Year 3 GP Tutor Handbook

Becoming a Practitioner: Assessing Patients in Primary Care

2023-24

Contents

[1. Introduction 3](#_Toc135118936)

[2. Contacts 4](#_Toc135118937)

[2.1 Administrative Contacts 4](#_Toc135118938)

[2.2 Clinical Contacts 4](#_Toc135118939)

[3. Important Dates 5](#_Toc135118940)

[4. GP Tutor CPD 5](#_Toc135118941)

[5. Overview of GP Tutor and Student Doctor Requirements 6](#_Toc135118942)

[5.1 Practice Induction 6](#_Toc135118943)

[5.2 Placement Timetabling 8](#_Toc135118944)

[5.3 University of Liverpool Home Visits Policy 8](#_Toc135118945)

[6. Placement Structure and Student Doctor Activities 10](#_Toc135118946)

[6.1 Leading on Consultation 10](#_Toc135118947)

[6.2 Surgery observations 10](#_Toc135118948)

[6.3 Experience of the Primary Healthcare Team 10](#_Toc135118949)

[6.4 Mandatory Experiences 10](#_Toc135118950)

[6.5 Learning Outcomes for the GP Placement 12](#_Toc135118951)

[7. Educational Supervisor Requirements 13](#_Toc135118952)

[8. E-portfolio Completion and Requirements 13](#_Toc135118953)

[9. Student Doctor Performance, Safety and Concerns 15](#_Toc135118954)

[9.1 Student Absences 15](#_Toc135118955)

[9.2 Student Doctor Commendation 15](#_Toc135118956)

[9.3 Academic Concerns 15](#_Toc135118957)

[9.4 Professionalism Concerns 16](#_Toc135118958)

[9.5 Wellbeing and Safety Concerns 16](#_Toc135118959)

[9.6 Students raising concerns. 16](#_Toc135118960)

[9.7 Religious Observance 17](#_Toc135118961)

[10. Monitoring the quality of GP placements and feedback to GP tutors 17](#_Toc135118962)

[11. Community Clinical Teaching 17](#_Toc135118963)

[12. Frequently Asked Questions 18](#_Toc135118964)

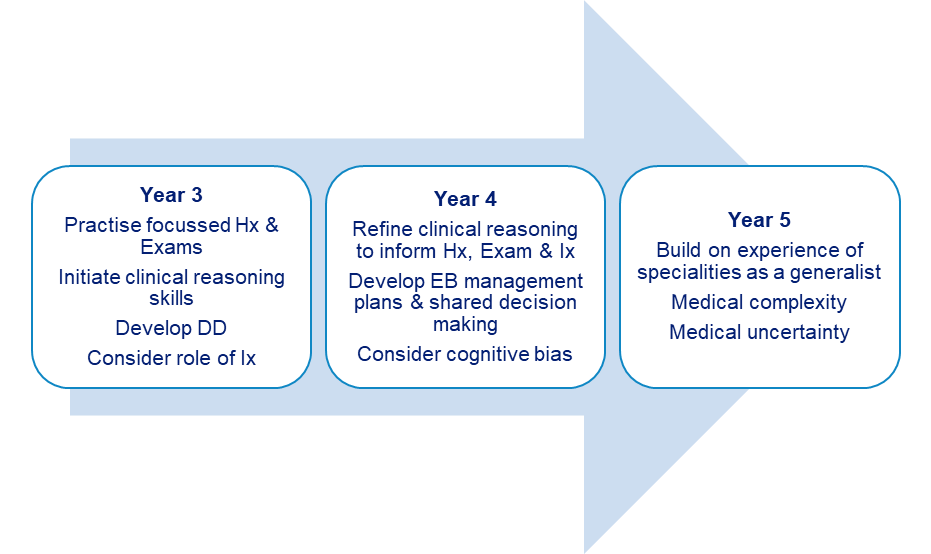
[13. Invoicing details and payment 18](#_Toc135118965)

# Introduction

This handbook provides all the information relevant to Student Doctor GP Placements in Year 3. This information is also available online in the Resources section of the [Liverpool Educators Online](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/resources/primarycare/tutor/) website. The eBook is designed to be saved onto your computer, allowing you easy access to the information needed when hosting student placements. Several sections of this eBook provide links to our Liverpool Educators Online website, allowing you to read in more detail about certain elements of the course, as desired.

