



MBChB Primary Care Tutor Guide 2024-25

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INTRODUCTION

This guidebook is intended for General Practice Tutors / Honorary Lecturers who teach on the MBChB programme, their staff and other primary care team colleagues who teach medical students at the University of Leeds.

This guide is in two sections, with general information about the curriculum, placements and assessments in Part 1, and year-specific information in Part 2.

Lizzie, Ellie, Louise and Dariusz
Primary Care Placement Team

PART 1 - PLACEMENT INFORMATION

GENERAL CONTACT DETAILS

MBChB Placement team Allocations. First contact for student issues, attendance, placement concerns.		medicine-placements@leeds.ac.uk
Primary Care Placement management team Contracts, quality assurance, academic leads.	Lizzie Luff Dr Louise Gazeley - Head of Student Education in Primary Care Dr Dariush Saeedi Dr David O'Brien Dr Preetha Biyani Eleanor Murray	e.m.luff@leeds.ac.uk l.gazeley@leeds.ac.uk d.saeedi@leeds.ac.uk d.o'brien@leeds.ac.uk p.biyani@leeds.ac.uk e.a.murray@leeds.ac.uk
Student Support Any student welfare concerns.		medicinesupport@leeds.ac.uk
Individual Module Leads, Year Leads and support teams Academic issues, professionalism concerns	Year 1 CARES Dr Sophie Till	s.e.g.till@leeds.ac.uk
	Year 2 CARES Dr Abbie Flinders	a.j.flinders@leeds.ac.uk
	Year 3 C2C Dr Samantha Wong	s.wong1@leeds.ac.uk
	Year 4 CCC Dr Preetha Biyani	p.biyani@leeds.ac.uk
	Year 5 Dr Dariush Saeedi	d.saeedi@leeds.ac.uk

Link to School of Medicine Placements [website](#).

PRIMARY CARE PLACEMENT DATES

Year 1	Rotation 1	Tuesday mornings 14/01/25 to 04/03/25
	Rotation 2	Tuesday mornings 11/03/25 to 25/03/25, 29/04/25 to 20/05/25, and 03/06/25
Year 2	Rotation 1	Thursday 31/10/24 to 28/11/24
	Rotation 2	Thursday 16/01/25 to 13/02/25
	Rotation 3 (same cohort as rotation 1)	Thursday 20/02/25 to 20/03/25
	Rotation 4 (same cohort as rotation 2)	Thursday 27/03/25 to 03/04/2025, 01/05/25 to 15/05/25
	Rotation 5	Mon/Wed/Thurs/Fri 02/06/25, 04/06/25, 05/06/25, 06/06/25
Year 3	Rotation 1	Mon/Tues/Wed 23/09/24 to 22/10/24
	Rotation 2	Mon/Tues/Wed 28/10/24 to 26/11/24
	Rotation 3	Mon/Tues/Wed 13/01/25 to 11/02/25
	Rotation 4	Mon/Tues/Wed 17/02/25 to 18/03/25
	Rotation 5	Mon/Tues/Wed 24/03/25 to 09/04/25, 28/04/25 to 06/05/25 (Excludes 5th May Bank Holiday)
Year 4	Rotation 1 Cohort A	17/09/24 to 04/10/24
	Rotation 1 Cohort B	08/10/24 to 25/10/24
	Rotation 2 Cohort A	05/11/24 to 22/11/24
	Rotation 2 Cohort B	26/11/24 to 13/12/24
	Rotation 3 Cohort A	07/01/25 to 24/01/25

	Rotation 3 Cohort B	28/01/25 to 14/02/25
	Rotation 4 Cohort A	25/02/25 to 14/03/25
	Rotation 4 Cohort B	18/03/25 to 04/04/2025
	Rotation 5 Cohort A	08/04/24 to 11/04/25, 29/04/25 to 09/05/25 (<i>Excludes 6th May university teaching</i>)
	Rotation 5 Cohort B	13/05/25 to 23/05/25, 28/05/25 to 30/05/25 (<i>Excludes 27th May Bank Holiday</i>)
Year 5	Rotation 1	16/09/24 to 11/10/24
	Rotation 2	14/10/24 to 08/11/24
	Rotation 3	18/11/24 to 13/12/24
	Rotation 4	06/01/25 to 31/01/25 (<i>PSA Exam 30th January</i>)
	Rotation 5	03/02/25 to 28/02/25
	Rotation 6	17/03/25 to 11/04/25

THE MBChB CURRICULUM IN LEEDS

Our challenging curriculum combines thorough training in the medical sciences with a strong emphasis on communication and practical skills. Students continually build and reinforce core professional skills, throughout the course.

Clinical experience at Leeds is second to none and begins in Year 1 of the programme. The diversity of the region and our strong partnerships with general practice, the teaching hospitals in Leeds and Bradford, and local acute and regional general hospitals mean we offer a wide range of placements. Digital technology is embedded in the MBChB course, and we continue to invest and innovate on placements, through assessments and education pedagogy.

Click [here](#) for more information about the MBChB curriculum.

Click [here](#) to access the MBChB Curriculum Overview.

PRIMARY CARE PLACEMENTS

Year 1	8 half-days (Tuesday morning). This is an introduction to Primary Care and an opportunity for students to see what goes on and who is involved in delivering healthcare outside the hospital setting. Students will get the chance to talk to patients and healthcare professionals.
Year 2	10 full-days (Thursdays) plus additional 4-day placement in the summer. Student usually return to the same placement location as in Year 1 to put their developing communication and clinical examination skills into practise. Tutorials on clinical topics and examination skills.
Year 3	14 days (Mon/Tues/Wed) over five weeks. Students spend a longer placement in a single practice where they can develop consultations skills and spend more time with direct patient contact. Students are introduced to all elements of primary care and its multidisciplinary team. Complements central teaching on advanced communication skills, illness presentation and prescribing.
Year 4	12 days (Tues-Fri) over 3 weeks. The Year 4 Primary Care placement is part of the Continuing Care and Cancer module (CCC). The focus is on chronic illness and cancer presentation and management. Students meet patients with chronic and life-limiting conditions and learn how their care is managed in Primary Care. Students also complete placements in oncology and palliative care during the same module.
Year 5	20 days over 4 weeks Students develop their independent consultation and management skills in preparation for qualification as a doctor. Through integration in a practice team, students see the balance of clinical, management and leadership roles within Primary Care.
Paediatrics (Year 4)	A one-day placement for a group of 4 students to give them experience of treating children in the community.
ESREP	The Extended Student-led Research or Evaluation Project (ESREP) offers medical students, in protected time and with an expert supervisor, the possibility to develop and deliver an extended piece of research, audit or evaluation in an area that interests them. The end point for the student and supervisor will be the production of a piece of research, audit, or clinical service evaluation, through a student-selected and student-led project.

Please note the length of a placement day may vary depending on the clinical demands of the practice and student travel but should generally be 9-5 for a full day placement.

The Primary Care placements form a significant contribution to the overall MBChB course in Leeds. During the various placements over the five years of the course students will:

- Integrate basic science and body systems learning with real-world patients.
- Develop communication and consultation skills with patients.
- Learn about multidisciplinary team approaches to patient care.

- Explore the impact of a health conditions on patients, and their families, and understand the role of the primary care clinician.
- Learn how to become safe prescribers.
- Benefit from the apprenticeship and role-modelling pedagogical approach that we use throughout Primary Care education.

ESSENTIAL REQUIREMENTS FOR STUDENTS

Each placement, and the modules within which the placements sit, have a range of requirements for students to complete. Some are completed by the student, while others need completing by the GP tutor.

All assessments for students are to be completed on a remote learning record, called PebblePad. More information about PebblePad can be found at [HERE](#).



For all Primary Care placements students are required to complete:

- An initial induction.
- Workplace based assessments (WBA) appropriate to the clinical setting. Students have a list of WBAs to complete over the entire year and can be completed on any placement while some are specific to the Primary Care placement.
- 100% attendance (80% attendance is mandatory to pass the placement).
- Final feedback session report, documenting feedback on performance and professionalism.

Further information on specific WBA requirements is available under the Year-specific sections throughout this guide.

PLACEMENT EXPECTATIONS

Most of the undergraduate medical education is undertaken on clinical placements. The GMC (General Medical Council) has guidance on the expectations of students, medical schools, and placement providers for clinical placements, including patient safety, quality assurance and supporting learners.

You can access the full guidance [here](#). There is a summary of placement expectations in our Quality Practice standards below.

