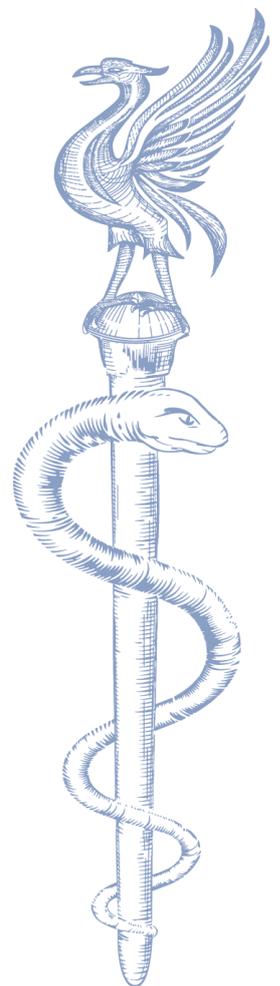




Year 4 GP Placement

Handbook for GPs and
Practice Managers
2021-22



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1. Contacts

1.1 Administrative Contacts

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1.2 Clinical Contacts

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Community Clinical Tutor Lead

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2. Introduction

The focus of the 4th year placement is on patient contact and supervised clinical experience, to enable the Student Doctors to achieve the learning outcomes of the GP curriculum. These are outlined below and are representative of the unique aspects of General Practice as a speciality, also highlighting the differences and relationship between primary care and hospital practice. Student Doctors should see a wide range of both acute and chronic illness presentations to develop good consultation and examination skills, and gain knowledge of the variety of general practice.

3. GP Placements during COVID 19

Despite the unprecedented change to our working practices due to the COVID-19 pandemic we still continue to provide excellent training to our student doctors in order to ensure the next generation of doctors enter the workplace well prepared for the challenges they face.

The situation will continue to evolve and may again suddenly change in unexpected ways but the main principle of providing a good placement experience to our student doctors remains to get them involved in any way that we can. Involving student doctors in our daily working routines is always a valuable experience for them, whether that be telephone/online triage, telephone/video consulting, face-to-face appointments, ordering investigations and review of results, prescribing, practice meetings, change planning, significant event analysis or audit.

Please consider the following:

- Pastoral Care – Student Doctors may have very different individual circumstances and concerns regarding COVID-19 and being on clinical placement. It may be useful to address this with each individual student doctor at the start of the placement. They will benefit from being clearly aware of who to speak to about any worries.
- PPE provision and practice procedures. Student Doctors will have been provided with PPE donning/doffing training by the University but you may wish to revisit this. Practices are responsible for providing adequate PPE to student doctors.
- Where students can change and store their clothes/personal belongings as they will now be required to change into University scrubs upon arrival at the placement each day. We acknowledge that most practices will not have dedicated changing facilities and as such lockable rooms such as toilets or internally lockable consulting rooms are acceptable.
- Student doctors should still sit in and observe consultations, including telephone and video consultations.
- **If telephone consulting with a patient please ensure telephone consultations are audible to Student Doctors by using speakerphone and ensure consent is given by the patient**

- Student doctors will still benefit enormously from being able to consult independently with patients. Telephone and video consultations are perfectly acceptable for student doctors to do independently with direct or indirect supervision from GP tutors.
- Both telephone and video consultations should be presented to the GP tutor and can be used by student doctors as Case Presentations and Discussions (CPADs) for their ePortfolio.
- Remote consultations will be new skills for student doctors and they may benefit from direct supervision initially. They may find it hard to know whether their consultations are of sufficient quality/depth to be used as a CPAD and they will require guidance on this.
- Student doctors should be involved in telephone or online triage where possible – this is likely to remain in General Practice for the time being and student should gain experience with it. This should be directly supervised.
- Face-to face consultations are still encouraged but avoid exposing student doctors to potential cases of COVID-19.
- Student doctors should still examine patients where possible and do still need to record Observed Examinations (OEs) for their ePortfolio.
- Please consider how you will prepare your patients to have these consultations. Normally we would advocate gaining consent at the time of the patient booking the appointment. This will still be possible for routine appointments but may need a new process when students are involved in triage/more urgent care.
- Please also see [Home Visits Policy](#) for further guidance on taking student on visits during COVID 19.

4. Learning Outcomes

The GP Curriculum Placement Learning Outcomes are to be achieved through a combination of their clinical placement and university teaching sessions ((see [Community Clinical Teaching](#))).

By the end of year 4 Student Doctors will have achieved the following learning outcomes:

- Apply the process of clinical reasoning to history taking, examination and investigation to formulate a clinical diagnosis and management plan.
- Incorporate patients' ideas, concerns and expectations, as well as biological, social and psychological factors into a shared management plan, providing explanation and information in a way patient can understand.
- Recognise the benefits of a patient centred consultation style and shared decision making including the impact on health outcomes such as compliance and health seeking behaviour.
- Recognise the application of consultation models in a variety of health care settings. (transactional analysis, "doctor as a drug", safety netting, housekeeping, connecting, ICE)

- Demonstrate the ability to manage patients appropriately in the primary care setting and the patient's home through therapeutic and non-therapeutic interventions, appropriate follow up or referral.
- Diagnose and manage common community acquired infections presenting in the primary care setting, including upper and lower respiratory tract, urinary tract, skin and soft tissue, and gastrointestinal infections.
- Develop the knowledge and skills to recognise and manage chronic disease and acute exacerbations of chronic disease.
- Recognise that disease can present at various stages in its natural history and the use of time as a diagnostic tool.
- Recognise the impact of multimorbidity, complexity and aging on patient management and develop skills to manage complex patients through the principal of personalised care.
- Recognised the impact of chronic disease, multimorbidity, polypharmacy, frailty, pregnancy and breast feeding on safe prescribing.
- Utilise relevant research evidence in the management of patients in a primary care setting and communicate it to patients to support informed decision making.
- Evaluate the management of patients in the primary care setting according to the principals of evidence-based medicine
- Recognise the limitations of clinical guidelines and be able to adapt management to meet the patient's needs.
- Understand the risks and benefits of starting medication and be able to communicate relevant risks and benefits to patients, family members or carers.
- Review the medication of a patient with chronic disease including monitoring for adverse effects, compliance, efficacy and indication.
- Understand the principals of safe prescribing in the primary care setting including indication, relative and absolute contraindications, side effects, adverse effects and cost.
- Write a prescription, either handwritten or electronically in the primary care setting, recognising the benefits and limitations of electronic prescribing support tools.
- Be able to record salient features from consultations in the patient's electronic medical records including history, examination, management including clinical decision making and safety netting.
- Appreciate the importance of adequate record keeping for communication and medicolegal purposes.
- Discuss ethical issues arising in a primary care setting, including capacity, consent and safeguarding.
- Demonstrate the ability to assess a patient's capacity to make decision about their care in the primary care setting and involve carers and relatives appropriately.
- Recognise the importance of integrated care across health and social care settings (from secondary to primary care) and the subsequent impact this has on the individual patient journey.
- Acquire the skills to manage patients approaching the end of life in the community setting and recognise the role of other health and social care providers.
- Recognise when patients in the community setting are approaching end of life and the importance of implementing anticipatory care including DNAR and EHCP.
- Understand the importance of communication between secondary, primary and urgent care services in decisions about end of life care and health care plans.

