

Year 5 GP Teacher Guide 2021-22



Contents

Primary Care Staff Contacts	3
Introduction	4
Aim	5
Dates of Primary Care attachments	5
MB21	5
Year 5	5
Key Points of Primary Care Attachment	7
Planning for the attachment	8
Structure of the placement	8
First day	11
Typical Day	12
Student-led Clinic	13
Observed Clinic/Tutorial	13
End of Placement	14
Active Observation	14
Filling gaps between surgeries	15
Student Initiated Project	15
Bursaries for conferences	16
Cluster Based Teaching	16
Assessment	18
Mini–CEX	18
Cased Based Discussion (CBD)	19
Team Assessment of Behaviour (TAB)	19
Year 5 ePortfolio/EPAs	19
Clinical and Procedural Skills (CaPS) Logbook	21
Patient Satisfaction Questionnaire (PSQ)	21
Mid-placement feedback	22
End of attachment	22
Useful Documents	22
Student Attendance	22
Student Prizes	22
Student Concerns	23
Appendix 1 -Example Timetable	24
Appendix 2 - Year 5 teaching and Covid	27
Appendix 3 – accuRx protocol for student teaching	31

Primary Care Staff Contacts

<u>Element Organisers</u>	<u>Element Administrator</u>
Dr Veronica Boon and Dr Lizzie Grove Population Health Sciences Bristol Medical School University of Bristol Canynge Hall, 39 Whatley Road Bristol, BS8 2PS (0117) 92 87202/87366 Veronica.boon@bristol.ac.uk Lizzie.grove@bristol.ac.uk	Mihaela Duta Primary Healthcare Teaching Office Bristol Medical School University of Bristol 1 st Floor, 5 Tyndall Avenue Bristol, BS8 1UD (0117) 42 84529 phc-teaching@bristol.ac.uk
<u>GP Leads for Primary Care</u>	<u>Academy Administrators</u>
Bath: Dr Ciaran Conway Ciaran.conway@bristol.ac.uk	Bath: Cath Foster, Jennifer Lowe Tel: 01225 825479 ruh-tr.bath-academy@nhs.net
Gloucestershire: TBA	Gloucestershire: Angie Coulson/ Zaneta Jones/Joanne Hancox Tel: 0300 422 6233 Angie.coulson@nhs.net , ghn-tr-admin-glosacademy@nhs.net Please use <u>both</u> email addresses when emailing Glos
North and South Bristol: Dr Kayo Forster Kayo.forster@bristol.ac.uk	South Bristol: James Murray/Lucie Montgomery/Philip Collings Tel: 0117 3422256 / 3423912 southbristolacademy@uhbristol.nhs.uk North Bristol: Elaine Monks/Suzan Fowweather Tel: 0117 414 8083 / 0117 414 8085 Elaine.monks@nbt.nhs.uk Suzan.fowweather@nbt.nhs.uk
Somerset Taunton Hannah Jenkins Hannah.jenkins4@nhs.net Yeovil Dr Laurence Huntley laurence.huntley@nhs.net	Taunton: Jessica Skinner Tel: 01823 342431 Jessica.skinner@somersetFT.nhs.uk Yeovil: Hayley Topp Tel: 01935 384579 hayley.topp@ydh.nhs.uk
North Somerset: TBA	North Somerset: Lissette Lock Tel: 01934 881319 lissettelock@nhs.net
Swindon: TBA	Swindon: Roshan Printer/Charlotte Webb/Sharon McDonald Tel: 01793 605913/605748 R.printer@nhs.net , c.webb1@nhs.net Sharon.mcdonald15@nhs.net

Introduction

Welcome to the new Year 5 MB21 **9-week primary care attachment**.


We are really excited about the opportunity for students to spend a longer block of time in primary care and really get embedded into your team.

Although students will be with you for a longer amount of time, the attachment will still run in much the same way as previous years. Students will have completed finals and will come to you in pairs as part of an extended 27-week course Preparing for Professional Practice (PPP).

It is an apprentice style placement with the focus on the student consulting with patients independently and practicing decision making. **Students will be OUT of practice all day on Wednesdays for central teaching.**

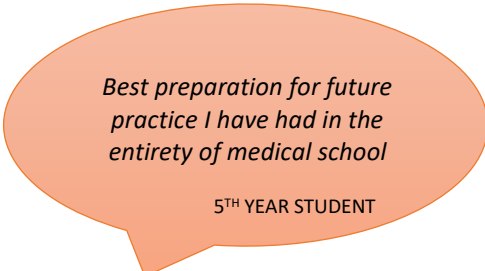
Whilst we hope that there will be minimal disruption to the running of this attachment due to COVID, we have included a section in the appendix of this handbook that covers teaching with COVID.

Primary care offers a unique learning environment with the opportunity to see a wide range of acute and chronic presentations under the supervision of a senior doctor. This is a popular placement for the students, and we hope that they will be able to contribute positively to your team during your attachment.



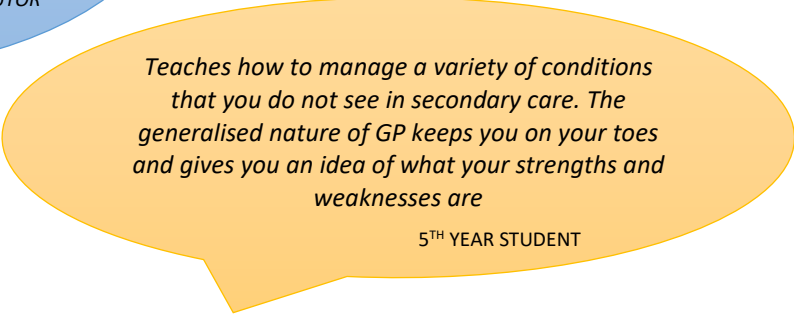
It's a pleasure to have a pair of fifth years embarking on the start of their career, feedback has been really positive from everyone in the practice

YEAR 5 GP TUTOR



Best preparation for future practice I have had in the entirety of medical school

5TH YEAR STUDENT



Teaches how to manage a variety of conditions that you do not see in secondary care. The generalised nature of GP keeps you on your toes and gives you an idea of what your strengths and weaknesses are

5TH YEAR STUDENT

We hope that you enjoy this placement. Please do not hesitate to contact us if you have any questions or feedback.

Kind regards



Dr Veronica Boon and Dr Lizzie Grove
Year 5 GP Co-Leads.

Aim

To prepare students for working as F1 doctors by learning in the primary care setting

Dates of Primary Care attachments

The dates of the GP Attachments are:

1. Thursday 4th November 2021 – Friday 21st January 2022 (*Not in practice 20th Dec 2021 - 7th January 2022 due to Christmas Holiday and Careers break*)
2. Monday 24th January – Friday 25th March 2022
3. Monday 28th March – Friday 10th June 2022 (*Not in practice 11th April - 22nd April 2022 due to Easter holidays*)

MB21

MB21 is the University of Bristol's new medical curriculum which started in 2017. The first cohort are entering Year 5 this year. It is a case-based learning curriculum with early clinical exposure and integrated clinical learning from year 1. The students completed finals at the end of year 4 and will have spent more than double the amount of time in primary care compared to the previous curriculum so we hope they will come to you the equivalent level of an F2 doctor in primary care. (*Please note that due to COVID, this cohort of students' clinical contact may have been limited and individual abilities will need to be determined at the beginning of the placement*).