Quality Practice Standards 2024-25

University of Leeds MBChB student GP placement providers must ensure the following quality standards are met:

FACILITIES

GP placement providers should provide the following for students:

- Secure space for students' belongings
- Study area
- Accessible building
- Appropriate clinical equipment. Students are expected to carry their own stethoscopes
- Adequate Wi-Fi
- IT facilities, including access to patient records as appropriate
- Smartcard facilities, with individual log in provided

INDUCTION/SUPPORT

GP placement providers should provide students with an induction pack and planned timetable. This should be sent to the students 2 weeks in advance of commencing placement.

Induction should be given by all placement providers and should include the following elements:

- the protocols, rules and procedures specific to that placement
- the context of practice in that locality, organisation and community. This includes an overview on the diversity of the patients they will see and the health inequalities in the surrounding area
- information about appropriate conduct and behaviour. For example, dress codes, good time keeping, reporting sickness absence, and treating patients and visitors with respect
- information about health and safety rules
- information about the importance of students looking after their own health. For example, recognising when their health could mean it's inappropriate for them to attend a placement
- roles and responsibilities in the team
- familiarisation with the physical setting and layout of the placement environment
- introduction of the student to relevant staff members, including levels of supervision and lines of accountability
- access to wellbeing, peer support and staff networks
- how to raise concerns, particularly around patient care and the level of support and supervision provided
- learning objectives
- in partnership with the student develop a personalised learning plan for the placement
- schedule for learning activities
- access to clinical and learning resources including records and IT systems as appropriate
- how students will receive feedback on performance and how to respond

Students should receive a final appraisal, informed with feedback from other PHCT (Primary Health Care Team) members.

The GP placement provider should allow opportunity for the student to raise concerns throughout the placement.

The GP placement provider should raise any concerns about a student with the University of Leeds in an appropriate and timely manner.

LEARNING ENVIRONMENT AND CULTURE

- There should be a named lead tutor who has responsibility and accountability for the overall quality and leadership of the placement
- The student should be provided with a flexible timetable, based on the individual student's needs
- The wider practice team should be involved in teaching
- The practice should aim to form links with the community-based team
- Students should be made to feel they are valued members of the PHCT
- Tutors should ensure the learning opportunities of placement meet the curriculum needs
- The practice should value and champion education and training
- The practice should provide inclusive support for learners of all backgrounds; placement providers should create an inclusive culture and fair training environment at placements. They should respect different values, beliefs and perspectives
- Placement providers should make sure students are protected from discrimination, abuse or violence, as they would for any staff members
- Patients involved in teaching do so with adequate informed consent

STUDENT ASSESSMENT

- The GP placement provider is required to ensure the learners are supported to complete appropriate summative and formative assessments, with full engagement with the university learning environment (Pebblepad)
- The GP placement provider should ensure appropriate attendance monitoring is completed. Any concerns about attendance should be addressed to the student as soon as possible to allow time for improvement and adequate progress to pass the placement. If there are ongoing attendance concerns, the GP placement provider should raise this with the module lead

RELATIONSHIP WITH MEDICAL SCHOOL

- The GP placement provider must engage in the University's Quality Assurance Process and Annual Review, demonstrating response to evaluation and feedback
- The GP placement provider is required to provide examiners at OSCE examinations in accordance with the guidance for their practice
- Staff involved in teaching medical students should engage annually with CPD related to educational role. Lead tutors should aim to attend the annual Tutor Development Day
- The lead tutor must engage in peer review of teaching every 3 years
- The lead tutor should apply for the title of Honorary Tutor after the first year of teaching
- The GP placement provider should provide a named administrator as point of contact for the university team. Any changes in this contact must be communicated with the University

Primary Care Placements Team. June 2024.

QUALITY ASSURANCE PROCESS FOR PRACTICES

Regular review of undergraduate teaching practices and placements is a requirement of our quality assurance process within the MBChB programme. Students give feedback on each placement, and this is collated and forwarded to lead tutors throughout the year. Students and tutors can also raise concerns at any time, and we will aim to address these as they arise.

Each teaching practice will have an annual review. For this we require tutors to complete an assessment form, including reflections on teaching and student feedback. This form will be sent out in advance of the review and needs to be completed promptly.

All new practices (within three years of starting undergraduate placements) and practices who teach multiple year groups of students will have an annual meeting to review the feedback. Any practices where concerns have been raised and/or they have received a red card via the Clinical Reporting Tool will also receive an annual visit. This is a supportive process, where we can help with any placement issues and educational development within the practice.

In all other established practices, where no issues have been identified, the review meeting will be every three years. Meetings can be in person or on Microsoft Teams.

Feedback looks at the components of the Quality Practice Standards and any free-text responses about the placement from the students.

WITHDRAWAL OF PLACEMENTS

Persistent or serious concerns about placements from student feedback will prompt additional review of placement activity. Where individual student issues are the cause of the concerns we can work with the tutor, module leads, academic personal tutors and support teams within the medical school. Persistent concerns about the placement or practice may lead to the withdrawal of the placement. This is always in discussion with the lead tutor. Where it has been identified that facilities, educational environment, or patient services are compromised (in CQC reports, for example) please let the Medical School aware of the changes, as this may impact the suitability of the practice to host students.

Fluctuating student numbers may mean we need to adjust the number of teaching placements each year. Individual practice issues, staffing and clinical demands can also require changes in number of rotations and placements offered by a practice. If you have any concerns about the ability to host students, please let us know and we will always try to accommodate any circumstances.

YOU AND THE MEDICAL SCHOOL

We enjoy a great relationship with our GP tutors and teaching practices.

We arrange a series of CPD events throughout the year, which include

- Year-group virtual drop-in sessions. These are wonderful opportunities to catch up with other tutors and share any concerns and ideas about placements.
- Primary Care Development Day. Each summer we hold a Primary Care Development Day which includes keynote speakers, tutor forums and workshops. This is an important opportunity to meet up with colleagues in Primary Care medical education and receive updates on the MBChB programme. We expect each teaching practice to release the GP tutors to attend this conference each year. More than one GP from a practice is welcome, and encouraged, to attend, as we know many practices have different leads for each year group.
- New GP Tutor CPD session. This is usually held early in the academic year, and is designed to help support new tutors and practices setting up their placements.

If you have any queries about CPD events, please contact Ruksana Bukhari: mededcpd@leeds.ac.uk.

It is a requirement of being an undergraduate teaching practice that tutors offer to participate in the OSCE (Observed Structured Clinical Examination) exams. For those hosting 2 or more year groups, 1 day annually is required. For those teaching only one year group (including those teaching just Y1 and 2), the requirement is to complete 1 day in alternate years only. To do this you will need to complete OSCE examiner training. For details on training requirements, please contact Ruksana Bukhari: mededcpd@leeds.ac.uk.

Peer review is also an essential part of continuing professional development, and we ask that tutors participate in some form of peer review of their educational activity at least once every three years. Many tutors who also supervise GPSTs will already participate in peer review and there is no additional requirement for undergraduate teaching. Example peer review forms will be available on the Clinical Placements [website](#).

GP tutors who have been hosting students for 12 months or more, complete one form of CPD related to undergraduate medical education per academic year, have their teaching peer reviewed every 3 years and volunteer to examine at the OSCEs, are eligible to apply to become an Honorary Lecturer and have Associated Practice Status at the University of Leeds. This gives you access to University of Leeds events and facilities, but also recognises your contribution to the education of the next generation of doctors. Application forms will be available on the Clinical Placements [website](#).

OTHER OPPORTUNITIES

We are always supportive of practices and tutors who would like to increase their involvement in healthcare education. Within the School of Medicine, there are many other academic opportunities for practices.

Physician Associates (PA)-clinical placement opportunities are available to host PA students in Year 1 and Year 2 of their studies. Please contact the placements team for more information.

ESREP Tutoring – The Extended Student Research and Evaluation Project runs from the start of Year 4 into Year 5. Students will deliver a pragmatic piece of research or clinical service evaluation, through a student-selected and student-led extended project. Students are expected to take responsibility for their own clinical knowledge & skills development; to own, shape, drive, and complete their project and wider academic study. The project is supervised by a clinical or academic member of staff, using a light touch. The projects on offer will be varied, and include service evaluation and audit, embedded in NHS clinical teams; Translational and clinical research, embedded in existing research groups; Clinical service management; and medical education. Please contact the Primary Care team if you would be interested in supervising a pair of students with any potential projects.

Academic Personal Tutoring - As part of our student support programme, we have regular opportunities to tutor students throughout their time on the MBChB programme. Please look out for adverts circulated when opportunities come up.