- Understand the challenges when communicating diagnosis and management of end of life care with patients, relatives and carers in the community.
- Develop an understanding of the clinical governance processes in place in primary care including significant event review and quality improvement.

5. Important Dates

5.1 Year 4 Term Dates

Monday 6th September 2021 – Friday 24th June 2022

Block 1	w/c 06/09/2021	up to and including	w/c 27/09/2021
Block 2	w/c 18/10/2021**	up to and including	w/c 01/11/2021
Block 3	w/c 22/11/2021**	up to and including	w/c 06/12/2021
Block 4	w/c 04/01/2022	up to and including	w/c 24/01/2022
Block 5	w/c 07/02/2022	up to and including	w/c 28/02/2022
Block 6	w/c 14/03/2022	up to and including	w/c 04/04/2022
Block 7	w/c 25/04/2022	up to and including	w/c 16/05/2022
Block 8	w/c 30/05/2022	up to and including	w/c 20/06/2022

** Please note Block 2 and Block 3 have once again been changed to 3 week GP Blocks to enable Inter-calating students returning to Year 4 to complete catch up week from the start of the pandemic. This will be the final year that catch up weeks should be necessary.

5.2 Other Dates

GP Tutor Conference at the University will be held on Thursday 21st October 2021

6. Overview of GP Tutor and Student Doctor Requirements

6.1 Practice Induction

- Student Doctors require a comprehensive Induction preferably on the first day of their placement. See [Practice Induction Section](#) for more detail of what should be included.
- Feedback from Student Doctors shows they highly value this aspect of a placement.

6.2 Placement Structure

- Student Doctors attend the practice in pairs for 7 sessions a week for 4 weeks.
- They are released from the practice on the same day each week to attend university-based teaching Community Clinical Teaching.
- The remaining half day away from practice is for personal learning and can be scheduled by the practice. Student Doctors may ask for this to be Wednesday afternoon in-line with other university activities but this is up to the practice to decide.
- During their time in the practice Student Doctors should be involved in as much normal practice activity as possible. These should include Observing GPs, Nurses and other clinical staff, Consulting Independently, Home Visits, and specified [Mandatory Experiences](#). It can also include Meetings, reviewing Laboratory Results, making referrals, Phlebotomy, Vaccinations, sitting with Reception. This list is not exhaustive, and we encourage practices to involve Student Doctors whenever possible.
- We recognise that every practice is unique and works differently to other practices, thus we accept that there must be a degree of flexibility in the structure of the Student Doctor's time over their placement. However, the core course requirements that all Student Doctors should have on their placements are outlined below in [Student Doctor Activities Section](#), [Education Supervisor Requirements](#) and [ePortfolio Requirements](#).

6.3 Educational Supervision

- The GP tutor will act as the Student Doctors' Educational Supervisor for their GP placement.
- A weekly meeting is required with **each Student Doctor individually**.
- These are essential to set aims for the placement, discuss their progress and to ensure that they are achieving the learning outcomes of the placement. see [Educational Supervisor Requirements](#) for more detail.

6.4 Completion of E-portfolio

- Throughout the MBChB programme the Student Doctors are required to record evidence of their learning in an electronic portfolio. They will request clinicians to "sign-off" various activities. See [E-portfolio Requirements](#) for more detail.

- The GP tutor/supervisor will need to register with Liverpool School of Medicine in order to gain access to their Student Doctors' e-portfolios and review their overall achievement. For assistance please contact: mbchbep@liverpool.ac.uk

6.5 GP Tutors attend the annual GP Tutor Conference at least once every 3 years

- It is important that GP tutors are kept up to date with course developments and are supported to develop their teaching skills.
- We will host an annual GP Tutor Conference during the Autumn term and will e-mail you when the dates are confirmed. We require our GP Tutors to attend at least one conference every 3 years.

7. Practice Induction

For the duration of the placement the named GP Tutor is responsible for the smooth running of the placement and should ensure everyone involved in supervising the Student Doctors are aware of the course requirements. The GP Tutor is designated as the Student Doctors' Educational Supervisor (see [Education Supervisor Requirements](#)) for the duration of the placement. A practice induction must take place on the Student Doctors' first day in the practice and we would recommend that they sit in with their lead GP Tutor (Educational Supervisor) for their first morning surgery and after surgery are given the induction by the Practice Manager/administration staff. The induction should include the following as a minimum:

7.1 Welcome to the surgery

- Including a tour of the facilities at the practice
- Introduction to staff members.
- Familiarisation with the physical setting - Availability of local shops for food/drinks
- Reminder of professional responsibilities including dress code, conduct, punctuality, name badge.
- Ensure that Student Doctors are informed of any car parking restrictions.

7.2 Contacts

- Staff list with names and roles
- Named clinical and administrative lead and the contact details of the person who the Student Doctors should contact in the case of illness or lateness

7.3 Safety whilst on GP placement

- Named GP and administrative lead contact details with whom the Student Doctors should raise concerns whilst on placement. (These could include concerns regarding patient safety, Student Doctor safety, Student Doctor wellbeing, staff safety, discrimination, harassment, undermining or bullying).
- The University raising concerns ALERT form link is now on the Student Doctors e-portfolio to enable Student Doctors and staff to raise concerns directly with university.
- Advice to be given to Student Doctors to include:
 - Safety advice regarding the local area
 - Home visit safety (Student Doctors not to attend home visits without GP supervision)
 - Panic alarm system
 - Ensure Student Doctors have read "staying safe" section in GP Student Doctor handbook
 - Location of safe place to leave coats, bags, bicycles etc.
 - Signposting to policies as below