Year 5

Year 5 starts with an 8-week elective placement. This is followed by three Preparing for Professional Practice (PPP) rotations which include 'Primary and Community Care', 'Ward Based Care' and 'Acute and Critical Care'. Each rotation lasts for 9 weeks.

MB ChB Academic Year 2021/22 Curriculum Map

YEAR 5 - 2021/22

University wks on S+	SV12	SV13	0	1	2	3	4	5	6	6	6	7	8	9	10	11	12	BH	BH	BH	JE1	JE2	13	14	15	16	17	18	19	20	21	22	EV1	EV2	EV3	BH	BH	BH	RE1	SE1	SE2	SE3	MW	SV1	SV2
MBChB wks	1	2	3	4	5	6	7	8	9	9	9	10	11	12	13	14	15	H	H	16	17	18	19	20	21	22	23	24	25	26	27	28	29	H	H	30	31	32	33	34	35	36	37	38	
YEAR 5 - 2021/22	06-Sep	13-Sep	20-Sep	27-Sep	04-Oct	11-Oct	18-Oct	25-Oct	01-Nov	02-Nov	03-Nov	08-Nov	15-Nov	22-Nov	29-Nov	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	21-Mar	28-Mar	04-Apr	11-Apr	18-Apr	25-Apr	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun	20-Jun	38 weeks
Pathway 1	Elective period								plenary (online)	Academy induction	Ward Based Care										Christmas Holiday	Careers/GMC REG/Elective fair	Primary & Community Care										Easter	Acute & Critical care										Final Choice/Skills Week	
Pathway 2									Acute & Critical care										Ward Based Care										Primary & Community Care																
Pathway 3									Primary & Community Care										Acute & Critical care										Ward Based Care																

Term Dates 2021-2022

Monday 06 September - Friday 17 December
 Monday 03 January - Friday 8 April
 Monday 25 April - Friday 24 June

Bank holidays and closure days

Friday 24 December 2021 (CD)
 Monday 27 December 2021 (BH)
 Tuesday 28 December 2021 (BH)
 Wednesday 29 December 2021 (CD)
 Thursday 30 December 2021 (CD)
 Friday 31 December 2021 (CD)
 Monday 3 January 2022 (BH)
 Tuesday 4 January 2022 (CD)
 Friday 15 April 2022 (BH)
 Monday 18 April 2022 (BH)
 Tuesday 19 April 2022 (CD)
 Monday 2 May 2022 (BH)
 Thursday 2 June 2022 (BH)
 Friday 3 June 2022 (BH)

Key Points of Primary Care Attachment

- 9-week apprentice style placement
- No prescribed teaching themes
- Main focus is on the student consulting independently and practicing decision making
- Students should have an induction and observed tutorial with learning needs analysis on their first day
- **Each week** students should have
 - 4 student-led surgeries
 - 1 observed surgery
 - 1 session with allied health care professionals
 - 1 session for a student-initiated project
- Students are out of practice every Wednesday for central teaching
- Each student should be assigned a patient with complex health needs that they can follow-up over the 9-week attachment
- Each student should aim to have run at least 2 clinics individually (without their student colleague) by the end of the attachment
- By the end of Year 5 the students need to complete:
 - a workbook with 16 Entrustable Professional Activities (EPAs)
 - a Clinical and Procedural Skills (CaPS) logbookThese skills/activities will need signing off during their placement
- During their GP attachment, students must complete:
 - At least 1 satisfactory Mini-CEX (remote)
 - At least 1 satisfactory Case- Based Discussion (CBD)
 - 1 Team Assessment of Behaviour (TAB) – Nov-Jan block ONLY
 - 1 patient satisfaction questionnaire (PSQ)
- Students also need to have > 80% attendance; please highlight any attendance concerns early
- Students can have time off for University Exams and one time-out day during the attachment and this does not affect their attendance.
- If you have any questions about the course, please email phc-teaching@bristol.ac.uk

Planning for the attachment

- **Decide who is doing the teaching.** It is important that one GP has prime responsibility for the students, including doing the introductory and final sessions and supervising the student project. The rest of the sessions can readily be shared between **two** or **three** GPs.
- We recommend that the main tutor is allocated at least one session of admin time prior to the attachment to attend/watch the workshop, familiarise themselves with the course handbook and devise the timetable.
- **Contact the students.** Students have been told to contact you in advance by phone or email to discuss the timetable, special requirements and start times. Contact them by email if you have not heard a week beforehand. Let them know how to get to your practice and give them an initial timetable if possible. **Given the current circumstances, it is particularly important that you and the students exchange emergency contact details for each other.**
- **Access to computers.** The two students will need access to computers (ideally one each, although they could share) to carry out the various tasks associated with the GP attachment. They will need access to the internet and the medical records. Please ensure the computer has sound available for internet tutorials (either loudspeaker or headphones).
- **Equipment.** If possible, put together equipment for the students to use – BP monitor, oximeter, otoscope, thermometer, tape measure, dipsticks, tendon hammer
- **Indemnity.** Following the Secretary of State for Health's decision to introduce a state-backed indemnity scheme it has been confirmed that GPs are covered for teaching activities. This applies to NHS activities but not private medical care. As before, we advise that your medical student has a named main GP supervisor. Should you delegate responsibility for teaching to another member of the practice team you should retain overall supervisory responsibility. Please also take care to brief the students on Health and Safety issues in the workplace.

Structure of the placement

The table below is an overview of how you could structure the placement. There are also some more detailed weekly examples in the Appendix. Please remember it is only a suggestion to assist with your planning. You can be flexible with what works for you as a practice and the resources you have available and the learning needs of your students.

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student led surgery	Student led surgery	Cluster Based Teaching	Student led surgery	Student led surgery
Lunch	Home visit	Practice Meeting		Home visit	Admin
PM	Community/Allied Health	Assigned Patient/choice session	Private Study	Observed Surgery/Tutorial	Project

