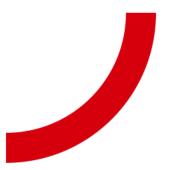


Year 5 C25 Preparation for Practice 1: Primary and Preventative care



Miriam Dolan m.dolan@qub.ac.uk
Clinical Teaching Fellow, Academic Lead for Year 5 GP placements

WELCOME



Please complete the MS form (with your Cypher!) for SUMDE payment...

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

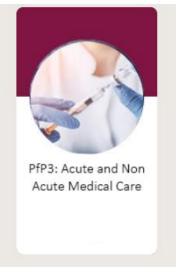




June 2025 Witten finals (MLA AKT)	End of August 25 Preparation for practice week	From 1 Sept 25 3 x 8 weeks Placements	March 2026 OSCE exam	Assistantship	Graduation
		During each placement there is 1 week Self- directed learning or Healthcare Human Factors course			









Time scheduling

The student will **NOT** be in practice the 2nd Or 3rd week of each 8-week block

1x session a week - Self-Directed Learning



> 1 slot a week (1-1.5 hrs) - Theme based learning (GP-Subdeanery supported)

SusQl project (QUB supported)



How do the PfPs link together?

- ➤ Overarching Learning outcomes
- Integrated care: discharge notes, prescribing, communication on the interface, patient journey
- ➤ Activities: prescribing, triage, escalation, palliation, rehabilitation, optimisation, prevention
- ➤ Progression (towards F1): complexity, uncertainty, 'hands-on', independent safe practice



The student's GP Journey



Prof. Helen Reid

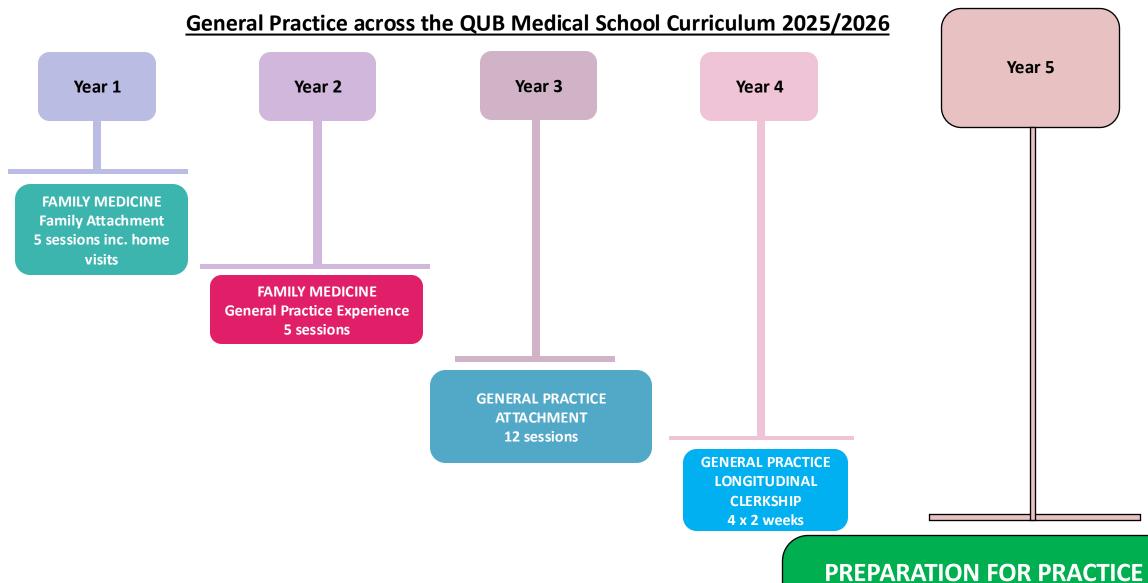
Associate Director for General Practice and Primary Care



The student's journey up to Y5

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) • year 3 centred on secondary care • year 4 centred on primary care. Case-based learning