- Health and Safety guidance and policies to include:
 - Panic alarm system,
 - Infection control,
 - concerns/whistleblowing policy/ harassment/undermining/bullying policy,
 - Confidentiality,
 - Fire safety,
 - Safeguarding,
 - Chaperone policy
 - Complaints policy
 - Information and data handling
 - Needle-stick/accident policy statements. If a needle stick injury occurs, please manage as per local protocol and inform us at The School of Medicine by emailing HealthSafety.mbchb@liverpool.ac.uk

7.4 Timetabling and meeting with GP tutor

- A timetable for the placement including expected times to arrive/ leave
- Induction to computer systems and record keeping IT, data management and information governance, including access to and basic training on the practice patient record system and not using practice computers to access the internet inappropriately. Student Doctors should not open their e-mails on practice systems in case they contain contaminated attachments
- Reminder about Student Doctor obligations for confidentiality and consent for patients (Duties of a Doctor) including anonymising case histories
- Each Student Doctor should have an individual Initial meeting within the first week (ideally on the first or second day) with the GP tutor to discuss learning outcomes and aims for the placement, timetabling, tutorials, arrangement for feedback to and from Student Doctors, e-portfolio requirements to be discussed and completed with a discussion on wellbeing and raising concerns.

8. Student Doctor Activities during the Placement

8.1 Consulting Independently

3-4 sessions each week should be spent consulting independently with patients, in pairs with one Student Doctor leading the consultation, preferably in their own room, with indirect supervision of a GP (see [FAQs](#)), subsequently presenting the cases to the GP.

Consultations can be face- to-face, telephone, or video consultations. Each pair of Student Doctors should consult with a minimum of 12 patients per week on average over the placement, therefore seeing almost 50 patients over a 4-week block.

8.2 Surgery observations

2-3 sessions sitting in and observing a GP surgery with the opportunity to become involved in clinical examinations and engage in case discussion as appropriate. This could occur in pairs or individually with different practitioners. **If telephone consulting with a patient please ensure telephone consultations are audible to Student Doctors and ensure consent is given by the patient** for Student Doctors to observe, just as you would for a face-to-face consultation.

8.3 Experience of the Primary Healthcare Team

1-2 sessions per week with another health care professional – including Practice Nurses, GP trainees, Health Care Assistants, District Nurses, Community Midwife, Health Visitor, Community Physiotherapist or others as appropriate. This could occur in pairs or individually with different professionals.

8.4 Mandatory Experiences

These are essential activities that the Student Doctors **MUST** experience during the placement. They can occur in pairs or individually. They should be achievable within the 4 weeks of the placement as they are commonplace aspects of a practice's daily and weekly activity:

Year 4 Mandatory Experiences	
1	Home Visit - Palliative Care Patient, followed by a debrief with a GP in the form of a CBD.
2	Home Visit - Care Home, followed by a debrief with a GP in the form of a CBD.
3	Review and discussion of investigation results.
4	Involvement in Audit/Significant Event Audit/Complaint.

Each should be followed by a debrief or discussion with a GP. This can be quite informal and may take place straight after the experience or during the weekly Educational Supervisor meetings. The discussion should help Student Doctors to reflect on the experience and direct their future learning. Their reflection will be documented in their e-portfolio.

8.4.1 Aims of the experiences:

By the end of their placement Student Doctors will be able to:

- Understand the importance of integrated healthcare at the end of life; recognising appropriate management steps, the role of other health and social care providers involved, potential communication challenges and the consequent impact on the patient journey.
- Recognise the impact of multimorbidity, clinical complexity and ageing on patient care and the patient journey within a Nursing Home setting.
- Develop a systematic approach to the interpretation of investigations in Primary Care and to be patient centred in the application of relevant clinical guidelines related to consequent management.
- Develop an understanding of the clinical governance processes which are in place in Primary Care

8.4.2 Guidance for Mandatory Experiences:

Home visit – Palliative Care Patient

This is best done early on in the placement (Week 1 or 2) to allow time for follow up. Student to attend home visit with GP and be involved in assessment and management of the patient at that visit. Student to either ring or visit patient 1-2 times over rest of placement.

Within the debrief consider:

- Recognition of patients in the community setting who are approaching the end of life.
- The role of other health and social care providers involved in the care of patients approaching the end of life.
- The importance of implementing anticipatory care including DNAR and ACPs
- Communication of decisions about end of life care and health care plans between and within primary, secondary and urgent care services
- Communication challenges when communicating diagnosis and management of end of life care with patients, relatives and carers in the community

Home visit – Nursing Home setting

This is also best done early on in the placement (Week 1 or 2) to allow time for follow up. Student to either ring or visit patient 1-2 times over rest of placement.

Within the debrief consider:

- Medical, psychological and sociological factors that might result in a patient requiring Nursing Home care. Consider alternative types of residential care and support available to patients and interfaces between health and social care provision.
- Expectations of roles and relationships between Primary Care and Social Services locally. For example: the role of the Community Matron.
- The patient perspective of their journey into Nursing Home Care
- The impact of multimorbidity, complexity and frailty on patient management and the importance of personalised care.
- Issues around Capacity and Safeguarding of potentially vulnerable adult patients.
- Medication reviews and effects of polypharmacy and frailty related to prescribing.

Review and discussion of investigation results

Lead the review of an investigation result. Consider indications for the test, expected outcomes, related patient factors and formulate an appropriate management plan.

Within the debrief consider:

- The process of clinical reasoning when investigating patients.
- A systematic approach to interpretation of the investigation; if appropriate.
- Communication of results to patients and Shared Decision Making.
- Use, application and limitation of clinical guidelines in providing patient centred care.

Involvement in Audit / Significant Event Audit / Complaint

Student to either to be involved in completion of a short audit or to review and discuss a Significant Event or Complaint within the Practice.

Within the debrief consider:

- The Audit cycle and other Quality Improvement activities occurring within Primary Care.
- Significant Event Analysis and Practice approaches to this including Practice meetings, NHS appraisals and CQC requirements.
- Complaint procedures within the practice.
- Communication challenges related to the above.

8.4.3 Desired Student Experiences

These are additional experiences we would hope that our students **might** be able to access during their 4 week placement. We recognise that these may be more dependent on identification of suitable patients and therefore they are desired rather than mandatory.

Observe a Learning Disability Annual Health Check.

Student to be involved with an annual health check for a patient with a Learning Disability.

Every Practice should have a Learning Disability Register and all patients with a learning disability should have an annual health check. Most practice should have their own template but it may be useful to look at the following [template](#) from the RCGP website which has a useful overview about the learning disability health check – link [here](#).

The annual health check may be done at the surgery or as a home visit.