- **Reserve Wednesdays for Cluster Based Teaching:** The Students will NOT be in practice on Wednesdays. They will have central cluster-based teaching, see p15.
- **Reserve sessions when students have Academy/University teaching.**
 - Allowable academy absences include
 - Situational judgement test: Various dates between 6th-18th December and 17th – 23rd of January
 - Prescribing safety assessment (PSA): 4th February
 - PSA resit (if necessary): 14th March, 29th April
 - Intermediate life support course: varying dates
 - Resit long cases: TBC (only in stream C if necessary)
 - Excellence day: TBC
 - Academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc must be done in the students' own time or **exceptionally** may be agreed by you but in this case, time must be made up appropriately
 - If student requests time off for a valuable learning opportunity, it does not inconvenience you or the practice and their attendance and performance are otherwise good, you can allow this time off at your own discretion.
 - **Time out days:** Students can book ONE Time Out Day during their GP attachment. They do not need to give a reason for taking this. They must give you 4 weeks' notice and it is their responsibility to make up for any teaching opportunities missed. You do not need to reschedule any teaching.
 - **Private study sessions:** Students can be allocated up to 4 extra private study sessions during the 9 week attachment. This is time in lieu for them to complete their pre-session work for cluster teaching and for undertaking the outside the box project which runs alongside cluster teaching. These can be used at a time that suits your practice but shouldn't replace the student led surgeries or observed surgeries and we would suggest that these are spread across the block e.g. week 2,4, 6 and 8. Please note if the students attendance drops below 80% then these sessions will need to be used for clinical catch-up.
 - **Absences:** Students need to log all absences with the University, this includes time out days and sick leave. If they need more than 4 days off in a row, this will need prior approval from the university and cannot be authorised by you.
- **Reserve session in lieu, if necessary, for Out of Hours Placement.** We would like you to encourage students to spend at least one session in out of hours. Due to current pandemic, we are still awaiting final confirmation from OOH providers if they will be able to offer sessions for our students as in previous years. Students are also encouraged to accompany you or other members of your team on any out of hours sessions you may be doing during their placement. **They are entitled to ONE session in lieu during the day if they undertake an OOH session ideally the following morning.**
- **A minimum of 4 sessions per week for Student Led Clinics.** please see p11.
- **One Observed Clinic/Tutorial** per week, please see p12
- **Adjustments due to COVID:** We appreciate many practices are still doing a substantial number of telephone consultations. As this is a less familiar way of consulting for students, you may feel that the students would benefit from 'sitting in' for a couple of sessions to actively observe GPs doing telephone consults. The first cluster-based teaching session will mainly focus on remote consultation. Please also see the links to [remote consulting resource for students](#) and an [observation sheet](#) the students can use whilst observing remote consultations.

- **One session per week for Student Initiated Project**, please see p14.
- **One session per week with an allied health care professional/community health care clinics**
 - All students will have had different experiences and have different interests and we would encourage you to discuss which sessions would be most beneficial for your students during your learning needs assessment on the first day.
 - Some students may want to spend some time in the treatment room getting their clinical skills signed off, see CaPS logbook, pg 19.
 - It would be reasonable to ask the students to arrange external sessions themselves if you can give them the relevant contact details. A non-exhaustive list includes;
 - Practice nurses - routine clinics, baby clinics, chronic disease clinics, dressings etc.
 - HCA's – observing or running own phlebotomy, BP, ECG, dipstick clinics
 - Social prescriber
 - Pharmacist
 - **Practice manager – learning about business side of GP**
 - Mental health specialist nurse
 - BDP worker
 - District nurses
 - Palliative care team.
 - Midwives
 - Health visitors
 - GPSIs – coil clinics, minor surgery
 - Sexual health clinic
 - Abortion services
 - Community dermatology
 - Community MSK clinics
 - Paramedic
 - ACPs
 - Referral service
 - Rapid response teams
 - Third sector organisations
 - **We are happy for students to assist with up to 2 vaccine clinics as part of their timetabled teaching.** Students can assist in a paid capacity to do additional clinics in their own time if they would like to. The practice must offer the same training and provide the same indemnity as other volunteers.
 - Please see [this](#) video resource that could be used to help prepare AHCP's for supervising students in their clinic. (Video has audio)
 - If you are struggling to find suitable sessions, or students feel they have a good understanding of the range of roles in primary care then they can do additional student-led surgeries instead.
- **Assigned patient and Choice session:**
 - **Please allocate at least 3 of these sessions for the assigned patient:** We would like you to assign at least one patient to each of your students. They should meet at the beginning their attachment and follow-up at least twice during the attachment. Ideally this would be a patient with complex health needs. The students can review their medical history and medications, undertake an annual review if required and update care plans and respect forms. We would also encourage the students to initiate a lifestyle conversation and attempt a brief lifestyle intervention and follow-up how this may have impacted on the patients health and behaviour. The student should think about the holistic aspects to the patients care, and where possible follow allied health professionals in their caring role. We would like you to debrief with the students after each encounter to support meaningful encounters that will hopefully help optimise the patient care.

- Examples include
 - a recent discharge to a nursing home or a new nursing home resident
 - a recent hospital discharge with additional care needs
 - a patient with rapid response involvement
 - a palliative patient with regular district nurse involvement
 - a patient with multiple hospital admissions over the last year
 - a frequent attender with complex health care needs
 - a patient with newly diagnosed diabetes or COPD
 - **Other opportunities for the choice sessions could include**
 - Review notes and follow-up interesting patients they have seen earlier in attachment
 - Additional Student-Led Clinics
 - Additional time with allied health care professionals
 - Nursing home reviews – RESPECT forms, care plans
 - CCG, LMC, safeguarding meetings
 - Teaching early years students also in practice
 - Private study
- **Home visits:** We would expect students to undertake home visits most days. Initially they will need to be accompanied by a supervising GP or allied professional, but by the end of the attachment you may feel that the students could conduct the visit independently and the GP could come at the end to review.
- **Flexibility:** Students are required by the GMC to complete a 40-hour working week which equates to 8 hours a day. Most GP days are significantly longer than this. If possible, please consider shortening the student day e.g. starting surgery a bit later in the morning and a bit earlier in the afternoon. If this is not possible, it would be reasonable to have the odd extra session off to compensate for this.
- **Tasks for students separately.** Although the students will be sitting in with GPs and nurses as a pair, it is important that they carry out tasks during surgeries and afterwards individually, and that you see evidence that this is done.

First day

Spend the morning introducing the student to the practice and your team

- It is advised that you have an honorary contract between student and supervisor setting out the responsibility of each party, this can include data protection, confidentiality and other individual practice specifics if you like. There is a sample document that you can use for this titled General Practice: Medical Student Undertaking – available on the PHC website [here](#).
- Please also take care to brief the students on Health and Safety issues in the workplace including your COVID protocols and procedures.
- The students have been given a list of questions to ask to help get to know your practice, the patient population and local community. Please assist them with answers to these.
- If time, other activities for the morning could include familiarising themselves with the computer system, sitting in on a clinic, having a walk around the local community, accompanying clinicians on home visits.

In the afternoon, we suggest running your first **Observed surgery/tutorial** with both students to establish their learning needs, see p13. Students all have individual strengths and weaknesses. On top of this, your students are likely to have different learning priorities depending on whether they are coming to you in their first, second or third PPP block.

We suggest using a Mini-CEX to 'assess' each student performing a complete consultation in a 20-minute time limit. This could be a telephone call, a video call via AccuRx or a face-face appointment. Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem. You will then have a feel for what level the student is at. This assessment, along with any gaps in the student's Year 5 Workbook or CAPS logbook, can be used to plan learning goals and activities for the placement. (Please see Assessment section below for more information on Mini-CEXs). It is also a useful baseline for you and the students to observe progression over the placement.

Where possible it would be ideal to have some flexibility in the timetable to address the students' needs e.g. some students may want to spend time with the HCAs, nurses practicing phlebotomy or doing spirometry others may feel confident at this but would like to focus on prescribing or spending time with a pharmacist. Some students may feel ready to start consulting independently from the outset whereas others may prefer to observe a GP session first.

Please also use this session to allocate the assigned patient and discuss ideas for the student project, see p15.