Safer Medic - GP tutors can also apply to become Safer Medic tutors. The Safer Medic strand of the Year 3 curriculum has been designed to equip students to view clinical situations to take account of the relevant clinical and related issues, so they can progress to deliver effective patient care. This process is enabled by an experienced tutor working alongside them throughout Year 3 when they begin their longer clinical placements. The role of Safer Medic Tutor is to help students develop a comprehensive patient-centred approach to clinical situations so that they can deliver optimal care and reflect effectively. These tutors are assigned a group of 8-9 students from Year 3 and deliver Safer Medic teaching sessions. For further information please contact Lizzie Luff: e.m.luff@leeds.ac.uk

Teaching opportunities – There are several points throughout the undergraduate programme where we need clinicians to come and teach, usually with small groups of students. Again, please look out for any notices circulated via email.

We will keep you informed of career opportunities within the School of Medicine as we are always looking to expand our team of Primary Care medical educators. The University of Leeds and the Medical School are very research active, and we may also contact you with research opportunities as they arise.

VIRTUAL PRIMARY CARE

Tutors can also request access to our Virtual Primary Care resource. Virtual Primary Care <https://vpc.medicalschoolscouncil.org.uk/> is a library of real-life general practice consultation videos which has been developed by the Medical Schools Council and medical educators across the UK. The resource allows you to browse through a wide collection of videos which can be tagged and classified by condition and learning outcomes by GP tutors. Each video comes with discussion points and links to additional resources. These can be collated into mini clinics for you to go through and discuss on placement.

If you would like to request access to the resource, please contact Lizzie Luff: e.m.luff@leeds.ac.uk with details of your nhs email address.

CLINICAL PLACEMENT REPORTING TOOL

The Clinical Placement Reporting Tool (CPRT) is a system that allows students and placement staff to feed back to the school about their experiences working with one another. They can do this in two ways: by leaving a Commendation or by raising a Concern.

Commendations give students and placement staff the ability to highlight outstanding individuals who have either demonstrated excellence or gone 'above and beyond' expectations. The feedback the school receives will be passed directly to the student or staff member who has been commended.

Concerns are used to alert the school to problems or areas that may compromise either patient safety or the quality of the learning environment. Concerns will be handled confidentially, normally by the Year Lead (for MBChB students) responsible for the student.

The CPRT, and a full summary of the ways that the CPRT functions, what processes it follows, and what will happen when you submit or receive a Commendation or Concern, can be accessed [here](#).

TUTOR CONCERNS ABOUT STUDENTS ON PLACEMENT

If tutors have concerns about students on placement, there are a range of support options available, dependent on the issues involved. Please raise concerns with the student in the first instance; whether these are about professionalism, attendance, or academic progress.

Student absences:

- Students are told to report absences on Minerva (University of Leeds online learning platform).

- Students are also told to inform their placement tutors if absence occurs during a time when they should be on placement. At the start of placement please ensure students know how to report absences to the practice.
- If a student is absent, please ask them to ensure they have registered this with the online absence reporting system.
- Students are expected to attend 100% of placement. Planned absences from placement should be approved by their academic sub-dean and discussed with the lead tutor in advance of the absence.
- Continued issues with placement attendance, sign-off and assessments can be raised with the MBChB Placements team and/or the module lead (contact details in the year-specific sections).

Student wellbeing and support:

- Student welfare concerns will depend on each individual situation. All students have direct access to their allocated personal tutor. They can discuss academic and personal concerns with the tutors.
- All students have been encouraged to register with a GP locally and can self-refer to the School of Medicine student support team, Leeds University Union, and the Student Counselling and Wellbeing service.
- If you have concerns you can contact any member of the module team, School of Medicine Support, or the Primary Care Placement team directly with any concerns.

A more comprehensive guide for students is available [here](#).

NEEDLESTICK INJURY POLICY

Faculty of Medicine and Health students are covered by the University of Leeds Occupational Health department.

The Contamination Incidents information and guidance is available [here](#).

CHAPERONE POLICY

Guidance for Medical Students on Acting as Chaperones and Conducting Intimate Examinations – LIME (Leeds Institute of Medical Education) 2016

Purpose

The purpose of this guidance is to clarify to medical students and their clinical supervisors the role of students in acting as chaperones in clinical practice and provide information on their responsibility in being involved during intimate examinations.

Background

In 2004 the Committee of Inquiry looked at the role and use of chaperones, following its report into the conduct of Dr Clifford Ayling. It made the following recommendations:

- Each trust/organisation should have its own chaperone policy, and this should be made available to patients.
- An identified managerial lead (with appropriate training).
- Family members or friends should not undertake the chaperoning role.
- The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone.
- Chaperones should receive training.

The definition of a chaperone

A chaperone is an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship. (MPS April 2016).

The GMC guidance in Good Medical Practice 2013 indicates:

A chaperone should usually be a health professional and you must be satisfied that the chaperone will:

- *be sensitive and respect the patient's dignity and confidentiality;*
- *reassure the patient if they show signs of distress or discomfort;*
- *be familiar with the procedures involved in a routine intimate examination;*
- *stay for the whole examination and be able to see what the doctor is doing, if practical; and*
- *be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.*

The name of the chaperone should be recorded in the clinical records and the patient should be informed of this.

What is an intimate examination?

Obvious examples include examinations of the breasts, genitalia, and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient; for example, conducting eye examinations in dimmed lighting, applying the blood pressure cuff, palpating the apex beat (MPS, 2016). The patient's perception of an intimate examination may extend beyond this, and regard should be taken of social, ethical, and cultural perspectives.

The General Medical Council (2013) has clear guidance for doctors, but this cannot be applied in quite the same way for medical students. **If you are conducting an**

intimate examination on a patient, you require a clinically qualified chaperone as you are not only examining an intimate part of a person's body, but also you may not be proficient in that examination.

Informed consent must be obtained before all procedures, examinations, investigations, or care. This means the patient must understand the procedure, benefits, and risks. **You must always make it clear that you are a medical student, not a qualified doctor.**

You **cannot**:

- Act as chaperone to your clinical partner (fellow medical student) for **intimate** examinations.
- Proceed with an examination if you feel the patient has not understood (for example due to a language barrier).

You **can**:

- Once you have had the relevant training session in year 1, you can act as a chaperone for patients examined by your clinical supervisor or other qualified healthcare professionals.
- Conduct **non-intimate** examinations on patients with your fellow medical students present, or on your own during year 5 placements provided the patient has given informed consent (i.e., they are aware that you are a medical student examining them as part of your learning).

References

- DH (2004) "Committee of Inquiry- Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling"
- GMC (2013) Intimate examinations and chaperones
- Medical Protection Society 2016

STUDENTS IN CLINICAL EXAMINATION TEACHING

Learning clinical examination skills is an essential part of the curriculum and forms part of a fundamental set of skills our students need to develop during training. Whilst the expectation is that students consolidate these skills on clinical placement, they are often taught clinical examination and anatomy in a classroom environment in the early years. During these sessions, on placement and in the classroom, historically it has been customary practice for students to examine each other or be asked to volunteer for demonstration purposes.

Feedback from students has highlighted that this practice can often feel uncomfortable and embarrassing and at times can be a source of anxiety for some students.

This is a practice that we would not encourage to continue and have been working to put measures in place to manage. As you may be aware we have been gradually increasing the involvement of the Patient | Carer Community (PCC) and volunteer

patients in both clinical skills and anatomy teaching during the last academic year. It has become clear that students benefit from this enhanced engagement with patients which mirrors the authentic contact within the clinical setting. This also gives the student the opportunity to practice their communication skills and receive direct patient feedback. Specifically, we would expect students to gain appropriate consent and demonstrate professional respect and dignity during the physical examination of patients, simulated patients, and student colleagues.

During this academic year we intend to roll this initiative out to include all centrally delivered clinical skills, anatomy teaching and GP placements and partner trusts where students would have previously been involved in examining fellow students.

Whilst students can continue to volunteer to participate in teaching sessions there will no longer be an obligation for them to do so and alternative provisions will be in place.

Students wishing to continue with this practice for self-directed learning purposes may do so once appropriate consent has been sought.

CODES OF CONDUCT AND STUDENT FAITH GUIDES

Please find below links to the School of Medicine's updated Student Faith Guides, and new Codes of Conduct. The codes of conduct are intended to clarify to placement providers the expectations that we have for their staff who interact with our students, and the standards to which they should hold our students.

[Student Faith Guides](#)

[Anti-racism Code of Conduct](#)

[Anti-homophobia anti-transphobia and anti-biphobia Code of Conduct](#)

[Anti-ableism and anti-disablism Code of Conduct](#)

STUDENT DRESS CODE

A new dress code has been produced by Emma Simpson in the Clinical Skills Team in collaboration with a working group of staff and students, including placement providers.

This code outlines the University of Leeds expectations of students who attend clinical placement, whilst supporting those who wish to dress in accordance with their religious and cultural practices.

Students are provided with University of Leeds scrubs to wear on placement. For Primary Care, it is expected that students attending placement in groups (Years 1, 2, 4 and 5), should wear scrubs for all clinical placement activity.