Within the debrief consider:

- Basis for the recommendation for annual health checks
- Clinical relevance of the components covered both in general, but also specifically for the patient seen (may help to look at [syndrome specific medical health checks](#))
- Any (potential) challenges encountered when performing the health check and how they might be overcome
- The health action plan at the end of the health check and consider ways in which the specific areas of need will be addressed

Follow a patient's admission to hospital/2-week rule referral Patient Journey across interfaces of care.

General Practice is a fantastic opportunity for students to gain an insight into the patient journey and develop an appreciation of longitudinal care. The aim of asking students to follow a patient's admission into hospital or attendance at a fast track appointment is for them to be able to experience interactions between Primary, Secondary /Tertiary and Social Care and consider the impact of these interactions from both a patient and clinicians perspective.

To enable to the student adequate time to follow the patient during their 4 week placement, it would be ideal to identify a suitable patient (who is likely to have an interaction with secondary care in the near future) from one of the student's surgeries in week one or two. Consent would need to be gained from the patient regarding the student accompanying them to their hospital appointment or attendance. The student should be encouraged to attend this appointment or visit the patient in hospital if this is feasible and acceptable to the patient. Ideally the student should also follow up the patient following this either with a face to face appointment in surgery or a telephone call. The student should also review the written communication between the teams involved.

Within the debrief consider:

- The interactions between Primary, Secondary, Tertiary and Social Care from both a patient and clinicians perspective
- The impact of the patient's healthcare journey on the patient's experiences and outcomes
- The focus and delivery of care in different healthcare settings
- The communication processes (including referral processes) between clinical teams and how this may impact on the Patient Journey

8.5 University of Liverpool Home Visits Policy

Home visits are a fundamental part of General Practice. They provide excellent learning opportunities for Student Doctors to see how medical problems can affect the functionality and quality of life of a patient.

Indemnity and Insurance

The supervising clinical staff in a practice will have their own professional indemnity insurance which will indemnify them as the responsible clinician who is accompanying the Student Doctor to the home visit.

The Practice will have public and employers' liability insurance cover which should extend to Student Doctors while on placement at that practice and this will include cover for harm to Student Doctors while on practice business outside the practice premises.

Student Doctors to attend Home visits with GP supervision only

Incidents of violence or aggression are rare in the community. However, visiting patients in their own homes as a lone Student Doctor exposes them to the potential risk of injury due to a violent patient or relative/pet, or of injury whilst travelling in the community. Therefore, we request that Student Doctors do not attend home visits on their own and are supervised by a GP tutor when attending a home visit.

Please consider whether the visit is suitable for a Student Doctor. A number of factors increase the risk of home visits, including type of accommodation, locality, history of alcohol, drugs or violence. Before every visit, the GP tutor/supervisor should ascertain the level of risk the Student Doctor would be exposed to during the visit when deciding if the visit is appropriate for them. The risk could be physical or psychological. High risk visits are not suitable for Student Doctors.

Home Visits during COVID 19

As we have seen a reduction in case numbers and serious illness resulting from COVID-19 we would now encourage you to take student doctors on home visits. However, this may be subject to change depending on the ongoing situation, in which case we will advise student doctors and placements accordingly.

We would ask you to undertake a "risk-assessment" of all home visits before taking student doctors on them. This does not need to be formally documented but should consider the following:

- Ensure student doctor has been regularly self-testing using Lateral Flow Tests
- Vaccination status of both patient and student doctor
- **Potential risk to vulnerable patients** due to extra persons entering their home

- **Student doctors' personal levels of health risk due to COVID-19 and their level of concern**
- Risk of exposure to COVID-19 during the Home Visit. How likely is it that any of the patient's symptoms could be due to COVID-19? Are any household members displaying symptoms of COVID-19? **Student Doctors should NOT be exposed to cases of COVID-19.**

Once the above have been considered, **patient consent must be obtained**. This should be done **before arriving at their home** in order to ensure that patients do not feel pressurised to give consent.

Travel to and from the visit needs to be considered. If student doctors are travelling in a clinician's vehicle then a suitable PPE facemask should be worn throughout travel. Consider whether social distancing guidelines can be properly observed e.g. distancing, minimising time within the vehicle and ensuring adequate ventilation. It may be appropriate for a student doctor to sit in the back seat of a vehicle or use their own transport where available.

Minimise time spent in the patient's home and ensure distancing and ventilation guidance is observed.

9. Educational Supervisor Requirements

The GP tutor will act as the Student Doctors' Educational Supervisor (ES) for their GP placement. The GP tutor/supervisor will be required to register with Liverpool School of Medicine in order to gain access to their Student Doctor's e-portfolio. For assistance please contact: mbchbep@liverpool.ac.uk

Student Doctors are required to meet **individually** with their Educational Supervisor on a weekly basis to discuss their progress and to ensure that they are achieving the learning outcomes of the placement.

9.1 First Education Supervisor meeting

1. To take place during week one of the placement. This is a one-to-one meeting and is estimated to take approximately 30 minutes.
2. Student Doctors must have uploaded all necessary information into their e-portfolio at least 48 hours before the meeting.
3. At the initial meeting you should:
 - a. Check that the Student Doctor has received an induction and is aware of how to access support and report concerns.
 - b. Ensure that the Student Doctor has received appropriate timetables and other information that they need for the placement.
 - c. Review the Student Doctors' e-portfolio to check their activity
 - d. Discuss the [Learning Outcomes](#) and Student Doctor-specific learning needs and how the Student Doctor will develop these over the placement.
 - e. Discuss the evidence that the Student Doctor needs to enter into their e-portfolio throughout the placement.
 - f. Record that the initial meeting has occurred on the relevant e-portfolio form (you will have been sent the e-portfolio Guide which will help you navigate the system. If you do not have a copy please email mbchbep@liv.ac.uk).

9.2 Weekly Education Supervisor Meeting

You will meet your Student Doctors on a weekly basis during the placement. You will:

- a. Meet each Student Doctor for approximately 30-60 minutes weekly.
- b. Ensure that the Student Doctor reports on their activities and work diary for the previous week, including the number of sessions they have attended, number of patients seen, clinical skills, teaching sessions and they must be able to articulate the learning achieved during the week.
- c. Facilitate Student Doctor presentation of some cases they have seen if necessary.
- d. Sign-off any activities appropriate for the e-portfolio.
- e. Facilitate other discussions, educational activity and teaching as thought appropriate by the ES.
- f. Share your concerns about an individual Student Doctor with the GP placement co-ordinator if appropriate.

9.3 End of placement Education Supervisor Meeting

1. To take place at the end/during the final week of the placement. This is a one-to-one meeting and expected to take 30-60 minutes.
2. Student Doctors must have uploaded all necessary information into their e-portfolio at least 48 hours before the meeting.