The focus of the Year 3 GP placement is on patient contact and supervised clinical experience, to enable the Student Doctors to achieve the learning outcomes of the Primary Care Curriculum. 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.

The diagram below shows how we expect our Student Doctors to develop their skills in General Practice, as they progress through the course:



# Contacts

## Administrative Contacts

* Year 3 Administrator Rachael Carr: [yr3gp@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\yr3gp@liverpool.ac.uk) Tel: 0151 795 4350
* Community Studies Administrator Daniel Moran
* E-portfolio Administrator: [mbchbep@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\mbchbep@liverpool.ac.uk)

## Clinical Contacts

* Supra-theme Lead for The Patient in Community Care

Dr Matthew James [mpjames@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\mpjames@liverpool.ac.uk)

* Deputy Director of Quality (Community Placements)

Dr David Smith [quality.mbchb@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\quality.mbchb@liverpool.ac.uk%20)

* Theme Lead for General Practice

Dr KJ Harrison [docthark@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\docthark@liverpool.ac.uk)

* GP Recruitment and Engagement Lead

Dr KJ Harrison [docthark@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\docthark@liverpool.ac.uk)

* Theme Lead for Patient Care Pathways

Dr Anna Stickland [stick@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\stick@liverpool.ac.uk)

* Theme Lead for Disability & Care in the Community

Dr Fiona Greeley [flg26@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\flg26@liverpool.ac.uk)

* Community Clinical Teacher Academic Lead

Dr Helen Rawsthorne [mdehshr8@liverpool.ac.uk](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\mdehshr8@liverpool.ac.uk)

# Important Dates

Year 3 Block Dates

|  |  |  |
| --- | --- | --- |
| Block | Week commencing | Up to and including w/c |
| 1 | 18/09/23 | 09/10/23 |
| 2 | 23/10/23 | 13/11/23 |
| 3 | 27/11/23 | w/c 02/01/24 (Tues re BH)  (excluding w/c 18/12 and 25/12) |
| 4 | 15/01/24 | 05/02/24 |
| 5 | 26/02/24 | 18/03/24 |
| 6 | 15/04/24 | 07/05/24 (Tues re BH) |
| 7 | 20/05/24 | 10/06/24 (excluding 27/5 BH) |

# GP Tutor CPD

* It is important that GP tutors are kept up to date with course developments and are supported to develop their teaching skills.
* We host an **annual GP Tutor Update**, which is held online, over several dates every Autumn. You will be contacted with the details.
* **We now require our GP Tutors to attend the online GP Tutor Update annually** to ensure they are aware of the course requirements.
* Please add [livunigp@liverpool.ac.uk](mailto:livunigp@liverpool.ac.uk)to your ‘safe’ list to prevent important event information going into your spam account
* We also run an ‘in person’ **GP Tutor Workshop** in Spring each year. This is an optional event which tutors can elect to attend as required.
* GP Tutors are encouraged to join the Liverpool School of Medicine, Faculty of Clinical Educators (FACE) which offers a wide variety of free educational CPD throughout the year. More details can be found [here](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/resources/face/)
* Details and resources from previous events can be found [here](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/events/event-resources/gp-tutor-online-conference-resources/)

# Overview of GP Tutor and Student Doctor Requirements

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 (Thursday for Y3).

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 for the practice to decide.

There are several Student Doctor Activities which must be achieved during the placement. (Leading on Consultations, Mandatory Experiences, Surgery Observation, Experiences of the Primary Healthcare Team)

Included in this chapter is a list of the expected Learning Outcomes for the Y3 GP Placement.

## 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.**

**The induction should include the following as a minimum**:

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 while travelling and when in practice, conduct, punctuality, name badge.
* Ensure that Student Doctors are informed of any car parking restrictions.