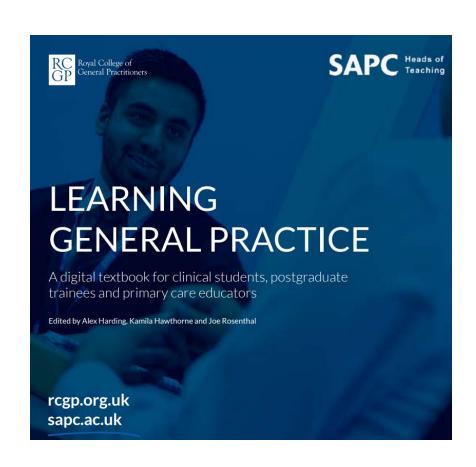


PREPARATION FOR PRACTICE
Primary and preventative care
7 weeks

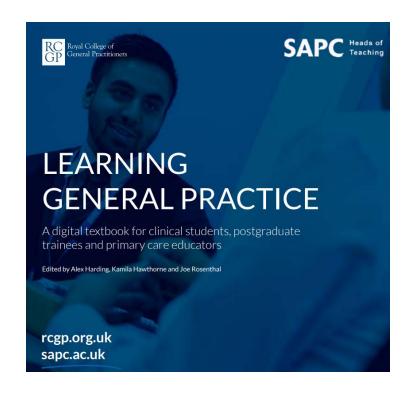
General Medical Council MLA content map Medical Licensing Assessment gmc-uk.org/mla



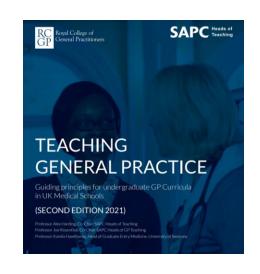
The student's journey in GP

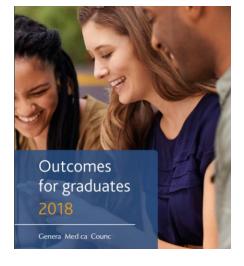












Each year the GP attachment has a different 'focus'



- 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



Year 5

- Emergency and same day care
- Multi-morbidity and complexity
- Preventing disease and promoting health
- Integrated care



Main Learning activity

Clinical encounters

- Mode of consulting can be face-to-face or remote (mix is ideal)
- Unselected and undifferentiated including emergency conditions
- 'Triaging'
- Selected and Chronic Disease/Long term conditions management

- Increasing level of complexity
- Decreasing level of supervision



Clinical Learning Activity	How many	Who signs off
Attendance	100%	Student
Experiences: Clinical encounters and management	4	Student
Experiences: Theme-based Learning	5	Student
Experiences: IDD audit	1 form	Student
WPBA: MiniCEX and Patient feedback	2	GP tutor
WPBA: Tutor feedback	2	GP Tutor
Student reflection on feedback and		
placement	1	Student

MyProgress

Student led

Video and Frequently Asked Questions –

https://www.qub.ac.uk/sites/qubgp/



Attendance and Absence

MyProgress generates verification emails based on student attendance submissions.

No action is required if the student was present.

If the student wasn't present the email explains what to do (form).

QUB Medical School mandates 100% attendance for all years.

Mitigating circumstances for non-attendance (accepted prospectively).

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-contact gpadmin@qub.ac.uk



Clinical encounters- multiple......4 to be reflected on - MyProgress

- o Emergency/acute care
- o Long term condition/multi-morbidity
- o Palliative care
- o Relationship-based care/continuity of care

Your role within the consultation:

- o Active observation
- o Active participation
- o Leading the consultation



Management (this can be 1 or various options)

- o Pharmacological treatment/prescribing
- o Referral
- o Medication review, medication adherence and deprescribing
- o Watchful waiting
- o Enabling the patient to 'make sense'
- o Safety netting
- o Reassurance
- o Relationship-based care
- o Social prescribing
- o Lifestyle advice/motivational interviewing
- o Other:



Clinical encounter summary:

Management summary:

What are the key learning points from this clinical encounter?



Immediate Discharge Document (IDD) Audit

10 randomly selected IDDs in the 7-week placement (preferable before any medication changes have been updated).

Compare medication records before admission and after discharge.

Data transferred onto the online form.

At the end of the placement answer the following questions on MyProgress and discuss the findings with your GP tutor/GP-pharmacist:

Were the audit standards met?