In Year 3, students in Primary Care attend placement individually, and so it is up to the discretion of the practice and student to decide whether scrubs or smart clothes would be more appropriate. Students must be allowed to wear scrubs if this is their preference.

A guide for placement providers is available [here](#).

A student version has been shared with all medical students. Any queries or feedback can be sent to Emma Simpson E.Simpson2@leeds.ac.uk

ATTENDANCE GUIDANCE FOR MBChB STUDENTS

We have strengthened our student guidance on attendance and absence for the MBChB programme in response to issues faced by providers and as part of our broader work on student professionalism. We have clarified the messaging and the process for all and students are reminded that 100% attendance is expected on the programme as a mark of respect for colleagues and patients. Failure to attend, or absence without permission, can have serious consequences and may result in being excluded from the University.

This new guidance is available [here](#).

It covers:

- Placement attendance principles
- Recovery placements
- Reporting absence
- Requesting permission for planned absence

We hope this will support you in any discussions with students about attendance.

GUIDANCE FOR CLINICAL PLACEMENTS ON REASONABLE ADJUSTMENTS AND HEALTH PASSPORTS

A new process for sharing disability and support information has been introduced for this academic year. Information about what adjustments a student may require will be contained on their **Health Passport**. We recommend that all providers familiarise themselves with the new process, including how to request sight of a Health Passport following notification that a student may require placement adjustments. [Health Passports \(placement adjustments\)](#)

For more information please contact: medicinstudentsupport@leeds.ac.uk

HOME VISITING POLICY

Home Visiting Policy - University of Leeds Primary Care Placements Team 2024

Introduction

Visiting patients at home is an integral part of primary care and can be a valuable source of learning opportunities for students. These may include:

- Developing insight and empathy into how a patient's medical condition affects them on a day-to-day basis
- Learning how patients adapt and manage living with chronic conditions in the context of their own unique circumstances
- Looking beyond 'the disease' and more at the person (i.e., developing a holistic approach to patient's problems)
- Understanding the interplay between medical, social, and psychological determinants of health
- Improving their understanding of the wider team in the management of chronic disease (i.e., district nurses, community matrons, GP's, charity sector etc.)

Aim of Guidance

This guidance aims to ensure that home visiting by medical students is properly risk-assessed and managed to safeguard the medical student, the patient, the GP Practice, the GP tutor, and the public. This guidance should be adopted as practice policy.

Indemnity and Insurance

The supervising clinician in a practice will have their own professional indemnity insurance which will indemnify them as the responsible clinician who has sent the student to the home visit and the student has acted according to their instructions as part of the Clinical Negligence Scheme for General Practice (CNSGP) and possibly additionally as part of a medical defence union (MPS, MDU, MDDU etc).

The Practice should also have public and employers' liability insurance cover, which we have asked you to ensure includes medical students while on placement at that Practice, and this will include cover for harm to students while on practice business outside the practice premises. Please check your insurance policy for specific information that is relevant to you and your cover.

Procedure for facilitating home visits by medical students

1. Whilst on placement at a practice, medical students should be regarded as 'employees' of the practice in terms of health and safety legislation and general welfare.

2. The Practice, medical students and their supervising GPs have a choice as to whether to accept organisational, professional, or personal risk relating to medical students doing home visits alone. In some instances, students will visit in pairs or with a health professional. In other circumstances, students may also appropriately visit a patient alone.
3. Before every home visit, the supervising GP should ascertain the level of risk the medical student would be exposed to during the visit (see below). This risk may be physical or psychological. If the risk is deemed to be anything more than minimal, the student should not be permitted to do that home visit alone.
4. It is essential that it is made explicit to students that if at any point during the home visit, they feel unhappy, unsafe, or concerned about their wellbeing, they should leave the house and contact the Practice as soon as possible.

Guidance for medical students undertaking home visits alone

All home visits must be deemed clinically or educationally appropriate by the medical student's supervising GP beforehand.

To minimise any risk to the students, patients and public, please ensure the following steps are taken prior to each home visit:

1. Medical students should be made aware of the practice's procedures for student home visits. The supervising GP should ensure these procedures are followed to ensure the students are safe and protected.
2. The supervising GP is responsible for performing the risk-assessment of a home visit before the visit takes place: see examples of 'unsafe' visits.
3. The supervising GP (or as may be appropriate, the relevant practice staff member) should contact the patient for consent purposes before the visit to ensure they are happy to be seen by a medical student initially and should also discuss the nature of the visit and what to expect of the student. Patients and carers should be informed about the arrangements for the supervision of the students and the completion of the consultation by the supervising GP.
4. Medical students should never do any of the following unsupervised:
 - Physical examinations which require the patient to remove clothing in a home visit setting
 - Venepuncture
 - Administration of any injections
 - Administration of topical, oral, or rectal medications
 - Catheterisation
5. There must be an agreed form of communication between the student and the supervising GP before the visit takes place: see "Procedures for Students to follow before a Visit." If the student has any concerns about the patient's wellbeing those concerns must be communicated to the supervising clinician as soon as possible.

6. The supervising GP must ensure that the student reports the results of the visit to them in a timely fashion. This should always be within the same clinical session (the same half day), to
 - Confirm the student is safe
 - Safely and promptly complete the consultation when the home visit was requested by the patient or carer
 - Give feedback to the student and address any concerns that may have arisen.
 - Ensure any record of the visit made by the student is complete and accurate.
7. After the visit, the supervising GP is responsible for checking the patient's state as reported by the student and for following up any concerns raised, or actions identified.

Procedure for students to follow before a home visit

1. Before a visit, students should give their mobile number to reception and also be given the practice number (a direct line rather than one to a switchboard or queuing system).
2. Students should inform staff when they leave to go on a visit and give their estimated time of return. At least one staff member must take operational responsibility to ensure the student has returned at the expected time - this could be the GP tutor.
3. Students should inform staff when they have returned from the visit.
4. Students should give staff a pre-agreed 'secret code word' which if the student mentions on the telephone whilst on a visit will signify they feel they are in danger.
5. If doing more than one visit at a time, they should describe to staff (in broad terms) their intended route.
6. The practice should have an appropriate alternative supervision plan in place for students in case the GP supervisor is not available.

Extra consideration of risk should be undertaken in the following circumstances where it may be unsafe for students to be unaccompanied:

- Patients with history of violent/aggressive behaviour.
- Patients with animals at home.
- Patients with severe psychosis/schizophrenia.
- Patients who have previously made inappropriate advances to staff at the Practice or who have displayed concerning behaviour.
- Patients with a history of severe recreational drug or alcohol problems.
- Patients with potentially culturally sensitive responses to such visits, unless prior to the visit, the patient has agreed to the visit with the GP supervisor.

- Patients with a previous conviction for rape or assault.
- Areas where there are general concerns over safety.
- Patient premises which may pose a health or safety risk to a student (i.e., a remote farm with livestock).

Adapted with kind permission of Dr Matt Webb, University of Keele

ELECTRONIC PATIENT RECORD DOCUMENTATION GUIDE

Year 3 students are advised to use the following guidance when documenting in the Electronic Patient Record. This is the University of Leeds MBChB guide.

How to document in an electronic patient record (EPR) in Primary Care

Electronic Patient Records (EPR) are for documentation of clinical events **AND** act as an interprofessional communication tool. Clinicians from your organisation, other healthcare organisations and administrative staff will use these records. Anonymised, coded extracts may be used for organisational improvement or research; try to use clinical codes where relevant. Patients, by default, have access to all entries added from the 31st of October 2023. ***Always write with the assumption that the patient will see your entry.*** Consider your use of language, professionalism, and presentation of your entries. Additionally, the EPR is a medico-legal document for each patient contact. Remember, **if you did not write it, it did not happen.**

Before the consultation

- Check the record for background information. The problem list, medications and allergies remain within the record, so do not re-write this unless it is particularly relevant to your consultation.
- Review the last three consultations (at least) to give you context of the patient's recent contacts.

During the consultation

- State facts and use the patient's words where relevant – avoid judgemental, presumptive, or derogatory language e.g. *denies* smoking (does not smoke), *difficult* patient, *overweight* (BMI _).
- Avoid abbreviations and acronyms. They are easily misinterpreted by both clinicians and patients.
- You must document the events during or immediately after the encounter.