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**

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 School of Medicine ‘Sharing Concerns’ link is on the student doctors and staff e-portfolios to enable the raising of concerns with the school. It can also be found [here](https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form)
* 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 unsupervised)
* Panic alarm system
* Ensure Student Doctors have read “staying safe” section in their handbook
* Location of safe place to leave coats, bags, bicycles etc.
* Signposting to policies as below

Health and Safety guidance and policies

Advise Student Doctors on the following local policies

|  |  |  |
| --- | --- | --- |
| Panic alarm system | Concerns/whistleblowing policy | Confidentiality |
| Infection control | Fire safety | Safeguarding |
| Chaperone policy | Complaints policy | Information and data handling |
| Needle-stick/accident Policy | Harassment/undermining/bullying Policy |  |

**\*** 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](file:///\\mfs04\dept04\FacMed\MBChB\Asset%20Suite\Templates\2022-23\Staff%20Facing%20Templates\Templates%20without%20guidance\HealthSafety.mbchb@liverpool.ac.uk)

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.

## Placement Timetabling

The GMC advise that all students should be given a timetable whilst on placement. It is important that Student Doctors know where they are meant to be and who is responsible for supervising them throughout the placement. Timetables can be done on a weekly or entire placement basis and be printed or emailed to the students. The timetable is flexible (apart from CCT) to suit the practice situation, as long as students fulfil the requirements in the four-week placement. We politely request that you include a 20-minute session at the end of the Student Doctors’ placement for completion of their placement evaluation.

An example timetable is included below for your information. This includes what the student will be doing for each session and who their supervisor is (in brackets). Additional information could include where the session will take place:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning | **Induction**  (week 1 only)  **Observation GP surgery**  (KJH) | **Student Led Clinic**  (hot desk or independently)  (SM) | **Student Led Clinic**  (hot desk or independently)  (KJH) | CCT | **Student Led Clinic**  (hot desk or independently)  (SM) |
| Afternoon | **Mandatory Experiences**  **Educational Supervisor Meeting**  (KJH) | **Observation GP or Nurse surgery**  (DW/SM) | **Personal Study** | CCT | **Observation GP surgery**  (JH/SB)  **Completion of Placement Evaluation** (Week 4 only) |

## 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. Many 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. We would include visits to patients with confirmed COVID-19 as high risk and unsuitable for students.

# Placement Structure and Student Doctor Activities

## Leading on Consultation

Each pair of Student Doctors should aim to lead on consultations with between 9 to 12 patients per week, on average, over the placement. Around 3-4 sessions each week should include Student Doctors leading on consultations with patients. Students will need approximately 20 minutes to take a focused history and examination before presenting the case to you. The GP Tutor will then need to discuss diagnosis and management with the patient. All patients seen by Student Doctors will require formal clinician review.

Consultations can be face- to-face, telephone, or video consultations. **We ask that face-to-face consultation constitute the majority of consultations students lead on.** This can be achieved either by students having their own student clinics through the week (if a spare consulting room is available) or by ‘hot desking’ with their supervisor. If ‘hot desking’, we strongly recommend that longer appointments are allocated to those patients who will have their consultation led by a student to ensure adequate consultation time for the students. Suggestions of how to structure clinics can be found in the [FAQ section.](#_Frequently_Asked_Questions)

## Surgery observations

Sessions sitting in and observing a GP give Student Doctors the opportunity to observe clinical and communication skills, as well as to be supervised performing clinical examinations and engage in case discussion as appropriate. Observing clinicians can 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.**

## Experience of the Primary Healthcare Team

Sessions observing another health care professionals give students a chance to understand the wider team and structure of the NHS, as well as perform other tasks such as chronic disease reviews, injections and phlebotomy. They can be placed with 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.

## Mandatory Experiences

These are essential activities that the Student Doctors MUST experience during the placement. They are specific to each placement year and build in challenge and complexity for the student doctors. They can occur in pairs or individually. The following section details each of the four, Year 3 Mandatory Experiences. The title of each provides a link to more detailed information around each particular experience:

|  |  |
| --- | --- |
| Year 3 Mandatory Experiences | |
| 1 | Observe a 6-week Baby Check (the Student Doctors should then arrange a later follow-up with the family as either a phone call or seeing them in practice) Suggest this is done as early as possible during the placement. |
| 2 | At least 1 Home Visit with a GP (the Student Doctors should then arrange a later follow-up as either a phone call or visit). |
| 3 | 2 Chronic Disease Reviews (any clinician), 2 different of any of Asthma/COPD/CV Disease/Diabetes. |
| 4 | Lead a Consultation with a patient with a long-term condition causing a Physical Disability |

*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. The students can find this on CANVAS in the GP Placement section (this area is not accessible to Tutors).*

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.