You will:

- a. Review the progress over the whole placement in relation to the curriculum and learning outcomes.
- b. Ensure that appropriate work has been completed and entered into the clinical workbooks. You should check that that a representative spread of work has been reported and that sign offs have been by appropriate clinicians.
- c. Fill in the end of placement assessment form within the e-portfolio (you will have been sent the e-portfolio Guide which will help you navigate the system. If you do not have a copy please email mbchbep@liv.ac.uk).

Inform the GP placement co-ordinator of any concerns

10. E-portfolio Requirements

Throughout the MBChB programme the Student Doctors are required to record evidence of their learning in an electronic portfolio. Below is a summary of the types of evidence they require:

- Observed Examination (OE): the Student Doctor receiving feedback after being observed performing an examination.
- Case Presentation & Discussion (CPAD): the Student Doctor receiving feedback after the verbal presentation and discussion of a case that they have seen. These are to include the presentation of a history, examination, summary, differential diagnoses and the discussion of a management plan.
- Directly Observed Procedural Skills (DOPS): the Student Doctor receiving feedback after being observed performing a procedure. Recommended procedures include: venepuncture, IM/SC injection, NEWS2 recording, perform/interpret ECG, PEFR measurement*, inhaler technique*, dipstick urinalysis, speculum examination.

Student Doctors are required to obtain “recommended” and “minimum” number of forms for each placement. Minimum numbers are required for Student Doctors to progress to their next year of studies. Recommended numbers are considered to be an appropriate number for Student Doctors to adequately prepare for their OSCE examination and future practice as a junior doctor. Recommended numbers also act as guidance for Student Doctors aiming to achieve excellence and commendation forms. **These numbers are per Student Doctor.**

First Educational Supervisor (ES) meeting	All fields completed by Student Doctor and Educational Supervisor in the e-portfolio.
Observed Examinations	Recommended number 3 Minimum number 2
Case Presentations & Discussions	Recommended number 10 Minimum number 5
Directly Observed Procedural Skills	Demonstration of progress only (no minimum numbers for placement)
Mandatory Experiences	Student Doctor declaration in their e-portfolio that they have completed at least 2** out of the possible 4 experiences. (See Mandatory Experiences)
End of placement Educational Supervisor (ES) meeting	All fields completed by Student Doctor and Educational Supervisor in the e-portfolio.

For further information, please refer to the *Year 3 E-portfolio Requirements Document*, this will have been emailed to you.

* **Please Note:** Although **inhaler technique and PEFR measurement** are Year 3 & 4 taught skills, we understand that Aerosol Generating Procedures (AGPs) are not currently being performed due to the COVID-19 situation. Should the pandemic situation change e.g. due to a vaccine, we will advise Student Doctors that they can start performing these procedures.

** **This is a reduced requirement due to the impact of COVID-19 on our working practices.** We envisage that the requirement will increase back to all 4 Mandatory Experiences in time. We would encourage you to assist the students to obtain as many as possible during their placements but currently they only need to achieve 2 to complete their ePortfolio.

There are now many online resources available to students which they can use to supplement their placement experience including the Mandatory Experiences and they should be directed to access these during their placements where appropriate.

11. Community Clinical Teaching (CCT)

Before and after each clinical placement throughout the year Student Doctors are based at the university for Academic Weeks. One day of each Academic Week they have their CCT small-group teaching with a University GP Tutor. This has been a consistent part of Liverpool Medical School education for many years.

They also receive a CCT session at the university each week during the GP Block, on the day when they are not in practice.

Therefore, there are a total of 5 CCT sessions directly related to their GP Block. The teaching subjects will inform and complement their placement. The Learning Outcomes for these are included here for your information only, to inform your supervision of the Student Doctors.

**Academic Week before starting GP Placement.
Medical Complexity. Before GP
By the end of this session the student will be able to:**

- | | |
|----------|---|
| 1 | Discuss complexity theory as it applies to the Institutions of the NHS and then to the individual `s journey through the NHS. |
| 2 | Define medical complexity. |
| 3 | Discuss issues arising in medical complexity including ethical issues, bias, communicating uncertainty, poor compliance, health damaging behaviour and complex social problems. |
| 4 | Analyze a complexity scenario from primary care, including effective patient centred management options and safety netting. |
| 5 | Debate the increased use of personalized medicine and the impact this will have on the approach to medical complexity. |

**GP CCT Week 1.
Challenging Conversations in Primary Care
By the end of each session the Student Doctor will be able to:**

- | | |
|----------|---|
| 1 | Describe examples of potentially challenging conversations occurring in primary care. |
| 2 | Elicit the biological, social, psychological, environmental and cultural factors contributing to a patient seeking health advice and describe their impact within a consultation. |
| 3 | Outline an approach to handling a challenging conversation with a patient, addressing a patient's ideas, concerns and expectations. |
| 4 | Develop a safety-net as part of a management plan for a concerned patient. |

Examples of complex conversations include: unwanted pregnancy, patient requesting cervical screening under the screening age, extremely anxious parent, request for antibiotics.

GP CCT Week 2.
Palliative Care in the Community
By the end of each session the Student Doctor will be able to:

1	Understand the impact of the patient journey on the physical, social, psychological and spiritual management of a palliative care patient in the community.
2	Describe the Gold Standards Framework and discuss the practical application of it in community palliative care, including its use in both malignant and non-malignant diseases.
3	Describe palliative care multidisciplinary working between GPs, District Nurses, Community Palliative Care Teams and Specialist Palliative Care Teams
4	Discuss advance care planning in the community, including the use of anticipatory medications in the community.
5	Understand the communication and ethico-legal issues involved in palliative care in the community, including resuscitation decisions and mental capacity.

GP CCT Week 3
Joint Problems in Primary Care
By the end of each session the Student Doctor will be able to:

1	Formulate differential diagnoses for acute and chronic musculoskeletal presentations in primary care, including inflammatory and degenerative causes, based on history and examination findings.
2	Request and interpret appropriate investigations in a patient presenting with musculoskeletal symptoms in primary care.
3	Formulate an initial management plan for common musculoskeletal problems seen in primary care that could be applied to shoulder pain, hip pain, knee pain, wrist/hand pain, and foot/ankle pain.
4	Describe the impact of musculoskeletal disease on a patient, their relationships, and society in general.
5	Recognise the need for a variety of approaches to managing musculoskeletal symptoms, including patient factors, diagnostic uncertainty, generalised pain, and potentially serious diagnoses.