Typical Day

Each day we would like you to have 3 'check-in' points with your students. **We suggest that you have appointments blocked to give yourself time for this.**

Start of Day: Check in with GP tutor (10 mins)

- Hello and Welcome
- Check if any issues they want to discuss
- Discuss any clinical learning needs they would like you to alert them to.
- Discuss how students can be actively involved in the consultation if observing.
- Check they know what they are doing and know how to contact you if consulting independently.
- Consider ice-breaker – most recent film watched, favourite restaurant, what do they do outside medicine? Students and tutors have both highlighted the benefit of this for helping the students feel included and part of the team.

After Morning Session: Debrief with GP tutor (20 mins)

- How did it go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- What are they doing over lunch break ?visits ? help with admin/care reviews ? spend time in treatment room
- Have they decided on project? How is it going?
- Have they met their assigned patient – any follow-up tasks needed?
- Have they identified cases for CBT?
- Do they know what they are doing this afternoon?

End of the Day: Check out (10 mins)

- How did session go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- Planning for the next day.

Student-led Clinic

The focus of this placement is on the students consulting independently rather than observing your surgery. Feedback from the students highlighted that this is what they valued the most and wanted more of.

We suggest a minimum of 4 student-led clinics per week. This involves students consulting individually or in pairs with patients in their own room before asking you to come through to review.

A typical session for this would involve the student consulting 4-6 patients with 30-minute appointments. This could be a telephone call, a video call via AccuRx or a face-face appointment. Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem.

The students would spend up to 20 minutes conducting a complete consultation from history and examination through to diagnosis, management and safety netting. The supervising GP would have one slot blocked out for every patient the student consults. In this time, the student will present the case, discuss the differentials and management plan and the GP would review the notes.

The patient remains the ultimate responsibility of the allocated supervisor for that clinic so the clinician needs to do enough to satisfy themselves that the patient has been consulted and managed appropriately. The level of supervision will vary depending on the ability of the student and the complexity of the case but we would suggest that all face to face patients should be seen and reviewed in person. We are keen that students take initial responsibility for referral and checking results for their patients but again these will all need to be reviewed by the allocated supervisor.

Please note that students will have had a lot of time observing GPs consult and we would not expect them to be sitting in on your surgeries after their first week. However, there can still be some value in students observing different consultation styles and if they have completed the minimum number of surgeries outlined above and are keen to do this then that is acceptable. I would advise making these active learning surgeries, please see active observation section below.

Changes for MB21

- Evidence of progression over the 9 weeks: Increase in number of patients per session or reduction in length of appointment time.
- **Each student will also need to run at least 2 clinics individually rather than in a pair by the end of the rotation** – If you don't have enough room for both students to consult individually, the other student can sit in and observe different GP's or do their project work.
- **We would like the students to assist with at least one duty clinic.**

Observed Clinic/Tutorial

We would like the students to have one observed clinic/tutorial a week. This entails the students consulting individually with patients whilst you and the other student observe them and give feedback. A typical session would involve seeing 4 patients with 30-minute appointments and 10-15 minutes feedback time after each patient. These sessions can be used to complete a Mini-CEX.

These sessions can also be used to

- complete a Case-Based Discussion, please see Assessment section.
- Discuss pre-learning for Cluster based teaching, please see pg 17
- Discuss allocated patient
- Discuss student project

- Review placement and adapt to learning needs if necessary

A whole session should be allocated to the supervising GP to facilitate this.

End of Placement

- A summing-up tutorial should be completed where a final Mini-CEX can be run to show where progress has been made.
- Feedback for the placement overall should be discussed and identification of learning for the next rotation or first job be made.
- Please make time to discuss and reflect on the student's project and assigned patient if this has not been done earlier in the week.
- One to one feedback and completion of the **End Point Review form. Students can give you access to this form. Please allow 30 minutes to complete this.** While this is happening with one student the other should be directed to a computer to complete their online evaluation of the placement and vice versa.

Active Observation

There may be situations where students will be observers. Here are some tips on how to turn observation from simple absorption into active memorable learning. Giving students observation tasks engages students and enhancing learning.

- **Who to observe?** Should they be focusing on the GP or the patient? Could one student focus on the GP, the other on the patient?
- **What to observe?** Body language, consultation micro skills, i.e. are cues being noted and addressed? Have specific questions in mind – What is the mood of the patient? i.e. anxious. Encourage your students to set their own observation tasks. Students consulting in pairs set each other observation tasks
- At the end of a consultation ask your students to identify the aspect that they feel merited the most attention or identify something that caused them to think differently about the management etc
- Ask the students to write the notes whilst you are consulting – what would you have done differently?
- Ask the students to examine the patient
- Ask the students to summarise the consultation
- Ask the students to suggest the management plan or explain something to the patient

Examples:

- *Watch Mr. Jones during this consultation and see what features of PD you can identify. I also want you to think about how this may impact on his ADLs and what help he may need*
- *When you are joining the pharmacist/practice nurse for the Diabetes/Asthma, COPD, HT clinic I would like you to focus on*
 - Side effects mentioned by the patient
 - Adherence
 - How the patient is involved in decision making?
 - What monitoring is needed for a given condition /medication?
 - Whether and which ones of the medications need adjustment because of renal function
 - What are the medication changes that are being made and what factors are being taken into consideration?

Filling gaps between surgeries

Students often feedback that there is not much to do between morning and afternoon surgeries. Although we strongly feel that the students should be self-directed adult learners, it may be helpful to discuss ideas for filling this time during your first tutorial.

Suggestions include;

- Helping with duty if busy
- Home visits
- Reviewing notes and following-up patients seen earlier in attachment
- Reviewing guidelines and doing mini research projects on clinical presentations seen in the morning.
- Assisting with admin - processing documents, lab results, repeat scripts, script queries
- Getting clinical skills signed off in treatment room
- Reviewing care plans/asthma/medication/dementia/frailty reviews.
- Student Project
- Pre-learning for Cluster teaching
- Creating AccuRx templates
- Making drinks for other members of staff
- Having a walk around the block

The timings of the students' sessions can also be altered so their morning session starts a bit later and their afternoon session finishes a bit earlier if that fits in with the practice.

Student Initiated Project

We would like students to be able to plan and deliver a service that is of use to your patients and the community. One session per week should be allocated to this. We would like the students to present their project to you or at a practice meeting in the last week of their placement. **It would be helpful for you to have a few ideas for potential projects that you could discuss with the students on their first day to get this off to a good start. Given the current situation, a project that the student could complete, at least partially, remotely would be advised.**

Ideas from previous years:

- Setting up a patient participations group – CCG will meet with students to advise how to do this.
- Organising a memory café/carer café/leg club (patients getting regular dressings for ulcers)
- Searching EMIS for patients with certain conditions useful for student teaching. Reviewing notes and if suitable writing to patients to see if they would be interested in being involved in teaching. Consenting those that respond and creating a database for GP tutors.
- Producing a leaflet/poster/electronic screen message for patients
 - An example includes a mental health leaflet with information about online resources, crisis numbers, national charities
 - A leaflet on mindfulness
 - Leaflet on dosette box provision in local area
 - Video on social prescribing for practice website
 - Leaflet on healthy eating
- Updating Self-care section on surgery website
- Survey staff about useful templates for AccuRx and create them
- Running an education session for local nursing homes, new diabetics, new mums
- Mini audits:

- DOACS and Warfarin – do they all have indication e.g. for AF, lifelong for multiple DVT
- DOACs – are patients on correct adjusted NOAC dose based on eGFR
- Following review of asthma deaths are any patients getting more than 12 salbutamol a year. High risk patients, need review, asthma management plan and potential referral to secondary care.
- Review of patients on long term bisphosphonates, did they require a DEXA at 5 years
- Creating a paediatric eczema plan
- Review new NICE guidance, check how relates to current practice and put new protocol in place
 - E.g. review patients > 65 on NSAIDs/DOACs but not on PPI
 - Allopurinol prescribing in Gout
- Look at significant events meetings/CCG report – are there any outstanding issues the students can address
 - Audit on amitriptyline and opioid co-prescribing following patient death and coroner concerns.
- Designing home visit card for GPs to leave with patients to help explain what had been done for carers/family

You are probably best placed to know what is feasible with the local resources and what is of most benefit to the local population. If you have a registrar, do they want to engage with the students if this overlaps into any Quality Improvement Projects that they are working on?

Students can also choose to undertake their project with a local third sector organisation. Do you have a social prescriber they could link in with?

Bursaries for conferences

If your student completes an interesting/topical audit or QIP please encourage them to consider presenting this at the National RCGP conference.

There are a couple of bursaries available to students to attend conferences– please see link below <https://www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries/>

The Severn Faculty also offer bursaries to GPs as well as students if you would like to accompany your student.

<http://www.rcgp.org.uk/rcgp-near-you/faculties/south-west-england-region/severn-faculty.aspx>

Cluster Based Teaching

During this attachment groups of 4-8 students from local practices will meet centrally in their academy each Wednesday similar to the VTS training programme.

The aims of the placement are to

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Develop advanced consultation skills
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered

- Reflect on General Practice as a speciality and potential career option
- Further expand on non-clinical areas to develop as a well-rounded practitioner.

Each session has a suggested theme. Students are encouraged each week to choose what they would like to discuss and bring relevant cases, articles and preprepared presentations, see outline of sessions and preparatory work for each week below. Students will also practice advanced consultation skills with pre-prepared role-play scenarios. Each group will be facilitated by a GP tutor who will link learning and discussion throughout the sessions to professional practice as a foundation doctor.

Where possible, we would ask you to facilitate the opportunity for students to complete any practice based pre-learning for these sessions, see table below. We would hope that the pre-learning would be areas that would be naturally covered during the placement, largely self-directed by the student or discussed during the observed surgery/tutorial. They can use their private study sessions (see page 9), and lunch breaks to complete this. I have highlighted the areas in bold that may be particularly useful to be aware of to help facilitate opportunities.

Week	Topic	Pre-learning
Week 1	Intro/Remote Consulting	<ul style="list-style-type: none"> • Find out about practice demographics (example questions provided to facilitate this) • Read through this remote consulting resource for students prior to the session. The document contains a link to an interactive sway tutorial.
Week 2	Emergency Care	<ul style="list-style-type: none"> • Look at post-event communication from Integrated Urgent Care (IUC) • Contact ONE patient who has had a recent discharge from the primary care out-of-hours provider to find out about their experience
Week 3	Prescribing	<ul style="list-style-type: none"> • Use the 7 step-approach to review the medications of a pre-prepared case and propose changes to the prescription • Identify a patient in your practice who is on 7 or more medications. Carry out a structured medication review on this patient. Be prepared to share your medication review with the group – what did you learn and any top prescribing tips for your colleagues.
Week 4	Blood Tests	<ul style="list-style-type: none"> • Find out how bloods processed in practice • If possible review a set of bloods and discuss how you would deal with them • Look up local guidelines on interpreting blood test results • Investigate one type of blood test in detail and present back to cluster group
Week 5	Being a GP	<ul style="list-style-type: none"> • Talk to GPs in your practice about their job and experience of being a doctor. How do they look after their health? • Reflect on your experience of being a patient and how you look after your health
Week 6	Managing Uncertainty	<ul style="list-style-type: none"> • When reviewing patients with your tutor, discuss how they manage uncertainty • Bring details of a case where you have had to manage uncertainty • Discuss with your tutors about how complaints are managed in practice

Week 7	Discharge Summaries and Referral Letters	<ul style="list-style-type: none"> • Find out how discharge summaries are processed in your practice • Review the notes of a patient that has recently been discharged. Phone the patient to discuss their admission and see how the discharge summary reflects the patient story • Bring an anonymized discharge summary to discuss with your group • Write a referral letter for a patient you have seen and bring it to the cluster group for discussion
Week 8	Using an Interpreter	<ul style="list-style-type: none"> • Read pre-prepared background material • Find out how interpreters are used in practice • If possible observe a consultation using an interpreter
Week 9	Present Outside the Box project	<ul style="list-style-type: none"> • Prepare 5 minute micro teach session

Assessment

To complete the year 5 Primary care attachment students, need to:

- Complete one satisfactory MiniCex – **this needs to be remote**
- Complete one satisfactory Case Based Discussion (CBD)
- Complete a Team Assessment of Behaviour (TAB) – **Nov-Jan stream ONLY unless it needs to be repeated**
 - 10 responses required, no more than 2 from peers.
- Have at least 80% attendance
- Have satisfactory engagement and performance
- This is documented on the End Point Review Form

To complete PPP students need to

- Complete their year 5 workbook
- Complete their CAPs logbook

Mini-CEX

A Mini-CEX is an assessment of direct observation of a student/patient clinical encounter and should take no longer than 20 minutes. The student will provide you with an electronic device for you to complete the online form. If you wish to see the form in advance or if the electronic device fails and this cannot be completed online, the form is on our website along with the University of Bristol CCA guide for assessors with more information on completing a Mini-CEX:

<https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/five/>

We would expect you to complete this assessment during your Observed Clinics.

You can complete as many Mini-CEX's as you like. **Only one needs to be completed to a satisfactory level during the GP placement but this MUST be a remote consultation i.e. via telephone or video call.**

Many tutors find it helpful to print out a form and annotate it whilst the student is consulting. If a paper form is completed this must be transferred to the electronic form in your presence.

You need to decide if the student is:

- 1) Performing at the level expected (the student is procedurally competent and safe, and has demonstrated at least the minimal level of competence required for commencement of FY1)
or
- 2) Not yet performing at level expected (you do not feel student has reached a standard that will allow him or her to function as an FY1, in particular if you feel they have demonstrated behaviour that could potentially compromise patient safety)

You will also need to remember to ask the patient for their comments. I would warn the student before the consultation that you will need to do this. We have also suggested tutors advise the patient that they will be asked for feedback before the consultation and that if they don't feel happy to do this in front of the student you can ask the student to leave the room.

Cased Based Discussion (CBD)

This is a structured discussion of a clinical case that has been seen by the student. This is also an electronic form which is found on our website link as above. You will also find some assessor guidance which contains links to some useful videos on how to conduct a CBD and give feedback.