Aims of these experiences:

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

#### 6-8 week baby check

This is best done towards the start of the placement to enable Student Doctors adequate time to follow up the family. Student Doctors to attend baby’s immunisations, if possible. Student Doctors to follow up family in 1-2 weeks’ time. This could be in the practice, in the patient’s home or in a nearby Children’s centre as a meeting point if logistically suitable. If any appointments are booked for mum/other family member, then the Student Doctors should endeavour to attend these also.

Within the debrief consider:

#### Home visit

This is best done early in the placement (Week 1 or 2) to allow time for reflection and debrief. Please refer to our information on [student safety during home visits](#_University_of_Liverpool). If a student is placed at a practice where there are relatively few home visits performed by a GP, or where a visiting service is in place, it would be acceptable for the student to attend a visit with another appropriate & willing clinician, e.g. an advanced practitioner. An alternative option might be for the GP Tutor to schedule a more routine home visit during the student’s placement, e.g. for a patient who requires an anticipatory care plan discussion, to specifically enable this experience to be achieved.

Within the debrief consider

#### Chronic Disease Reviews

Any 2 different Chronic Disease Reviews – Asthma/COPD/CVD /DM. Within the debrief consider:

#### Long-term Condition causing a Physical Disability

Lead a consultation with a patient with a long-term condition causing a physical disability.

Within the debrief consider:

## Learning Outcomes for the GP Placement

During their GP placement in Year 3 the student will have met the following Learning Outcomes:

|  |  |
| --- | --- |
| Area | Learning Outcome |
| Making a diagnosis | * Develop the skills to perform a more detailed, condition-targeted history and examination in the primary care setting. |
| * Recognise 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. |
| * Request appropriate investigations, when needed, in the primary care setting to reach a working diagnosis. |
| * Apply principles of clinical reasoning to develop a differential diagnosis in a primary care setting. |
| Communication & interpersonal skills | * Be able to recognise the patient and doctor factors that influence the clinical reasoning process. Develop an understanding of the biological, psychological and social factors contributing to patients’ health and health-related behaviours, and their impact within a consultation. |
| * Explore the patient journey through different health and social care settings, including between primary & secondary care, and appreciate the impact this has on the individual patient and subsequently within a consultation. |
| * Communicate effectively with patients using a patient-centred consultation style, addressing patients’ ideas, concerns and expectations. |
| * Recognise the importance and therapeutic value of continuity of care (and the doctor/patient relationship) |
| Health promotion & disease prevention | * Use clinical risk calculators to inform patients of the risks and benefits of treatment recognising their limitations in a clinical setting. |
| * Apply the principals of primary and secondary prevention to chronic disease prevention and management. |
| * Develop the skills to advise patients on non-pharmacological management options including lifestyle changes, self help and social prescribing. |
| Using information effectively & safely | * Use electronic and paper records in primary care to access clinical information and record relevant information. |
| Collaborative working | * Understand the roles of the members of the primary health care team and the importance of good team working (clinical pharmacologist, ANP etc) |
| * Recognise the importance of working with wider professionals within the community including the social care sector. |
| * Describe the role of different health care providers in primary and secondary care and their involvement in patient care pathways and the patient journey. |
| * Recognise the importance of integrated care across health and social care settings; developing an understanding of the interfaces between these settings. |

# Educational Supervisor Requirements

The GP tutor will act as the Student Doctors’ Educational Supervisor (ES) for their GP placement. The GP tutor/supervisor will need to register with Liverpool School of Medicine by emailing [mbchbep@liverpool.ac.uk](mailto:mbchbep@liverpool.ac.uk) to gain access to their Student Doctors’ e-portfolios.

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. Student Doctors must have uploaded all necessary information into their e-portfolio at least 48 hours before the meeting. If there are any concerns about completing a student doctor’s Eportfolio, contact [yr3gp@liverpool.ac.uk](mailto:yr4gp@liverpool.ac.uk) for advice. Please also see the Student Doctor Performance, Safety and Concerns section

To learn what is required at each Educational Supervisor meeting please select the meeting heading below to open up the drop-down section.