GP CCT Week 4.**Interpreting Results in Primary Care****By the end of each session the Student Doctor will be able to:**

1	Request focused, relevant investigations for patients presenting in primary care.
2	Understand how results are managed in primary care, including how serious abnormal results are managed between the laboratory and a GP surgery.
3	Recognise the importance of interpreting results in a clinical context and the challenges of interpreting results in isolation.
4	Formulate a differential diagnosis and management plan in primary care based on the results of investigations and the clinical context.

If any GP tutors wish to have more information about the content, or would like to sit in on a session, they would be more than welcome. Please contact any of the [Clinical Contacts](#).

12. Frequently Asked Questions

How many appointments do I need to block out of my surgery to supervise the Student Doctors?

Student Doctor-led clinics: First and foremost, we are very happy for you to be flexible in how you arrange the Student Doctor surgeries. The model below is one suggestion which minimises the impact on available appointments:

Time	GP	Student Doctors
8.30	10 min appt	Arriving and Preparing
8.40	10 min appt	
8.50	10 min appt	
9.00	10min appt	1 st patient 30mins appt
9.10	10min appt	
9.20	Into Student Doctor room to review case	
9.30	10min appt	2nd patient 30mins appt
9.40	10min appt	
9.50	Into Student Doctor room to review case	
10.00	10min appt	3rd patient 30mins appt
10.10	10min appt	
10.20	Into Student Doctor room to review case	
10.30	10min appt	4th patient 30mins appt
10.40	10min appt	
10.50	Into Student Doctor room to review case	

This allows for 15 face to face consultations including 4 Student Doctor consultations. Further consultations including telephone consultations could be added after this. Please note that we ask for Student Doctors to consult independently with a minimum 12 patients across 3-4 sessions each week. This therefore works out at 3-4 Student Doctor consultations per session.

The Student Doctors do not need to be directly supervised when seeing patients. Under the previous 3rd year course for the 'hot seat' cases there was some significant variation between practices in how this was done and many placements got Student Doctors to see the patient on their own before presenting the case, usually in front of the patient. This received excellent feedback and gives the Student Doctors much more of a feel of 'being the doctor'. For the 3rd years, especially early on in the year, having their own clinic is a challenge, but they know every patient will be seen by the GP after them and we want to motivate and engage them.

Student Doctor sitting in with GP: It is important that Student Doctors have time to discuss cases and management plans and to examine patients in a supervised setting to get feedback

on their clinical skills. We would recommend that in a 2 ½ hour GP surgery that at least three 10 minute slots are blocked to give time for this. Some practices will extend the surgery to account for this and thus maintain total appointment numbers.

Are the Student Doctors able to examine patients alone?

The Student Doctors are all DBS checked, are given advice regarding staying safe and know the professional standards that are required. In general, Student Doctors will see patients in pairs. If for any reason there is only one Student Doctor present at the practice then they can see patients and examine them alone, although should be made aware of the practice chaperone policy. Student Doctors should never conduct intimate examinations unsupervised. Student Doctors should not conduct acute home visits unsupervised. However, it is appropriate for them to see pre-arranged patients with chronic diseases, either at the surgery or at home in pairs, if the GP tutor feels this is appropriate. Consulting with patients in this way enables the Student Doctors to learn about specific chronic diseases and address the learning outcomes of the placement.

Should I expect the Student Doctors to form a differential diagnosis and management plan?

Over the 3rd and 4th years of the MBChB course we want Student Doctors to develop from information-gatherers to a more active consulting style interpreting the information from their histories and examination findings to consider differential diagnoses, appropriate investigations and management plans. This will be a process over the 2 years and different Student Doctors will progress at different rates. Certainly, Student Doctors attending a GP practice early in 3rd year may need more guidance to begin this process, whereas we would hope Student Doctors attending towards the end of 4th year should be able to present their GP tutor with a concise case summary, a likely diagnosis and a safe and appropriate management plan.

Should the patients know they are seeing a Student Doctor when they book an appointment?

Each practice works differently and thus how patients are booked into the Student Doctors' appointments may vary, but patients must be aware that they are seeing a Student Doctor at the time of booking and again when they arrive for their appointment. This may mean that Student Doctor appointments are best managed directly by reception rather than online etc. It is useful to stress to patients that it will be a longer appointment, that they will see a Student Doctor first and then the GP will see them. It is still possible to have a mixture of pre-booked and urgent/on-the day patients for the Student Doctors.

Can Student Doctors be involved in triage consultations?

Changes to how GP surgeries work should be incorporated into Student Doctors' experience on their placement. It can be very useful for Student Doctors to take an initial triage-style history from a patient before presenting it to a GP and discussing the management plan. The supervising GP should always make their own subsequent assessment of the patient, either by telephone, by bringing the patient into the practice, or home visit as appropriate. It is good learning for Student Doctors to be further involved in the assessment and management of patients that they "triage".

What kind of cases should the Student Doctors see?

Particularly in the early 3rd year placements, the Student Doctors will struggle with some of the complex cases that present in General Practice but equally some GP Tutors have reported that with patients who have very minor problems the Student Doctors sometimes do not know what to do (e.g. if it is 'just an ear infection' have they done an appropriate/comprehensive ENT exam or followed NICE guidance regarding assessment of a pyrexial child? If it 'just a repeat of the pill', have they done BP and discussed taking/missed pills/CIs etc?). Really it is important that Student Doctors see a mix of patients including acute presentations and follow up cases.

Can the Student Doctors make entries in the clinical notes?

This is a decision for each individual practice. They should be discouraged from writing copious notes during their consultations to ensure their attention is on the patient and they keep their history focussed. It can be helpful for Student Doctors to take a couple of minutes at the end of the consultation before their GP Tutor joins them to structure their thoughts, decide on the key facts they wish to present and consider their differential diagnosis and management plan – making brief appropriate notes on paper or on the computer system can help some Student Doctors with this process. If Student Doctors do make an entry in the notes then we would recommend that it is only in the form of freehand notes and not coded data. The supervising GP should always make their own entry in the notes after seeing the patient.

What should my Student Doctors be doing in the middle of the day, between surgeries?

Student Doctors should be encouraged to be proactive during the middle of the day, reflecting on the cases they have seen, identifying their learning needs and addressing them via the various on-line resources available for them on via the University interactive portal. It would be appropriate for the Student Doctors to accompany GPs on home visits on at least some of the days they are at the practice or alternatively there may be appropriate patients with chronic

diseases that the GP Tutor could arrange for them to visit (see previous guidance on home visits). Student Doctors should also be encouraged to prepare for afternoon consultations by reviewing patient notes in advance and this may help them to make the most of patient contacts.