What changes would you suggest making to improve adherence to audit standards?

How will this experience impact on how you prepare IDDs?



MiniCex

	Above standard of a Y5 medical student	Meets standard of a Y5 medical student	Below standard of a Y5 medical student
History taking			
Physical examination			
Clinical Judgement			
Professionalism			
Global Impression			

Anything especially good?

Suggestions for development?



Feedback from patient (How likely is it you would want to see the medial student again and why?)

Theme-based learning

Supported by GPSD Community Module leads

1- 1.5 hr session/week – Wednesday or Thursday afternoon
Part of the 1 session a week of self-directed learning



Themes:

Introduction, scholarly basis of General Practice as a specialty

Chronic pain (with Versus arthritis and expert patient)

Persistent physical symptoms

Overdiagnosis/'too much medicine'

The social determinants of health and health inequality

The interface between primary and secondary care and the patient journey

Miscellaneous- agreed between Community Module Lead and students



GPSD Community Module leads

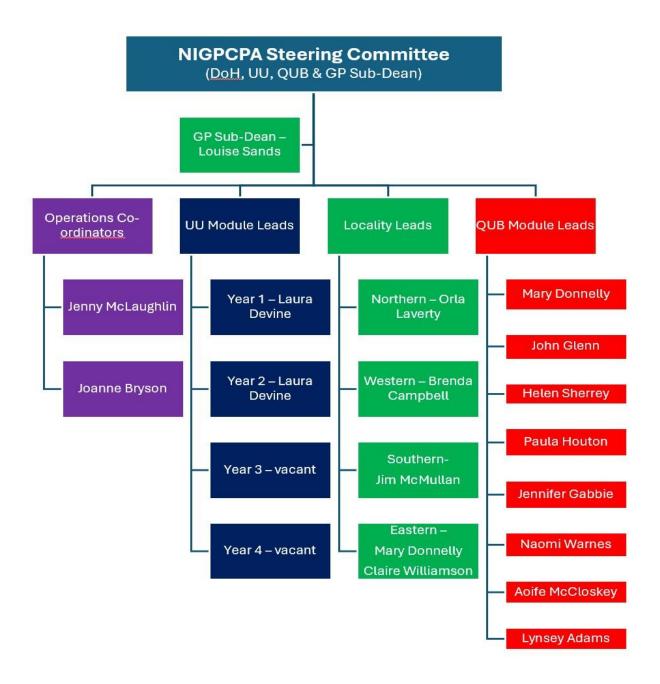






Introducing the NI GP Sub Deanery







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.....

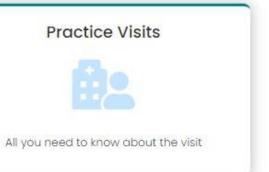


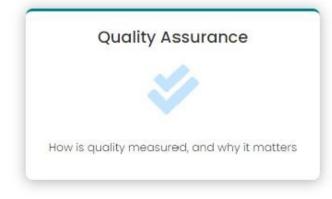
- Training for managers/admin leads
- Would be useful to have information in one area to quick reference
- Clearer idea of overlaps/ pinch point in academic year
- Resource pack to support if very tight staffing with short notice

- 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

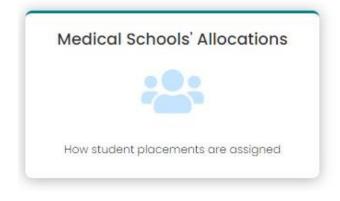


What we have delivered.....

