#### First Education Supervisor meeting

This must take place during week one of the placement. At the initial meeting you should:

\*[E-Portfolio guide](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/resources/educationalsupervisors/)

#### Weekly Education Supervisor Meeting

At the weekly meeting you should:

\* [Student Doctor Performance, Safety and Concerns](#_Student_Doctor_Performance,)

#### End of placement Education Supervisor Meeting

This meeting must 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.

You should:

\*[Educational Supervisor Section on LEO](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/resources/educationalsupervisors/)

# E-portfolio Completion and Requirements

Throughout the MBChB programme the Student Doctors are required to record evidence of their learning in an electronic portfolio. 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. Descriptions of the evidence and the minimum and required numbers for Year 3 are given below:

|  |  |  |
| --- | --- | --- |
| Evidence | What’s involved | Numbers required in Year 3 |
| Observed Examination (OE): | Student Doctor receiving feedback after being observed performing an examination. | Recommended number **3**  Minimum number **2** |
| Case Presentation & Discussion (CPAD) | 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. | Recommended number **10**  Minimum number **5** |
| Directly Observed Procedural Skills (DOPS) | 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. | Demonstration of progress only (no minimum numbers for placement) |
| Mandatory Experiences | Student Doctor declaration in their e-portfolio that they have completed **all 4 experiences**. (See [Mandatory Experiences](#_Mandatory_Experiences) section) | Student Doctor declaration in their e-portfolio that they have completed **all 4 experiences**. (See [Mandatory Experiences](#_Mandatory_Experiences) section) |
| First Educational Supervisor (ES) meeting | All fields completed by Student Doctor and Educational Supervisor in the e-portfolio. | All fields completed by Student Doctor and Educational Supervisor in the e-portfolio. |
| End of placement Educational Supervisor (ES) meeting | All fields completed by Student Doctor and Educational Supervisor in the e-portfolio. | All fields completed by Student Doctor and Educational Supervisor in the e-portfolio. |

*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. The students can find this on CANVAS in the GP Placement section (this area is not accessible to Tutors).*

# Student Doctor Performance, Safety and Concerns

**Please read the important information below** covering the monitoring and reporting of concerns related to Student Doctor performance, safety and concerns.

## Student Absences

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 3 Student Doctors to [yr3gp@liverpool.ac.uk](mailto:yr3gp@liverpool.ac.uk)

## 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 are reviewed by the School of Medicine team 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 submit a form via the [Commendations section](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/opportunities/commendations/) of the Liverpool Educators Online website.

Please ensure you choose the correct “Student Nomination for Commendation” form on this page.

## Academic Concerns

If you have concerns about your student’s academic performance, **please use the ePortfolio to log your concerns**. The portfolio is reviewed through the academic year and issues in performance are identified and action is taken by the school to support the student. When raising academic concerns, we ask that you please be as detailed in your Eportfolio entries as possible.

## Professionalism Concerns

Any GP Tutor noting a lapse in professionalism in a Student Doctor must record this using the [Measuring Professionalism form](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/contact-us/sharing-concerns/) (half way down this webpage). When completing the form, you will select the relevant professionalism lapse from a given list. Following this, you will need to provide details of the context/location of the reported incident and details of any impact on staff and patients. You will also need to indicate whether the incident is an isolated one or is recurrent. The School of Medicine strongly encourages staff submitting the forms to discuss this with the student prior to submission. If this hasn’t been discussed, then the reasons for this should be made clear on the form. If you have any queries about the process, please contact the Student Progress Team (progress.mbchb@liverpool.ac.uk).

## Wellbeing and Safety Concerns

If you have concerns about a student’s wellbeing you should report this to the School via the [Sharing Concerns Form](https://www.liverpool.ac.uk/medicine/liverpool-educators-online/contact-us/sharing-concerns/) (top of this webpage). This system enables staff, clinicians and Students to raise concerns regarding:

* Patient safety and Student safety
* Discrimination, harassment, undermining and bullying
* Urgent placement concerns (with guidance)
* Wellbeing, progress and professionalism (with links to an updated Measuring Professionalism Form)

If you have a concern to share, complete the following form: [Sharing Concerns Form](https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form)

## Students raising concerns.

The [Sharing Concerns Form](https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form) is also available for use by students. The GMC identifies [raising concerns](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and-acting-on-concerns) as an important responsibility of doctors holding GMC registration.