A suggested structure for your entry can be mapped onto the **ISBAR** handover:

I ntroduction	<ul style="list-style-type: none"> • Your name, role, and year of study / grade • Name of supervising clinician • Name of others present and their relationship to the patient
S ituation	<ul style="list-style-type: none"> • Presenting problem • Succinct history including relevant positive and negative findings

	<ul style="list-style-type: none"> • Clear timeline where possible • Patient ideas, concerns, and expectations
B ackground	<ul style="list-style-type: none"> • Relevant context e.g. ongoing problems or social situation • Reference events clearly including dates (e.g. discharge summary 5/7/24)
A ssessment	<ul style="list-style-type: none"> • Examination findings including physical observations • Refer to relevant investigation results
R ecommendation	<ul style="list-style-type: none"> • State your clinical impression of the problem • Outline your plan, which might include: <ul style="list-style-type: none"> ○ Suggested investigations ○ Proposed treatment including non-pharmacological options ○ Plan for review / follow-up • Safety-net with clear red flags and timelines

MBChB PLACEMENT TRAVEL POLICY

The MBChB Placement Travel Policy provides an overview of placement travel and accommodation for MBChB students, plus information about financial support that is available to students and how to access it.

The Travel Policy is available for tutors to refer to [here](#).

MBChB CARES 1 Placement Handbook for Students & Clinical Tutors

Clinical Assessment Reasoning Ethics
and Safety

2024-25

INTRODUCTION TO YEAR 1 CARES

Welcome to Year 1 CARES. The CARES course aims to give students a grounding in the **C**linical **A**ssessment of patients, diagnostic **R**easoning, **E**thical and legal aspects of patient care and patient **S**afety and safeguarding. By the end of year 1 placements, students should be aiming to use their knowledge and skills to be able to communicate with patients and members of different medical teams and to carry out a range of practical skills. One of the key aspects of CARES 1 placements is gaining confidence in the clinical environment. Placements are designed to support this, and students should approach placement prepared to become a member of the clinical team and interact with patients.

Please click [here](#) to access the CARES 1 Placement Handbook.

This handbook for students and tutors, brings together aspects of the study guide and clear guidance on the tasks required and how to record these for assessment purposes. In addition, suggested placement activity and timetables are included as a guide to support tutors in developing placements and students' understanding of what to expect.

Students should aim to enjoy your time on placement by actively seeking out opportunities to ask questions and practice your skills so you will get the most out of your time on placement. Please read this carefully and use the contact details listed in the handbook if you are uncertain about the requirements of this aspect of the Year 1 course.

Other Important Sources of Information

Tutors should access the new [placement information website](#) for further details including information and training on Pebble Pad.

Students should access the [Taught Student Guide](#) for information about the following

- Placement allocations – SPARC allocation system
- Placement Dress code
- DBS certificate requirements
- Occupational health information
- Clinical placement reporting tool
- Transitioning well – advice from previous students regarding success on placement
- Whistleblowing

Dr Sophie Till
CARES Year 1 ICU Manager

MBChB CARES 2 Placement Handbook for Students & Clinical Tutors

Clinical Assessment Reasoning Ethics
and Safety

2024-25

INTRODUCTION

Welcome to Year 2 CARES. The CARES 2 course aim to give students a grounding in the **C**linical **A**ssessment of patients, diagnostic **R**easoning, **E**thical and legal aspects of patient care and patient **S**afety. By the end of year 2 students should be aiming to use their knowledge and skills to attempt a holistic clinical assessment of a patient. They should aim to be able to present a case history and to discuss possible diagnoses and ethical dimensions of the case. We DO NOT expect them to be experts by the end of year 2 but to have gained the confidence to have a good attempt at this, which you will then build on in year 3.

There are many aspects to CARES taught through multiple strands:

- Communication skills
- Clinical cases teaching
- Ethics & Law
- Clinical skills
- RRAPIDS
- Mental Health

Clinical placements will bring all of these aspects together as students begin to assess patients, work with team members and use your clinical skills in the community and hospital environment.

Please click [here](#) to access the CARES 2 Placement Handbook for Students & Clinical Tutors.

We hope that you enjoy placement and feel inspired by the clinical teams you work with. If you have any questions after reading the available information, don't hesitate to contact a member of the team.

Dr Abigail Flinders
CARES 2 ICU lead

MBChB Year 3 Primary Care Tutor Guide

2024-25

INTRODUCTION

Thank you for your continued support in teaching our year 3 medical students. We know the quality of the teaching in the practices is excellent and much appreciated by the students. Your enthusiasm and role modelling are essential for inspiring our future generation of doctors. This guide is intended for General Practice Tutors/Honorary Lecturers who will teach on Year 3 Primary Care Placement, their staff and other primary care team colleagues who teach medical students.

The aim of this guide is to give you the relevant information for teaching year 3 students during their placement. The Year 3 student guide is included in Appendix B.

PLACEMENT DATES

Year 3	Rotation 1	Mon/Tues/Wed 23/09/24 to 22/10/24
	Rotation 2	Mon/Tues/Wed 28/10/24 to 26/11/24
	Rotation 3	Mon/Tues/Wed 13/01/25 to 11/02/25
	Rotation 4	Mon/Tues/Wed 17/02/25 to 18/03/25
	Rotation 5	Mon/Tues/Wed 24/03/25 to 09/04/25, 28/04/25 to 06/05/25 (Excludes 5th May Bank Holiday)

Placements are Monday to Wednesday for the first four weeks; Monday and Tuesday in the final week. On Thursdays, students are timetabled Primary Care central university teaching. This is a blend of on-line learning, and face to face.

CONTACT DETAILS

Year 3 Primary Care Lead	Dr Samantha Wong	s.wong1@leeds.ac.uk
Year 3 Administrative Lead	Hazel Millichamp	y3mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk

Primary Care and Community Placements Manager	Lizzie Luff	e.m.luff@leeds.ac.uk
Year 3 Leads	Mr Paul Harwood Dr Sarah Jagger	p.harwood@leeds.ac.uk s.jagger@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

By the end of the Primary Care Placement all students will:

- Understand the definition, scope and organisation of primary health care.
- Understand the health implications of the “individual in society”.
- Understand the primary care approach to prevention and health promotion.
- Understand the primary care approach to the consultation.
- Have explored the organisation and nature of general practice.
- Understand how illness presents to general practice.
- Understand information management and clinical information systems in primary care.
- Understand the therapeutics and prescribing in general practice.
- Be able to perform practical skills in primary care and general practice settings.

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are required to complete:

- An initial induction
- Work-place based assessments (MiniCEX and DOPs) Students have a list of WBAs to complete over the entire year, with two MiniCEX specific to Primary Care. **Please note that completion of these MiniCEX is mandatory to pass the placement.**

- Primary Care MiniCEX 1 Mental Health: History, examination and management of a person presenting with a mental health problem.
- Primary Care MiniCEX 2 Chronic condition: History, examination, and management of patient with a chronic condition.
- Range of mandatory DOPs which can be completed throughout the year, including advanced consultation skills, venepuncture, otoscopy, fundoscopy, ECG, principles of prescribing etc. A full list with descriptors is available on PebblePad and students should manage when they get each of these assessed.
- 100% attendance (**80% attendance is mandatory to pass the placement. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the Primary Care Lead or Year 3 team**).
- Final feedback session report, documenting feedback on performance and professionalism. **Please report any fails to the Year 3 team**

We also recommend that students get plenty of opportunities to get feedback after consulting with patients. Students enjoy opportunities to see patients in 'solo' clinics, but also benefit from a range of supervision methods, including observed consultations, 'sit-and-swap' clinics and telephone consultations. During a typical placement we expect students to have completed at least eight consultations with patients on their own (with / without a tutor present to observe), including:

- Two observed consultations concentrating on **STRUCTURE**. The tutor acts as an observer identifying tasks carried out during the consultation and discusses the Calgary-Cambridge model.
- Two consultations concentrating on the **SECOND HALF** of the consultation. This will include discussing investigations, exploring potential diagnoses, creating a shared management plan, safety-netting and arranging follow-up.
- Two consultations concentrating on the **PATIENT'S PERSPECTIVE**, exploring their ideas, concerns and expectations. Encourage the student to consider how this may influence the patient's illness and their management plan.
- Where possible, follow a patient through **TWO ENCOUNTERS** of their healthcare. That may be the student seeing a patient in a follow up appointment themselves, or with another clinician or healthcare professional within the surgery e.g. for a blood test, ECG, pharmacist, social prescriber etc.
- We would encourage discussion about the real aspects of difficult or complex consultations, including confidentiality and sharing decision-making.

These are suggested activities to help structure the placement, but please use whatever resources and clinics you have at your practice to allow the students a full experience of Primary Care.

DETAILED PLACEMENT OBJECTIVES

The main objectives are divided into knowledge, skills, and attitude components.