Team Assessment of Behaviour (TAB)

During the first attachment, Students need to complete a TAB. They will need to send a ticket request (email) asking for feedback for their TAB to a range of different staff they have worked with in your practice. They need 10 responses with a maximum of 2 responses from peers. Staff will need to follow the link and complete the short form if requested to do this. If students have not managed to complete this successfully in the first rotation, they will need to repeat this in their second rotation.

Year 5 ePortfolio/EPAs

The Year 5 ePortfolio can be used to guide learning needs and activities during the GP attachment. This is the student's key to getting signed off as completing PPP and Year 5 successfully. The online portfolio contains 16 Entrustable Professional Activities (EPAs), see Table below. EPAs are being introduced to every UK post-graduate training program as the core activities at which doctors should be competent. For PPP, we have used EPAs to guide the development of the core activities that we want students to become trusted to perform at the level of an F1 doctor to help Year 5 act as a bridge towards postgraduate training.

- Students will need to have at least 5 signatures for each EPA by the end of year 5.
 - **By the end of Block A(Nov-Jan) they need to have at least 1 signature for each of EPA 1-14.**
 - **By the end of Block B (Jan-April) they need to have at least 3 signatures for each EPA 1-14.**
- A maximum of 2 EPAs can be signed off for a single activity.
- They can be signed by any doctor F2 level or above and by allied health care professionals (AHPs) when the task is relevant to their role.

- The student should fill in the scenario information on the EPA form and the assessor would need to give short feedback on strengths and improvements and then provide their name, position and GMC number. This should only take a couple of minutes.

***** Please note that the workbook needs to be completed by Friday 13th May which is in the middle of the 3rd block.**

EPA	Description	Example activities <i>*please note all activities need to be reviewed by supervising GP</i>
1	Gather a history and perform a mental state and physical examination	Observed consultation
2	Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	Observed consultation PSQ Use of translator Use of visual aids
3	Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	Discussion with GP/AHP Enable self-care Referral/Advice letter Documentation in notes Assigned patient
4	Recommend and interpret common diagnostic and screening tests	Arrange investigations for a patient – follow up results Interpret pathology results – comment on blood results before they are filed. Tutorial using local pathology guidelines for abnormal results or filing supervisors results Cluster Based Teaching session
5	Prescribe appropriately and safely	Initiate prescription for patient Alter doses of medication Medication reviews Reconcile discharge summaries Mini-audits e.g. NSAIDs and PPI Cluster Based Teaching session
6	Document a clinical encounter in the patient record	Complete electronic patient record – whilst supervisor/colleague consulting or during/at the end of an encounter Discuss documentation during tutorials
7	Provide an oral presentation of a clinical encounter	Present patient to supervisor Present patient case at practice meeting
8	Form clinical questions and retrieve evidence to advance patient care and/or population health	Assign mini-topics each day to complete after surgery Student project Tutorials – patient-based discussions

9	Give or receive a patient handover to transition care responsibly	Admit patient to hospital or refer to ambulance
10	Communicate clearly and effectively with colleagues verbally and by other means	TAB Referral letter Handover patient to colleague
11	Collaborate as a member of an inter-professional team, both clinically and educationally	Work with allied health care professionals
12	Recognise a patient requiring urgent or emergency care and initiate evaluation and management	Assess patient on duty list Out of hours sessions
13	Obtain informed consent for tests and/or procedures	Obtain consent for a test eg PSA Obtain a consent for a procedure eg rectal examination, speculum and swabs Enroll patient in practice clinical trial
14	Contribute to a culture of safety and improvement and recognize and respond to system failures	Mini audit Significant event reporting or meeting Reporting relevant illnesses to public health
15	Undertake appropriate practical procedures	CAPS logbook
16	Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.	TAB Cluster Based Teaching sessions

Clinical and Procedural Skills (CaPS) Logbook

Students will bring a paper copy of this logbook to their placement. They have a variety of clinical skills that they will need to get signed off before the end of year 5. This includes spirometry, performing urine dipsticks, taking a BP, taking a BM, ABPI's, IM injections and ECGs. There is no minimum amount that they need to do during their GP attachment, but students often find that it is a very useful place for completing them especially skills like spirometry which are difficult to do in hospital. **Please discuss any outstanding CaPS during your first meeting and help to facilitate completion.** Please note that this logbook needs to be completed by the 1st of June which is a couple of weeks before the end of the last attachment.

Patient Satisfaction Questionnaire (PSQ)

We would like to introduce as a pilot a very brief Patient Satisfaction Questionnaire into the Primary Care rotation. Nowhere else in the block will the students receive formal feedback from patients, and we know this can be a powerful learning tool or a useful confidence booster. We would like the students to gather a minimum of five responses from patients in a similar manner to the GP registrars. We would be grateful if the practice could tabulate the responses and then you, as a supervisor can discuss the feedback in a final tutorial. This assessment can be recorded as a line in the Year 5 Workbook, perhaps to show encouragement of self-care in patients which may be difficult to demonstrate in hospital rotations. We would be interested to hear your feedback about the administrative acceptability and educational value of this after the placement. The form and instructions are given in the Useful Documents section below.

Mid-placement feedback

As this is a new and extended course we will be asking both students and tutors for feedback at the end of weeks 3 and 6. You will receive an email link reminding you to complete this. It should take no longer than 10 minutes to complete and time should be allocated to do this within the last session of the week.

End of attachment

- Complete an End Point Review form with the Students
- Return a Feedback and Payment form. This will be emailed to you at the end of the placement.

Useful Documents

As well as this handbook, there are further useful documents available on the [Primary Care Year 5 Teaching Website](#):

- [The Mini-CEX form](#)
- [The CBD form](#)
- [Guidance to assessors](#)
- [The students' Year 5 Workbook](#) – 2020 Workbook for reference only; students now complete the EPAs online
- The students' Year 5 Primary Care Handbook

Student Attendance

Please email the Primary Care Teaching Office (phc-teaching@bristol.ac.uk) and your local Academy Administrator (see page 2) with details of any student with **less than 80% attendance** for whatever reason during their GP placement. Please do this **urgently** on the last day of the placement. Students may fail the PPP course and have to re-sit if they have less than 80% attendance overall. You may be asked to complete a Student Referral Form. If it is obvious early in the placement that the student is not going to attend sufficient sessions to achieve 80% attendance, please highlight this to us as soon as you can. Please note that allowable academy days do not count as an absence.

Student Prizes


This year we would like to formally recognize exceptional students that have particularly impressed you during their primary care attachment. At the end of the attachment, we will ask you if you would like to nominate one of your students for a prize. This is a monetary prize and can count for additional points on their future job applications.

Criteria for nomination would include:

- Achieved 80% attendance
- Excellent engagement and performance
- Excellent patient and colleague feedback
- Presented outstanding project work
- Went above and beyond that expected from a 5th year medical student

Student Concerns

There are occasions that you may be concerned about a student's performance or wellbeing.