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

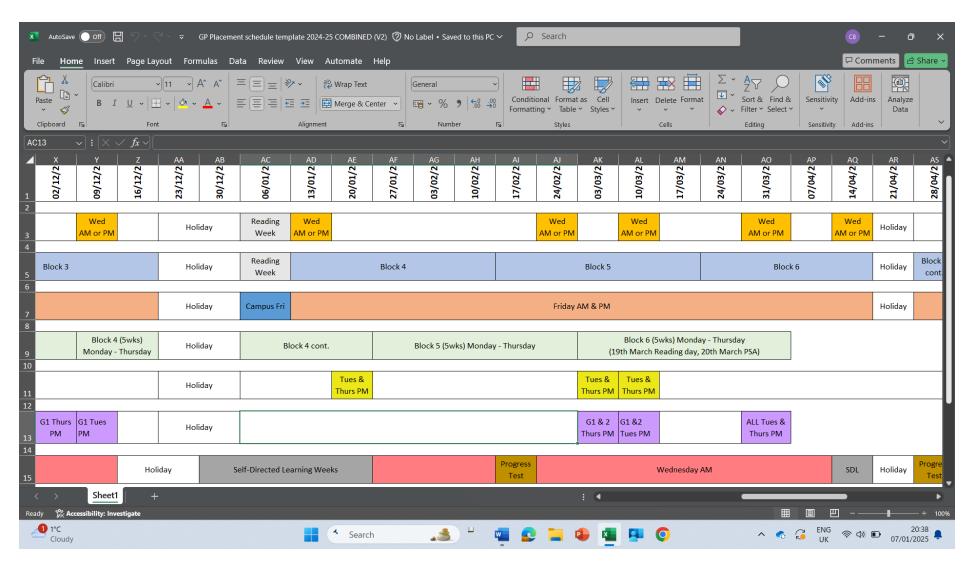


Practice support- QUB summary

	Y1 Family Medicine	Y1 Clinical skills experience	Y2 Family Medicine	Y2 Clinical skills experience	Y3	Y4	Y5
Basic requirements	½ day Tues day or Thursday Within 15mile radius of QUB	½ day (Spring Semester only) Tues day 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	1/2 day (Wednesday AM) 6 students in hubs within local trust	9 sessions	9 sessions
Format	Approx. 8 students	Zoom Themed hxtaking in Respiratory CVS MSK	Approx 8 students	5 Students Themed hx/exam GI Endorcrine Neurology	Varies but must include: 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 x 2 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 **=**



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 Poli	CV	11
	nd	

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



Any questions?



Uncertainty, risk and complexity -during placement and Theme-based learning

Dr. John Glenn-GPSD CML and GP tutor Down Health centre





Multi-morbidity and complexity

INTRODUCTION

NEED TO KNOW (2)

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.





How we prepare.... Dr. Mary DonnellyGPSD CML and GP tutor Donard Family practice





https://www.qub.ac.uk/sites/qubgp/Curriculum/Year5-GPPlacement/

Induction, organisation and timetabling

Students appreciate and benefit from a comprehensive induction and orientation to the practice and a timetable.

Recommended areas to cover during **induction**:

	✓ Done
Introduction to key staff members, specify who the main tutor is and a tour of the premises	
Brief overview of practice: population size, computer system, appointment system	
Show where students can leave their coat, bag and belongings	
Facilities such as the toilets and any area for breaks/storing food etc.	
Any important safety issues e.g., fire escape routes, personal safety alarms/alarm button	
Clarity around contact – what is the best phone/email address for students to use if they can't come in due to illness	



Preparation is key

'Our supervisor was very well informed of our requirements for the placement and created good opportunities for us to see patients on our own and come up with a management plan.'





Week 4	Morning	Afternoon
Monday	Student surgery	Discharges (IDD) and
	(undifferentiated)	clinical encounters
		related to
		results/reviews
Tuesday	Student surgery	Student surgery
	(undifferentiated)	(complex, routine)
Wednesday	LTC student surgery	Theme-based learning
		and self-directed
		learning including QI
		project
Thursday	Triage	Emergency care with
		Duty doctor
Friday	Student surgery	Home visits
	(selected e.g. multi-	UNIVERS RELEAST
	morbidity and reviews)	STITLES DELLI AS

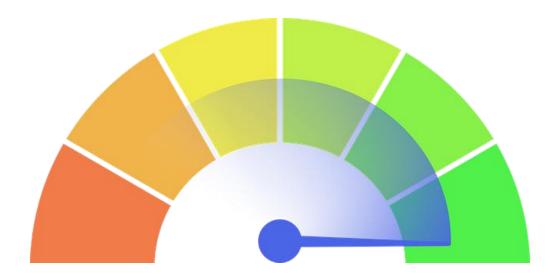
Break



WELCOME BACK



Please fill in the MS form (with your Cypher!) for SUMDE payment



95% of students strongly agreed or agreed with the statement that they receive good quality teaching in their General Practice Placements.