Knowledge

By the end of the Primary Care Placement all students will understand:

The definition, scope, and organisation of primary health care

- the organisation and leadership of primary care in the UK
- self help and support networks for patients – including charitable, private and government organisations
- the expertise and contribution of nurses and allied healthcare professional colleagues to the management of diseases in the primary care setting
- the interaction between primary and secondary care
- the importance of primary health care in a global context

The health implications of the “individual in society”

- the interaction and consequences of physical, social, cultural, and psychological factors affecting health
- health in the context of patients’ lives
- role and support of social services, including benefits

The primary care approach to prevention of disease and health promotion

- patterns of health behaviour
- applied public health in terms of Quality Outcomes Framework (QOF).
- the issues around individual and population strategies for health promotion - individual strategies for health promotion and behaviour change

The primary care approach to the consultation

- structure of consultations in primary care and general practice
- focusing integration of information, clinical decision making, formulating management plans with the patient, sharing understanding and safety netting
- triadic consultations including dealing with children, relatives and third parties
- consultations with language barriers, including the use of interpreters
- the longitudinal consultation
- integrating IT systems into the consultation
- communication with colleagues in health and social care, voluntary services

The organisation and nature of general practice

- role of professional bodies (Royal College General Practitioners, Society Academic Primary Care)

- general practice as a career
- general practice as an academic career

How illness presents to general practice including

- the presentation and management of common illnesses
- how to deal with unplanned care- minor illness and emergencies
- the interaction of different illnesses
- how to deal with undifferentiated symptoms
- how to deal with diagnostic and clinical uncertainty
- the patient-focussed approach linking their illness to the context of their lives

Information management and clinical information systems in primary care

- have explored the uses of the electronic patient record (EPR) in general practice (e.g., SystemOne, Emis)
- understand how the EPR supports clinical care in terms of disease registers, clinical decision aids, clinical prompts, read coding, audit
- have explored other IT services such as Accurx, Patchs, Systemconnect
- to support communication between services

Therapeutics and prescribing in general practice

- understand where to find information that supports evidence based prescribing decisions
- understand which drugs are prescribed commonly, their route, mechanism of action, adverse drug reactions and contraindications
- prescribing in common conditions

Practical skills in primary care and general practice

- explaining common investigations, tests, and procedures

Skills

By the end of the Primary Care placement all students will be able to:

- Identify personal learning objectives and formulate ways of achieving them
- Perform practical skills commonly undertaken in primary care and general practice
- Effectively obtain a relevant, structured, and accurate patient centered history and use this information to formulate clinical decisions and shared management plans
- Effectively communicate with patients, carers, and other professionals
- Give patients information in a way they understand, and check understanding
- Perform complex consultations – including triadic consultations, and the use of interpreters
- Integrating IT management systems into the consultation
- Write a safe and accurate prescription
- Perform certain diagnostic procedures

Attitudes

By the end of the Primary Care placement all students should:

- Become responsible for their own learning including learning through independent enquiry
- Listen to patients and respect their views, beliefs, and principles
- Respect the rights of patients to be fully involved in decisions about their care
- Protect and respect confidential information
- Value team-working
- Appreciate the many forms of communication to ensure patient safety

UNIVERSITY-BASED TEACHING SESSIONS

Students attend Primary Care specific University based teaching each Thursday:

Week	
1	What is General Practice?
	The Primary Care consultation
2	Communication Skills
	Technology Enhanced Consulting
3	Illness presentation
	Prescribing in Primary Care
4	Advanced consultations in General Practice
	Situational judgment in Primary Care

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

	Mon	Tues	Wed	Thurs	Fri
Week 1					
AM	Non-clinical induction Clinical Induction Spend time in reception	S1/Emis training HCA clinic	Midwife clinic		
	Visits/SDL (self-directed learning)	Visits/SDL	Visits/SDL		
PM	Teaching surgery	Student led surgery – option for sit and swap for 1 st surgery	Teaching surgery and debrief		
Week 2					
AM	Pharmacist session	Nurse clinic	HCA clinic Spend time with secretarial team		
	Visits/SDL	Visits/SDL	Visits/SDL		
PM	Teaching surgery	Student led surgery	Teaching surgery and debrief		
Week 3					
AM	Join Home visiting service	Minor surgery	HCA clinic		
	Visits/SDL	Visits/SDL	Visits/SDL		
PM	Teaching surgery	Student led surgery	Teaching surgery and debrief		
Week 4					
AM	Baby Clinic	Nurse Clinic	Pharmacist session or visit Community pharmacy		
	Visits/SDL	Visits/SDL	Visits/SDL		
PM	Teaching surgery	Student led surgery	Teaching surgery and debrief		
Week 5					
AM	HCA Clinic	Contraception clinic			
	Visits/SDL	Visits/SDL			
PM	Teaching surgery	Student led surgery and sign off			

Suggested Weekly Themes

Week	Themes	University-based teaching	Suggested study / lunchtime activities
1	Introduction to General Practice	What is General Practice?	-Explore the practice structure, staff members, demographics and clinical set up. (Complete the pre-course work using National General Practice Profiles – OHID (phe.org.uk))
		The Primary Care Consultation	-Practise the focused consultation
2	Digital General Practice	Technology Enhanced Consulting	-Explore 'Test' patients on the EPR – see 'TEC placement activities guide' on Minerva. -Students to complete 'Data security awareness' E-learning for Health -Encourage students to document their consultation using the 'EPR documentation guide' on Minerva
3	How illness presents and prescribing	Prescribing in Primary Care	-Start own clinics (if not already). -Practise electronic prescribing with a 'Test' patient. -Discuss prescribing within consultations -Discuss how patients present to primary care, how illness changes over time and how we manage diagnostic uncertainty.
		Illness presentation in Primary Care	-Explore patients with persistent physical symptoms/MUS e.g. IBS, fibromyalgia, functional disorders -HIGHLIGHT REQUIRED ASSESSMENTS AND REMIND TO COMPLETE
4	Complexities of General Practice	Advanced consultation skills in GP	-Explore more complex consultations e.g. triadic consultations with parents/family members, using interpreters, managing medical complexity
		Situational judgement in Primary Care: Becoming the Clinical Generalist	-Sit in on-call clinic -Discuss how and why we make decisions
5	Final two days	Complete any outstanding assessments	Review outstanding queries, discuss feedback from and to the students.

MBChB Year 4 Primary Care Tutor Guide

Continuing Care and Cancer (CCC)

2024-25

INTRODUCTION

Thank you for hosting 4th year medical students in your practice and giving them the opportunity to learn about long term conditions and cancer from patients, carers, and staff in a primary care setting. We know the quality of the teaching in the practices is excellent and much appreciated by the students. Your enthusiasm and role modelling are essential for inspiring our future generation of doctors.

This guidebook is intended for General Practice Tutors/ Honorary Lecturers who teach on the Year 4 Continuing Care and Cancer Integrated Clinical Unit (ICU), their staff and other primary care team colleagues who teach medical students at the University of Leeds.

The aim of the Year 4 Tutor Guide is to give you the relevant information for teaching year 4 students during their CCC placement. The study guide is included in Appendix C.

June 2024

PLACEMENT DATES

Year 4	Rotation 1 Cohort A	17/09/24 to 04/10/24
	Rotation 1 Cohort B	08/10/24 to 25/10/24
	Rotation 2 Cohort A	05/11/24 to 22/11/24
	Rotation 2 Cohort B	26/11/24 to 13/12/24
	Rotation 3 Cohort A	07/01/25 to 24/01/25
	Rotation 3 Cohort B	28/01/25 to 14/02/25
	Rotation 4 Cohort A	25/02/25 to 14/03/25
	Rotation 4 Cohort B	18/03/25 to 04/04/2025
	Rotation 5 Cohort A	08/04/24 to 11/04/25, 29/04/25 to 09/05/25 (Excludes 6 th May university teaching)
	Rotation 5 Cohort B	13/05/25 to 23/05/25, 28/05/25 to 30/05/25 (Excludes 27 th May Bank Holiday)

CONTACT DETAILS

CCC Leads	Dr Preetha Biyani - Primary Care Dr Paul Hatfield - Oncology Dr Maria Cassidy - Palliative Care	p.biyani@leeds.ac.uk phatfield@nhs.net m.cassidy@leeds.ac.uk
CCC Administrative Team	David Hemming Frances Pearson	Y4mbchb@leeds.ac.uk

Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	e.m.luff@leeds.ac.uk
Year 4 Leads	Dr Etienne Ciantar Dr Clare Rayment	e.ciantar@leeds.ac.uk c.s.rayment@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

Students will:

- Learn how long-term conditions and cancer are managed in Primary Care, including the role of health informatics, audit, and the Quality Outcomes Framework.
- Learn about multidisciplinary team approaches to patient care
- Build up their consultation skills expertise
- Explore the impact of a long-term condition or cancer, on patients, and their families, and understand the role of the primary care clinician
- Learn how to become safe prescribers

Throughout the placement, the students will integrate prior medical knowledge using workplace-based learning incorporating informatics.

