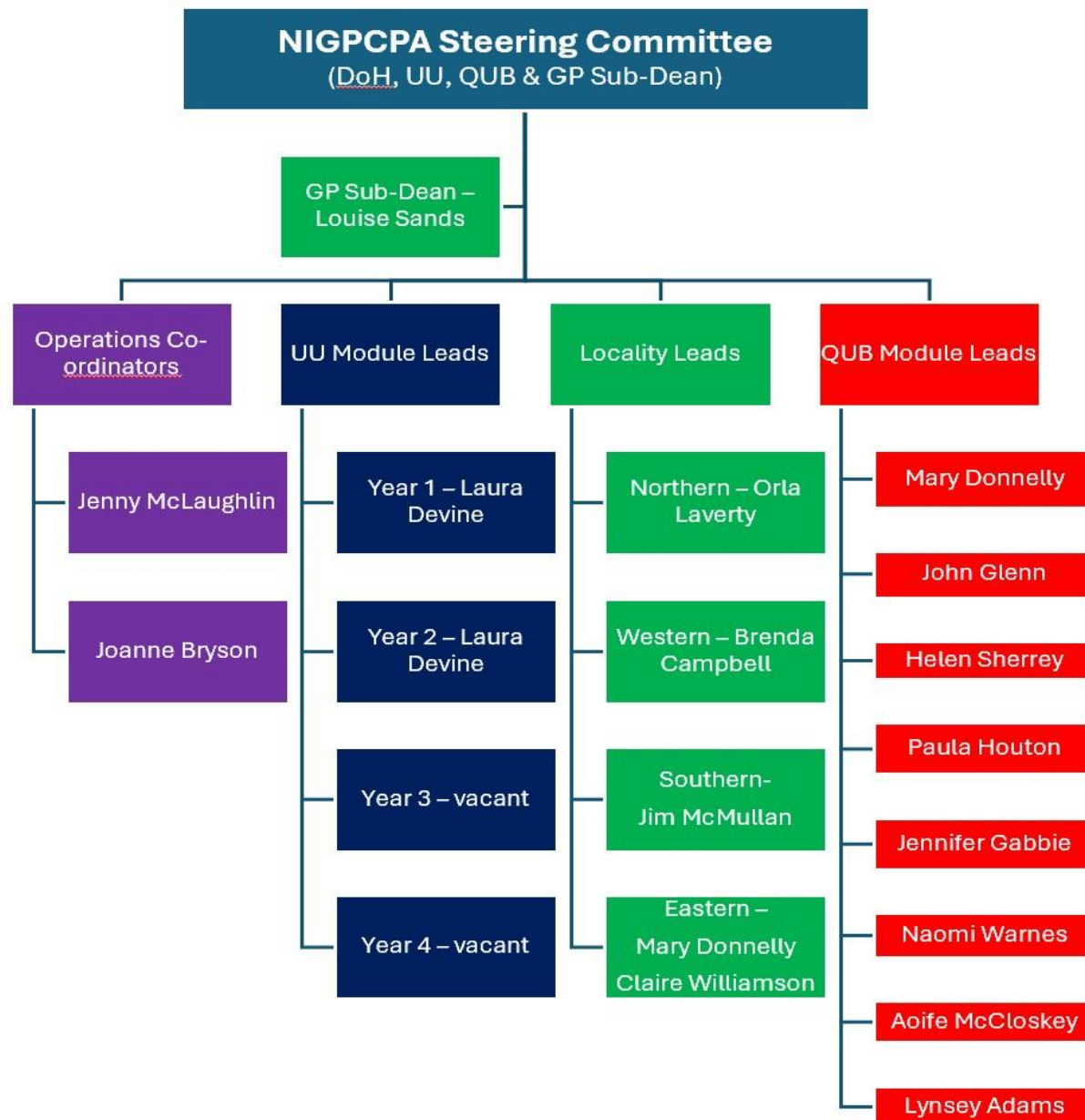
See you in 15 minutes





Introducing the NI GP Sub Deanery





Goals

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





Feedback – Overwhelmingly positive!



Themes from practice visits



ALLOCATION
PROCESSES



CLARITY IN
COMMITMENT



MANDATORY
ASSESSMENTS



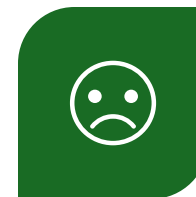
EXPECTATIONS
FROM MEDICAL
SCHOOL



SUMDE PAYMENTS



DRIVERS TO
TEACHING



FRUSTRATIONS

What you asked for.....