Do the Student Doctors need their own password to log on to the clinical system?

Student Doctors should have access to the computer record for each patient they are seeing to help them prepare for the consultation. Whether they have their own individual log-in details (probably better for IG purposes) or a generic/locum log-in (probably easier to administer) is up to each individual practice.

Are the Student Doctors competent to complete procedures?

The Student Doctors are still in training: they should not be regarded as competent in any procedure and must be supervised by a responsible clinician. They will have evidence in their e-portfolio of the procedures they have been taught in their clinical skills sessions. Student Doctors must also be directly supervised for all intimate examinations.

General practice provides a wealth of learning opportunities not always available in secondary care. Should there be a learning opportunity for a procedure which is not itemised in the clinical skills list the Student Doctor will be able to fill in additional DOPS forms to upload in their portfolio. We encourage Student Doctors to use the GP placement to practice clinical examination and clinical procedures.

What should the Student Doctors wear?

Since 2017 all Student Doctors are provided with a medical scrub style uniform to wear while on placements. This is now mandatory for both primary and secondary care placements. We advise that they travel to and from placements in their own reasonably smart clothing, changing into/out of scrubs at the practice.

13. Promoting and Recognising Quality in Placements

13.1 Monitoring the quality of GP placements and feedback to GP tutors

Feedback will be gathered electronically from all Student Doctors at the end of all clinical placements including their GP placement. This will be monitored and practices contacted if there are consistent issues raised regarding the quality of the placement. Practices will also be formally visited every 5 years in line with University policy, provided with a summary of Student Doctor feedback and given the opportunity to discuss any specific issues concerning placements. Practices are also required to complete an Annual Data Review at the end of the academic year.

13.2 Becoming an Honorary Lecturer of the University of Liverpool

We will be pleased to consider applications for Honorary Lecturer status. GP Tutors must have hosted Student Doctors for at least 3 years, attended teaching events and successfully completed Quality Assurance visit requirements. The benefits of this title include general access to University facilities such as libraries, computing and sports facilities. In addition, you will receive various University publications and invitations to degree ceremonies. Please contact Miss Vanessa Ahmetaj (V.Ahmetaj@liverpool.ac.uk) if you would like details of the application process.

13.3 Raising Concerns

The GMC identifies raising concerns as an important responsibility of doctors holding GMC registration. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and-acting-on-concerns>

It is important for Student Doctors to understand when a concern should be raised, how to do this and the importance of taking this action.

If Student Doctors have a significant concern regarding patient safety, Student Doctor safety, discrimination, harassment, undermining or bullying whilst on a clinical attachment they are advised to discuss this, where possible and if they are comfortable to do so, with their Educational Supervisor, GP tutor, named practice contact (as above in induction section), Academic Advisor or Health and Wellbeing department.

If Student Doctors feel that they cannot raise these issues directly with any of the individuals outlined above and/or have a continuing significant they are encouraged to report their concerns via the online [Sharing Concerns form](#) for which they have been provided a link in their placement information and on their e-portfolio.

This form can also be completed by GP tutors if there is concern regarding a Student Doctor. There is signposting advice on the form for professionalism, progress and wellbeing concerns. Any other concerns can be completed on the form.

The form will be reviewed within 2 working days. For more urgent concerns, Student Doctors are advised to report them immediately on site to the Hospital Sub-dean, Educational Supervisor or GP tutor, and if they are unable to do so, to contact the School of Medicine.

Sharing Concerns form - <https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form>

14. Student Doctor Performance

14.1 Student Doctor Commendation

The Commendation Form is for a Student Doctor to be recognised for when they have performed beyond expectations, including general clinical competence, research activity, organising activities (e.g., audit, patient groups), supporting other Student Doctors or members of the PHCT, dealing with unexpected events and leadership. Completed forms will be emailed to the Student Doctor who can upload into their E-portfolio under the 'prizes' section. Student Doctors who have received a commendation form will be recognised in the School Newsletter and the form will also nominate them for the General Practice Student Doctor Placement prize.

The Student Doctor commendation can be found in [Appendix B](#). Please email the completed form to wellbeing.mbchb@liverpool.ac.uk. Alternatively you can [submit this form online](#) via the [GPORT website](#).

14.2 General Practice Student Doctor Placement Prize

The General Practice Student Doctor Placement Prize is open to all 3rd and 4th year Student Doctors with an award of £150 and a RCGP/University of Liverpool certificate and an invitation to the Mersey RCGP Annual dinner and awards meeting.

Student Doctors that have performed exceptionally on their General Practice placement should be nominated by their GP Tutor, via the Commendation Form

All nominated Student Doctors will be informed in June 2019 that they have been nominated and thus have the opportunity to write a 500 word essay on an aspect of their GP Placement which will be judged by a panel of GP Tutors/Community Clinical Teachers to award the prize.

Please do remember that this is for exceptional and excellent performance well above what would be expected from even a good Student Doctor and thus we would not expect a nomination from every GP Tutor each year.

14.3 Absences and concerns

Please let us know if a Student Doctor misses a session, even if it has been pre-arranged or for illness.

Send absence reports for Year 4 Student Doctors to Chris Johnson yr4gp@liverpool.ac.uk

Please report all concerns about a Student Doctor, however small, using the Measuring Professionalism Form in [Appendix C](#). This may be regarding issues of punctuality, attitude, approach to patients, engagement with the tutorial and any other issues that you feel may need

addressing. The concern system is in place for us to identify Student Doctors with problems or requiring support early and thus we encourage all tutors to report even minor issues so that we can ensure we pick up on recurrent themes as soon as possible.

15. Invoicing details and payment

Remuneration is £120 per Student Doctor per day, therefore £1680 per student per 4-week block (total £3360 per pair).

When sending us your invoice (see [Appendix A](#)), please ensure the following so that your payment is not delayed:

- The signed Service Contract has been returned to us (we cannot make payment without this)
- The invoice has been transferred onto practice letter headed paper
- The invoice is addressed to The University of Liverpool and should be sent via email to invoices@liverpool.ac.uk
- You have included a date, invoice number and Purchase Order number. The purchase order number is provided by the University and will be quoted on the student allocation email for each block.
- You have copied the appropriate invoice that relates to the Student Doctor year in question (we are happy to accept your invoices immediately after the relevant block starts.)
- Please submit a separate invoice for each block stating the name of the Student Doctors and selecting the block/period they attended.