While the emphasis of the placement is on long term conditions and cancer, students hugely appreciate the chance to see a range of patients presenting in the general practice setting. Feedback from students over the last few years suggests that their most valuable learning takes place when they have time to see patients on their own and then discuss the complexity of managing patients with several co-morbidities.

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are required to complete

- An initial induction with their lead tutor

- **A primary care observed consultation (this is mandatory to pass the ICU)**
- Work-place based assessments (WPBA) appropriate to the clinical setting. Students have a list of WPBAs to complete over the entire year, some are specific to CCC, some are generic and can be completed in more than one ICU. There are two new Directly Observed Procedures (DOPs) specific to CCC for 2024-25.
 - **Management Plan Formulation** (*Apply a local, regional or nation guideline when formulating a management plan for a patient with a long-term condition*)
 - **Mental State CCC** (*use a recognised screening tool for a common mental health condition e.g. depression, anxiety, cognitive impairment in a non-psychiatric setting e.g. primary care, hospice, oncology ward*)
- 100% attendance (**80% attendance is mandatory to pass the ICU. This is 80% over the entire 6-week ICU, not 80% of the Primary Care element. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the CCC team**)
- Final feedback session report, documenting feedback on performance and professionalism. **Please report any fails to the year 4 team**

CORE CONDITIONS

The following are the conditions students are expected to know about by the end of the placement:

Respiratory Conditions

Asthma (note there is a discrepancy between the NICE guidelines and BTS/SIGN guidelines. In an exam setting either guideline will be deemed to be the correct answer)

COPD

Bronchiectasis

Pulmonary fibrosis

Cardiology Conditions

Hypertension

Atrial fibrillation

Ischaemic heart disease (angina, myocardial infarction, primary and secondary prevention)

Heart failure

Gastrointestinal Conditions

Diverticular disease

Inflammatory bowel disease
Irritable bowel disease
Coeliac disease
Chronic liver disease
Gastro-oesophageal reflux disease

Neurological Conditions

TIA
Stroke disease (primary and secondary prevention)
Epilepsy
Headache presentations, including migraine
Multiple sclerosis
Motor neurone disease
Parkinson's disease
Essential tremor

Musculoskeletal and rheumatological conditions

Rheumatoid arthritis
Chronic back pain
Polymyalgia rheumatica
Fibromyalgia
Chronic fatigue syndrome
Chronic pain management
Osteoarthritis

Endocrinology conditions

Diabetes type 1
Diabetes type 2
Diabetic neuropathy
Diabetic nephropathy
Thyroid dysfunction
Obesity

Dermatology Conditions

Atopic dermatitis and eczema
Psoriasis

Renal and urology

CKD
Benign prostatic hypertrophy
Erectile dysfunction

Psychiatry conditions

Anxiety disorder: generalised anxiety, phobias, OCD
Low mood/affective disorders
Depression

Cancer and palliative care

Cancer prevention

NICE Suspected cancer referral guidelines (it is not necessary to know all the guidelines in detail, but you should know 'red flag' symptoms)

End of life care plans

MDT approach to palliative care in the community

General principles

Frailty

Multimorbidity

Disease prevention and screening

UNIVERSITY-BASED TEACHING SESSIONS

Students attend University based teaching on Mondays

The Primary Care teaching sessions are

- **Introduction to Primary Care CCC.** This session introduces the concepts of frailty and multimorbidity and encourages the students to think about the impact of having a long-term condition on their quality of life. It considers why deprivation has such a profound impact on health. It teaches the students about early detection and screening for cancer and urgent referral pathways.
- **Cased based learning-Ischaemic heart disease.** This is the first session of two, following the case of 'Bob' who gets progressively more unwell with Ischaemic Heart Disease. Students learn about hypertension, management in primary care following myocardial infarction, and management of heart failure.
- **Case based learning-frailty.** This is the second session covering the case of 'Bob,' who is now frail and approaching the end of life, due to heart failure. Students consult with a simulated patient and complete group work to learn about advanced care planning, safeguarding vulnerable adults, polypharmacy, and the multidisciplinary team.
- **Effective Communication.** OSCE (Objective Structured Clinical Examination) practice sessions with cases of patients who need a 2 week wait referral
- **Technology Enhanced Consulting.** Students practice using a protocol on the electronic patient record to assess and manage a patient with suspected DVT.
- **Self-directed Learning modules.** There are modules on Asthma, COPD, Diabetes, Stroke disease, Hypertension, Atrial Fibrillation, and CKD, and for the students to use as learning resources. Further resources including self-

test quizzes, podcasts and case-based discussions will be available for the remaining conditions.

ESREP

Each student must have one day per placement dedicated to ESREP (Extended Student-led Research or Evaluation Project). Students can decide which is the best day to dedicate to their project, taking into consideration placement activity and ESREP need. They are encouraged to inform the practice well in advance which day they propose to take, to allow practices to plan accordingly.

SAFE & EFFECTIVE CLINICAL OUTCOMES (SECO)

Students are being given the opportunity to attend SECO teaching sessions throughout Year 4 at the clinical skills department. They will be timetabled for a Thursday afternoon across the year, and this may fall in any rotation. As such, you may be informed that one, or more, of your students will be absent for a day of placement.

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

	Mon	Tues	Wed	Thurs	Fri
Week 1					
AM		Introduction to the practice. Who does what. Students' learning needs and initial appraisal	Pair 1 in surgery interviewing patients with GP Pair 2 with practice nurse in LTC clinic	Sitting in on clinics or parallel consulting	Clinical Educator session The breathless patient – presentation, differential diagnosis
PM		Chronic disease registers, audit, QOF targets, recall systems	Observed or student led consultations	Pair 1 with practice nurse/Pair 2 seeing patients with GP	Interviewing patient with long-term conditions or researching medications
Week 2					
AM		Pair 2 seeing patients with GP/Pair 1 learn about disease monitoring, prevention	Community visits in pairs: support services/carer group/McMillan nurse?	Clinical Educator session Diabetes: prevention, patient education, relevant examination	LTCs clinic (CHD)/use of decision support tools/ Spirometry use
PM		Pair 1 seeing patients with GP. Pair 2 learn about disease monitoring	Debrief from morning. Tutorial on role of support services in LTCs and cancer	Home visit in pairs to a patient with LTC or cancer. Debrief afterwards at the practice Seeing patients with GP	Seeing patients with GP or in parallel surgery
Week 3					
AM		Pair 1 seeing patients with GP/Pair 2 meet community physio/pharmacist/IHD rehab nurse?	Observed or student led consultations	LTC's clinic (Diabetes)	Clinical Educator session Neurological condition (Stroke, TIA, MS, Parkinson's)
PM		Observed or student led consultations	Pair 2 see patients with GP/Pair 1 meet community physio/pharmacist /IHD rehab nurse?	Discussion on patients seen with LTCs and common complications of LTCs	Conclusion and paperwork completed. Case study presentations Student appraisals

Thank you so much for providing placements for our Year 4 students. Please do not hesitate to get in touch if you have any questions or concerns.

MBChB Year 4 Paediatrics Tutor Guide

2024-25

INTRODUCTION

Thank you for hosting Year 4 students in their Community Paediatric placement.

This day-long placement aims to expose students to a range of primary care aspects of paediatrics, to complement their secondary care placement in both hospital and community paediatrics.

A copy of the Year 4 study guide is included in Appendix C.

PLACEMENT DATES

Year 4 Paediatrics	Rotation 1	23/09/24 to 25/10/24
	Rotation 2	11/11/24 to 13/12/24
	Rotation 3	13/01/25 to 14/02/25
	Rotation 4	03/03/25 to 04/04/25
	Rotation 5	28/04/25 to 30/05/25 (<i>Excluding 05/05/25, 26/05/25 & 27/05/25 ((Bank Holidays and University closure day))</i>)

CONTACT DETAILS

Paediatrics Leads	Dr James Yong	james.yong@nhs.net
Paediatrics Administrative Lead	Frances Pearson	y4mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	e.m.luff@leeds.ac.uk
Year 4 Leads	Dr Etienne Ciantar Dr Clare Rayment	e.ciantar@leeds.ac.uk c.s.rayment@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

The key objectives of this day are:

- To give the students opportunity to see how children present in a general practice setting
- For students to be able to see and examine children at various stages of development, to enable them to be more familiar with the normal range
- For students to be able to compare how paediatrics in primary care differs from secondary care

SAMPLE TIMETABLE

The following is a sample timetable. This is intended to be a guide, and not a template for placement.