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, 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](https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form) for which they have been provided a link in their placement information and on their e-portfolio.

**The Sharing Concerns Form can also be accessed in every students’ Clinical Activity Workbook in their E-Portfolio. It can be found the bottom of every placement page. We would be grateful if you could mention this link to students during their placement induction.**

Sharing Concerns forms are 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

## Religious Observance

Liverpool School of Medicine is committed to supporting Students of different faiths in line with guidance from the Medical School Council published in May 2023. Students have been asked to identify any faith-based requirements that may impact upon their time on placement. We will advise you if any of the students joining you on placement have faith-based requirements, giving specific information on the requirements involved. We would ask that you be as supportive and accommodating of these as is practically possible. We are committed to working with our placement providers to support, both the student and GP practices, in this area.

# 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.

# Community Clinical Teaching

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. To view the details of the session, click on the heading below to expand the information.

#### CCT Teaching Sessions

|  |  |
| --- | --- |
| Academic Week before starting GP Placement.  Health Promotion and Disease Prevention incorporating Diabetes 1.  By the end of this session the Student Doctor will be able to: | |
| 1 | Discuss the different NHS screening opportunities with reference to health and well-being in the population, including screening for Abdominal Aortic Aneurysm, breast, cervical and bowel cancer and lifestyle measures that reduce lifetime risk. |
| 2 | Debate the issues around providing universal PSA screening. |
| 3 | Describe the diagnosis of diabetes and impaired glucose regulation, also known as pre-diabetes, in primary care. |
| 4 | Explain, in language a patient can understand, the self-management, lifestyle advice and monitoring required to a patient to prevent complications of diabetes including both macrovascular and microvascular complications. |

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| GP CCT.  What is General Practice?  By the end of each session the Student Doctor will be able to: | |
| 1 | Understand the various roles of a General Practitioner, and other healthcare professionals, both within a practice and the wider NHS. |
| 2 | Describe the basic elements of a working day and week in General Practice. |
| 3 | Develop their understanding of the general approach to care of a patient in primary care, including the importance of awareness of the patients’ journey and perspectives. |
| 4 | Observe, analyze and reflect on a consultation in primary care with insight into the patient-doctor interaction, including use of consultation models and awareness of safety netting. |
| 5 | Discuss perceptions of General Practice among the public, Student Doctors and healthcare professionals. |

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| --- | --- |
| GP CCT.  Dermatology in Primary Care  By the end of each session the Student Doctor will be able to: | |
| 1 | List and apply dermatological terminology to describe skin lesions and rashes. |
| 2 | Recognize and describe common skin cancers i.e. Melanoma, Basal Cell Carcinoma and Squamous Cell Carcinoma. |
| 3 | Describe the important factors in the history when assessing a skin lesion or rash. |
| 4 | Describe appropriate basic initial management of common skin lesions and rashes including appropriate management of common skin cancers e.g. referral pathways. |

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| --- | --- |
| GP CCT.  Cardiovascular Disease Risk Management   By the end of each session the Student Doctor will be able to: | |
| 1 | Identify the modifiable and non-modifiable risk factors for cardiovascular disease. |
| 2 | Apply the current guidelines for assessing cardiovascular risk including using clinical risk calculators and the pharmacological management of primary prevention of cardiovascular disease. |
| 3 | Specify detailed lifestyle modifications which can improve cardiovascular risk. |
| 4 | Describe the initial assessment & diagnostic criteria for hypertension in primary care, recognising when there might be an underlying secondary cause. |
| 5 | Describe the treatment algorithm for hypertension and recognise when co-morbidity may affect prescribing choice. |