- Initially you may want to discuss amongst your primary care team, has anyone else taught or had contact with the student and shares your concerns?
- Keep good notes.
- Always try to discuss your concerns with the student concerned.
- If you are not easily able to resolve your concerns with the student, try to inform the student that you will be seeking further advice.
- There is a useful presentation and flow chart on our website which should guide you to the most appropriate course of action depending on the particular issue. <https://sway.office.com/sGWAcdTyzsmV4aVf?ref=Link>
-  [Flow Chart for GP Teachers who have concerns about a student.pptx](#)
- There is a student wellbeing service available 24hrs a day and this should be the first point of contact for any welfare issues. You do not need to have the students consent to contact them. This can be via a Wellbeing Access form, by emailing wellbeing-access@bristol.ac.uk, or calling 0117 456 9860 (open 24 hours). Information on the range of support can be found at www.bristol.ac.uk/wellbeing.
- Please note that the medical school encourages teachers to have a low threshold for filling in student referral forms.
- Please do not hesitate to contact us if you want to discuss your concerns; phc-teaching@bristol.ac.uk

Appendix 1 -Example Timetable

WEEK 1	Mon	Tues	Weds (out of practice)	Thurs	Fri
AM	Induction	Both Students observing GP – use speaker phone and telephone consultation checklist to engage students	Cluster Based Teaching	Student led surgery	Student led surgery Both student
lunch	Induction	Home Visit		Home visit	Introduction to searching on computer system
PM	Learning needs analysis (LNA); observed consulting with first formative Mini-CEX; planning rotation	Student led surgery: 4-6 patients reviewing with GP after each one	Private Study	Allied Health Care Professional	Student initiated project

WEEK 2-8	Mon	Tues	Weds (out of practice)	Thurs	Fri
AM	Student led surgery Both students	Student led surgery Both students	Cluster Based Teaching	Observed Surgery /Tutorial	Student A – Own surgery Student B – Assigned patient/observing GP
lunch	Attend practice meeting – any EPA 14-relevant issues to discuss?	Admin inc. Path results, discussing with clinician afterwards Home visits		Admin inc. Path results, discussing with clinician afterwards Home visits	Admin inc. Path results, discussing with clinician afterwards Home visits
PM	Student A – Assigned patient/Observing GP Student B – own surgery	Allied Health Care professional	Private Study	Student led surgery Both students	Student initiated project

Final Week/WEEK 9	Mon	Tues	Weds	Thurs	Fri
AM	Student initiated project	Student A – Observing GP Student B – own surgery	Cluster Based Teaching	Final Mini-CEX / feedback tutorial. Allows some time for last-minute catch-up activities	Student together assisting duty doctor
lunch	Attend practice meeting – any interesting patients to present?	Admin inc. path, letter processing; visits		Admin inc. path, letter processing; visits	Present Student initiated project to team.
PM	Student led surgery Both Students	Student A – own surgery Student B – Observing GP		Student led surgery Both students	Allied Health Care Professional

Appendix 2 - Year 5 teaching and Covid

Do we need to undertake student risk assessments for Covid?

No. This has been undertaken by the university and students are aware that it is their responsibility to inform their GP teacher if there is any restriction on the clinical activities that they are able to undertake. It is also the responsibility of the student to report any change in health circumstance to University occupational health. Please ensure that you cover any relevant local infection control guidelines that you may have in place as part of the students' induction.

Are all medical students vaccinated against Covid?

The Medical School Alliance has confirmed that medical students are key workers. When vaccination becomes compulsory, students will have to provide evidence to the university to confirm a complete course of vaccination. It is expected that most students will have had two initial doses of an appropriate COVID-19 vaccination, and a booster dose.

Are students doing lateral flow testing?

The students have been advised to carry out twice weekly lateral flow tests. These are available from the University or Academy. Please encourage your students to follow your practice guidance.

Are students allowed to see patients with symptoms that could be Covid?

Yes. They should follow local infection control procedures.

What is the guidance for students and mask wearing?

Students should follow local guidance for wearing masks in clinical and non-clinical areas.

What are the rules on self-isolation for students?

These are the same as for all NHS staff. A summary of the guidance from PHE is included below. Students have been provided with this guidance.

Contacts of a positive COVID-19 case

Fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case (outside the work setting) will no longer be expected to isolate and will be expected to return to work. The following safeguards must be implemented for them to do so safely:

- a negative PCR test prior to returning to their teaching or clinical placement. Students should not attend while awaiting the PCR test result
- the staff member/student has had two doses of an approved vaccine, and is at least two weeks (14 days) post double vaccination at the point of exposure
- provision of subsequent, daily negative LF antigen tests for a minimum of 10 days following their last contact with the case before attending teaching or clinical placement, with test results reported to Test and Trace via the web portal, and to their academy team. Any contact who has a positive LF test should self-isolate and arrange a PCR test
- the student must be and remain asymptomatic

- all infection prevention and control measures must be followed.

If the above criteria cannot be met, or the student has not had both doses of the vaccine, they cannot attend teaching or clinical placement.

- Students are not on leave during this time – they need to complete and record at least 4 hours of private study per day to continue engagement with the programme.
- Students should continue to follow government guidance and act professionally.

Who is responsible for providing PPE?

Students have not got personal scrubs or other protective equipment and would need to be provided with this by the practice appropriate to what they are doing.

What have the students been told?

- Use a face covering where 2m distancing is not possible and in enclosed spaces. This applies to being in the GP surgery
- Take only minimum equipment
- Wash your clothes daily
- Travel responsibly following government guidance
<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#private-cars-and-other-vehicles>
- Follow your practice guidance

What should I do if I am unable to teach for any reason?

We would expect you to arrange for a colleague to deliver the session on your behalf. If this is not possible then we would ask that you rearrange the day of the teaching at a time that is agreeable to your students *and the academy*. It is crucial that the academy is also consulted as the secondary care teaching timetable is very full so to avoid clashes, direct discussion locally is advised.

Will students be expected to attend the surgery in the case of another lockdown?

Yes, year 5 students are soon to be practicing as F1 doctors in hospital and it is essential they continue to get as much first-hand experience as possible. The Medical Schools Council (MSC) have supported this by requesting them key worker status. Whilst we hope that it will still be possible to deliver the teaching outlined in this handbook we appreciate that this may not be possible due to the current pandemic and we are happy for you to adapt the teaching opportunities to fit in with the changing circumstances.

What if one of the students gets Covid whilst on placement with us?

Please consult PHE as you would with any other member of staff and follow their guidance. The student will need to self-isolate and inform the central University via a covid self-reporting form.

If they get any symptoms, they have been advised to contact you immediately with the following information;

- When their symptoms started (e.g. Thursday, 22 October at 5pm)
- If a test is scheduled and when
- If they are well enough to be taught remotely
- If any of the other students on placement with you at your GP Practice live with you or are in your bubble. Are they also self-isolating?
- The results of any Covid test (as and when received)
- When they are hoping to return to face to face teaching.

If they are well enough to work, please follow the contingency teaching plan below.

What if the students are having to self-isolate or have Covid symptoms but are well?

If the students are having to isolate for an extended period (> 48hrs) and are well, we would like you to try and engage them in learning remotely

Each Practice will have its own 'room' on Blackboard Collaborate. As a minimum, we would like you to use this platform to continue the *Check-in and End of morning debrief* each day so the students have 2 scheduled points of contact. Please use these sessions to check in on student wellbeing, help structure their learning for the day, discuss any learning points from self-directed learning and discuss any interesting cases you have had that day.