9.00-9.30	Welcome and Induction
9.30-12.00	Baby clinic. 6–8 week baby checks and immunisations
12.00-12.30	Lunch
12.30-1.30	Tutorial
2.00-4.30	Acute GP clinic with children booked in

MBChB Year 5 Primary Care Tutor Guide

2024-25

INTRODUCTION

Thank you for hosting final year medical students in your practice and giving them the opportunity to consolidate their undergraduate clinical training. This guidebook is intended for General Practice Tutors/ Honorary Lecturers who teach on the Year 5 their staff and other primary care team colleagues who teach medical students at the University of Leeds and should be read in conjunction with the Year 5 Assessment Guide and Student Study Guide (Appendix D).

Year 5 is designed to co-ordinate undergraduate training culminating with entry into the Foundation Year Programmes, introducing students to shared themes of appraisal of professional attributes, assessment and continuing professional development that form part of a future medical career. The year aims to prepare students for professional practice.

The Year 5 aims are threefold, ensuring students are equipped for professional practice through:

- possession and understanding of a suitable and relevant knowledge base
- clinical competence across a wide range of skills relevant to the Foundation year and beyond
- demonstration of appropriate professional attributes and ongoing professional development

Students really enjoy the Primary Care placement in Year 5. They are now focussing on their own preparation to be practicing clinicians and the role-modelling they get on placements is an essential part of that. We want them to be safe, competent clinicians, while developing their individual interests and thinking about the career in front of them.

We really appreciate the high-quality teaching that you offer in the practice and want to support you in delivery of your placements to our soon-to-be doctors. Please get in touch if you have any questions or concerns.

CONTACT DETAILS

Year 5 Leads	Mr Christopher Mannion Dr Dariush Saeedi	c.j.mannion@leeds.ac.uk d.saeedi@leeds.ac.uk
Year 5 Administrative Team	Zoë Shepherd-Scott	y5mbchb@leeds.ac.uk

Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	e.m.luff@leeds.ac.uk
Year 5 Academic Sub-Dean	Dr Louise Gazeley	l.gazeley@leeds.ac.uk

PLACEMENT DATES

Year 5	Rotation 1	16/09/24 to 11/10/24
	Rotation 2	14/10/24 to 08/11/24
	Rotation 3	18/11/24 to 13/12/24
	Rotation 4	06/01/25 to 31/01/25 (<i>PSA Exam 30th January</i>)
	Rotation 5	03/02/25 to 28/02/25
	Rotation 6	17/03/25 to 11/04/25

Please note the change to Rotation 6, which is later in the year to allow for the Clinical Professional Skills Assessment (OSCE component) of the MLA (Medical Licensing Assessment) to be sat.

Students will return to campus for a teaching week between Rotations 2 and 3.

RRAPIDS teaching takes place through January to March and groups of students will be assigned specific days for this. The placements team will inform you of which students and when the teaching is taking place.

MUST Teaching- Medical Ultrasound Teaching takes place towards the end of the year.

Interprofessional Learning (IPL). This will occur for one day in the final week of placement in Rotations 1-3. Students from Year 5 learn alongside final year pharmacy students. They are taught in the morning by pharmacy lecturers. In the afternoon hosting GP practices are expected to facilitate the tutorial. Teaching will be in-person, and the practice is expected to provide teaching space for the session to take place.

In Rotations 4-6, Year 5 students will attend an afternoon IPL session at the University of Bradford.

Further details will be sent separately.

Please see below a list of dates Year 5 students will be away from placement this year:

ESREP

Thursday 3rd October

Written Exams

Tuesday 14th January

Wednesday 15th January

PSA Exam

Thursday 30th January

ILS / RRAPID

Between Tuesday 7th January and Tuesday 25th February all students will miss one day of placement for ILS / RRAPID teaching. Practices will be notified when students will be absent from placement.

AIMS AND OBJECTIVES OF PLACEMENT

The key objectives for these Primary Care placements are to offer:

- High quality systematic teaching of the core curriculum. Please refer to the MLA Content Map: [mla-content-map- pdf-85707770.pdf \(gmc-uk.org\)](#), and the Outcomes for Graduates – Practical Skills and Procedures: [Outcomes for graduates – Practical skills and procedures - GMC \(gmc-uk.org\)](#)
- Student consulting across a wide range of undifferentiated medical problems.
- Development of your skills in consultation, communication, therapeutics, and clinical reasoning
- Individual feedback on clinical skills & knowledge

The placements will:

- Emphasise the impact of illness on the patient's life.
- Demonstrate the management of acute and chronic disease in the community.
- Emphasise the importance of teamwork in medicine

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are responsible for managing their workplace-based assessments and sign-off, but it can be useful to understand the requirements to help facilitate students undertaking these.

Students are required to complete

- An initial induction meeting with the lead tutor
- **Primary Care Consultation - Patient care and clinical reasoning**
Clinically assess patient, interpret investigations and instigate an appropriate management plan. Complete a MiniCEX entry of the integrated clinical scenario and receive feedback.
- **Six cross-year MiniCEX scenarios that can be completed during any placement, these must be completed by the end of the academic year.**
The 'Review of discharge Summary' mini-CEX is ideally completed in the Primary Care placement
- **Students are also encouraged to record 'open MiniCEX' entries outside of the mandatory list to support their learning on placement and receive feedback.**
- A range of mandatory DOPs - Students have a list of WBAs to complete over the entire year that can be assessed on any placement. A full list with descriptors is available on PebblePad. 2 are specific to Primary Care; complete an advanced consultation and record keeping in primary care
- 100% attendance (**80% attendance is mandatory to pass the placement.** Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the Year 5 team)
- Final feedback session report, documenting feedback on performance and professionalism. **Please report any fails to the Year 5 team**

MiniCEX

Criteria	Requirement	Scenario Title
Complete 1 mini-CEX per placement	Clinically assess patient, interpret investigations, and instigate an appropriate management plan. Complete a mini-CEX entry of the integrated clinical scenario and receive feedback.	Patient care and clinical reasoning
Complete at least 1 mini-CEX	Obtain a patients admission drug history and prescribe / withhold appropriate medication	Admission drugs
Complete at least 1 mini-CEX	Undertake a VTE risk assessment, discuss with patient and under supervision prescribe appropriate VTE prophylaxis for patient	VTE prophylaxis
Complete at least 1 mini-CEX	Engage with discharge planning via MDT and write discharge summary, reviewing medication, safeguarding issues and discharge plans	Discharge planning
Complete at least 1 mini-CEX	Review hospital discharge letter and instigate appropriate management actions with patient / GP	Review of discharge summary
Complete at least 1 mini-CEX	Contact a clinical team to make either verbally or written referral for a clinical review of a patient's case	Making a referral
Complete at least 1 mini-CEX	Undertake a falls assessment, discuss with patient, and team and instigate appropriate pharmacological and non-pharmacological preventative management	Falls prevention/assessment

VIRTUAL PRIMARY CARE

Access to the Virtual Primary Care Resource

<https://vpc.medicalschoollscouncil.org.uk/> will be required for Year 5 placements. If your access has expired, please contact Lizzie Luff: e.m.luff@leeds.ac.uk with details of your nhs email address.

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

	Mon	Tues	Wed	Thurs	Fri
Week 1	Induction and tour with PM. IT introduction Lead Tutor induction	Observe surgery	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	Tutorial	Self-directed learning	Clinical Skills	Telephone clinic – for polypharmacy reviews
Week 2	Parallel surgery in pairs	Parallel surgery in pairs	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	Tutorial	Self-directed learning	Clinical Skills	Telephone clinic – for case presentations
Week 3	Parallel surgery in pairs	Parallel surgery in pairs	Clinical Skills	Parallel surgery in pairs Polypharmacy review feedback	Case Presentations
AM					
PM	Mid-placement review with Lead Tutor Tutorial	Tutorial	Self-directed learning	Clinical Skills	Self-directed learning
Week 4	Parallel surgery in pairs	IPL	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	IPL	Self-directed learning	Clinical Skills	Placement review and sign-off

APPENDICES

APPENDIX A: YEAR 2 STUDENT STUDY GUIDE

If you would like to request a copy of the Year 2 CARES Student Study Guide for 2024/25 to refer to, please email e.a.murray@leeds.ac.uk

APPENDIX B: YEAR 3 STUDENT STUDY GUIDE

The Year 3 Student Study Guide for 2024/25 is available to access [here](#).

APPENDIX C: YEAR 4 STUDENT STUDY GUIDE

The Year 4 Curriculum Study Guide for 2024/25 is available to access [here](#).

APPENDIX D: YEAR 5 STUDENT STUDY GUIDE AND ASSESSMENT STUDY GUIDE

The Year 5 Student Study Guide for 2024/25 is available to access [here](#).

The Year 5 Assessment Study Guide for 2024/25 is available to access [here](#).