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| --- | --- |
| GP CCT.  Physical Disability in Primary Care  By the end of each session the Student Doctor will be able to: | |
| 1 | Identify common causes of physical and sensory disability and outline the pathophysiology, clinical features, management and progression of these conditions. |
| 2 | Recognise potential challenges when taking a history and examination on a person with a long-term disability and outline strategies to ensure effective communication with patients with a mental or physical disability and their carers. |
| 3 | Consider how a long-term physical or mental disability may impact a person’s life, considering issues around health, emotional well-being, family life, employment, housing and education and other social aspects. |
| 4 | Recognise the relationship between a long term mental or physical disability and physical and mental health. |
| 5 | Recognise the potential impact of their own attitudes, values, beliefs, perceptions and personal biases on people with a disability, and demonstrate an awareness of diagnostic overshadowing. |
| 6 | Identify the members of the multidisciplinary team and their individual roles and responsibilities when caring for a patient with a disability and the importance of collaborative team-working. |

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](#_Clinical_Contacts).

# Frequently Asked Questions

Please click on the questions below to reveal the drop-down information:

### 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. If a spare consulting room is available for the student doctors to use, the model below 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 | 1st 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 9-12 patients across 3-4 sessions each week. This therefore works out at 3-4 Student Doctor consultations per session.**

If a spare consultation room is not available, then the following model might be used to allow adequate time for the students to lead on a consultation within the GP’s surgery:

|  |  |  |
| --- | --- | --- |
| **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 | Observe GP consulting |
| 9.10 | 10min appt | Observe GP consulting |
| 9.20 | 20min student appt  Patient consented for student-led consultation | Student Led consultation |
| 9.40 | 10min appt | Observe GP consulting |
| 9.50 | 10min appt | Observe GP consulting |
| 10.00 | 20min student appt  Patient consented for student-led consultation | Student Led consultation |
| 10.20 | 10 min appt | Observe GP consulting |
| 10.30 | 10min appt | Observe GP consulting |
| 10.40 | 20min student appt  Patient consented for student-led consultation | Student Led consultation |

The Student Doctors do not have to be directly supervised when seeing patients. Student Doctors greatly value the opportunity to see the patient on their own before presenting the case, usually in front of the patient. 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 as much as possible.

Observation clinics: 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. This is particularly important where the student is not leading on any consultations, allowing time for teaching around the cases seen to occur.

### 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.

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.

Therefore, 5th year Student Doctors should be able to do the above from the start of the academic year and as they progress through 5th year we would expect that their skills in this area become more sophisticated, taking into account wider perspectives when forming a 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?). 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. Students are permitted to travel to and from placement in their scrubs provided the School logo is kept hidden during travel.

### How do I become 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 [hlsclinicalhonorary@liverpool.ac.uk](mailto:hlsclinicalhonorary@liverpool.ac.uk) if you would like details of the application process.

# Invoicing details and payment

Remuneration is £140 per Student Doctor per day, therefore £1960 per student per 4-week block (total £3920 per pair).

When sending us your invoice, 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](mailto: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 sent to you once the students have started placement with you. There is a separate purchase order number for each placement.
* 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.
* Please provide a contact email address in case of query

### Example Invoice

**Important: Please copy onto practice headed paper, provide a contact email address in case of query and email your invoice to:**

[invoices@liverpool.ac.uk](mailto:invoices@liverpool.ac.uk)

The University of Liverpool

Community Studies

The School of Medicine

Purchase Order Number: HLS/

Invoice number:

Date:

Year 3 GP Placement Invoice (please tick the box alongside the relevant block)

|  |  |  |
| --- | --- | --- |
| **Block 1** | 18/09/23 |  |
| **Block 2** | 23/10/23 |  |
| **Block 3** | 27/11/23 |  |
| **Block 4** | 15/01/24 |  |
| **Block 5** | 26/02/24 |  |
| **Block 6** | 15/04/24 |  |
| **Block 7** | 20/05/24 |  |

Names of Student Doctors: ………………………………………… £1960.00

………………………………………… £1960.00

Total to be paid £…………..

Contact this document’s author, or the [School of Medicine Engagement team](mailto:mednews@liverpool.ac.uk) [mednews@liverpool.ac.uk] if you find any digital content difficult or impossible to use, either directly or with an assistive technology such as a screen reader.

Contact details for all teams and individual staff can be found on the [School website](http://www.liverpool.ac.uk/medicine/contact-us/email/). [www.liverpool.ac.uk/medicine/contact-us/email/].