16. Appendix A.1 – Invoice / 4 week block

Example Invoice – Important: Please copy onto practice headed paper and email your invoice to:

invoices@liverpool.ac.uk

The University of Liverpool

Community Studies

The School of Medicine

Purchase Order Number: HLS/

Invoice number:

Date:

4th YEAR GP Placement Invoice (please tick the box alongside the relevant block)

Block 1	w/c 06/09/2021	
Block 4	w/c 04/01/2022	
Block 5	w/c 07/02/2022	
Block 6	w/c 14/03/2022	
Block 7	w/c 25/04/2022	
Block 8	w/c 30/05/2022	

Names of Student Doctors: £1680.00

..... £1680.00

Total to be paid £.....

Appendix A.2 – Invoice / 3 week block

Example Invoice – Important: Please copy onto practice headed paper and email your invoice to:

invoices@liverpool.ac.uk

The University of Liverpool

Community Studies

The School of Medicine

Purchase Order Number: HLS/

Invoice number:

Date:

4th YEAR GP Placement Invoice (please tick the box alongside the relevant block)

Block 2	w/c 18/10/2021	
Block 3	w/c 22/11/2021	

Names of Student Doctors: £1260.00

..... £1260.00

Total to be paid £.....

17. Appendix B - Nomination for Commendation Form

This Commendation Form is for a Student Doctor to be considered for recognition for activities where s/he has performed beyond expectations, including but not limited to clinical skills, research activity, organising activities, helping others, dealing with unexpected events, leadership.

Completed forms to be emailed to the School of Medicine team for review and then a decision will be made on awarding a commendation to the Student Doctor. Those Student Doctors awarded a commendation will be informed by email. Student Doctors can then upload this into their e-portfolio under the 'prizes' section. Student Doctors who have received a commendation form will be included in the Student Newsletter, and we will offer a prize for a Student Doctor who is judged to have been outstanding.

You can also [submit this form online](#) via the [GPORT website](#).

Name of Student Doctor:

Year:

Reason for Nomination for Commendation:	
<hr/> <hr/>	
Description:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Name /Title of Person Completing Nomination for Commendation Form:	
<hr/>	
Signature:	Date:
<hr/>	<hr/>
Please email completed form to wellbeing.mbchb@liverpool.ac.uk	

Student number (if available):

18. Appendix C - Measuring Professionalism concerns form

Student ID:	Student First name:	Student Surname:	Year group:
Concern	Please tick	Concern	Please tick
<i>Inappropriate attitude or behaviour</i>		<i>Failure to demonstrate good medical practice</i>	
Lack of engagement (also including attendance, timekeeping, appropriate dress & cleanliness)		Mis-use of social media	
Neglect of administrative tasks		Breach of confidentiality includes data governance	
Failing to answer or respond to communications		Misleading patients about their care or treatment	
Challenging behaviour towards clinical teachers		Culpable involvement in a failure to obtain proper consent from a patient	
Unwillingness to learn from constructive feedback given by others & includes failure to accept and follow educational advice		Sexual, racial or other forms of harassment or bullying	
Being rude to patients, colleagues or others		Inappropriate examinations or failure to keep appropriate boundaries in behaviour	
Poor time management skills including punctuality		Unlawful discrimination	
<i>Cheating or plagiarising</i>		<i>Drug or alcohol misuse</i>	
Cheating in examinations		Driving under the influence of alcohol or drugs	
Signing absent peers into taught sessions		Abusing prescription medication	
Sharing content regarded as confidential to the examination process with others		Alcohol consumption that affects work / performance	
Sharing knowledge of university admission processes or teaching content for financial gain		Dealing, possessing, supplying or misusing drugs	
Plagiarising / Passing off the work of others as own		Excessive misuse of alcohol	
<i>Any caution or conviction (specify below)</i>			
<i>Dishonesty or Fraud</i>		<i>Aggressive, violent, threatening behaviour or sexual misconduct</i>	
Falsifying research		Assault	
Committing financial fraud		Physical Violence	
Creating fraudulent CVs/ other documents		Bullying	
Failure to declare relevant misconduct or health issues to Medical School / University		Harassment	
Misrepresentation of qualifications		Stalking	
Wilful withholding or misrepresentation of health issues (e.g. blood-borne viruses)		Online bullying or trolling	
Falsifying signatures		Sexual misconduct	
<i>Health concerns, insight and management</i>			
Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional with detrimental impact on patients of studies			
Failure to tell the medical school / university of a serious health condition that impacts on patients or studies (includes at point of admission and during studies)			
Refusal to follow medical advice or care plans, or comply with monitoring arrangements and reviews			
Failure to comply with reasonable adjustments to ensure patient safety			
Failure to recognise limits and abilities or lack of insight into health concerns			
Failure to be immunised against common serious communicable diseases (unless contraindicated)			
<i>Other (please specify overleaf)</i>			

Reporting Professionalism concerns

If you have a concern about the professional behaviours or attitudes of a Student Doctor from the University of Liverpool we ask that you record these on this form. This ensures that we are able to monitor instances where Student Doctors are not behaving in a way which demonstrates professional values, and this reporting mechanism is aligned with the GMC requirements set out in Achieving Good Medical Practice. Please note that concerns about attendance should be reported via the attendance monitoring system, and records of late work should be recorded via the Student Doctors' e-portfolio.

Please complete the form overleaf to indicate the nature of the concern(s) you wish to be recorded. Please use the box below to give details of the incident(s) you are reporting. The School of Medicine strongly recommend that this is discussed with the Student Doctor prior to submission of the form.

Please tick one or more of the boxes overleaf and then give more detail below. Please indicate where categories are Not Applicable

Context / Location of reported incident			
Impact on patients			
Impact on staff			
Relevant quotes from staff involved			
Is this incident one-off or recurrent at time of reporting?			
Any other interaction with Student Doctor to be noted			
Please tick to confirm that you have made the Student Doctor aware of the reporting of the professionalism concerns and the exact reason(s) for referral): <input type="checkbox"/> If this has not been discussed with the Student Doctor, please explain why:			
Your details (Electronic signatures are acceptable)			
Name:		E-mail:	
Signature		Date	

To log this professionalism form:

Please return directly to progress.mbchb@liverpool.ac.uk or MBChB Office, 2nd Floor, Cedar House, Liverpool, L69 3GE

Please note that a professionalism concern is not logged on a Student Doctor record until you have had an email from progress.mbchb@liverpool.ac.uk confirming this has been done.



Please contact the Administrative contacts below if you find any digital content difficult or impossible to use, either directly or with an assistive technology such as a screen reader.

Year 3 Administrator Rachael Carr: r.carr@liv.ac.uk

E-portfolio Administrator: mbchbep@liverpool.ac.uk