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

What we have delivered.....

Practice Visits



All you need to know about the visit

Quality Assurance



How is quality measured, and why it matters

Practice Resources



Practical tips and guidance

Medical Schools' Allocations



How student placements are assigned

SUMDE



Understanding the payment process

Medical Students' Hub



How to get the best out of placement

Practice support- UU summary

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

Practice support- QUB summary

	Y1 Family Medicine	Y1 Clinical skills experience	Y2 Family Medicine	Y2 Clinical skills experience	Y3	Y4	Y5
Basic requirements	½ day Tuesday or Thursday Within 15mile radius of QUB	½ day (Spring Semester only) Tuesday or Friday Within 15mile radius of QUB	½ day Tuesday or Thursday Within 15mile radius of QUB	2-5pm Monday or Thursday Within 15mile radius of QUB	½ day (Wednesday AM) 6 students in hubs within local trust	9 sessions	9 sessions
Format	Approx. 8 students	Zoom Themed hxtaking in <ul style="list-style-type: none"> Respiratory CVS MSK 	Approx 8 students	5 Students Themed hx/exam <ul style="list-style-type: none"> GI Endocrine Neurology 	Varies but must include: <ul style="list-style-type: none"> Hot desking CBD 	2 students >50% sitting in consulting also mdt/home visits/chronic disease clinics	Preparation for practice so maximum patient contact
Total Sessional committment	5 sessions Total 5 sessions	3 sessions x2 cycles Spring semester Total 6 sessions	5 sessions	5 sessions x2 cycles autumn semester, 5 sessions x 2 cycles spring semester Total 20 sessions	12 sessions, 2 cycles of students Total 24 sessions (Can opt for one semester only ie 12 sessions)	9 sessions x2 weeks x 4 cycles august – mid may Total 72 sessions per pair of students	7 weeks in GP + 1 week out Total 63 sessions
Feedback Forms	End of Year		End of Year	Mini-CEX	End point feedback	End of each 2w block	Midpoint and end point form 2 x mini-CEX

Practice support-Merged placement calendar

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

File Home Insert Page Layout Formulas Data Review View Automate Help

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

AC13

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

Sheet1

Ready Accessibility: Investigate

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Practice visits



Pre visit questionnaire: basic demographics

PM and Medical student leads attend

Visit from Locality lead or Sub Dean

Allow 1 hour

Similar to NIMDTA – much less onerous

Emphasis is support

Written report

Get in Touch



Name

Email

Contact Number

What is your role?

☐ I have read and agree to the Privacy Policy

Send

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



**VOLUNTEERS
NEEDED!**



**Are you a GP working in the Uk ?
Join our study!**

We want to speak to volunteer GPs about their experience with Undergraduate Medical Education in Primary Care.

The study will involve a virtual interview via MS teams
For expression of interest and more information, kindly scan the QR code below

<https://forms.office.com/r/IEJdF1zjS9>



It's live!!





Any
questions?

A large, stylized graphic of the words 'THANK YOU' in a bold, 3D font. The letters are red with a white outline and a dark blue shadow. The graphic is set against a circular background with red and yellow diagonal stripes radiating from the center.

Community Module leads



Community Module Leads for QUB



Our Team



John Glenn



Helen Sherrey



Paula Houton



Aoife MCloskey



Mary Donnelly



Jennifer Gabbie



Naomi Warnes



Lynsey Adams

Our Role

Support the delivery of a high standard of GP-focused teaching to medical students while on GP placement

Promote General Practice as a career



Our Role

Year 4

Online small group case-based learning sessions based on 4 pillars

4 sessions per student pair over the year

Year 5

Online small group case-based learning sessions based on 7 themes

7 sessions per student over 7-week GP placement

Years 3-5

My Progress review and sign-off



**Any
Questions?**

Payments, queries, useful things!

- SUMDE payments quarterly (in arrears; processing dates)
- gpadmin@qub.ac.uk as first point of contact for queries
- 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

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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

Year 3 GP Tutor Day

27th August 2025

Family Medicine Tutor Day

10th September 2025



Feedback both ways.. MCPI



Students complete detailed MCPI feedback at end of academic year



Incredibly rich data



Various domains including leadership, induction, feedback, facilities



Collated and shared for academic year 24/25

Final Questions



Thank you