93% of students strongly agreed or agreed with the statement that, 'Overall, the quality of the placement meets my needs.'



What do students like about PfP1/GP placements in year 5?

Confidence in patient consultations

Undifferentiated presentations

Learn how to conduct a focused consultation

Putting plan together, exploring concerns

Greater understanding of patient background

Opportunity to review patients – continuity of care/relationship-based care

Integration into practice team/in protected environment

Understanding of learning needs and enabled to progress

Getting feedback from GP

Complexity





Mhairi Cowan



Peter Rafferty



Sophie Donaghy



Cailíosa NíDhúill



Progress







Giving feedback

'The GP picked up on even the smallest of details and continuously gave great tips in how to improve each clinical task. I also loved how they gave space for me to self-reflect on my performance, asking how I think I did, and what I think I did well/not so well.'



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)





'Appropriate level of clinical challenge, whilst feeling well supported throughout placement.'

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



We were appropriately observed throughout but also were trusted to carry out consultations independently.

It was the perfect environment to develop my skills while still feeling safe and supported.'



'I am very happy getting chance to learn how to do prescriptions as it is not as simple as I thought it would be...'

Purple Pen Activities

Please select ONLY one activity:

	Completed
Pre-prescribe an anticoagulant (x3 - 1 in each PFP)	0
Pre-prescribe an antimicrobial/antibiotic (x3 - 1 in each PFP)	0
Pre-prescribe an opioid (x2 - 1 each PFP2 and PPF3)	0
Pre-prescribe insulin (x2 - 1 each PFP2 and PFP3)	0

4 Mark(s)









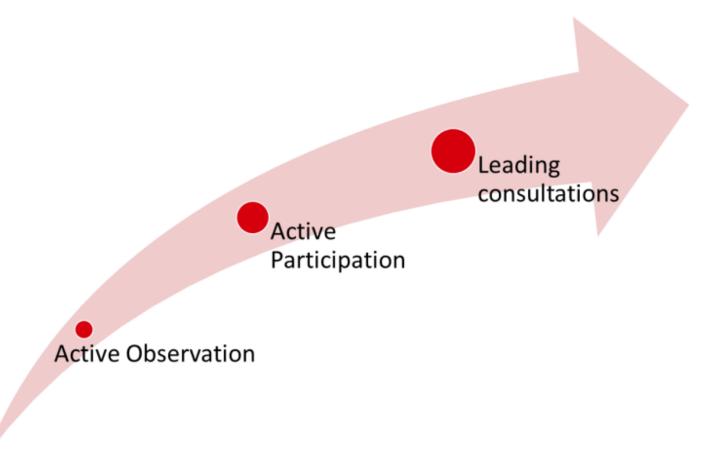




'I found that there isn't much distinction made between what a 3rd year student does in GP and what a Final year student does.'









EPA (Entrustable Professional activity)

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



Half of all medical students will choose general practice as a career only when they see it is intellectually respected, as a research-based discipline.

Then they will understand its fascination and potential.

Sir Denis Pereira Gray—former Chair and President of the Royal College of General Practitioners and Emeritus Professor



Concern

At mid-point and end of placement – use MyProgress feedback form with option to email gpadmin@qub.ac.uk

During the placement - email gpadmin@qub.ac.uk or m.dolan@qub.ac.uk



SusQl



- > Mandatory as per GMC requirements
- >Student led
- → 'Off the shelf' project
- ➤ QUB supported



Mrs Eveline Burns and Prof Helen Reid





Thank you and some practicalities



Student feedback

- 24/25 shared end May not perfect but many find it helpful
- *Please encourage your students to complete – we all have a role in this*





Availability and allocations

- Thankyou
- 25/26 out pre-Easter
- Student names to Practices bringing forwards for planning
- 26/27 process planning