- Student-Led Clinics

If the other student from the pair is still in practice we would like this student to run their clinic from the surgery and, with the patients consent, dial in the remote student via AccuRx video consulting or teleconferencing. Please see instructions on how to do in Appendix 3 below.

The student in the practice can use Blackboard Collaborate with the remote student to discuss the patients records prior to the call and exchange feedback following the call. Blackboard collaborate can also be used to include the remote student in the discussion and review of the patient consultation from the GP tutor. The remote student could still take their turn to lead the consultation but the student in surgery would need to complete the patient records.

If both students are isolating, we would still like the students to be conduct at least one consultation each per session if possible. We are suggesting 2 possible options.

- 1) GP uses Blackboard collaborate to discuss patient record with students remotely. GP then uses AccuRx to video or telephone call the patient and gains verbal consent from the patient for the students to be included on the call remotely. The students then join the call and lead the consultation with input and feedback from the GP tutor as required. The GP then documents in the patients record. The GP tutor then uses Blackboard Collaborate to discuss case and signpost self-directed learning related to this.
- 2) GP tutor does surgery as planned. If they identify a suitable patient, they consent the patient for a further call from the students. The tutor then gives the relevant contact details to students who call the patient and conduct a remote consultation. The tutor will have already decided on and actioned a plan for this patient but will not let the patients know this. The tutor can then use Blackboard collaborate to discuss the case and identify any learning points.

- Observed Clinic/Tutorial

This should still be run using the Blackboard Collaborate platform and AccuRx video or teleconferencing.

- Student Initiated Project

If the student has not chosen a project that could be done remotely we would suggest choosing another project that could be completed at home eg a patient information leaflet.

- Allied Health Care Professionals

If the supervisor and patients are happy to use AccuRx, Blackboard Collaborate or teleconferencing to let the students observe their clinic remotely this would be encouraged but not essential.

- Cluster Based Teaching

Students will continue to have their cluster-based teaching remotely.

- Self-directed learning

If the students are unable to be involved in patient care remotely, they would be expected to undertake a minimum of 4hrs of self-directed learning. We would be grateful if you could discuss and reflect on what they have done during the 2 daily points of contact.

Is it safe to invite students on to accuRx calls? *accuRx* is approved by NHS digital as a secure tool for video consultations. The students have undertaken data protection training and CAPC Teaching have written a data protection impact assessment in collaboration with data protection officers from the University of Bristol and Avon LMC. This can be viewed on request.

How should I consent patients for student consultations? We would expect you to obtain verbal consent from the patient as you would for medical student teaching pre-Covid.

Is Blackboard Collaborate safe to discuss patient identifiable data (PID)?

We have made as much effort as possible to ensure that Blackboard Collaborate is a secure platform for discussion of patients, including with patient identifiable information. As with any data sharing, the amount of data shared should be what is needed for the purpose (in this case teaching). For example, if you are discussing patients seen earlier in the day with your students, you may not need to use the full name of the patient. In most security breaches, humans are the weak link and we are providing training to students and GP teachers to ensure they know how to use the software. These sessions should not be recorded as you will be talking about patients and recording the session could lead to inadvertent confidentiality breaches.

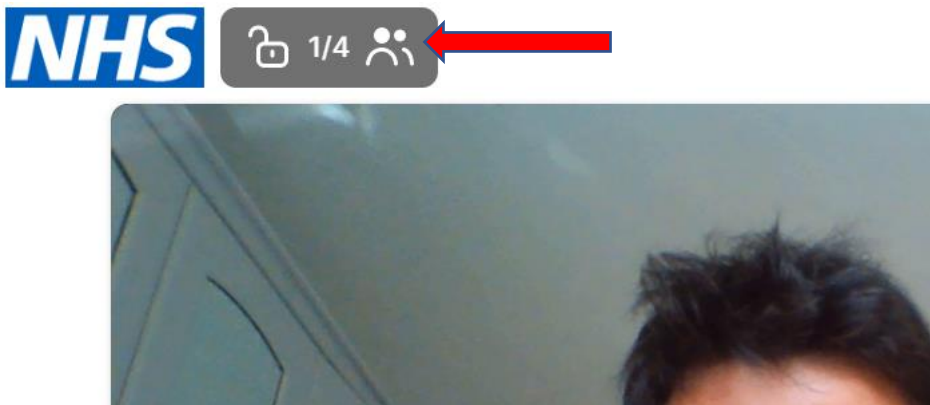
Have the students had information governance training? Yes, the students have had training on the importance of confidentiality and the management of patient identifiable data (PID). A link to the confidentiality agreement that the students will complete is available [here](#).

Appendix 3 – accuRx protocol for student teaching

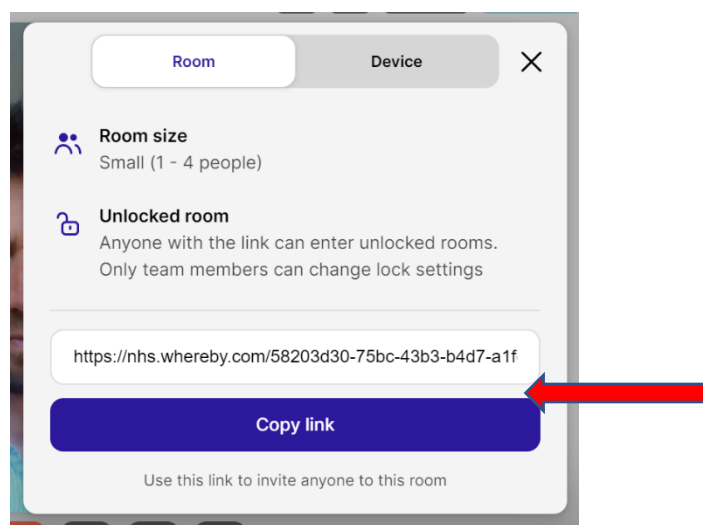
Background: accuRx is secure NHS digital approved software that is widely used in general practice for video consulting. It has the option of inviting two people into the consultation in addition to the patient and clinician. accuRx has been reviewed by CAPC Teaching and the data protection team at the University of Bristol for use in medical student teaching. The students have undertaken data protection training and signed a confidentiality agreement that specifically addresses video consulting.

You will need to ensure that you have the email addresses of the two students that you wish to invite into the call before you start this process.

1. Invite the patient to the consultation as you normally would (see here if you need help on how to do this <https://support.accurx.com/en/articles/3776579-using-accurx-video-consultation-to-help-with-covid-19>)
2. Obtain verbal consent from the patient for the students to be present, as you would do for normal student teaching in practice.
3. Click on the grey icon on the top left of the video screen:



4. Select Copy link and paste this into an email or WhatsApp to both students



5. The students click the link to join the consultation. They should enter their names as “First name (Student)” and ensure that their camera is turned on.

You may wish to create an accuRx template to send out in advance of the student consultations. We have some suggested text below which just fits into the accuRx word limit:

Thank you for agreeing to have two medical students present in your video consult today. Your GP will send you a link to join the consult. They will confirm that you are still OK to take part. Students will then join the call. You will be able to see the students and GP on screen. The call is not recorded. One of the students may consult whilst the GP observes and helps out as needed. Please let reception know if you do not wish to have students present.