Availability Sheet User Guide

ng Availability

ct your availability, click on the boxes coloured in pink/red

N/A

N/A

Tue Grp
Fri Grp
Tue Grp AND Fri Grp

on these boxes will allow you to your availability from a drop-down list. For example:

ou have made a selection, the turn green and display your n. For example:

Tue Grp	

election you make adds an entry to the Summary sheet of this workbook, which will record the dates and an estimate of the number of students who would be attending for that activity based on your deck

-26, Year 5 teaching is offered for 7 weeks in 3 Attachment blocks between September and February runs from **01 Sep - 24 Oct**, Block 2 runs from **27 Oct - 19 Dec**, and Block 3 runs from **05 Jan - 27 F** by offer to facilitate either 0 or 2 students for any or all of the three groups for 7 weeks (63 total session illability tab displays the scheduled placement dates for each group, and highlights in green if you have ach group from the drop-down lists on the left of the calendar and choose the number of students your second services.

each block, students will come back to Queen's for a week of additional teaching or self-directed learn is k of the block. Dates for students will be confirmed when we send out our student allocation lists in e noted the weeks affected on the calendar and in the summary sheet for your reference.

Payments

- Remain quarterly
- Requirement for signed SLA please return to SUMDE asap on receipt





Robin Harland Award for Excellence in Undergraduate Medical Education

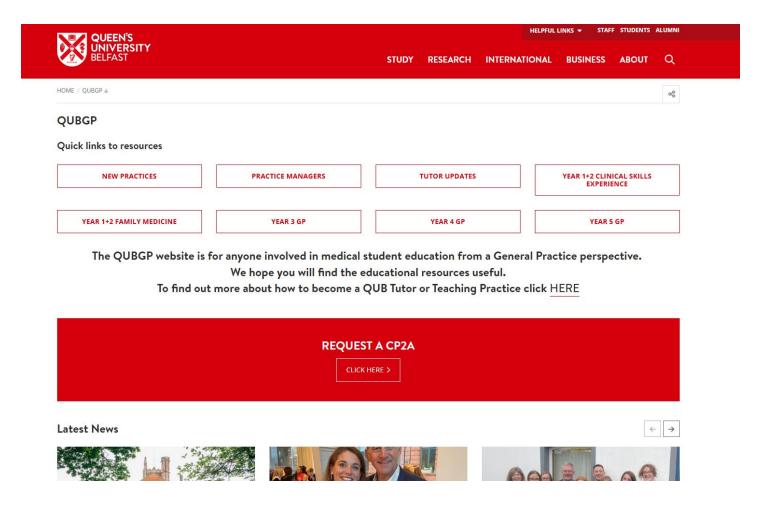
- Student nominations across Y4 and Y5 host Practices
- 24/25 process underway
- 'Close the loop' with nominated Practices
- Winner and runner up... watch this space!
- Future developments to recognise excellence





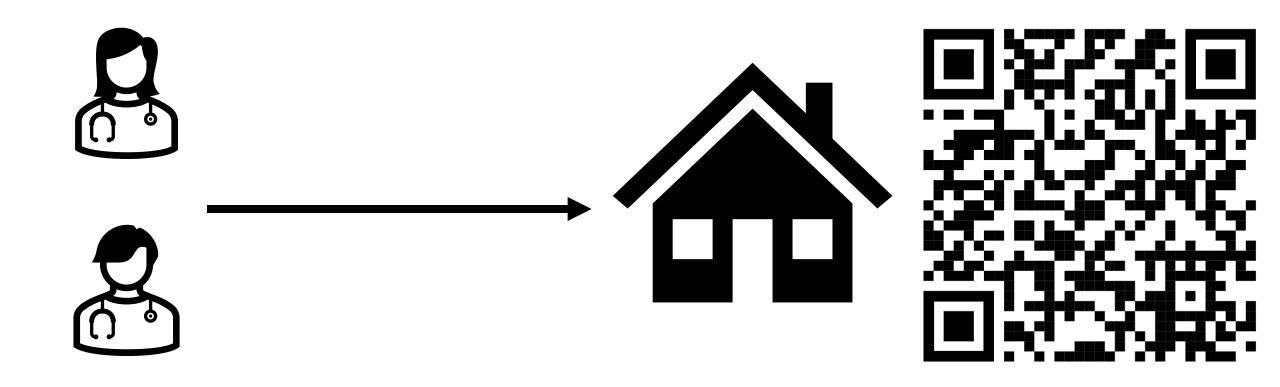
Web address: https://www.qub.ac.uk/sites/qubgp

QUBGP website





Medical Students and Home Visits Guidance

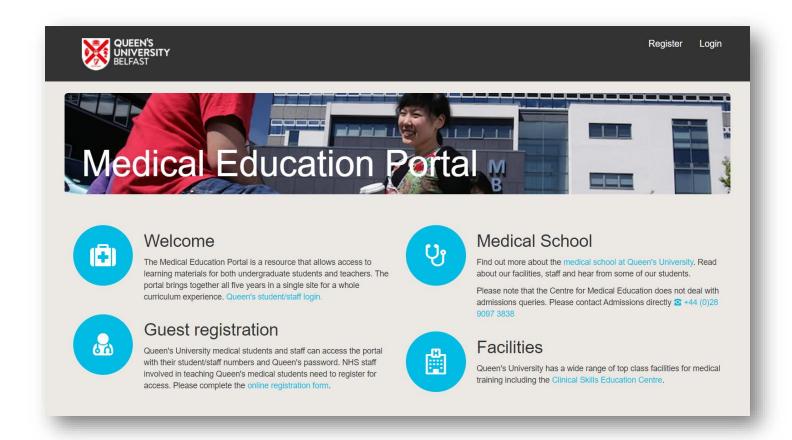








QUB Medical Education Portal



https://www.med.qub.ac.uk/Portal/















Key Links

- Timetable 2024-25
- Year 5 Overview
- Introduction to Year 5 Video
- Year 5 Handbook
- Year 5 Reflective Practice Study Guide 24/25
- Clinical Allocations
- Attachment Information
- Resolving Quality Assurance Issues on Clinical Placement
- Booking and Reinbursement Process: Video | Slides
- Assessment Overview 24-25
- Library Placement Poster











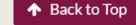








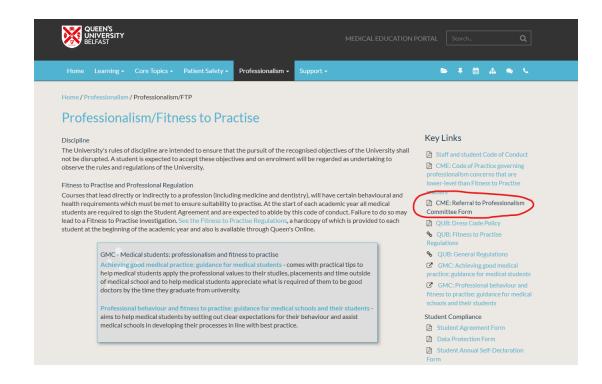
- Student and Tutor Guide 24-25
- Theme Based Learning
- GP Allocations (Part 1)
- GP Allocations (Part 2)
- **Booking and Reinbursement** Process: Video | Slides
- GP Booking and Reimbursement Guidance
- **GP** Booking and Reimbursement Checklist
- B & B Database
- GP B&B Approval Form (Part 1)
- GP Accommodation and Subsistence Claim Form (Part 2)
- **Intimate Examination Policy**
- Virtual Primary Care Guidance
- Home Visit Guidance
- IDD Audit Information and Data Collection Sheet





Student/placement issues

- Welfare/professionalism concerns we want to know please contact QUB gpadmin@qub.ac.uk initial recommended point of contact
- Placement level/practical challenges (esp if not student specific) - consider GPSD 'contact us'





Dates for diaries **GP Training Meetings for 2025**

Year 4 training: 18th June PM

Year 3 training: 27th August PM

Year 1 and 2 Family Med: 10th September PM



Plenary and questions



Thank you



He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.

William Osler

m.dolan@qub.ac.uk

https://www.qub.ac.uk/sites/qubgp/

